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UK National Research Report

Women with Multiple Needs: Breaking the Cycle

Executive summary

This report provides an analysis of the current situation relating to provision of accommodation and accompanying support to women with experience of domestic violence and abuse in the UK. Drawing on literature and interviews with a range of stakeholders and service users, the report details the experiences of the various individuals and agencies involved, the challenges faced and implications of current policy.

Results of data collected indicate that domestic violence and abuse are intertwined within the life stories of women with complex needs and permeates many aspects of their lives. Their stories highlight the prevalence of poor general health particularly poor mental health resulting from violence and abuse, including cases of self-harming and Post Traumatic Stress Disorder (PTSD). Overall, the experience of domestic violence and abuse is associated with their inability to maintain stable lives. It has led, in many instances, to vulnerability, isolation and loneliness, often as a result of a lack of close supportive friendships owing to their experiences.

The women's stories reflect more general problems in identifying needs supporting women. Often, deep-rooted issues are not picked up at pivotal moments in their lives, such as arrest and trial. Several stories indicate that domestic violence and abuse were not taken into account by the courts. This highlights the growing concern amongst stakeholders that there is a pressing need for integrated and continuing social and medical treatment. The stories also reflect the importance of individual care workers as consistent points of contact for the women.

The research has also highlighted the importance of housing as a foundation for women with multiple needs to be able to begin the process of engagement with services and support. Above all, the interviews undertaken with women have highlighted the importance of housing to their general sense of well-being and their ability to begin a process of stabilising their lives. Good housing, the women have noted, has several requirements. It needs to be close to families, close to schools; it needs to be an appropriate size and quality for children. The right accommodation can have a huge impact on family life: some women have found that successful re-unification of their families has only resulted from obtaining the right size of accommodation. The pressing need for secure and safe accommodation emerges frequently from the interviews: the women who had already secured a tenancy from a housing association observed that they felt secure and safe.

The centrality of accommodation in the process of addressing the complex needs of women is also noted by stakeholders. They acknowledge that provision of safe and secure accommodation is an essential first step that is required before any further interventions can be delivered. This is accompanied by recognition that currently available housing is often difficult to access or inadequate, particularly for women with children, which compounds the already complex needs of the service users.

The data gathered for this report indicates that stable and suitable accommodation is fundamental in the process of helping women to change their lives and desist from

offending. However, it is also clear that more needs to be done to help those women who are at an earlier stage in their journey. Furthermore, the foundations required to enable women with multiple needs to make progress are at best difficult to access and at worse unavailable. These difficulties are exacerbated without safe and secure housing. Currently, there is a lack of appropriate resourced and designed housing solutions for those women who are the most chaotic. Without safe and secure housing the women's' ability to engage with services and address their needs is compromised. As a result, they are more likely to continue their cycle of problematic and destructive behaviours.

We contend that provision of suitable services and accommodation with integrated and continuing social and medical treatment would not only be more cost-effective but would also be socially beneficial and assist in the process of reducing re-offending.

The following key recommendations come from the UK partner report of key literature and interviews with stakeholders and women. In addition, some recommendations have been taken from the UK partner evaluation of the partnership between Midland Heart Housing Association and Anawim Women's Centre (see From Street to Home (2013) for full report) The key finding of this evaluation is that the informal agreement between Anawim and Midland Heart is:

- both highly successful and cost effective;
- that safe and secure accommodation has assisted in the women's progress towards stability:
- that the on-going support from Anawim had helped the women to turn their lives around and provided the stability that they needed to maintain their tenancies;
- that women's centres have a key role to play in reducing reoffending;
- prisons do not work, especially with this group of women who invariably receive very short sentences. Community sentences provided by women's centres linked to housing providers would increase the opportunity for women to engage with their multiple needs.

The recommendations for wider policy agendas from the evaluation, literature review and interviews with women and stakeholders are as follows.

- The public sector should take responsibility to ensure that women's centres are properly resourced.
- Multi-agency partnership should be enabled and encouraged.
- Local authority housing and other social housing providers need to review their current allocation policy in respect of women seeking to be reunited with their children.
- Local authorities need to review the use of discretionary housing benefit to mediate against the effects of the under occupancy charge for women seeking to be reunited with their children.
- Continuing support needs to be funded adequately and requires children and family workers to mediate, protect and offer training in areas such as parenting skills.
- Consideration should be given to providing and funding a multiple-needs unit for women.
- Alternatives to custody for women ought to be explored and encouraged, such as using women's centres for community sentences.

- Agencies should collect key data and use robust mechanisms (e.g., cost-benefit analysis model) to ensure effective evaluations of their interventions to demonstrate effectiveness and value for money.
- Service providers should acknowledge that provision for women with multiple needs is designed to meet their requirements at different stages of their recovery.
- Service providers should adopt a holistic approach that acknowledges the difficulties that many women with multiple needs experience.
- A holistic approach for physical health, sexual health and mental health with integration of services should be developed.
- Knowledge and understanding of the impact of trauma on women ought to be made part of the training for criminal justice agencies and other front-line services.
- Agencies should recognise that the needs of women to solve their homelessness requires different approaches that are holistic and women centred.

Contents

Section 1: Introduction

This national report of the needs identification and findings from the interviews with key stakeholders and women with multiple needs is a key deliverable of the EU project *From Street to Home: Investigating how an integrated approach to housing provision and social support can reduce the threat of violence against women* (2013) funded by the European Commission Directorate for Justice, DAPHNE programme (European Commission, 2013).

The project, which involves practitioners and researchers from five countries across Europe, addresses the lack of an integrated approach to housing and on-going social support for women at highest risk of being victims of violence. As well as looking in detail at the support needs of vulnerable women in their countries, it identifies and analyses how expert services that offer joined-up accommodation and social support can be established and operated successfully across the EU, taking into account context-specific environments and cultural differences.

One of the aims of the project is to develop an evidence base that enables policy makers and practitioners to more effectively connect housing with social support for vulnerable women.

The project hypothesis is that a major issue facing women with multiple needs is a lack of clear housing pathways accompanied by integrated social support. To provide a robust evidence base to inform policy recommendations, the national report investigated what does and does not work in both service delivery and partnership working. Increasing partnership working could take the form of, for example, housing organisations collaborating more closely with other organisations providing social support, resulting in a more joined-up service for vulnerable women. The project partners are communicating with organisations that arrange and deliver services to women, to identify examples of joined-up approaches that have been successful.

The UK national report identifies the key literature in this area in order to provide a framework within which to situate the findings from the case studies and interviews with women with multiple needs, the interviews with key stakeholders and examples of integrated approaches.

Section 2: Methodology

The methodology involves two strands: 1) provide a baseline of current activities; and 2) capturing women's stories. The key themes from the interviews with women and stakeholders will be discussed in the findings section. This report also draws on the findings from the evaluation report of the Midland Heart and Anawim partnership carried out as part of the *From Street to Home* (2013) project.

An ethnographic approach using in-depth interviews was used to explore the needs of the women and to provide an in-depth analysis of what provision is available as well as to identify gaps in provision. In-depth interviews enable key ideas and concepts to be explored and developed. They are effective when dealing with sensitive issues like violence and abuse. The methodology pro-actively involved beneficiaries in the evaluation of the Midland Heart and Anawim informal partnership.

A semi-structured interview schedule was developed in consultation with all partners together with a strategy for negotiating access to participants. It was felt to be important that the women's stories were captured verbatim so the interviews were recorded digitally (with the consent of the participants).

The sensitive nature of the project requires clear ethical guidelines, confidentiality procedures and guarantees for participants. All participants were fully informed of the purpose of the project, asked for their informed consent (Appendix 3) and were told that their responses would be treated confidentially, that data will be kept securely and that they were able to withdraw their participation at any time (Appendix 1: Ethical Framework). A project information sheet that clearly described the aims of the project ensured that all participants were clearly informed about the nature of the interviews (Appendix 2).

The key target groups in the UK research are women who, for the purposes of this project, are referred to as women with multiple needs. This umbrella term should be recognised as signifying:

- women experiencing violence and abuse;
- women offenders;
- women with mental health issues;
- women with certain personality disorders;
- women engaged in sex work;
- women with problematic drug use;
- women with severe alcohol dependence;
- women with learning disability and adult neurodevelopmental disorders.

The evidence shows that these women will often present with a range of unresolved issues and have experience with the criminal justice system. It is common for them to have experienced deprivation and serious abuse as adults or during childhood and to be mothers with primary caring responsibility for their children (Calderbank *et al*., 2011; Corston Independent Funder's Coalition, 2011; Criminal Justice Alliance, 2010; Fawcett Society, 2004).

2.1 Sample

Some of the women in the sample were referred to the Anawim women's centre through outreach work in hostels, outreach in prisons and through orders set by the courts. Residents at the two approved premises were there as a result of a court order, after being released from prison, or because they were on probation. In one case, the women had referred herself. The women interviewed at the women's hostel were there because they were homeless. The reasons why the women in the sample were homeless, had become involved with sex work or had come into contact with the criminal justice system were related to their histories of domestic violence, experience of sexual abuse in childhood or, in some cases, both.

In order to capture the real life experiences of women with multiple needs an ethnographic approach was adopted. The purpose of the interviews with women was to gain an understanding of their experiences when accessing appropriate housing and social support. The sample of women interviewed included women who had experienced violence and abuse, women with problematic drug and/or alcohol use, women offenders, women with mental health issues and women engaged in sex work. The interviews lasted from between 30 minutes to 1 hour.

A total of 26 in-depth interviews with women were conducted and further case studies were developed from interviews with the caseworkers of 13 women with multiple needs giving a total sample of 39 women. The profile of the sample of women interviewed are detailed in Tables 1 and 2.

Table 1: Women interviewed from a women's centre, approved premises and a women's homeless Hostel

Name of respondent	*Experience of DV/abuse*	*Mental Health Problems*	*Experience of CJS*	*Drug and or alcohol addiction*	*Number of children*	*Benefits*	*Ethnicity*	*Age*
A1	Impact of DV between Parents	Depression	none	Uses cannabis	0	Yes + working P/T	Black Caribbean	20
A2	11 years of DV	Depression and PTSD	Order at Anawim	Heroin	5	Yes	White British	27
A3	Experienced DV	Depression	Been in prison	No	0	Yes	British Indian	32
A4	15 years DV	Depression	Order at Anawim	Alcohol	6	Yes	White British	42
A5	Sex worker and DV	Depression	In prison	Heroin	2	Yes	White British	24
A6	No	Depression	Been in prison	Alcohol	1	Yes	White British	35
A7	12 years DV	Depression	Been in prison	Alcohol	3	Yes	White British	44
A8	Exp. DV	Depression	18 month order		5	Yes	White British	46
A9	Child abuse	Depression	None	Alcohol	2	Yes	White British	43
AH 1	None	None	Prison for 8 years	Smack, cannabis, crack and alcohol	0	Yes	Mixed race	28
AH2	DV	Depression	Prison	Crack, heroin and alcohol	2	P/T work and benefits	White British	38

AH3	DV	Depression and has anti psychotics	Prison 2 years	Alcohol	Daugh-ter died	Yes	White British	46
AH4	DV	Depression	Prison for 4 years	None	None	Yes	White British	27
AH5	DV	Depression	No previous	none	4	ESF	White British	45
AH6	DV		Bailed to Approved Premises	Drugs -cocaine and Methadone	2	Yes	White British	25
AH7		Depression sectioned previously	Multiple offences	Drugs and alcohol (lots) Heroin	0	Yes	White British	30
CH1	No	Depression	Prison	Alcohol dependant	4	Yes	White British	44
CH2	Multiple DV	Self-harming; manic depression personality disorders	Prison	Cannabis	I child died at birth	Yes	White British	28
CH3	DV	Personality disorder, depression	4 time in Prison	Alcohol	3	Yes	White British	42
CH4	No	No	Prison	No	2	Yes	White British	53
CH5	DV	Yes sentence in forensic facility	No previous offences	Speed	3	ESA	White British	45
CH6	Yes lots	Yes disassociati on	2nd offence	Alcohol still an issue	2 in foster care	ESA	Mixed race	32
HD1	Sex abuse, violence from father	Depression	None	Alcohol dependant	1	Yes	British African	26
HD2	None	Depression and HIV positive	None	None	2	Yes	Black British	35
HD3	Yes	Yes	Prison	Alcohol	3	Yes	White British	30
HD4	Rape, DV	Depression	Prison	Alcohol, drugs	2	Yes	White British	41

Table 2: Case study interviews

Name of respondent	*Experience of DV/abuse*	*Mental Health Problems*	*Experienc e of CJS*	*Drug and or alcohol addiction*	*Number of children*	*Ethnicity*	*Age*
CW1	Sex work from 13 yrs.	Mental health problems – self harm	Multiple times in prison	Drugs, alcohol, gas	3	White British	43
CW2	Sexual abuse & DV, sex worker	Hears voices on antipsychotics	Been in prison	Crack and Heroin	3	White British	38
CW3	Sex worker, sexual abuse (in care)	Psychosis, self-harm	Been in prison	Crack and heroin, alcohol	None	White British	26
CW4	Physical and sexual abuse, sex worker, DV	Hears voices, anxiety, depression personality	Multiple times in prison	Alcohol, crack, on methadone	2	White British	33

		disorder					
CW5	Sex worker, DV, sexual abuse	Depression, anxiety, self-harm	Been arrested	Cannabis	4	White & Asian	26
CW6	Sexual abuse, extreme DV, sex work	Anxiety, sees faces, hears voices, depression on anti-psychotics	Been in prison	Crack, methadone, Alcohol	3	White British	38
CW7	Sex worker, DV	Depression and anti-psychotics	Prison more than once	Crack, heroin	3	White & Asian	34
CW8	DV, sex worker,	Hears voices, panic attacks	No CJS involvement	Cannabis, alcohol	None	White British	50
CW9	Sex worker, DV	_	Arrested various times	Poly drug user	2	White British	42
CW10	Child abuse	Hears voices and on medication	Prison	Crack and heroin	5	White British	38
CW11	Child abuse, Sex worker	Personality disorders	Multiple times in prison	Poly drug user	None	White British	27
CW12	DV – emotional abuse	None	Prison	None	2	Afro Caribbean	D/K
CW13	Raped while working as sex worker	Mental health Issues	Multiple times in prison	Poly drug user	None	White British	50

The women interviewed ranged in age from 20 to 53 years. At the time of the interviews, all of the women were receiving benefits and two were working part time. Thirty-four of the 39 women in the sample had experienced domestic violence or abuse. The remaining women interviewed had either experienced domestic violence or sexual abuse. Only one of the women interviewees said that she did not have any mental health problems. Depression was identified as the most prevalent mental health problem and was experienced by 24 of the 39 women. Twelve women had been involved in sex work and 17 of the women had problems with alcohol and some had problems with other substances. A majority (26) of the women had been in prison and five had received a court order (Table 3).

Table 3: Summary overview of the sample

Activity	*Number of women experienced the activity*
Domestic violence or abuse	34
Sex work	12
Mental Health	
Depression	24
Manic depression	1
PTSD	1
Self-harming	4
Hears voices	7
Personality disorder	4
Anxiety	4
Drugs	
Cannabis	5
Heroin	9
Crack	8
Cocaine	2
Gas	1
Poly drug user	4
Alcohol	17
Criminal Justice System	
Prison	26 (some been in prison multiple times)
Alternative order	5

Sample n=39 women Age range = 20 – 53 years Number of women with children = 29

Section 3: Evidence Base

3.1. Literature Review

Initial research was carried out to scope the extent of existing housing provision and accompanying social support available to women with multiple needs in England and to determine how the needs of the target group are perceived. As well as determining the extent of services available, this exercise also investigated how such services are currently commissioned and funded. The baseline provides an overview of existing provision, current policy, attitudes towards the subject and gaps in knowledge, expertise and delivery. The information was collected using desk-based research.

There is a significant body of existing literature in the United Kingdom that identifies housing as a crucial factor in helping vulnerable women to address their multiple needs. The literature highlights the need for integrated housing and social support services for vulnerable women with experience of violence and abuse. It also demonstrates the important link between accommodation and provision of support services as well as commenting on the challenges to providing social support as a result of current policy changes and funding cuts.

The literature review explores and identifies key issues relating to the integration of housing and support for vulnerable women. The following areas are explored:

- definition of domestic violence and abuse;
- multiple needs and chaotic lifestyles;
- social housing;
- key needs of women with multiple needs;
- key government policy and its impact on providing integrated housing and support for vulnerable women.

3.1.1 Defining the terms

3.1.1.1 Domestic violence and abuse

Domestic violence and abuse is often referred to and is now officially defined by the UK government. Two established definitions are commonly accepted. The London-based women's support charity, Eaves, observes that:

> Domestic violence presents itself in many guises—physical, psychological, sexual or financial. It will mainly take place behind closed doors, within the family environment, forming patterns of behaviour that can be described as anything from manipulative to controlling. This definition encompasses psychological, physical, sexual, financial and emotional abuse and includes so-called 'honour' based violence, such as female genital mutilation and forced marriage (Eaves, 2011: 10).

The United Kingdom Government's definition, from March 2013 is:

> Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality (Strickland, 2013)

This project focuses on women with multiple needs, although the documentation sometimes refers to 'complex needs' as an alternative term to show the interrelatedness of the issues.

3.1.1.2 Multiple needs

There are various definitions of the phrase 'multiple needs' and the issue of defining what is meant by this term is central to the project. In the United Kingdom 'multiple needs', are 'defined as the experience of two or more of the following: mental illness; certain personality disorders; severe alcohol dependence; drug dependence; learning disability and adult neurodevelopmental disorders' (Duncan and Corner, 2011).

There is some cross-over with the offender pathways as defined and used by the National Offender Management Service since its inception in 2004. The UK Nine Pathways to Reducing Re-offending consist of seven original pathways established in the UK government's *Reducing Re-Offending Action Plan* (2004a):

1. Accommodation;
2. Education, Training and Employment;
3. Mental and Physical Health;
4. Drugs and Alcohol;
5. Finance, Benefit and Debt;
6. Children and Families of Offenders;
7. Attitudes, Thinking and Behaviour (Home Office, 2004a).

As a result of the work of the Prison Service Women and Young People's Group, two new pathways of offender management were developed, as reported, and commended in the Corston Report (2007). Pathway 8 (Support for women who have been abused, raped or have experienced domestic violence) focuses on women who have suffered abuse. Pathway 9 (Support for Prisoners who have been involved in Prostitution) as Clarke (2009:4) notes, identifies the 'need for prisons to work with specialist sex work projects to address the support needs of this group of women'.

3.1.1.3 Chaotic lives

Women with complex needs can largely be placed on a continuum. At one end of this spectrum are women with 'chaotic' lifestyles at the other are women who have addressed their needs and who are ready to move on to more stable lifestyles. Chaotic lifestyles include difficulty dealing with paperwork and managing money; having no formal qualifications; having few friends; being unemployed, highly mobile and having a low income (Duncan and Corner, 2011). The Department of Health (2010: 7) observes that the most chaotic are those who are rough sleepers and that they 'are vulnerable, have particularly high health needs and are hard to reach through mainstream services'.

3.1.1.4 Social housing

The concept of social housing was defined for all partners in the project as housing that is let at low rents and on a secure basis to people in housing need. Social housing in the UK is affordable to people on low incomes and is generally provided by local authorities and not-for-profit organisations, such as housing associations, subsidised by the state. The social housing sector is currently governed by a strictly defined system of rent control to ensure that rents are kept affordable.

Each social landlord operates an allocations policy, stating in advance what factors will be taken into account when deciding who gets preference for the limited amount of social housing on offer. These policies must include 'reasonable preference criteria' (Shelter, 2014) that are set out in law but, beyond this, allocations policies can be drawn up at the discretion of the social landlord.

Housing associations are independent, not-for-profit organisations that use any surpluses they generate to maintain existing homes and to help finance new ones. It is possible for commercial organisations to build and manage social housing, although this is not yet common practice in the UK.

3.1.2 Defining the target group

The existing documentation tends to focus on specific groups of women within the project target group rather than on the group as a whole. In particular, there is a focus on women exiting prostitution and on women with problematic drug and alcohol use. Arguably, the focus on prostitution highlighted by McCabe (2012), was driven by the then government's agenda to cut prostitution (Home Office, 2004). There is also a focus on homeless women, whether they are rough sleepers or those made homeless through domestic violence.

Until recently, vulnerable women have largely been invisible in policy and literature. The charity, St Mungo's, notes in its *Recovery Solutions* strategy that women victims have largely gone unnoticed until recently. The strategy observes that 'men have traditionally formed the vast majority of rough sleepers and hostel residents. Today, however, women make up around a quarter of St Mungo's 1,700 residents' (St Mungo's, 2011: 1).

The literature highlights that there is a broad spectrum of women who are relevant to the project. This includes women with chaotic lifestyles, women who have had contact with the criminal justice system and women recently released from prison. It also includes women with unresolved mental health issues and those with problematic drug and alcohol use (Anderson, 2011).

Estimates indicate that there are around 910,000 women with both chaotic lifestyles and multiple needs in the UK (Corston Independent Funder's Coalition, 2011). Three groups of women are particularly highlighted in recent reports, NGO material and policy documentation: black and minority ethnic (BME) women, trafficked women and women offenders.

BME women: BME women face a wide range of, often, specific issues relating to domestic violence. Women who have come to the UK to marry British nationals might face problems with their immigration status. This is often compounded by them having little or no English language skills and no rights to housing or other support. They may also have little knowledge of their rights or of the legal system.

They often face ostracism from their family and community if they leave the family home and, as they have no external networks, they can become socially isolated (Women's Aid, 2013). One NGO notes in its website that 'inefficient, ineffective housing policies and substandard accommodation disproportionately affect BME Women' (BAWSO, n.d.). Homelessness is a potential danger for BME women seeking to leave situations of domestic violence and a barrier to seeking help.

Trafficked women: the women's support organisation, Eaves, defines trafficked women as 'women who have been brought into England or Wales to be exploited in some way. This could include but is not limited to sexual exploitation, labour exploitation, forced illicit activities and organ harvesting' (Eaves, 2013). This is an increasing problem and one that government has sought to address (HM Government, 2012b). Trafficking is usually associated with prostitution and its attendant issues (Bindel et al, 2013). Indeed, there are

estimates that around 17,000 trafficked women are involved in off-street prostitution (Jackson *et al*., 2010: 5).

Trafficked women face a wide range of issues that prevent them from being able to access safe housing. In particular, they may not have good English language skills and their stories often include drug and alcohol addiction. Legally, they have no rights to support services or to safe accommodation. It was found that trafficked women in prostitution were not always being identified by support services or in the development of policy (Bindel et al, 2013).

Women offenders: as a direct result of their chaotic lifestyles or multiple needs, many of these women will have contact with the criminal justice system. In the last 15 years, the number of women in prison has increased by 114% (Ministry of Justice, 2011a). A total of 297,938 sentences were given to women in 2011, of which 76.6% were fines and 9.6% were community sentences (Ministry of Justice, 2012). The majority of women who receive custodial sentences are convicted of acquisitive crimes such as handling stolen goods, fraud, shoplifting and theft (Home Office, 2002; Fawcett Society, 2003 and 2004).

Women prisoners in the UK have been identified as having been subjected to domestic violence and abuse. Evidence indicates that they are more likely to have experienced and continue to face abuse than women in the general population (Corston, 2007). This is particularly evident for women on community-based sentences where a high prevalence of past domestic and sexual violence continues while they are serving their community sentence (Rumgay, 2004).

The Corston Report (2007) identified that 50% of women in prison had experienced violence and abuse prior to admission to prison and one-in-three women has suffered sexual abuse. In 2008, half of women prisoners interviewed as part of the background for the HM Prison Service Order 4800 said that they had experienced domestic violence and a third had experienced sexual assault and a third reported having experienced sexual abuse in childhood (HM Prison Service, 2008: 2–3). This level of abuse indicates the need for provision of access to practical and therapeutic help to deal with the damaging physical and psychological effects. Such provision could have a positive effect, particularly if undertaken in the community. Such interventions could contribute to reducing future offending behaviour (Social Exclusion Task Force, 2009; Rumgay, 2004).

Almost two thirds of women who receive sentences for less than 12 months are reconvicted within a year of release (Prison Reform Trust, 2011). The sentences that women receive are generally quite short. Figures issued in 2012 indicate that two thirds of all women sentenced to custody were serving sentences of six months or less (Ministry of Justice, 2012).

More than half of the women who go to prison do so on remand and they spend, on average, six weeks in custody. Of those on remand, sixty per cent will receive a custodial sentence (Prison Reform Trust, 2011:3). The length of sentence can have a dramatic impact on the lives of women prisoners. Their children may be taken into Local Authority Care for example, or they may lose their job and their home. These are factors that can increase the chances of reoffending and the prevalence of other issues including mental health problems (Wedderburn, 2000; Durcan, 2008).

Women who have just been released from prison often have no home and no support. They are often on short-term sentences so have not accessed help with housing, or have

not received full treatment for unresolved issues for example problematic drug and or alcohol use. Accommodation has been identified as a key issue for helping to stabilise women former prisoners in recent research (Daphne Strong, 2012). In addition, finding appropriate accommodation is a key barrier to successful outcomes for women former prisoners attempting to regain custody of their children (Re-Unite, n.d.; Dominey and Gelsthorpe, 2013).

Whilst it is possible to make generalisations about the needs of different groups of women, much of the existing documentary material highlights individual women's stories. The individual nature of these cases is reflected in materials published by charities working in the field. For example, St Mungo's *Women's Strategy* states that they have 'a clear aim to work with women to ensure we are providing the personalised support they need' (St Mungo's, 2011) and Eaves states that its *Poppy Project* 'support workers work with women to create individual support plans for them' (Eaves, n.d).

3.1.3 Key needs of the women and the importance of accommodation

Existing documentation shows that vulnerable women with chaotic lifestyles have a wide range of needs, often interrelated. The main needs that are referred to are, mental, physical and sexual health, drug and alcohol addiction treatment, education, training and employment, housing and accommodation, financial awareness, support to re-establish family relationships and finding alternatives to sex work.

Physical and sexual health

Vulnerable women with chaotic lifestyles are more likely to experience poor health, social exclusion and poverty due to a number of factors such as deprived and marginalised backgrounds, health problems due to problematic drug and alcohol use, from violence, sexual abuse and involvement in prostitution (Covington, 2007). Women who are engaged with sex work may experience barriers to accessing health and drug services (Barry and Yuill, 2008). The lack of a permanent address and limited opening hours may make it difficult for this group of women to access many services. Women engaged with sex work may also avoid accessing services due to a fear of being judged, discriminated against and humiliated (National Aids Trust, 2003). Mellor and Lovell's (2012) study of the experience of *UK street-based sex workers and the health consequences* identified the main barriers to accessing generic health care as problems with appointments due to waiting times, not remembering and having too many appointments; cost of getting to the appointment; fear of negative staff views, mental health problems; lack of knowledge about the availability of services and concern about asking for help due to fear about children being taken away or losing benefits.

Williams and Duncan's study (2008) suggests that the ability to care for physical health is compromised when the women also have poor mental health. Attempts to improve general health will not be successful unless mental health problems are treated. What is required is a holistic approach for physical health, sexual health and mental health with integration of services. Williams and Duncan also argue that women should be diverted from the criminal justice system to settings where holistic approaches to health are possible (Williams and Duncan, 2008).

Mental health problems

Mental health is a major issue for vulnerable and chaotic women and in some ways, helps to define the target group of this project. Women prisoners, in particular, have a higher

prevalence of mental health problems than women in the community at large (Gelsthorpe *et al*., 2007; Corston, 2007). They are almost twice as likely to have recently received help for mental health problems as men, more likely to need help in prison for mental illness, more likely to use prison health services and to take medication and are much more likely to self- harm (Singleton *et al*., 1998; Corston, 2007).

The Prison Reform Trust (2011) report that 37% of women sent to prison have attempted suicide at some point in their life and the Ministry of Justice statistics (2010) indicates that women accounted for 43% of the 24,114 recorded incidents of self-harm, despite comprising only 5% of the total prison population.

The mental health needs of women prisoners are complex and often stem from histories of abuse, high levels of drug misuse and co-morbidity that are compounded by the prison environment. While in prison women are more likely to seek help for high levels of both severe and enduring mental illness and psychological distress, than men (HM Inspectorate of Prisons, 2005)

Many women with multiple needs display trauma symptoms due to past violence and the lack of a safe environment. It is important to understand how trauma can be an obstacle for some women to access services and treatment (Saakvitne *et al*., 2000). Unacknowledged or untreated trauma and the related symptoms may prevent women asking for help for health, mental health and substance abuse problems and hinder their engagement with treatment (Brown, 2000; Melchior *et al*., 1999). In recognition of the differences between male and female offenders with personality disorder the National Offender Management Service and the Department of Health have produced a separate strategy for women offenders with personality disorder (National Offender Management Service and the Department of Health, 2013). The strategy acknowledges that female prisoners have experienced high levels of trauma during their lives that includes severe and repeated physical and sexual victimisation. One-in-three women in prison, for example, has suffered sexual abuse. After release from prison, it is possible for the women to continue treatment in a psychologically informed planned environment (PIPE) provided, for example, at approved premises.

The experience of trauma has a wide reaching impact on women's lives making it difficult to cope with future trials in later life. Women who have experienced trauma often use alcohol and/or drugs to mask the pain of their experiences (Hutchinson *et al*., 2014).

Among the serious issues that have been identified as effecting women prisoners are a history of self-harm, worries about children, abuse and homelessness. These are all factors that impact on mental health. Many of the prisoners in the study by Durcan (2008:7) 'had previous contact with mental health services but had not been followed up and had lost touch'. Fossey and Black (2010:1) argue that a 'fifth of women in custody fulfil criteria for a borderline personality disorder (BPD)' and that 'BPD is a debilitating and distressing condition (Perseius *et al*., 2005)' and research suggests that prison itself may make it worse (Wolff & Shi, 2009). These findings support the argument that, in many cases, community sentences should be considered as alternatives to custody.

In the area of wellbeing, women were identified as suffering higher levels of emotional distress compared to any other group of prisoners. This is consistent with other research and prevalence studies and with research that links psychological distress with previous domestic and sexual abuse. This is a background shared by many women in prison (HM

Inspectorate of Prisons, 2007). As previously noted, a particular concern for women is separation from their children.

In the community, individuals from black and ethnic minorities are more frequently diagnosed as schizophrenic. However, referral and take up of mental health services BME prisoners is an under-researched area. The HM Inspectorate of Prisons (2007) found that the situation for BME prisoners with mental health issues was complex as their different needs were not sufficiently recognised by health care staff.

A further issue is the operation by some Community Mental Health Teams of a 'three strikes and you're out policy.' This is a process where failure to attend three appointments results in the patient being 'struck off' the waiting list. Policies of this nature fail to take into account the difficulties women with complex needs have.

Drug and alcohol addictions

A large proportion of women with multiple needs have an addiction to drugs or alcohol. Two fifths (39%) of female sentenced prisoners admit to hazardous drinking that involves the risk of physical or mental harm prior to entering prison, with half of these having a severe alcohol dependency. Up to 55% of people entering prison are problematic drug users (Criminal Justice Alliance, 2010). In 2009, approximately 70% of women entering prison required clinical detoxification and 65% said that they had used drugs during the previous year. The percentage of women who had used crack cocaine was 49% and 44% had used heroin (Social Exclusion Unit, 2009). Stewart (2008) argues that prisoners sentenced to less than one year had higher rates of heroin, cocaine or crack use (44%) compared to those serving longer sentences (35%).

The HM Inspectorate of Prisons found that women were slightly more likely than men and much more likely than young adults to have problematic drug use when they arrived at prison and that women were less likely to be alcohol dependent compared to men (HM Inspectorate of Prisons, 2007).

Women as sole carers

Many women prisoners often have primary care responsibility for dependent children (HMI Inspectorate *of Prisons*, 2007; Calderbank *et al*., 2011). Over 17,000 children were separated from their mother due to her imprisonment (Prison Reform Trust, 2012). Due to the small number of women's prisons, women are more likely to be detained further from their homes, making it difficult for them to maintain contact with their children resulting in many being taken into local authority care (Durcan, 2007; Corston, 2007).

Partnership working

A reoccurring theme is that partnership working is crucial to providing joined up and holistic services to women with multiple needs. Partnership can be defined as 'inter-organisational collaborative relationships – both horizontal and vertical – to achieve outcomes in service delivery' (Rees, J., Mullins, D and Bovaird, T., 2012:8). Evidence points towards the benefit of partnership working for both service providers and service users (Changes, 2014). Although there are barriers to be overcome in partnership working there are a range of benefits for service users such as providing a more joined up approach to meeting their needs by bringing together a broader range of services (Changes, 2014).

Partnership working has improved both in the policy arena and in service delivery. In the current situation of cuts in public expenditure, partnership working is vital to increase

efficiency and reduce duplication of services. The review by Revolving Doors provided evidence of the willingness and ability of local statutory and voluntary services to come together to develop imaginative local solutions for this group of women with multiple needs (Revolving Doors, 2013).

A partnership approach is particularly important between statutory mental health services and voluntary sector agencies dealing with women with multiple problems. An integrated approach to service delivery is important because domestic violence, sexual violence, substance use, homelessness and mental health often co-occur (Chang *et al*., 2010). The study by Horvath *et al*. (2012:16) identified the benefits of collaborative work in the areas mentioned above as 'enhanced information sharing, collaborative case plans and improved client outcomes'. This study also identified the barriers to collaboration that included 'communication issues and lack of information sharing; lack of clearly defined roles; lack of a shared focus; and lack of resources' (Horvath *et al*., 2012: 16).

3.1.4 Importance of housing and accommodation

An evaluation of work done by the Anawim women's centre in Birmingham to help women offenders and other women with multiple needs to access mental health care has highlighted the importance of housing as one of the complex needs of women offenders (Anderson, 2011).

Research carried out by St Mungo's found that 'issues related to domestic violence, difficult relationships with children and family, reproductive health and sexual abuse/exploitation are just some of the complex problems that homeless women can face (St Mungo's, 2011: 1). Research by Eaves (2013, p. 20) indicates that women exiting prostitution accessed accommodation services at some point, either for refuges or longer-term housing.

Access to appropriate housing was also seen as essential for women with particular vulnerability to violence and abuse. Stable and secure housing has also been found to be a crucial element in treatment for alcohol/drug use (Hunter *et al*., 2004). Lack of affordable and safe housing has been found to be the second most prevalent barrier to exiting prostitution (Bindel *et al*., 2013).

Not only is there a lack of housing, what exists is often inappropriate. For example, the Eaves research found that much accommodation is mixed sex or located in areas close to 'red light' areas. In addition, refuges 'tend not to accept women involved in prostitution and/or women who use substances because they are deemed to be too "high risk"' (Eaves, 2013, p. 27).

An evaluation of the Re-Unite project, which helps women former prisoners to be reunited with their children by helping them to find appropriate accommodation, notes that: 'case studies clearly illustrate the way that Re-Unite impacts on social problems that are linked with offending' (Dominey and Gelsthorpe, 2013: frontispiece). Reeves *et al*. (2006) observe that the centrality of accommodation was often overlooked by support services.

The recent evaluation of the Chrysalis project, an integrated housing and support service to women in prostitution in London, highlights the need for specialist accommodation schemes specifically for this group of women (Matthews and Easton, 2012). Such accommodation was found to have helped women to take responsibility for their own lives, reconnect with families, improve their self-confidence and ultimately to move on.

Specialised accommodation, tailored for women involved in prostitution is therefore a key recommendation of the research by Eaves (2011) and long ago recommended in the report *Tackling Street Prostitution* by Hester and Westmarland (2004).

The effective resettlement of prisoners into the community is central to preventing reoffending. Yet on release, around 70% of prisoners report having no employment, education or training in place and around 30% have no accommodation, with many more only having access to temporary housing. This has significant effects on reoffending, with 74% of prisoners with problems with both employment and accommodation reoffending during the year after leaving custody, compared to 43% of those with no problem with either (Criminal Justice Alliance, 2010).

Securing housing is a key concern for women offenders and a higher proportion of women are homeless at the point of release from prison compared to men (Social Exclusion Unit, 2002). Securing housing is a higher priority than gaining employment for women. Often, imprisoned women are under threat of losing their home, as they are less likely than male prisoners to have a partner to maintain a tenancy on their behalf. Women with multiple vulnerabilities often require a range of services to meet their complex childcare needs. Such interventions are often needed to prevent family breakdown as a result of separation from their children (Gelsthorpe *et al*., 2007; Corston, 2007).

Loss of their home is a particular concern for women leaving prison who hope to regain custody of their children. They can find themselves in a 'Catch 22' situation, lacking appropriate housing and being ineligible to apply for an appropriate tenancy as they have not secured custody of their children. There is less evidence available concerning women who are not sentenced to custody. However, it is likely that a large proportion will have significant needs and would benefit from an integrated approach that addresses their complex needs (Corston Independent Funder's Coalition, 2011).

The link between homelessness and domestic violence

The link between homelessness and domestic violence is well established. Anderson observed in her study of the Anawim Centre that in the majority of cases where violence was reported, 'the violence and abuse took place in the home', leading to homelessness (Anderson, 2011). Eaves (n.d.) refers to its *Life Skills Service* as 'a specialist advice and advocacy service for women who are affected by violence or are at risk of or experiencing homelessness'. St Mungo's research (2011) found that more than a quarter of women surveyed had experienced domestic violence and related abuse that contributed to their homelessness.

More broadly, the link between housing and health is also well established: the National Housing Federation posits that 'without good quality housing to perform the basic function of keeping people safe, warm and dry, some of the most common health conditions would be exacerbated'. The Federation goes on to warn that 'Poor housing conditions increase the risk of severe ill health or disability by up to 25% during childhood and early adulthood' (National Housing Federation, 2010a: 13).

Homelessness

Homelessness is a growing problem in the UK particularly amongst women where 26% of those accessing homeless facilities were women (Homeless Link, 2013). Women are likely to be disproportionately affected by cuts to public services, restrictions on welfare and a lack

of affordable housing (Fawcett Society, 2012). Homelessness impacts heavily on women and their children in particular those women who have addictions and mental health problems.

The key findings from St Mungo's recent report *Rebuilding Shattered Lives* (2014) reflect the life experiences of many of the women interviewed for the *From Street to Home* project. They are as follows:

- Women who are homeless have a number of severe, interrelated and exceptionally complex problems which contribute to their homelessness.
- Women tend to enter homelessness and other support services at a later stage than men, when their problems have escalated significantly and they are less ready to begin their recovery journey.
- Almost half of St Mungo's female clients have experienced domestic violence and 19% had experienced abuse as a child, compared with 5% and 8% of men.
- A third of the women said that domestic violence had contributed to their homelessness, compared to 8% of men.
- 70% of women that St Mungo's work with have mental health needs, compared to 57% of men.
- Almost half of their female clients have an offending history and a third have been to prison. Over a third of women in prison have nowhere to live on release, women are more likely than men to lose accommodation while in custody (Hutchinson *et al*., 2014:5).

Social Housing

The Daphne *From Street-to-Home* project focuses on the integration of support services with social housing support in particular for women at risk of domestic violence, so it is important to identify the key issues relating to the context of social housing in the UK. There is a huge literature on social housing in the UK, which reflects the scale and importance of such provision. Social housing provides a home for almost five million households in the UK but the sector has contracted by over a quarter since its peak in 1979 when it accounted for nearly a third of all households (Mullins, 2011).

Social housing is an umbrella term to cover housing provided by the state or by non-profit making organisations. Social housing first appeared towards the end of the nineteenth century and has been characterised by a desire to provide housing of a good standard. Arguably, the 'mission' of social housing has been diluted or changed as some housing associations are increasingly behaving like the private sector. In fact, some are building and investing in private tenures now, such as the housing association L&Q (London & Quadrant), which was reported as having made record profits in 2012 (Haddon, 2013).

Social housing is now the refuge primarily of the most vulnerable and marginalised in society, what Burrows (1999) referred to as the 'residualisation' of social housing. Social housing, according to Mullins (2011), used to attract tenants from a wide range of socio-economic backgrounds, 'including some people from the highest income decile'. However, it now caters almost exclusively for the poorest in society and this has important implications: 'access has tended to leave those with least bargaining power and choice in the least desirable housing' (Mullins, 2011).

Social housing, for Shelter, is affordable accommodation, allocated by need to people on low incomes. Shelter argues that social housing is protected and regulated accommodation

for the most vulnerable in society and is managed and run by public and private organisations.

This change in mission has significant impact on estates and communities and places enormous pressures on social housing providers. It means, more broadly, that housing associations are now increasingly closely involved in supporting vulnerable people, especially in areas relating to health and well-being (National Housing Federation, 2010a: 13). The work of housing associations in this area, the National Housing Federation has observed, comprises a wide range of activities. Of particular relevance to this project is that the list includes working with homeless people with complex and multiple needs and providing refuge and support for victims of domestic violence (National Housing Federation, 2010a: 13).

One example of the work that housing associations do in this area is the Impact Housing Association in Cumbria, which implemented the 'On Your Bike' programme. The programme brought together local residents to cycle together and learn cycle maintenance. It was aimed at 'encouraging social inclusion for the most hard-to-reach'. A significant proportion of those were homeless and had drug or alcohol issues or had experienced domestic violence (National Housing Federation, 2010a: 15).

The National Housing Federation argues that housing associations can play a role in care pathways (National Housing Federation, 2010a: 23). They observe that some housing associations are already offering 'psychological therapies in partnership with another agency, or … early intervention services, especially for people who are new to the mental health system. (National Housing Federation, 2010a: 27)

3.1.5 Government policy and its impact

Government policy is a key driver for change and changes in policy have had a huge impact over recent years. The election of the new coalition government in 2010 with an agenda to vastly reduce government spending has created an unprecedented degree of uncertainty and concern for supporting vulnerable women. This section explores key government policies and their recorded impact.

Supporting People Programme

The most prominent national programme is *Supporting People*. This is a government programme that funds, plans and monitors housing-related support services. The programme commenced in April 2003 and is a government initiative within the overall responsibility of the Office of the Deputy Prime Minister aimed at providing support to vulnerable people to enable them to maintain a home in the community. Its aim is to improve the quality and effectiveness of the support services at a local level.

The programme was designed to help vulnerable people to live as independently as possible in the community, in their own homes, hostels, sheltered housing or other supported housing. *Supporting People* provides a package of support for a wide range of groups of vulnerable people, including those escaping domestic abuse. Support is generally provided on an individual basis and may include debt counselling, training in life skills, form filling and advice on paying bills (Directgov, n.d.).

A significant number of homeless housing projects are funded by the programme. For example, Cyrenians, a nationally-based NGO that works with homeless people, reports that

approximately 60% of its projects are funded by the programme (Harding *et al*., 2012: 6). Similarly, in Birmingham, the *Supporting People* Programme provides support to prevent homelessness and provide help to live independently to over 39,000 vulnerable people per year, including women fleeing domestic abuse (Birmingham City Council, 2012).

Current policy and legislation

Supporting vulnerable women must be placed in a context of national and local policy change. In particular, proposed and gradually implemented cuts in public spending are putting pressure on the services that can be provided. The key policies of concern relating to housing are the changes to the benefit system, including 'Universal Credit' and 'Bedroom Tax'.

The current government's ideology of encouraging individuals to take personal responsibility for their lives is evidenced by the introduction of 'Universal Credit', which aims at providing people with a single payment, from which they pay their own housing, bills and so-on. This is part of the *Welfare Reform Act 2012* (HM Government, 2012a). Lord Freud argued in a speech to the National Housing Federation that 'Housing Benefit can be paid directly to landlords and councils so people never learn to budget for their housing needs themselves' (Freud, 2011). This approach is influencing how welfare and benefits are reformed. However, the evidence is that many vulnerable people with complex needs are unable to do so.

The Department of Work and Pensions notes on its website that from April 2013, 'all current and future working age tenants renting from a local authority, housing association or other registered social landlord will no longer receive help towards the costs of a spare room' (Department for Work and Pensions, 2013). The Department for Work and Pensions' website predicts that 'the new rules mean that those tenants whose accommodation is larger than they need may lose part of the money they get towards their housing through Housing Benefit or Universal Credit'. According to the website, the rent will be reduced by 14% for tenants with one spare bedroom and 25% for those with two or more spare bedrooms (Department for Work and Pensions, 2013.).

This is part of a wider attempt to encourage individuals to take more responsibility for their lives; but this has implications for many individuals who are not in a position to take such responsibility. Bee and Woods argue (2010: 1) that this approach will 'have an increasing impact, initially on those services linked to adult social care provision but there is likely to be a gradual change in culture more generally and a more personalised approach across the board.'

There appears to be a shift from central to local scrutiny of services, a consequence of the Localism Act 2011. Bee and Woods (2010: 1) argue that abandoning the Comprehensive Area Assessment by the Audit Commission has changed the way in which the *Supporting People* programme will be assessed in England's North East region, 'with a consequent change to local rather than national scrutiny of services and a greater emphasis on local rather than national targets and priorities.' This will have an impact on women former prisoners who try to regain custody of their children.

In addition, Bee and Woods argue that where there is no statutory duty of care, in the absence of *Supporting People* funded services, no alternative support will be provided. 'This applies to single homeless people, homeless families, women fleeing domestic violence, young people (except those leaving care) and some people in mental health services.' Bee

and Woods found in their cost-benefit analysis that women fleeing from domestic violence were:

> the client group where the highest and most unequivocal expenditure avoided figures are identified. Supporting women to leave violent partners avoids the health costs resulting from serious injury from an extreme event and the criminal justice costs of a prosecution for a serious violent crime. The model calculates high positive figures for all authorities with South Tyneside the highest due to having a low cost floating support service only. Sunderland has the lowest figure as it has accommodation services only. At £17,000 per unit p.a. this is not the highest cost but is at the higher end. Other authorities also have floating support services that lower the average cost. Un-costed benefits include improved health and well-being for the partners and children of an abusive relationship when the family manage to leave the abusive partner (Bee and Woods, 2010: 18).

Key policy implications

Existing literature highlights the implications of changes in government policy, both for vulnerable women and for social housing more broadly. For example, Women's Aid material warns that there is a danger of government caps on benefit to mothers using refuges: 'Further pressure will also be placed on services if the proposed benefit cap comes into force without proper consideration about how it will affect women using refuge services' (Women's Aid, n.d.).

The Localism Act can be seen as part of a set of policy announcements with considerable consequences for the future of the social housing sector (Mullins, 2011). The shift to localism has been criticised, particularly in the case of Scotland, where a highly regarded progressive model of national support for women victims of domestic violence has come under threat. The *Violence Against Women Fund* is at risk 'since responsibility for funding violence against women services has been devolved to local authorities, a system which… isn't working for victims of violence in the rest of Britain' (Coy *et al*., 2009: 8).

Recent reports highlight more general cuts in funding to services for women at risk of domestic violence: even what little support is already available is under threat. Existing gaps in service provision are unlikely to be filled and there will be a reduction in available services. Consequently, as Coy *et al*. argue, (2009: 8), women who suffer violence will find themselves increasingly alone. The overall impact this will have on their health and wellbeing is immeasurable.

Housing support for women at risk of domestic violence and abuse is at risk through reforms to benefit payments. Women's Aid argue that 'the current proposals could limit the ability of women to pay rent to service providers, resulting in a loss of revenue and ultimately a further reduction in provision of services'(Women's Aid, n.d.). Women's Aid is therefore 'calling on the government to reconsider these proposals to ensure that survivors can pay the rent and services can recoup the costs of providing safety and support to adult and child survivors who are seeking help and protection' (Women's Aid, n.d.).

Capital spending on housing has long proved vulnerable to decisions on overall public spending (Mullins, 2011). There have been huge cuts in social housing over the years since the mid -1970s and this has been the focus of funding cuts in the 2010s. The National Housing Federation warned in 2010 that reforms to welfare benefits were likely to affect the poorest and most vulnerable in society and that many of those who use housing

association services would 'see their personal financial situation worsen' (National Housing Federation, 2010: 2).

The National Housing Federation's submission to the Autumn Statement is a key document that indicates how housing associations can continue to develop affordable housing in an environment of reduced government grants, as well as hinting at the key challenges. The submission outlines seven main areas where support is needed: land, capacity, existing homes, employment, housing, health and care, maintain the supply of houses (National Housing Federation, 2013). Each of these is of particular relevance to vulnerable women at risk of domestic violence.

Land, capacity and maintaining the supply of houses are issues that relate to the provision of housing in the context of a reduction in the amount of available housing, especially in the context of women exiting prostitution and women fleeing situations of domestic abuse. Updating existing provision is important because it relates to the well-being of women within the properties, providing a clean, warm and safe environment. The focus on employment is important in the context of getting vulnerable women into work and the link between housing, health and care is made.

Policy decisions: impact on services so far

There is an increasing body of evidence that policy changes are already having an impact on the provision of services for vulnerable women. Recent research assessing the scale of funding cuts indicates that budget reductions at national level have led to reductions in the funding of services at local level for women and girls who experience violence and abuse and to the loss of staff with specialist expertise (Towers and Walby, 2012: 4). This research lists a wide range of organizations that have suffered funding cuts and the services that have had to be reduced.

The research highlights resulting limitations on the number of refuge spaces available. They report, for example, that the Eaves Poppy Project had to close 39 bed spaces for trafficked women (Towers and Walby, 2012: 14). The Women's Aid website noted that, in 2012–13, 'an estimated 27,900 women have had to be turned away by the first refuge service that they approached, in the last year, because there was no space' (Women's Aid, n.d.).

Towers and Walby highlighted that there have already been serious cuts in the funding of a wide range of services to women experiencing violence and abuse. Women's Aid reports 'severe funding difficulties that have led to the closure of vital services for vulnerable women and children' (Women's Aid, n.d. It is also noted that in 2012–13, 14 independent services were closed 'as their domestic and sexual services were put out to tender. Of these, two services were not replaced and six were taken over by housing associations' (Women's Aid, n.d.).

At the same time, other, related services have also experienced severe budget cuts. Services aimed at reforming male perpetrators as well as support for police and court services with specialist expertise have suffered both budget cuts and staff reductions (Towers and Walby, 2012: 4). For example, research assessing the impact of cuts on services for women in Coventry identifies that in the city 'the number of specialist domestic abuse officers has already been cut from eight to two' (Stephenson and Harrison, 2011: 4).

Using Cost-Benefit analysis to change attitudes in government

It is not an easy process to measure the cost effectiveness of social interventions as these generate very broad costs and benefits that are difficult to measure. It can be problematic

to separate the impact that different variables have on the outcomes of the intervention. As part of the *From Street to Home* project a cost-benefit tool was created to evaluate the impact of the partnership between Anawim Women's Centre and Midland Heart Housing Association. The tool used can be downloaded from the project website: http:// StreettoHome.eu

Section 4: Stakeholder's and Women's Perspectives: Findings

4.1 Stakeholder perspectives: themes of the interviews

A range of stakeholders were interviewed to underpin the literature review and augment interview data collected from women service users. Eleven interviews were undertaken as part of the Anawim/Midland Heart evaluation, with participants representing roles ranging from management to staff engaged with delivering services to clients. A second phase of interviews was arranged to capture the views of stakeholders engaged in a variety of roles including representatives from third-sector organisations, city council members and the police. A total of 15 participants were interviewed in the second phase. Twenty six stakeholders were interviewed in total.

Participants were asked to identify the services that they and their organisations provided to the target group. As participants were drawn from a variety of organisations, the type and nature of services provided were wide-ranging and included:

- providing temporary accommodation through hostels and Bed & Breakfast accommodation;
- assessing housing applications;
- dealing with vulnerable groups;
- supporting women in the community;
- providing advocacy support and counselling to BME women experiencing domestic violence;
- delivering training and awareness-raising with young people;
- working with women associated with gangs;
- working with women affected by forced marriage;
- providing safeguarding for women under threat of domestic violence;
- supporting women to exit sex work;
- assisting women exiting prison to regain custody of their children;
- providing family support and counselling services.

The following is a thematic analysis of the stakeholder interviews: it covers topics including the importance of accommodation, the complex needs of women service users, the challenges of partnership working and the problem of maintaining services in an era of austerity.

4.1.1 The importance of accommodation

The importance of settled accommodation as a fundamental first step in dealing with women with complex needs was a recurring theme:

> First of all, it's the stable home—without that, it is difficult to put everything else in place. (Interview with S17, 22/04/13)

> Stable housing is one of the cornerstones to their recovery. Poor housing is one of the first things that flip people over…Having something that is secure is massively important: you want to be able to be close to your kid's school, make a home for some time. Having somewhere that is long term is important. (Interview with S21, 13/08/13)

> You've got a roof over your head, you're able to think straight, get your head down, not having to worry about what time you're going to get kicked off your mate's sofa in the morning and wondering where you're going to sleep the next night. If you've got to deal with that, how are you going to deal with your parenting skills, your anger management. (Interview with S5, 04/04/13)

As noted in the Anawim/Midland Heart evaluation report (see MacDonald et al (2014) for the evaluation report), it is possible to adapt Maslow's 'Hierarchy of Needs' to illustrate how provision of safe and secure accommodation facilitates the process of engagement with services and support. A safe and secure environment of accessible, appropriate, safe and affordable accommodation is crucial before a woman can start to deal with other needs. This concept was identified by one participant as follows:

> [Accommodation is] often the missing piece in the jigsaw and it's often the one big thing that can make the difference: if you're floating between one house and another, the agencies can't find you: you need to be stable for support to work…but there are many women who are not at that point while they're bouncing around. (Interview with S11, 27/03/13)

Participants also noted that the availability and quality of accommodation can also be problematic for women with complex needs, particularly those with children. The poor nature of some of the accommodation available can exacerbate the difficulties that the women are already experiencing:

> Your number one problem here is that there is no housing. Start from the point that this is about housing; there needs to be some housing, but there is none. Right price and appropriate—that's your problem. Number one problem, for getting sustainable change for women depends on good housing. (Interview with S13, 25/09/13)

> …the lack of decent accommodation in Birmingham—it's a massive issue, especially accommodation that's fit for families and not one-bedroom flats in high rises, which is a reality for a lot of families, which is not an ideal environment to be living in when you're trying to stop using drugs or trying to stop drinking or you've got mental health needs and you've got people downstairs having a party at three in the morning. The high rises are notorious. (Interview with S6, 18/04/13)

> The quality of accommodation is very much an issue. If you have people coming out of abusive relationships with children, leaving the family home is such a huge, huge step to take and the accommodation that we tend to offer is not great. It's often not in great areas and can put women in the situation of having to travel a long way every day to get their children to school. The result of this is that quite often women will go back to abusive relationships because it's easier (Interview with S20, 08/08/13).

The availability, and quality, of accommodation available at the point where a woman has left her partner and is at her most vulnerable was also highlighted as an area of concern:

> …what happens is people go into these temporary hostels, which are full of people at absolute crisis point through drugs, through addiction…if you go to live there with

> your young children, it can be six weeks, it can be an utterly terrifying experience, I would imagine. (Interview with S20, 08/08/13)

4.1.2 Complex Needs

As well as the centrality of accommodation, stakeholders also identified that the complex needs of women contributed to their difficulties. Mental health issues, drug and alcohol use, financial difficulties and attitude and behaviour were all identified as issues that needed to be addressed before progress could be made. However, as noted above, it was also recognised that accommodation was the essential 'building block' that needed to be in place before all other issues could be tackled. It was also noted that many of the issues experienced by women are interlinked; that one issue will lead to another:

> …everything we do is broken down into categories on our assessment, which is accommodation, education and training, employment, financial management, relationships, drugs and alcohol etc.…but when there are these pervasive accommodation and debt issues, relationship issues, emotional issues, drugs, alcohol, that's when any combination of these becomes complex needs. (Interview with S5, 04/04/13)

> …when a women engages with you, they might present with one need, so they might say I'm homeless, or I've got these debts or experiences, but when you sit down and do the star assessment with them, everything unravels, it's never just one issue they have. It's a domino effect, one issue brings on another: so if it's domestic violence, that might bring on issues with money, it might also bring on substance misuse. Substance misuse tends to impact on finances, which then impacts on looking after the children—so they're all interweaving, it's never just one issue. (Interview with S10, 18/04/13)

It should be noted that women who are experiencing several issues, those often described as chaotic, present the greatest challenge to service providers. The evaluation of the Anawim/Midland Heart partnership found that only women who were taking control of their lives and viewed as being able to maintain a tenancy were considered for a property. The result is that those women at the extreme end of the continuum are often left struggling to find safe and stable accommodation. They are often excluded from hostels due to their unsociable behaviour and find themselves either 'sofa surfing' or renting accommodation from private providers, which has its own distinct problems. The difficulties faced by this group will be expanded upon later in this section.

Some stakeholders also pointed out the unique difficulties faced by BME women. These women have very specific needs, often cultural or language-based, that are dissimilar to the range of needs presented by their white British counterparts:

> A lot of the most vulnerable women I meet are those who have not been born or brought up in the city—the first need is English. Without this, they are reliant on relatives to speak for them; the whole inherited cultural heritage; you are marriage fodder, here to be exploited…it's vital to pick up what cultural background the women are from. Somali women all work; Yemeni women live in the dark and you never see them…Pakastani women are out in numbers and will never open the door to a man, but will if it is just me. Their situations are very different. White ladies won't tell you anything. (Interview with S22, 08/07/13)

Another participant noted that immigration presented some difficulties as many women immigrants do not have access to support networks and can be victims of inter-familial violence:

> In our refuge at the moment, there are only South Asian women in it…skews the view sometimes—not that South Asian women are more likely to be victims of DV. They can't get housing benefit, they don't have the networks etc. Two of our staff work only on immigration. Trying to be resilient to new communities—last case of homicide was a Polish woman. Making sure women who come over now have access to support; [Town name] has a huge Polish population. [We're] having a think about how we can prepare for this. (Interview with S21, 13/08/13)

4.1.3 Partnership Working

Participants were asked to comment on the nature of partnership working, with particular reference to a 'joined up' approach to service delivery and the day-to-day problems experienced in navigating the range of organisations that are involved when a woman reports DV and/or is seeking accommodation. Participants reported improvements in partnership working, while noting some frustrations. They also acknowledged that there is no clear structure apparent, with organisations sometimes working to their own agendas, often due to accountability requirements:

> What's improved is communication between agencies, but obviously numbers have been reduced… We all have our own policies but no-one knows what everyone else's policies are. A social worker will tell you one thing and another will tell you something different. A lot of positive things. The rapport we have with other agencies is quite good now whereas before each agency did what they wanted. (Interview with S12, 08/07/13)

> It's getting better, but there still isn't a clear structure. It's not transparent enough, it's not very clear—and because people are so pushed, particularly in social services, in probation, unless there is a clear and demonstrable risk, it is too easy to put off to another day, to assume you're OK, to not give the full level of support really....If you've just come out of prison, if you've just left an abusive relationship, it's very hard to be independent straight away—your self-esteem can be so eroded, you feel that you're not deserving of any help and support. If you don't know what's there, you can't use it. (Interview with S20, 08/08/13)

> I think one of the challenges I found is that all the organisations we work with have numerous accountabilities; the time is very limited; I actively ask them for not too much information…it helps to have looser agreements and arrangements. (Interview with S17, 22/04/13)

> What helps is having [a] shared set of goals; clear…what hinders it is that we can't always deliver what people want us to deliver…our needs are similar; as with all partnerships, it is not all plain sailing…slight friction in all partnership working, overcome by the bigger picture. (Interview with S14, 20/08/13)

> Frustrating—even a map to find links has taken two years. Health and housing; house building, repairs. Our lists don't signpost to other housing associations in the city. Seems to be a referral system but people don't [know] about the 36 housing

> associations; don't know if we are a gatekeeper. That's not working; points system is incomprehensible. Entirely reliant on what the computer says. No join up between doctor and housing centres—often in the same building. (Interview with S22, 08/07/13)

4.1.4 Policy and Legislation

A topic that exercised many of the participants was government policy and legislation. Most participants appeared to have concerns about current or proposed policy and the likely impact on services provided. Some participants felt that government policy was not well thought through and did not take into account the often complex needs of the target group. Comment in this area also encompassed difficulties experienced due to funding cuts, although some felt that this acted as a spur to better partnership and collaborative working:

> We're concerned—the last few years, there has been a growing emphasis on women's services and concern that this has been lost lately. There is a lot of work on offenders more generally. Chris Grayling's new approach—almost pulls women into the general category; the majority of them are not violent offenders, they're not particularly dangerous; they are women with multiple needs. There doesn't seem to be a lot of policy full stop, really. We're concerned at the lack of thought on these kinds of services—impacts on the amount of funding coming through. Without clear direction and clear rhetoric from government about the importance of women's services, it's quite unlikely that without that push from the top, that local probation trusts will pilot women's services that are needed. It's very unclear at the moment. Commissioning is up in the air; no one quite knows how it will go. At the moment, we haven't yet seen the major impact of the welfare reform. This is because they have only just come in; but we will see more families trying to access social housing; see more people registered for transfers because of the feared impact; when universal credit comes in, we'll have problems getting rent form people as they receive payment direct. Will have a significant impact on us…trying to pre-empt—every household has been written to, to highlight potential impact; provided information to help them secure the accommodation they need. Trying to be proactive but no one knows how people will act. (Interview with S14, 20/08/13)

> Privatisation of probation is massively important. I feel it's dangerous for female offenders—but not clear at the moment. Welfare reform. Being paid to one person. I can't think of anything more disastrous. Most women are the ones who run their houses. Staying in refuge is expensive; the benefits cap would have meant that no one with more than one child could have gone to refuge. (Interview with S21, 13/08/13)

> No money—can be an opportunity. Staff are forced to recognise that they can't do everything—get together all organisations and provoke a behaviour shift; if something comes across my radar, it's my responsibility to check it and refer to appropriate person; that behaviour has not been there before because there has been more money about. How you can better use human resources, bringing in the third sector. About recreating creatively those things we need to provide. Otherwise it will lead to a worse situation for all of us. (Interview with S22, 08/07/13)

4.1.5 Future Challenges

Lack of financial support and other resources were key areas identified as problematic when participants were asked to comment on future challenges. However, some respondents also reflected that societal changes in attitude were necessary to reverse the current problems faced by women. Interestingly, one participant noted that labelling women as victims could be counter-productive stating that women needed to be empowered to take control of their own lives. The challenge of providing services to women with complex needs was also identified and this will be explored in more detail:

> I think it's a bit of both attitudes and money [that prevents policy makers from engaging]. It would take a new way of thinking to change approaches. A lot of structural change. In the meantime, you need to go to the organisations who work at the grass roots levels. Women are really good at supporting each other but when you start working with women with complex needs with more of a risk element, you need more resources. (Interview with S18, 25/06/13)

> In general the women's sector in Birmingham is not funded very well. Very target driven; women with complex needs don't fit the agencies' target. Won't always take them on; suspicion is that they take on the clients because they can say they have the number on their books but don't have the resources to deal with them. (Interview with S18, 25/06/13)

> Women should not be seen as victims as this takes away their power to do anything —we need to empower them and just feeling sorry for them does not empower women. Getting thrown out of your flat because you are taking drugs is a choice. (Interview with S24, 23/07/13)

> Because of the lack of money, all the services are under so much pressure, so from that side, it's really difficult. You also have, and this is one of the things that we can't sort out, a society that is completely geared towards consumerism and capitalism with lots of people who simply cannot have that lifestyle that is seen as normal and achievable and I think we need to do more to wind back from that. (Interview with S20, 08/08/13)

4.1.6 A Multiple Needs Unit for women

As identified earlier in this report, women with complex needs, often described as being chaotic, are in danger of being marginalised:

> The bigger problem is the women with these complex needs who could go one way or the other; they're cutting off benefits; you make a choice whether you pay your rent or feed your children—eventually you lose your home, you then lose your network. It's the complexity of the services interface that we are not responding to rather than the complex needs. (Interview with S25, 02/09/13)

Participants noted that services are not designed to cope with the level of support required by this group, often because of the level of resources needed to deliver successful interventions. Even examples of good practice, such as the Anawim/Midland Heart

partnership, acknowledge that they cannot provide housing support to women who are likely to be unable to maintain a tenancy:

> They have to have sustained support, to be with someone twenty four-seven… you really can't let them out of your sight. (Interview with S16, 24/09/13)

Participants were asked if the development of a Multiple Needs Unit for this group would be feasible. Generally, participants were responsive to the idea but some qualified their support:

> There isn't enough provision for them (women who are not stabilised); they are not women we can support in the project, but there is a need. The whole sector will tell you that they are fighting for small units in their areas—that is what is needed—small units to help women deal with drugs, DV and so-on. At the moment, they are left on the scrap heap; they're the people we see going back into prison, a sort of revolving door. (Interview with S17, 22/04/13)

> Definitely—I think women's needs are more complex than men because they don't have that responsibility element to it. There needs to be support for that person to build upon the relationship with the family again; women often have combined needs of depression and alcohol abuse. (Interview with S18, 25/06/13)

> One difficulty when you put abuse into the mix, it's about safety; refuge is about being safe from an abuser; I wouldn't want it to be the first place they went to; I don't like the idea of the MNU as first point of contact. (Interview with S13, 25/09/13)

4.2 Women's perspective: themes from the interviews

The women's stories are explored in-depth below as their life experiences are crucial to the project and their voices provide a deeper understanding of what they have experienced and what they need to help them and their children. The themes that are explored are:

- experience of domestic violence, sexual abuse and sex working;
- experience of the criminal justice system;
- reason for referral to women's centre, approved premises or homeless shelter;
- social support and continuing care;
- impact of secure housing on health and mental health issues;
- drug and alcohol addiction;
- partnership working;
- housing situation of the women interviewed;
- impact on family life;
- vulnerability, Isolation and loneliness;
- security and safeness;
- making a difference.

4.2.1. Experience of domestic violence, sexual abuse and sex working

The women who were interviewed had a range of experiences of abuse and violence. This includes domestic violence, sexual abuse as a child and working as a sex worker. The majority (33) of the women had experienced domestic violence or abuse. The abuse experienced was physical, sexual and emotional. In many cases, these women also had multiple physical problems that resulted from their experience of domestic abuse and violence. For example, one woman described physical harm she had experienced at the hands of an abuser:

> Before I went to prison, I was in a domestic violence situation. I was with a man for 22 months who used me as a human dartboard; he broke my ribs and my collarbone and threw me down the stairs. (Interview with AH4, 28 June, 2013)

Some of the women who were too chaotic to interview often had experienced multiple incidences of violence and abuse. For example, one of the women:

> has been sexually abused. At 17, she got involved with a torturous psychotic man. He tortured her as he used to burn her with cigarettes and he burnt off her hair. He used to make her stand at the window and if he could hear her breathing he would beat her or cut her. He would burn the back of her neck and her hair if he could hear her breathing. (Interview re CW6 on 10/05/2013)

Many of the women had experience of child abuse within the family. For example, one of the women who was too chaotic to interview:

> was sexually abused by her step dad and physically abused—one of the things she said was that she was beaten with a belt, cut with a belt he had beaten her that hard at the age of four. Social services came out and then left. Her mother used to physically abuse her as well. (Interview re CW4 on 10/05/2013)

The impact of domestic violence on the women has been wide ranging. One key impact on the women in this study has been isolation from family, friends and from the work environment. For example, one of the women who was interviewed said:

> I did go through a lot of DV with him: I was physically abused by him and he actually stopped me going to work as well. So then I fell behind with my rent and I fell into a lot of debt as well because of him. (Interview with A3, 28/03/2013)

Sex work was common amongst the sample of women interviewed as well as amongst the case studies. Twelve of the women interviewed had worked as sex workers:

> I used to do escorting to fund my drug habit—this was a horrible time, absolutely horrible; and I was caught by the police managing a sauna. I went to court and got a big fine. This is now on my criminal record for life. Now I have no confidence in men whatsoever. I have no trust in them. (Interview with A5, 28/03/2013)

Some of the women interviewed said that when they asked for help this was not always forthcoming. The woman below explains very powerfully the impact of not getting the right support:

> I'd kicked him out, he didn't live with me, he had a flat down the road, but he kept coming, the police were there once when he was trying to kick the door in. They still did nothing, I wanted to move to a refuge, the night before it happened [when she set fire to the house] I spoke to the officer who is the head of DV in [Town name], I rang her and begged her and she refused. Yet there's no record of that call, but there must be. If I called them [police] why would they do nothing, even with an injunction, they don't. I had one before but it didn't have the power of arrest, they did say they would put a panic button in but when was that going to happen? Thing is, I asked for help for me and my kids. I went to Social Services for help and they put my kids on the at-risk register. (Interview with CH5, 24 July 2013)

4.2.2 Experience of the criminal justice system

Half of the women in the sample have been in prison on several occasions. For some of the women a prison sentence has, ironically, been positive: they have access to health care, a stable environment, an opportunity to stop using drugs or alcohol and are away from abusive partners:

> I am glad I went to prison and got away from him. Otherwise I still would be with him and probably would have got about 25 years for the drugs he was dealing. I lost my house and everything that I owned really so I came back out to nothing really. (Interview with A3, 28/03.2013)

However, women's centres like Anawim and some approved premises offer a better opportunity than prison for women with multiple needs:

> She has recently been arrested and I think that it is going further. She has not long been released from prison. She does really well in prison because of the boundaries and the routine and then she comes back great talking sense quite up-beat. (Interview re CW3 on 10/05/2013)

Many of the women had been in prison more than once. This was particularly true for the women in the case studies:

> This woman has been more inside prison than outside of prison since she was 15 years old. She was a revolving door she'd have a couple months out then she would go back in. (Interview re CW1 on 30/04/2013)

The crimes committed by the women resulting in a prison sentence were in some instances quite serious, for example, assault and street robbery. Some women received long sentences particularly those who were convicted of arson:

> This was my first offence wham bam this was it. I'd had enough I set fire to the house. I just wanted to kill myself and the fire was by the gas main as well. I was charged with reckless arson, not intent to kill. The police kept saying it was like I was mad, but if they knew anything about domestic violence [they would have understood]. I had reported it so many times; just before this the police had been out 18 times and that was 999 calls from my son. Why didn't they do something? (Interview with CH3, 24 July 2013)

The crimes that some of the women had been convicted for were due to the abusive relationships that they were in. The impact of domestic violence on women and the crimes they committed were often not taken into account by the courts:

> She was with the [abusing] man till she was in prison for a year and he got four years. She was in prison for child neglect. The DV was obviously not taken into account. (Interview re CW6 on 10/05/2013)

4.2.3. Reason for referral to women's centre, approved premises or homeless shelter

The sample of women came from a women's centre (Anawim), two approved premises and a women's homeless hostel. Women are referred to women's centres such as Anawim through various routes.

Self-referral and referral via GP and other projects

One woman in the sample had been referred by a project that works with women sex workers:

> When I was 17, I was a drug abuser and I was using heroin and crack cocaine. There used to be a project [for sex workers] here and I used to collect my prescribed methadone here [at Anawim] to stop me taking the heroin and other drugs. It took me some time to get off the drugs and that is how I started coming to Anawim for three days per week. (Interview with A5, 28/03/2013)

One woman was referred to the women's centre from a hospital and another by her general practitioner:

> I have always suffered with depression. I have not coped after I came out of a long-term relationship. I had a breakdown and ended up in hospital so they referred me to Anawim as I could see the mental health worker there. I needed help because I was quite suicidal. (Interview with A9, 01/05/2013)

> She was referred by her doctor to Anawim. She has a much more stable life now as she has the support from me [worker at Anawim] and NACRO and other organisations. (Interview re CW8 on 10/05/2013)

One of the chaotic women case studies referred herself as she had heard about Anawim and she wasn't living too far away from the centre (Interview re CW2 on 10/05/2013).

Through criminal justice system

Thirty of the women in the sample had some involvement with the criminal justice system where they were on probation, bailed to a hostel, on licence, on a community order or after their release from prison.

On probation, on licence and on orders

Anawim has probation workers who work at the centre and who have specialist knowledge and understanding of the multiple needs of women on probation:

> I was on probation and was told that Anawim worked with women and instead of going on community service as I have got five children they thought it would benefit me here a lot more. (Interview with A1, 19/04/2013)

It was common for the women interviewed at approved premises to be on licence after serving their prison sentence. In the Midlands there is only one approved premises for women. When placed here many women are a long way from their homes, friends and families:

> I came from [Women's prison] to this approved premises. I am here for nine months and it was my first offence ever. It was very shocking to get an 18-month sentence and then to be on licence till March 2014. (Interview with CH4, 24 July 2013)

It is possible for women to be sentenced to orders that can be served at Anawim where they have to do a specified number of days and attend courses provided. These women are also supervised by the probation officers who work at the centre:

> I was given 60 days at Anawim and 18 months probation. At the time I was just a complete wreck everything was took away from me. I mean to be told I was being charged for child neglect it—I just felt that my whole world had come to an end—there was no chance to get the kids back and I just felt you know as if my whole world had fell apart. {*And you had just come out of an abusive relationship.*} Yeah 15 years (Interview with A4, 28 March, 2013).

After prison

When they are released from prison, many women have nowhere to live and they are often referred to an approved premises or hostel:

> I only have to stay here at the approved premises until I find somewhere to stay. When I do I can move back to my home town. NACRO is helping and my probation officer has been in touch with the local council to review my banding as at the moment I am at the bottom of the list. (Interview with CH5, 24 July, 2013)

> I got out of [Women's prison] and moved back here and he found me [the abuser] and I was too embarrassed to go to me family because I had lost my children. Then someone put me in touch with this approved premises and I agreed to come I was withdrawing from crack, heroin and alcohol and they got me to the doctor and got me Librium and I was all right. I started using again when I was here. I was given seven days notice to stop or leave then something in my head clicked that I didn't want to live like this anymore so I got my head down and done all the groups. (Interview with AH2, 28 June, 2012)

Bailed

Women can be on bail awaiting trial and be sent to an approved premises:

> I'd been living in a DV relationship for years and ended up stabbing him. I have never been in trouble in my life. We had an argument he was throwing these papers around I ended up lighting them. I got arrested, held in custody cells, bailed to come here, went to court then got found not guilty. I had caught him but not really stabbed him. I had reported the DV before to police and neighbours had seen it too so this all helped to get me off. So I got let out but only problem was I had nowhere to live. (Interview with AH5, 28 June, 2013)

Through outreach services
Women with multiple needs and chaotic lifestyles can be offered support through outreach services provided by, for example, Anawim Women's Centre.

While in prison
Some prisons have outreach projects that involve community organisations that offer support to women prisoners both while in prison and upon their release:

> Whilst being in prison the worker from Anawim was there and she was supporting me with housing and other needs that I had at the time because I was quite emotionally distressed as well with going to prison and with everything else I had to deal with before I went to prison. (Interview with A3, 28/03.2013)

While living at a hostel
Anawim does provide an outreach service at some probation hostels. The hostels do not provide the level of support that many of the women residents need and Anawim has many services that the women can access:

> I came out of prison last year and I was put into a probation hostel and Anawim came and visited. They were disgusted with the hostel. Anawim have got courses there and I put my name down and I got involved with a support worker. (Interview with A7, 16/04/2013)

4.2.4 Social support and continuing care

Many women who lose their homes and manage to end an abusive relationship often need extensive social support and this support needs to be ongoing. It can be problematic to maintain contact with some women with multiple needs who have chaotic life styles. The very chaotic women are the group who often need the long-term support the most. Women's centres, hostels and approved premises have a key role in providing support in meeting the needs experienced by women with multiple problems. One of the key needs identified that required support from the interviews was accessing housing:

> I'm frightened of moving on from here [approved premises] that's why I've stayed so long. I was with my husband for 18yrs, and had four children. They [the staff] are supporting me and won't push me out. (Interview with AH5, 28 June, 2013)

> I have my own worker, she's great, we bid for houses, she sees how I'm doing at college, actually I'm a mentor now, training here, then when I leave here I can come back here and mentor others. If I hadn't been able to come here from the custody cells I don't know how I would have coped, I was so nervous of prison. It was such a relief to be found not guilty but I hadn't thought what I'd do as I thought I was going to prison. (Interview with AH5, 28 June, 2013)

The support worker who was interviewed about her cases raised the issue about the importance of keeping in contact with this group of women even if the contact is sporadic. She also stressed the importance of not being judgemental and providing practical support such as providing something to eat and drink and enabling the women to feel comfortable to come into the women's centre:

> I have not had contact with X for a couple of months. She will just show up or call. The last time I had contact with her was a couple of months ago this was because she was being kicked out of her current accommodation that day and she wanted me to find a hostel or something for her to get into. I did the best I could I rang round a couple of hostels—not really anything available—most hostels or housing providers won't take her back for a while. So I told her to go to the neighbourhood office and I think she did and that is the last I knew. (Interview re CW1 on 30/04/2013)

The women's centre has a key role with this group of women with chaotic life styles. Anawim has a multidisciplinary group of staff including probation officers; while this goes some way to meeting the needs of chaotic women it is not always enough as some of the case studies demonstrate:

> When Y came out of prison a couple of years ago she didn't get released to Birmingham but she showed up here. Luckily we have probation here so we managed to sort this out for her and she didn't get breached back to prison. She was managed here quite successfully while she was on licence but when that ended so does the support. She drifted back to the gas and crack houses: that is what she does. (Interview re CW1 on 30/04/2013)

The support provided has to be long term as the women will only change their behaviour when they are ready. It is key to provide support workers with whom the women can establish a relationship of trust:

> You hope with that kind of chaotic person you will do these things [like help her to get food, clothing use the phones] and they will get to a point where they will want to stop using drugs, stop using alcohol that they will want to make some serious changes. (Interview re CW1 on 30/04/2013)

It is also important that the support workers establish clear boundaries:

> If she rings I will speak to her but the [her sniffing] gas has been an issue both in the centre and at times on outreach. The last couple of times that I have spoken to her on the phone she has used gas on the phone I can hear it so I have said I am not speaking to you while you are using gas. She has a personality disorder so you have to have clear boundaries. (Interview re CW1 on 30/04/2013)

The support workers have clear roles and provide support in many different ways that includes dealing with health issues, courses, offering other practical support. Often, however, support workers are the only people that the women feel comfortable talking through their issues:

> My role is I try to stabilise her she doesn't read or write and she has Hepatitis C, which she is not in control of … What I have done with her so far is taken her to the doctors. I had the doctor review her prescription and now he is literally dispensing a week's worth at a time. She is quite happy with that. I told her what was happening all the way along. (Interview re CW2 on 10/05/2013)

> She is coming in and participating in courses, which are helping her mental health, and giving her something to do. We have helped her out with food parcels and that

> kind of thing. Because where she stays she is quite vulnerable but it is the only place for her to stay at the minute (this is with a friend who is also a user) so they frequently don't have food so she comes here to get something to eat each day and we do help her out with food parcels. (Interview re CW2 on 10/05/2013)

4.2.5. Impact of secure housing on health and mental health issues

The women's stories demonstrate clearly that the experience of domestic violence and abuse has had a very serious impact on their general and mental health. The women had poor health and several suffered from conditions such as hepatitis C or diabetes. The majority of the women had mental health issues with the most common being depression. Those women who had secured a tenancy felt that having support and secure accommodation had a positive impact on their health.

Access to health care can be problematic for women who do not have secure accommodation. For example, access to a general practitioner becomes very difficult when a person is frequently moving house:

> Her general health is really, really bad. She has a GP because she has to for her methadone prescription but she tends to get it from a chemist through drug services. She did have a GP but she has moved accommodation four times in the last year. (Interview re CW1 on 30/04/2013)

The experience of suffering domestic violence and abuse has massive ramifications on the women's health both physically and mentally. Seven of the women in the sample hear voices and one woman sees faces:

> She hears voices but she is on antipsychotics and is OK at the minute but MIND's voices class is something we will be setting up when we have got all the blood tests done. She also self-harms and has suicidal thoughts constantly. (Interview re CW2 on 10/05/2013)

> She sees faces all the time because he [the abuser] wouldn't let her sleep. She walked out before the kids were taken away and she blames herself for that for leaving the children and that was one of the reasons she went to prison. Before that she was smoking lots of crack just to get through a day with this man. He was vile. (Interview re CW6 on 10/05/2013)

Self-harming was also common amongst the women:

> She has no or very basic caring skills and is a massive self-harmer where she has burnt her face it is usually badly scabbed where she puts cigarettes on herself. Her legs and arms are cut to bits. (Interview re CW3 on 10/05/2013)

> I suffer from depression and I had it before I met him (ex-partner) but then it just got worse and due to the stress I was getting psoriasis again in my hair. I was self-harming but I am not doing that any more. I didn't used to eat but I am getting my appetite back. I am feeling better. (Interview with A8, 11/04/2013)

Being diagnosed with depression is not always the answer for some women for example:

> At first my GP gave me medication for my depression but I never took it. I was scared to take it. My doctor said there was nothing to be scared of only if I drank with the tablets. I pick them up look at them and put them down again. They are out of date now I should throw them out but I don't. (Interview with A1, 19/04/2013)

Depression was common amongst the women interviewed and some women were still experiencing depression since being re-housed. Some of the women also experienced problems finding a general practitioner who would take them in their practice:

> I was actually quite depressed before I went to prison. Before you go to prison you hear of all the stories of what girls are like in prison and what goes on in prison and what is going to happen to me—and I think it was just the thought of going to prison. (Interview with A3, 28/03.2013)

> I did stop taking my medication as well and I thought that I could deal with things but I couldn't so I was back to square one again. So I have seen a psychologist now and he has put me on different medication because even the GPs in the area aren't very understanding. When I first came out of prison it was really difficult to get in to a doctor's surgery in the area where I was living. I probably tried about three or four GPs and because my last address was a prison nobody wanted to know me. So again Anawim was there for me and they helped me to get a GP. (Interview with A3, 28/03.2013)

One thing that was key to some of the women dealing with depression was the social support that they were receiving from organisations like Anawim Women's Centre:

> Getting away from that place where I was abused, my children were abused the memories of my children being taken away. Then coming into this place [new property] with a fresh start the children coming back it is all a new beginning. The depression isn't coming back and I have been off the medication for seven or eight months now—it has been good. (Interview with A4, 28 March, 2013)

> I do think the Anawim counsellor did help me a lot. I mean, I will have a bottle of wine every now and again but I don't drink every day. I don't drink because of the depression and I don't want to kill myself anymore now. I am just like anyone else some days I like myself and some days I don't. (Interview with A9, 01/05/2013)

> I have mental health problems—depression and I am on anti-psychotics. I don't have my medication in possession some of the girls do they have safes in their rooms; I don't as most of my medication are controlled drugs so I couldn't have them in possession. This will have to be something I will need to deal with when I move on. I feel the best that I have felt for a long time since being here. I have a GP all the girls here have the same GP. (Interview with AH3, 28 June, 2012)

In some cases, although the women were suffering with depression, they did not always find it easy to get help and support and in some cases they didn't get help until either they went to prison, approved premises or had court orders involving attending, for example, Anawim Women's Centre:

> I was diagnosed with depression but I was in total denial and refused to take my medication; that was in the February 2011. Social workers came out to see me in 2011. I told them that I had been diagnosed with depression and wasn't taking my medication. Basically they turned round and said case closed as far as we are concerned and walked out the door. By November 2011, I basically spiralled down and by December 2011 police and social workers turned up at the door and under section 20 I gave permission for them to take the kids, as I knew I needed help by this time and my kids were taken into temporary foster care; all six of them. (Interview with A4, 28 March, 2013).

> Four days before I went to prison I went to see my psychologist and I went down there on bended knees and said if you don't help me I am going to end up dead or doing something. And lo and behold, I woke up in the police station thinking I was going to hospital to get sectioned but I wasn't, I was going to prison. I wasn't aware of what happened I couldn't remember things. I just knew that morning I had had enough. (Interview with A6, 12/04/2013)

> I couldn't get anybody to support me and that brought back memories of when I was younger and the same happened to me as to my younger son [sexually abused]. Then I have a middle son and he suffers with autism and my head just went; I wasn't getting any support from the mental health team. I needed to get out of my house and moved into a B&B as I couldn't cope with him or the kids. But that just made things worse as I was able to go and get drink. Then I was thrown out of the B&B and ended up getting arrested; then it just escalated from there and I ended up in prison—they have all said what it was, it was a cry for help. I tried every other sources and I have got an arson criminal record now and that is something I have to live with. It has been a long, long journey but I am here now. (Interview with A7, 16/04/2013)

The women interviewed had both positive and negative experience of health care while in prison. Some women felt that the staff were not always competent in dispensing their medication. Some women felt that they had more support from other prisoners than the staff:

> I had high blood pressure for a while that hasn't changed. I started the menopause. I've put weight on in prison. I wasn't impressed with health care in prison particularly the dispensing of medicine. I bought a supply of meds in with me, they dispensed them wrongly and I had to tell them. I knew so in the end they used to ask me to check them. It was all right for me but what about others, they used to get them wrong and they wouldn't know or didn't know how to challenge the staff. (Interview with CH4, 24 July 2013)

> I found [Women's prison] OK, the girls there gave me a lot of help. The prison is shit, for people with mental health issues they don't get the help they need there from the health team. I did three months in a mental hospital to see if I needed sectioning. It was horrible all the girls were so doped up and hurting themselves. I was so glad to get back to prison, no one believes me when I say but I was so glad to get through those gates again. You can take time on your own behind your door, you couldn't there, but at least they diagnosed me properly not like in [organisation name]. It's emotional personality disorder that I have. (Interview with CH3, 24 July 2013)

Other women in the sample felt that when they were sent to prison this was when they first started to receive health and mental health care:

> Prison helped me in some ways as I was brought up by my parents and was very spoilt. I never had any discipline whatsoever and I suppose it taught me discipline and calmed me down from what I was because I suffer from a personality disorder—split personality—and before prison I could fly off the handle straight away and prison has made me think about things instead of acting straight away. I take anti-depressants for my depression that came from the DV and being in prison. Hoping to be coming off them in a couple of months in a managed way. (Interview with AH4, 28 June, 2013)

> I had lots of counselling in the prison. I could do with some help with my disassociation now. I can't even explain it to my family. I need help to understand that and my feelings. It was the relationship [with the abuser] that sucked the life out of me. (Interview with CH3, 24 July 2013)

The majority of the women said that their mental health had got better since they had secured a tenancy. Most of the women did feel that secure housing had impacted on their health:

> My health, yeah, I was disintegrating before; I was absolutely underweight I was so skinny. Now I don't feel stressed as I wake up every day to my beautiful home. I can come and seek services here [Anawim] when I like any day I can call in. (Interview with A5, 28/03/2013)

> I had depression for a long time and PTSD and that was due to my ex and this came out from my psychiatrist. Since Christmas I have stopped taking my medication and I seem to be doing OK. I think housing and just worrying about the past was a big thing for me but since I have got the house it has got me more motivated and I want to go out—before I wouldn't go out the house I'd only go for shopping and things. (Interview with A2, 11/06/2013)

4.2.6. Drug and alcohol addiction

The impact of alcohol is a common theme through the interviews both as a reason given by the women for their partner's abusive behaviour and as a reason for their offence and subsequent sentences. Women often use substances as a way of masking experiences of domestic violence and abuse. The majority of the women in the sample were using drugs and 17 of the women stated that they had a problem with alcohol. The drugs taken varied with cannabis (5 users), heroin (9), crack (8), gas (1) and four of the women were polydrug users. Some of the women talked about the importance of substitution treatment, support and counselling in helping them to stop using drugs:

> I had a difficult abusive partner—he was a drinker as well. He was the cause of my drinking. He didn't use to beat me up but emotionally telling me what to do, making my decisions for me, telling me what to wear, he cut up all my jeans; he didn't like jeans. I spent 10 years with him and on top of all that my eldest son abused my younger son and that what triggered all of it [using alcohol]. (Interview with A7, 16/04/2013)

> I do have problems with drugs. I smoke cannabis; I smoke quite a lot of it. People tell me that I need to cut down but it is the only thing that helps me in my troubled life. Smoking it made me a different person more relaxed about things. It made me happy: I wasn't me I was somebody else. (Interview with A1, 19/04/2013)

For some women, receiving a custodial sentence can provide a space when they can stop using drugs for a period of time:

> She has never got to that point where she has gone, yeah I am going to stop using drugs or alcohol well not in the community anyway. She does stop in prison and the methadone will keep up in prison so, yes, she will stop using in prison. She can't have it in prison well it is very difficult to get hold of in prison and if she can get hold of it, it is very expensive. (Interview re CW1 on 30/04/2013)

Accessing rehabilitation services both while in the community and as follow-up after release from prison is very important. Sometimes this service is not available:

> Rehabilitation maybe would have helped me. The doctors just gave me lots of medication they made me worse and I ended up getting sectioned. I did engage with the drug team but missed appointments a lot. I have been clean for a while now only on little bit of methadone now. (Interview with AH7, 28 June, 2013)

The use of alcohol as a cry for help, as a way of masking the pain of abuse and losing their children was often used by some of the women interviewed. The problematic use of alcohol and drugs was also linked to depression:

> When the kids were took I didn't tell the benefits and I used the money on drink and drugs. Basically I was drinking and drinking and smoking 60 a day. It was just towards the end where the children were took off me that alcohol started creeping in. I was diagnosed with depression but I was ignoring that and took to the alcohol and I got drunk all the time. Nobody worked with me until I came to Anawim. (Interview with A4, 28 March, 2013)

The women described in the case studies have multiple drug use problems often linked with mental health problems. The fact that they are using drugs and/or alcohol makes it very difficult for these women to access mental health services:

> When they have done a room search they have found upwards of 10 empty bottles of gas. She is a very high user of gas. To give you some sort of idea of what she could use in the average day we would be looking at a bottle of gas. If she has got £40 it will all go on crack and heroin. (Interview re CW1 on 30/04/2013)

> She is very chaotic a prolific crack and heroin user. She knows how to survive but has no comprehension of money at all. She could spend hundreds on a night on crack. She is still in the throes of drug addiction and she binge drinks. (Interview re CW3 on 10/05/2013)

Some of the women had received custodial sentences for arson. Those women sentenced for arson also said that they had problems both with violence and abuse and alcohol:

> I used to be alcohol dependent and things got on top of me and I set fire to my husband's front door and I got done for arson and got 12 months in prison. I did this due to my drinking; it was alcohol that was the problem. (Interview with CH1, 24 July, 2013)

> I ended up in prison due to the alcohol because my mum wouldn't let me see my son; she did this whenever she felt like it. So one morning I went round the shop and bought two bottles of vodka and two bottles of tablets and set fire to the house and wrote a suicide note to my son saying I just couldn't take no more. I was just in a very dark place at that time. (Interview with A6, 12/04/2013)

> I was charged with arson and it was to do with my depression and what I was going through with my partner now my ex-partner. And what I did was because I was on the alcohol really quite bad and in the end, don't ask me why I did it, I went in the pub and set fire to the toilet roll holder. The judge was really harsh. I came out last February and I have not touched a drop of alcohol since I got my life back on track. (Interview with A7, 16/04/2013)

Some of the women interviewed were living in approved premises. If the approved premises is well run, women get help with dealing with addictions and with the health consequences. On the other hand, if the approved premises is not well run then some women will continue to use drugs and alcohol:

> I was involved in a robbery in 2007, then this one due to alcohol. I still have a problem. I had a drink yesterday and I am an alcoholic, I can't just have one drink.
> *[So did you stop drinking last night?]*
> No I got drunk.
> *[So how come they didn't chuck you out or anything [from the Approved Premises]?]*
> I just went to my room.
> *[Didn't they check on you?]*
> Oh they do but I was dead to the world.
> *[Do they test you?]*
> They will test me tonight I wouldn't have thought it would show.
> *[Do you think you will manage your alcohol when you have no curfews, etc?]*
> Yeah, I think I will.
> [*Do you have an alcohol worker?]*
> No but I've just been referred to two clinics. (Interview with CH6, 24 July 2013)

One women interviewed at an approved premises felt that she was well supported both at the approved premises and that the support would continue when she left:

> When I move into my new house I will have two support workers one from the housing association and one from ARCH. ARCH is a group that helps with furniture etc. I got the property because of all the support I will be getting. The support is definitely what I need as without the support not sure what I would do as they help me with sorting things out, like bills, as I tend to forget things. (Interview with CH5, 24 July 2013)

4.2.7 Partnership working

Working with chaotic women requires partnership working in order to address their multiple needs. It appears that one agency needs to take the lead in fostering partnership working. It can also be a problem when an agency that provides support services for these chaotic women with experiences of domestic violence do not have the knowledge and understanding of domestic violence. This was identified in one of the case studies where:

> Another support worker from another agency who I complained about as they had put her with a young girl who wanted to take her to a mixed gym but she can't be around men as she feels threatened. I had to kind of say to the agency could she have someone a bit more age appropriate. (Interview re CW8 on 10/05/2013)

> I have liaised with another organisation that deals with sex workers and we will be going down there shortly for all the tests, etc. I have introduced her to NACRO we met up yesterday so she has another support worker who is going to help her physically get to a point to get to appointments as she has missed some! Obviously with my caseload it would be really good to get some help. She is also looking at getting the passes for going swimming. (Interview re CW2 on 10/05/2013)

> I am able to do partnership working around this woman to a fashion with Safe [sex workers organisation] and they are working with her on the sexual infections and give her condoms whereas Anawim are more emotional support and ringing round for her. We are getting her benefits sorted and contacting her landlord to see if he will give her a bit more time. (Interview re CW3 on 10/05/2013).

The importance of partnership working was stressed by one of the women interviewed, as she was required to deal with a range of different agencies:

> We have got these meetings going with the school and they are going to get him into therapeutic play. Yeah, we are getting the right support 'cause we have got these CAF meetings going. We have got the family support worker and what is nice about that is they all sit and talk to each other without me having to go from one to the other to the other. (Interview with A6, 12/04/2013)

4.2.8 Housing situation of the women interviewed

Housing is a key issue for all the women interviewed. Some of the women lost their tenancies when they went to prison, some were homeless when they were arrested and others were in very poor accommodation. Some of the women interviewed had multiple problems with domestic violence and abuse, drugs and alcohol and this impacted on their ability to keep a tenancy. One group of women in the sample had children and wanted to find housing that would enable them to get their children back.

The women interviewed had a range of different housing situations prior to securing a tenancy. Hostels were mentioned as often being of poor standard. There are not many hostel places available for women in the West Midland region where the research took place. There were various reasons why women found themselves homeless. This could be due to family problems, drugs and alcohol, domestic violence and being sent to prison. One woman had to leave her mother's home because she was gay. This led to her living in two hostels before she got her own flat:

> I ended up moving into a hostel I was in there for about three months it was infested with little bugs I had to sleep with. Then I moved into another hostel a YMCA but you can only stay there for two years. (Interview with A1, 19/04/2013)

> I was placed in a bail hostel in [place name] and it was the worst hostel I have ever been in. At this part of my life I wished I was back in prison, as I felt secure there. This hostel was more like a house with three bedrooms and I didn't feel safe there. (Interview with A3, 28/03.2013)

> The hostels that you might think may support her or could offer support will pass her around as she is considered too high risk or too much like hard work. (Interview re CW1 on 30/04/2013)

A key problem for the homeless women living in a hostel was to raise enough money for the deposit for a private tenancy as well as dealing with the uncertainty of only being able to stay in the hostel for 28-day periods after which they would have to ask for an extension for a further 28 days:

> I can stay at the hostel for 28 days at a time when this can be extended. I am worried about where I will go after here. I don't know how to get a deposit for private landlords. (Interview with *HD2*, 27/09/2013)

Some of the women were living in sub-standard housing and this was particularly problematic for those women who were trying to get their children back to live with them:

> I have been through about five different housing private lets and the landlords just weren't sticking to do the repairs and things, like there were rats in the property, and I kept moving on and I wanted to get a housing association property. Then Anawim helped me to get to MH and since then it is just a relief and the house I got is amazing; a big corner house. (Interview with A2, 11/06/2013)

The need to find different housing was related to the women's experience of domestic violence.

> Since my split in 2008 [from DV partner] housing was my main issue. When I was with him I was in refuges, hostels and he kept finding me and wanting me back. (Interview with A2, 11/06/2013)

> Anawim support worker helped me get this flat because where I was living it wasn't very nice at all. It was private accommodation and the landlord was a nightmare. It was like I had lost control so the landlord was always threatening to throw me out as I was getting behind with the rent. The landlord wasn't doing the repairs and I think coming from my relationship and moving into that house with a lot of negativity I hated it there it was very depressing. (Interview with A9, 01/05/2013)

> She is between two domestic violence incidents and we have actually got her a hostel that is not appropriate for her as it is full of men for a start off but it is the only place she can actually go. She has had lots of tenancies but she doesn't know how to cope with housework, cleaning or washing her clothes. Her houses get really filthy. (Interview re CW5 on 10/05/2013)

Some of the women with particularly chaotic lifestyles may have never had a tenancy or had multiple tenancies that she had failed to maintain. Many of the women were not in a position to manage their finances to enable them to pay rent on a regular basis:

> She can't manage personal contributions from her benefits she just can't do it. Midland Heart was the first time she had a signed tenancy but she had to make individual contributions to the rent and she couldn't do it so she has ended up with massive rent arrears.
>
> How do you expect someone with serious mental health needs, drug and alcohol issues, how do they think she is going to be able to budget? Generally her benefits are gone within three days—she will get paid then it is gone and she will survive 'til the next payment. (Interview re CW1 on 30/04/2013)

One of the women with a chaotic lifestyle who was a drug user was unable to maintain any property and spent her time living in hotels and crack houses:

> She may well be back in a crack house and I know that she was living in a crack house before she went to the hotel and it sounds horrific. Someone had brought back some kittens and she was trying to look after them but she went away for a couple of days and when she came back the house smelt bad and one of the kittens had died—it is a crack den and the idea is that you buy crack to stay there and if you stop buying you will be kicked out. So her benefits are not going to pay for enough crack for her to stay there all the time so she has to commit crime to pay for it to be able to stay in the crack house. It is just really sad and where does the mental health and the drug use begin when you talk about her life? (Interview re CW1 on 30/04/2013)
>
> I have been in many situations where I have had to scarper as someone has taken over where I live or it has just not worked because the environment around me. I have called the police numerous times but they didn't turn up. I did have my own tenancy just before I went to prison. This was a private property and I couldn't get any help from the council. (Interview with CH2, 24 July 2013)

Many of the women were homeless and moved accommodation all the time:

> I was homeless before I was pregnant and because of my chaotic life style I ended up getting pregnant. It was horrible being homeless sleeping on one couch going to your next friend's house sleeping on their couch—you find out that they are not really your friends they are there for the money stuff like that. (Interview with A5, 28/03/2013)
>
> She has crack and heroin issues and she is not safe to go back to her property at the minute. So what we are trying to do is reduce her outstanding rent and perhaps get her a mutual swap—she is sofa surfing at the minute. I am trying to sort out her housing. (Interview re CW2 on 10/05/2013)

The case studies about women with multiple needs identified the problem of finding accommodation that they can sustain and finding housing providers who will offer them a property. These women have very chaotic lifestyles and find it difficult to manage their

finances, which leads them into rent arrears or whose behaviour results in them losing their property. Many of the women also have problematic drug use or alcohol addiction. Some of the women require help with social skills, as often their behaviour is inappropriate:

> She gets very drunk in hostels or uses a lot of gas that is an issue for the hostel staff obviously. She openly uses gas, used alcohol. She does use crack and heroin but the extent to which she uses that in hostels is I think less than the alcohol and the gas use. (Interview re CW1 on 30/04/2013)

> Just to be in your 40s and to have never had your own space—a little bedsit your own little bedsit to call your own. When she was here we did talk about independent living as the hostel wasn't working with floating support but the idea of being on her own scared her to death; really scared her as there are times that she wants to talk to people about her emotions but in the hostels that's a problem as she gets drunk and wants to talk to her neighbour at three in the morning and will bang down the door. Or the support workers in the hostel might, depending on the quality of the support workers, they might feel uncomfortable about talking to her or might begin to avoid her as she is hard work or because she is drunk or using and then she will self-harm as she doesn't feel anyone is listening to her. (Interview re CW1 on 30/04/2013)

> She can't hold any accommodation down she has been through every homeless shelter you can imagine. She has been in numerous bedsits and hostels and women's hostels. She loses places by not going back for a few weeks—she also turns them into crack houses and has lots and lots of people in there. She can't clean at all, it gets into a filthy state but she is really vulnerable for the company. (Interview re CW3 on 10/05/2013)

> She has managed to get council and Midland Heart properties but she can't keep them—she won't go back or she loses the keys or lets other people use her flat. (Interview re CW3 on 10/05/2013)

> She has lived in a kind of shared house but other than that she has never had a tenancy. She is not capable of sustaining a property without close support. She would probably need the highest support available. She is one of the most needy as well as vulnerable clients I have. (Interview re CW3 on 10/05/2013)

4.2.9 Impact on family life

A key impact that the evaluation of the informal partnership between Midland Heart Housing Association and Anawim Women's Centre highlighted was the success of reuniting families in secure and decent housing:

> At first I wasn't sure about the house but it was a direct let. Then I looked through the windows and said I want it without viewing it! The kids love the house and it has a garden. (Interview with A2, 11/06/2013)

A key issue for the women is to facilitate the return of their children from foster care. Often, this involves securing the right sized accommodation:

> I moved in in January so it is still a slow process for obvious reasons as when the boys came back I was only there for a week as it was really sudden return—it was funny how it happened because originally I was moving into the property and they were going to do a gradual thing where the boys would stay overnight one weekend and the girls the same and then they would gradually spend more time with me. (Interview with A4, 28 March, 2013)

> Basically Anawim and Midland Heart have enabled me, I know I have done all the hard work as well but these two things have enabled me to get the kids back. (Interview with A4, 28 March, 2013)

> I was with [organisation name] before and I fell into arrears and they wouldn't accept me on the waiting list. Then I had problems bidding for a property as I could only bid for a one-bedroom property as I didn't have the right documentation to prove that my son would be coming back to live with me and that is where the Anawim support worker came in and said to me if you put your name down for Re-Unite and then prove that you have a kid in foster care I will give the social worker all the details (Interview with A7, 16/04/2013).

The lives of chaotic women with multiple problems can have a devastating impact on their children and families:

> Her three children have all been adopted and she does not see them. She no longer has contact with her family either (Interview re CW1 on 30/04/2013).

> This woman is young and has had four children. She is 26 years old and all four children have been removed and one very recently (Interview re CW5 on 10/05/2013).

> She is back into drug use after having been clear for a year. She has not been sex working for a year either. She is a very intelligent girl. She was seeing the children but she is not seeing them now they are 13 (twins) and 18 years old (Interview re CW6 on 10/05/2013).

Women often lose their homes as a result of DV and this can mean that they are not able to have their children with them. One interviewee said that despite her husband being violent and abusive to her the children were still living with him. This is an interesting point where the (abusive) father ends up with custody of the children even though he has been violent to their mother, which the children have witnessed:

> My kids were in the family home with him. He's a good dad. I don't see the children, not yet as it is all going through the courts, it was my daughter who bought it up but he still denies ever hitting me (Interview with AH5, 28 June, 2013).

> My children are 3 and 2 years old. One is with my mum and I've just lost one to her dad, not the partner he was an old relationship, once a month contact for four hours, I don't get enough time, it should increase through Social Services. My family disowned me, my mum has my daughter so social services told her to cut the emotional ties with me (Interview with AH6, 28 June, 2013).

4.2.10 Vulnerability, isolation and loneliness

The lifestyles of some of the women with multiple needs made them very vulnerable. Some of the women while working as sex workers on the streets have experienced serious violence from their clients:

> She has been attacked, as she is so vulnerable. She has had a series of attacks one man poured petrol on her and tried to light her and strangled her while street working. Another man tried to get her to do business and she was a little bit wary so he stabbed her in the back of her knee with a screwdriver and she had a big hole and because she is a picker it was massive—it was disgusting. (Interview re CW3 on 10/05/2013)

One of the women had learning difficulties and this increases vulnerability from boyfriends who were abusive:

> She is very vulnerable and has learning difficulties. We helped to get her a community grant to furnish a flat that we set up for her and she went missing and ended up with none of the money. One of the men she was hanging around with at the time spent all the money on drugs. (Interview re CW5 on 10/05/2013)

Many of the women interviewed did not have friends when they were with abusive men, as these men would not allow them to have relationships with either their family or friends. Although not all of the women spoke directly about loneliness or isolation often, in their descriptions about their current lives, they didn't have a circle of friends. In addition, they found it difficult to trust people after their experiences of domestic violence, prison or from living in hostels:

> I'm isolated really. I wasn't allowed to have friends from college; he isolated me. Once I'm allowed out [after she no longer has a curfew set by the Approved Premises] again I will get out and make friends. (Interview with AH6, 28 June, 2013)

> I have been with my ex-partner and his friends, been in prison and being in the hostels you actually learn a lot as well. I think in life you can't be too trusting or too caring and I think I learned that; well I know that I have been let down by men and let down by women as well. Friendship-wise, even if you meet somebody in prison or somebody in a hostel you just don't believe what they are really telling you. So I am just starting from square one really. (Interview with A3, 28/03.2013)

> I still have my days when I cut everyone off; I don't speak to anyone. My phone will ring and I just look at it then leave it; I think no not today. (Interview with A1, 19/04/2013)

Mentoring was raised by one woman as an initiative that would reduce her feelings of isolation:

> I have recently been diagnosed with having angina and I don't have any friends. My support worker from Anawim is getting me a mentor just for my hospital appointments and to have somebody to go for a coffee with. All the friends I did have, well I wouldn't actually say that they were friends, they were more like drinking buddies. I don't associate myself with them anymore and I don't have any

> other friends. I am quite a solitary person and always kind of have been but it would be nice to have a normal conversation with someone every now and again and have a reason to go and have a coffee and a chat with somebody. When I was diagnosed and was poorly and I thought I could die and nobody would know and this is quite a sad thing to say but actually true. (Interview with A9, 01/05/2013)

Often, women with multiple needs have no social support networks due to their previous experiences, which lead to difficulties in establishing trust:

> What is important is information, someone to just listen about how their week has been. A lot of the women don't have friends, as we would know them, or family as we would know them. Just supporting someone so they can talk about what has gone on for them during the week. Some of them fill the loneliness with alcohol or drugs and then they meet the wrong kind of people and then it spirals. (Interview re CW1 on 30/04/2013)

> She doesn't trust anyone she is living at the end of her nerves literally frazzled she doesn't know if she is going to get sexually abused or beaten up and things. She is very appreciative and very isolated as she doesn't feel that there is anyone who cares and she can't thank us enough for kind of being there. (Interview re CW2 on 10/05/2013)

> She accesses us and then leaves; we are always crises managing. At the moment she is homeless again and that is when she will contact us again. She will stay at someone's flat until the money starts running out or she feels a bit low. She is very isolated and very lonely. (Interview re CW3 on 10/05/2013)

Similarly, women in approved premises or hostels often find it difficult to make new friendships due to difficulties in establishing trust as a result of their past experiences:

> My trust in other people that's not right yet. Some of the things they do are wrong, the residents I mean, they have rules and regulations here but they don't keep to them. (Interview with AH7, 28 June, 2013)

> I find it hard to meet new people. I have made a few friends here (at the approved premises). But things can kick off suddenly. This place has not got a good reputation, not at all. (Interview with CH5, 24 July 2013)

> I am afraid to make friends now after my last experience. The one I have made now is very nice. But if I tell her about my situation I will be on my own again. (Interview with HD2, 27/09/2013)

4.2.11 Security and safeness

Women and stakeholders interviewed were unanimous in their view that stable and safe accommodation was a key requirement for bringing up children and addressing their multiple needs.

> My flat is very nice, a very nice property: I think I have got the right place and I have done it all up and it is so nice.
> *[Do you feel safe there?]*

> Yes and no, as it is not an area that I really know well. So it is just getting to know the area better and it has got to the stage in my head where I find it difficult to mix in with people, as I find it very difficult to trust people. (Interview with A3, 28/03.2013)

> I couldn't feel any safer in my house, I could actually, I know it sounds crazy go to sleep with my windows open now because all my neighbours talk to me and my road is a very safe road. This is the first time I have felt safe in years since I can remember even when I had my daughter I was in a flat but it was a high rise and the lift was always broken down and there were quite a lot of alcoholics on the stairway and I didn't feel safe at all. But this property now I can call it my home. (Interview with A5, 28/03/2013)

The women who had secured a property from the housing association felt that it was important that they felt safe and secure so that their children would grow up in a safe area:

> I feel safe in my new house. I hope not to have to move again. I have had enough of moving I just want somewhere for my kids to grow up and be happy and I think that's what I've got now. (Interview with A2, 11/06/2013)

> Yes I definitely feel secure here and my children do as well. And it is so nice to be in an area where people don't know you because when at my old house when the neighbours saw social services and the police taking the kids from me they all made up their own stories it got to the point when I couldn't even leave my house. (Interview with A4, 28 March, 2013)

> I feel safe in this area and it's pretty quiet as well even if I have got students next door but they are not bad. I have a middle aged guy on the other side who I did actually meet when I first came but he kept harassing me a single girl on her own he kept knocking my door late at night. He hasn't bothered me since I had the police round. (Interview with A7, 16/04/2013)

Feeling safe and secure was not something the women in the case studies were likely to feel as many were living on the streets constantly looking for a bed for the night:

> These women [chaotic] are scared and to some people they are scary people but half the time it is just a front; it is a layer of protection that means they can survive on the streets. You chip away at that and they are like caramel inside, soft as anything and all they want is a hug and a nice hearty meal, a warm bed and not have to worry about what they are going to do about cash or a meal the next day or to find a bed. (Interview re CW1 on 30/04/2013)

> She can look after herself she may well feel scared and out of control and that the world is getting at her but she can look after herself to an extent on the street but that is learned behaviour—it is dog eat dog. (Interview re CW1 on 30/04/2013)

4.2.12 Making a difference

In the discussions about vulnerable women with multiple needs, the support workers interviewed described what services existed and what was actually needed to make a difference to the lives of the women. They argued that there is a need for 24-hour support

in small units with high quality staff. It was suggested that the ideal size would be an eight-bed unit with staff available 24 hours a day:

> She has struggled to get the support that she needs even in a twelve-bed hostel as she felt that the staff didn't have enough time for her. She needs one-to-one support. She has multiple problems and needs detox, mental health support and support with alcohol and drug use and needs somewhere safe to live. (Interview re CW1 on 30/04/2013)

A key problem identified by the caseworker interviews was that some of the women fail to access mental health services due to their use of alcohol:

> She doesn't get properly involved with mental health services then she does get an appointment with mental health services and they say you need to stop drinking and using drugs before we will see you. Drug and alcohol services say you need to get mental health services support—she is in the dual diagnosis split in the middle. If she was in a very small women-only unit possibly with similar types of women with mental health needs with 24-hour staff maybe you would see some positive change. You would be talking about specifically trained staff not un-qualified. (Interview re CW1 on 30/04/2013)

> What would make a difference to her are boundaries. She once went to Victory outreach, which is a Christian rehab where they get up in the morning do their chores. There is also a little farm for abused animals—it is really therapeutic for them and she was there for a short while but they couldn't cope with her mental health problems so she had to go. She thrived while she was there and did the best that she could. (Interview re CW3 on 10/05/2013)

> This woman needs 24-hour care: she could do wonders with the structure and knowing that someone cares and that life doesn't have to be this way but could be productive. Knowing that she doesn't have to accept domestic violence or manipulation. To empower her and increase her self-esteem. She is not using drugs at the moment she is on methadone. When she split up with her partner, not so long ago, she went back on crack. (Interview re CW4 on 10/05/2013)

> She needs 24-hour support as well. She thrives while she is here but it is when she leaves and may bump into someone who will lead her because she is so vulnerable these men will use her and prey on her and that but then she can be the same on some of the vulnerable women here, she can prey on them. (Interview re CW5 on 10/05/2013)

> She needs high level of support. She needs someone to know and who she knows genuinely cares for her wellbeing and who is also positive. (Interview re CW7 on 10/05/2013)

The caseworkers made the point that some of the women use alcohol to mask their anxiety about attending mental health appointments. It is very difficult to get some of the women to attend their appointments and frustrating that having got them there, they are not seen by mental health services because they have been drinking. This leads to this group of very chaotic women with multiple needs falling through the cracks:

But the mental health services won't touch her as every time she shows up she gets really nervous and anxious about having to go into talk about mental health so she drinks. So she goes and she is drunk and then they won't talk to her. (Interview re CW1 on 30/04/2013)

I have gone with her to a mental health appointment and I have never been to one where it went well because she is drunk and she doesn't feel like she is being listened to but maybe is it the drink or the personality disorder? Is it the drug use or is it because she is in a crisis situation? Or not at a point where she feels that she can talk to them? You get mixed experiences with mental health teams. (Interview re CW1 on 30/04/2013)

She would thrive in a structured environment with support for mental health not just addiction as she has dual diagnosis. Addiction and mental health problems go hand-in-hand. You get the situation where they will say she has drug issues but it is her mental health problems sorted first. Then the mental health team will say she is using drugs and that is affecting her mental health so she needs to sort the drugs issue so you are bouncing constantly—no one wants to take her on. This happens to so many of my clients. (Interview re CW3 on 10/05/2013)

Section 5: Summary

5.1 Stakeholder interviews

The interviews conducted with stakeholders and women has reinforced the issues identified in the literature review. Most striking is the recognition among the majority of stakeholders that appropriate accommodation is the building block on which other services and interventions should build. Without safe and secure accommodation, the complex needs that are experienced by the majority of the target group cannot be addressed. Accommodation is a fundamental requirement for a woman attempting to regain custody of her children; it needs to be in place before mental health and other health issues can be addressed as well as being necessary before issues of employment and education can be considered. It was also noted that the quality of available accommodation is often unsuitable with greater care needed to ensure that women who have experienced domestic abuse for example, are not housed close to their abuser.

The broad range of needs of the target group and an individual's position on the 'continuum of needs' was also recognised. In particular, it was noted that the most chaotic women, arguably those most in need of services, were falling through the gaps in provision. Interestingly, the particular problems faced by women from BME communities were recognised and it was noted that cultural specificities often have a role to play in their experience of domestic abuse and subsequent use of services.

Current government policy and legislation was a topic that elicited a range of responses. Many stakeholders were conscious of the difficulties arising from policy aimed at reducing government spending including a reduction in available services. Also noted were potential future difficulties that might arise from initiatives aimed to give individuals personal responsibility for their own lives. However, it was also noted that the current economic environment could act as a spur to encourage greater collaboration, partnership working and creative thinking.

In conclusion, the research conducted with stakeholders underlined the major current issues identified in the desk-based research. It is clear that the centrality of accommodation is a key issue that appears to be not yet fully understood: it is also evident that more work needs to be done to promote this mantra and encourage acceptance of this as a fundamental requirement in providing services to women with experience of domestic violence and abuse.

5.2 Interviews with women

The research has highlighted the importance of housing as a foundation for women with multiple needs to be able to begin the process of engagement with services and support. Drawing on and adapting Maslow's 'Hierarchy of Needs' illustrates how provision of safe and secure accommodation facilitates the process of engagement with services and support as Figure 1 illustrates. A safe and secure environment of accessible, appropriate, safe and affordable accommodation is crucial before a woman can start to deal with social needs both practical, such as dealing with financial difficulties and health needs including addiction, mental health, self-harm and post-traumatic stress disorder (PTSD).

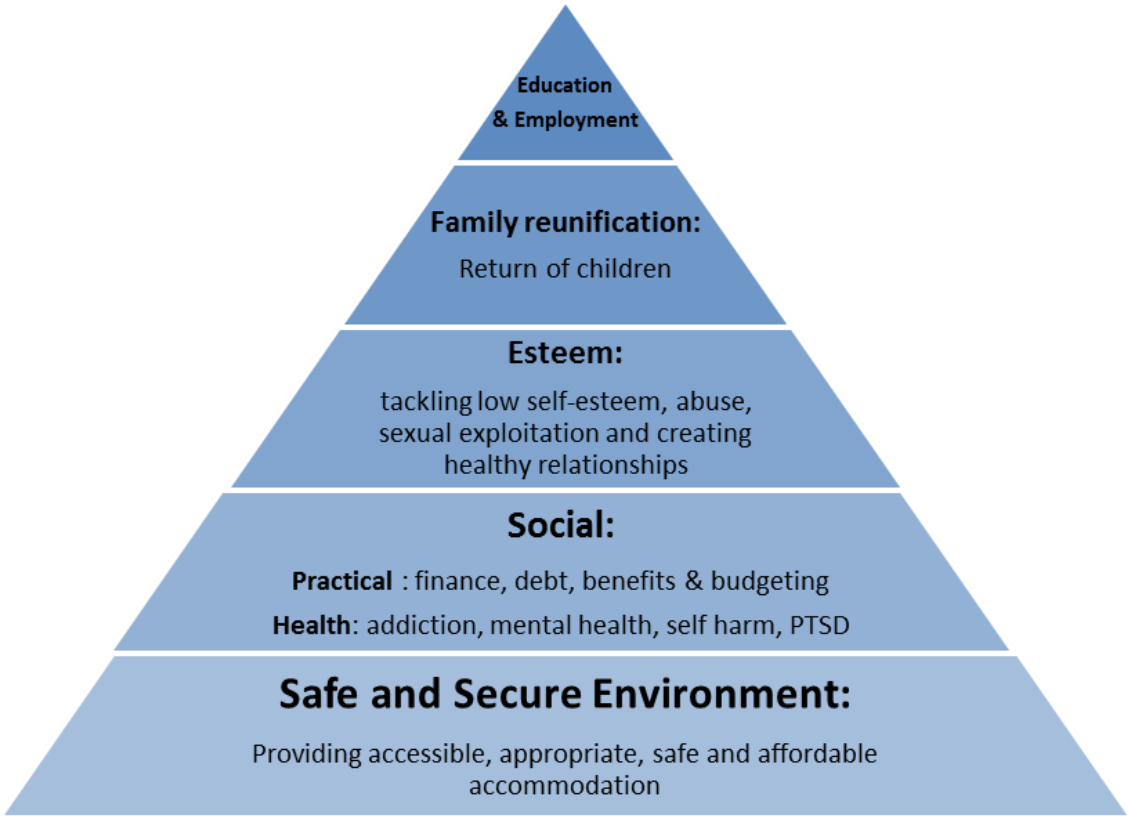

Figure 1: Hierarchy of Needs of Vunerable Women

For women with some stability, the Anawim and Midland Heart informal agreement demonstrates that progress can be achieved and a real difference made to women's lives.

It is clear that the women in the sample were all at various points on a spectrum of chaotic lifestyles and they all had complex needs. At one end of the spectrum were women who had led chaotic lives but had stabilised to such an extent that they were able to sustain a tenancy and, in some cases, been re-united with their children. At the other end of the spectrum were a group of women whose lives were too chaotic to manage their own tenancy, or even to speak with researchers and these womens' lives were described by their case workers to the researcher.

The research has highlighted the prominence of domestic violence and abuse in the lives of women with complex needs. Descriptions of domestic violence and abuse are intertwined with the life stories of the women and it is evident from these stories that domestic violence and abuse permeates all aspects of these women's lives. In particular, it is linked with: issues relating to management of finance, debt, benefits and budgeting; sex work; children being taken from them; poor health and addiction issues and frequent contact with the criminal justice system. Ultimately, domestic violence and abuse has led to homelessness. At the same time, cries for help appear in some cases to have gone unheard by the necessary authorities.

The stories highlight the prevalence of poor general health amongst women with chaotic lives. Not only is their general health poor, there are also clear examples of poor mental health resulting from violence and abuse, including cases of self-harming and post-traumatic stress disorder. Overall, the experience of domestic violence and abuse is associated with their inability to maintain normal lives. It has led, in many instances to

vulnerability, isolation and loneliness, often as a result of a lack of close supportive friendships owing to their experiences.

The stories, in turn, reflect the prominence of problematic alcohol and drug use amongst this group of women. For many of the women it is a coping mechanism, while for others it is a symptom of abuse. Their experiences have highlighted the variation in the support that is available to the women and the importance of accessing rehabilitation services. Whilst there is potential for working with women with addictions in approved premises, the women in some of these locations do not feel that they are receiving the treatment they need.

Many of the women in the sample have had contact with the criminal justice system as a result of offending behaviour connected with their chaotic lifestyles and the majority have received prison sentences. The stories highlight the tensions inherent in contact with the criminal justice system. For some women, prison has been an opportunity to turn their lives around; it has provided the first chance to engage with consistent and effective contact with health care and other treatments. For others, the experience appears to have been much less positive. In particular, the stories reflect the growing body of research that shows that short sentences do not provide enough time for issues to be addressed and other solutions rather than short custodial sentences might prove more effective.

The women's stories reflect more general problems in identifying needs supporting women. Often, deep-rooted issues are not picked up at pivotal moments in their lives such as arrest and trial. Several stories indicate that domestic violence and abuse were not taken into account by the courts. For example, arson is an issue that can be related to experience of domestic violence and abuse. All this highlights the growing concern amongst stakeholders that there is a pressing need for integrated and continuing social and medical treatment. The stories also reflect the importance of individual care workers as consistent points of contact for the women.

This implies that women's centres, such as Anawim, offer a more effective approach to addressing offending by these women. Referral to such organisations occurs through various routes: women are referred by GPs, even self-referral but mostly it is by the courts, prisons and probation. The women's experience of referral to Anawim and similar organisations clearly ties in with stakeholder observations that courts and probation services are beginning to regard these organisations as alternatives to custodial sentences.

Above all, the stories of the interviewed women have highlighted the importance of housing to their general sense of well-being and their ability to begin a process of stabilising their lives. Good housing, the women have noted, has several requirements. It needs to be close to families, close to schools; it needs to be an appropriate size and quality for children. The right accommodation can have a huge impact on family life: some women have found that successful re-unification of their families has only resulted from obtaining the right size of accommodation. The pressing need for secure and safe accommodation emerges frequently from the interviews: the women who had already secured a tenancy from a housing association observed that they felt secure and safe. The women's stories have emphasised the importance of the location of accommodation. It needs to be away from abusers, alcohol and drugs. It is important that children can live in a safe environment. However, women with particularly chaotic lives are often unable to secure a tenancy and so are less likely to feel secure and safe.

However, the research has also highlighted that for those women who are too chaotic even to be interviewed directly, there is a serious lack of appropriate accommodation. The stories have shown that these women need consistent care that can only be provided effectively when they have stable accommodation. However, these are often women who have no fixed abode. Care workers have argued that these women need 24-hour care in small units where their issues can be managed effectively.

Section 6. Examples of integrated approaches

The review of existing literature has identified some examples of organisations that provide an integrated service for women with multiple needs that includes social support and housing needs. There are five examples discussed below.

Women's Housing Action Group

Online: http://www.whag.info/ [Accessed 22/05/2013]

Women's Housing Action Group (WHAG) is a charitable organisation that was founded in 1981 to offer housing and support to vulnerable women. Currently funded by *Supporting People* programme and a grant from Bury council via the Community Foundation, WHAG is a progressive charitable organisation offering a valuable and quality service to women in Rochdale and Bury.

WHAG currently delivers services in Rochdale & Bury that empowers and enables woman aged 16+ who are homeless, experiencing domestic violence, vulnerable and require support to sustain their tenancy.

Chrysalis Project - Lambeth

Online: http://www.mungos.org/services/recovery_from_homelessness/_chrysalis_project_-_south_london_women_only_project [Accessed 07/01/2014]

The *Chrysalis Project* is a partnership between London Borough of Lambeth, the homeless support charity, St Mungo's, and the London-based social housing association, Commonweal Housing. *Chrysalis* provides housing and support for women who are homeless and have experienced trauma, abuse and sexual exploitation.

The *Chrysalis Project* provides 31 beds for women who are referred to it by the Lambeth Borough housing team. Once safely housed, women are helped by staff to identify and work towards achieving their long-term aspirations and making positive changes in their lives.

The focus of the *Chrysalis Project* is on encouraging individual women to be open and ready for change. However, the project asks each woman to work actively with staff to work towards her own long term recovery ambitions. Each woman is assessed individually and a 'pathway' of support is developed as she builds up her own self-esteem, resilience, optimism and freedom from any substance dependency.

Re-Unite

Online: http://www.re-unite.org.uk/ [Accessed 27/11/2013].

Re-Unite South London is housing project that enables mothers to be reunited with their children after serving a prison sentence. The project is a partnership between two social housing associations: Housing for Women and Commonweal Housing.

The project aims to provide women and their children with stable and safe accommodation together with all the support they need to re-establish themselves as self-sufficient and productive family units. Accommodation is provided for 24 months after the women's release from prison after which families are deemed to be ready to move into independent accommodation.

The project currently has properties in three London boroughs: Greenwich, Lewisham and Southwark. Various agencies can refer women to *Re-Unite*, such as the Prison Service, Probation, Social Services, and other support agencies. Women are also able to self-refer.

Re-Unite begins with in-prison support to identify potential service users at an early stage and provide advice on the nature and requirements of the project. The Mothers' Programme provides small flats for women who have more challenging problems to allow them to work with support agencies to get them to a stage where they may be eligible for the return of their children to their care. The Mothers' and Children's Programme provides family housing to women on the point of release to reunite them swiftly with their children. Family support is provided to enable the successful reunion of the mother and children and development of the family (Corston, 2011).

Poppy Project

Online: http://www.eavesforwomen.org.uk/about-eaves/our-projects/the-poppy-project [Accessed 07/11/2013]

The *Poppy Project* was set up by the women's support service, Eaves, in 2003 to provide high-quality support, advocacy and accommodation to trafficked women. Support workers work with women to create individual support plans for them, which can include financial help, support accessing health services and treatment, specialist counselling, criminal and immigration-related legal advice, education and employment opportunities and other support as needed.

The *Poppy Project* has nine bed spaces for women who need accommodation as part of their support. The project can also work on an outreach basis with women who do not need accommodation.

Workers on the *Poppy Project* are all experts in supporting trafficked women. Within the team, there is also the specialist expertise in supporting trafficked women between 16–24 years old and working with trafficked women who have children. There is also a worker, who provides advocacy and support to women in detention centres and prisons.

Coventry Cyrenians' Women's Residential Service

Online:
http://www.coventrycyrenians.co.uk/files/womensresidentialleafletjan11.pdf
[Accessed 27/11/2013]

The *Coventry Cyrenians*' *Women's Residential Service* is an accommodation-based housing and support service to single homeless women. The Service is commissioned by Coventry City Council *Supporting People*.

The *Coventry Cyrenians* are an NGO that provides comprehensive support services to homeless, vulnerable and disadvantaged people in Coventry and Warwickshire. Their aim is to help this group of people to improve their quality of life and to empower them to live as independently as possible.

The *Women's Residential Service* gives support to clients in areas relating to accessing more permanent accommodation; budgeting, debt management and claiming benefits; accessing education, training and employment; developing life and social skills and addressing health issues; engaging with leisure, culture and community. The Service also helps to signpost clients to other services.

Accommodation for 16 women is provided in five shared houses across the city of Coventry. Each house is fully furnished to a high standard and has shared, secure facilities. The service is for vulnerable women who are homeless, or at risk of becoming homeless, who are aged 18 and over. The *Coventry Cyrenians*' properties are provided for those with low-to-medium levels of support needs. Clients with issues such as drugs, alcohol dependency or mental health would be expected to engage with appropriate agencies to address their problem as part of a support planning process.

Section 7: Summary and Key Recommendations for European Union Policy Document

7.1 Summary

The research undertaken indicates that the focus on delivering interventions for women has shifted from emphasis on specific groups, for example women exiting prostitution, and those with problematic drug and alcohol use, to encompass other groups including women with chaotic lifestyles, women who have had contact with the criminal justice system, women with unresolved mental health issues, those from black and minority ethnic groups and trafficked women. Some stakeholders pointed out that women from BME groups have very specific needs, often cultural or language-based, that are dissimilar to the range of needs presented by their white British counterparts. Immigration presents distinct difficulties as many women immigrants do not have access to support networks and can be victims of inter-familial violence.

Women prisoners in the UK have been identified as being at particular threat of violence and domestic abuse. Research has identified that 50% of women in prison had experienced violence and abuse prior to imprisonment and one in three women had suffered sexual abuse. This level of abuse indicates the need for provision of access to practical and therapeutic help to deal with the damaging physical and psychological effects. In addition, women who have just been released from prison often have no home and no support. In many cases, they have served short-term sentences and have not been prepared for life outside, or have not received full treatment for unresolved issues. In some instances, they will have lost their home and custody of their children.

Many of the women in the sample under consideration had contact with the criminal justice system as a result of offending behaviour connected with their chaotic lifestyles with the majority receiving prison sentences. Their stories highlight the tensions inherent in the criminal justice system. For some women, prison is an opportunity to turn their lives around; it provides the first chance to engage with consistent and effective contact with health care and other treatments. For others, the experience appears to have been much less positive. In particular, the stories reflect the growing body of research that shows that short sentences do not provide enough time for issues to be addressed.

The fact that many women service users often present with complex needs was also identified by stakeholders and regarded as a particular issue. Vulnerable women with chaotic lifestyles have a wide range of needs, often interrelated. They are more likely to experience poor health, social exclusion and poverty due to a number of factors including deprived and marginalised backgrounds, health problems due to problematic drug and alcohol use, violence, sexual abuse and involvement in prostitution.

Descriptions of domestic violence and abuse are intertwined within the life stories of the women and it is evident from these stories that domestic violence and abuse permeates many aspects of their lives. In particular, it is linked with issues relating to management of finance and benefits, debts and budgeting, sex work, loss of children, poor health and addiction issues and frequent contact with the criminal justice system. At the same time, cries for help appear to have gone unheard by the necessary authorities. Ultimately, domestic violence and abuse can lead to homelessness, which is a growing problem in the UK particularly amongst women as they are likely to be disproportionately affected by cuts to public services, restrictions on welfare and a lack of affordable housing. Homelessness

impacts heavily on women and their children in particular on those women who have addictions and mental health problems.

There are many barriers that prevent women from accessing generic health care. This can be as a result of chaotic lifestyles where appointments are missed, concern about potential negative views from staff, lack of knowledge about available services and apprehension that they may lose benefits or that their children could become at risk of being taken into care. Mental health is a major issue for vulnerable and chaotic women. Women prisoners, in particular, have a higher prevalence of mental health problems than women in the community at large. They are almost twice as likely to have recently received help for mental health problems as men, more likely to need help in prison for mental illness, more likely to use prison health services and to take medication and are much more likely to self-harm.

Research has also indicated that unacknowledged or untreated trauma and related symptoms may prevent women asking for help for health, mental health and substance abuse problems and hinder their engagement with treatment. It is also acknowledged that experience of trauma has a wide reaching impact on women's lives making it difficult to cope with future trials in later life. Some women who have experienced trauma often use alcohol and/or drugs to mask the pain of their experiences.

Stories obtained from women reflect the prominence of problematic alcohol and drug use. For many of them, it is a coping mechanism while for others, it is a symptom of abuse. Their experiences have highlighted the variation in support available and the importance of accessing rehabilitation services. Whilst there is potential for working with women with addictions in approved premises, the women in these locations do not feel that they are receiving the treatment they need.

The interlinking of many of the complex needs inherent in the women's stories was recognised by stakeholders and strategies were devised to tackle them. Central to these is the requirement to address accommodation issues. It was also noted that women experiencing a number of problems; those often described as chaotic, present the greatest challenge to service providers. These women, at the extreme end of the continuum, are often left struggling to find safe and stable accommodation, which means the chances of them addressing their other needs are greatly diminished.

Accommodation has been identified in recent research as key in helping to stabilise women former prisoners, while finding appropriate accommodation is a key barrier to successful outcomes for women former prisoners attempting to regain custody of their children. One of the fundamental findings is that access to appropriate housing is viewed as essential. Stable and secure housing has been found to be a crucial element in treatment for alcohol and drug use, while a lack of affordable and safe housing has been found to be the second most prevalent barrier to exiting prostitution. The effective resettlement of prisoners into the community is central to preventing reoffending. Currently however, a large percentage of released prisoners report having no employment, education or training in place while almost a third have no accommodation, with many more only having access to temporary housing. Not surprisingly, this has significant effects on reoffending. For many women, securing housing is a higher priority than gaining employment. Often, imprisoned women are under threat of losing their home, while those with multiple vulnerabilities often require a range of services to meet their complex childcare needs. Such interventions are often needed to prevent family breakdown as a result of separation from children.

Stakeholders acknowledge that providing safe and secure accommodation is an essential first step that is required before any further interventions can be delivered. Indeed, one participant noted that accommodation is 'often the missing piece in the jigsaw and it's often the one big thing that can make the difference.' This acknowledgement of the importance that accommodation plays was accompanied by recognition that currently available housing is often difficult to access or inadequate, particularly for women with children: this compounds the already complex needs of the service users; 'right price and appropriate—that's your problem. Number one problem, for getting sustainable change for women depends on good housing'.

An additional problem is that available housing is often inappropriate, often being located near to 'red light' areas or offering accommodation to both sexes. The literature has also indicated that the centrality of accommodation is often overlooked by support services. For those women who are too chaotic even to be interviewed directly, there is a serious lack of appropriate accommodation. Their stories have shown that they need consistent care that can only be provided effectively when they have stable accommodation. However, these are often women who have no fixed abode. Care workers have argued that these women need 24-hour care in small units where their issues can be managed effectively.

The changing role of social housing in the UK also needs to be taken into account. Historically, the function of social housing was to provide housing of a good standard and used to attract tenants from a wide range of socio-economic backgrounds. However, it is evident that social housing is now the refuge primarily of the most vulnerable and marginalised in our society. This change in emphasis has significant impact on estates and communities and places enormous pressures on social housing providers. It means, more broadly, that housing associations are now increasingly closely involved in supporting vulnerable people, especially in areas relating to health and well-being. The work of housing associations in this area is becoming increasingly important.

Supporting vulnerable women must be placed in a context of national and local policy change. Since 2010, with the change in government, there have been significant changes in national policy and approach. Existing literature highlights the implications of cuts in public spending, both for vulnerable women and for social housing more broadly. Of particular concern is the pressure placed on services if a proposed benefit cap comes into force and how this will affect women using refuge services. Recent reports highlight more general cuts in funding to services for women at risk of domestic violence: even what little support is already available is under threat. Existing gaps in service provision are unlikely to be filled and there will be a reduction in available services. One possible consequence of the cuts is that women who suffer violence will find themselves increasingly alone. The overall impact that will have on their health and wellbeing is immeasurable.

In the current situation of cuts in public expenditure, partnership working is vital to increase efficiency and reduce duplication of services. A partnership approach is particularly important between statutory mental health services and voluntary sector agencies dealing with women with multiple problems as domestic violence, sexual violence, substance use, homelessness and mental health often co-occur.

Stakeholders acknowledged that partnership working presented some frustrations although some improvements were reported. Identified as common difficulties were the lack of clear structure and organisations sometimes working to their own agendas, often due to

accountability requirements. Comments relating to partnership working were often linked to expressions of concern about current government policy and legislation. These tended to focus on the perceived lack of understanding of the target group (women with complex needs) and the impact on delivery of services that policy could have. However, it was also noted that government policy could, in fact, act to promote better partnership and collaborative working as it will be necessary to be aware of all services provided by different organisations to ensure that service users receive the interventions required. However, lack of financial support was identified as a clear challenge for the future, accompanied by a societal attitude change towards women with complex needs.

The women's stories reflect more general problems in identifying needs supporting women. Often, deep-rooted issues are not picked up at pivotal moments in their lives such as arrest and trial. Several stories indicate that domestic violence and abuse were not taken into account by the courts. For example, the sentences that some women received for arson that related to experience of domestic violence and abuse. All this highlights the growing concern amongst stakeholders that there is a pressing need for integrated and continuing social and medical treatment.

The key point from the interviews with the women was the importance of having good quality housing where they feel safe and secure and that meets the needs of their children.

7.2 Key recommendations for EU policy Document

A key component of the *From Street to Home* (2013) project is for each partner country to identify key recommendations from their research in their country to be included in the EU Policy Document. The following key recommendations come from the UK Partner Report of key literature and interviews with stakeholders and women. In addition some recommendations have been taken from the UK partner evaluation of the partnership between Midland Heart Housing Association and Anawim Women's Centre (MacDonald et al, 2014). The key finding of this evaluation is that:

- the informal agreement between Anawim and Midland Heart is both highly successful and cost effective;
- safe and secure accommodation has assisted in the women's progress towards stability;
- the on-going support from Anawim has helped the women to turn their lives around and provided the stability that they needed to maintain their tenancies;
- Women's Centres have a key role to play in reducing reoffending;
- prisons do not work, especially with this group of women who invariably receive very short sentences. Community sentences provided by women's centres linked to housing providers would increase the opportunity for women to engage with their multiple needs.

The implications and recommendations for wider policy agendas from the evaluation, literature review and interviews with women and stakeholders are as follows.

Integrated service delivery. Women's Centres like Anawim demonstrate what works for this group of women: different service providers come to the centre and communication is effective as workers are located in one place and can easily share information. Services

work better because women feel safe and have established a trusting relationship with Centre workers.

- *Recommendation:* the public sector should take responsibility to ensure that women's centres are properly resourced.

Ensuring partnerships are working: This is vital: the evaluation, literature review and interviews with stakeholders has shown that building and maintaining partnerships is crucial when working with this group of women.

- *Recommendation:* multi agency partnership should be enabled and encouraged.

Children in care: The Re-Unite project (part of the partnership between Anawim and Midland Heart) has been successful in getting children out of care and reunited with their mothers. Threats to this success can be due to government policy such as the under occupancy charge introduced by the UK Coalition Government in 2013. Although emergency funds are available to Local Authorities in the UK, these are often underspent.

- *Recommendation:* local authority housing and other social housing providers need to review their current allocation policy in respect of women seeking to be reunited with their children.
- *Recommendation:* local authorities need to review the use of discretionary housing benefit to mediate against the effects of the under occupancy charge for women seeking to be reunited with their children.

Availability of a range of services: Many vulnerable women service users often present with interrelated complex needs. They are more likely to experience poor health, social exclusion and poverty due to a number of factors including deprived and marginalised backgrounds, health problems due to problematic drug and alcohol use, violence, sexual abuse and involvement in prostitution.

- *Recommendation:* service providers should acknowledge that provision for women with multiple needs is designed to meet their requirements at different stages of their recovery.

Accessing generic health care: It is not straight forward for women to access generic health care because their lifestyles make keeping appointments difficult due to lack of money to get there, fear of their children being taken into care and the potential loss of benefits.

- *Recommendation:* service providers should adopt a holistic approach that acknowledges the difficulties that many women with multiple needs experience.

Mental health problems: Attempts to improve general health will not be successful unless mental health problems are treated.

- *Recommendation:* a holistic approach for physical health, sexual health and mental health with integration of services should be developed.

Dealing with experiences of trauma: Many women with multiple needs display trauma symptoms due to past violence and the lack of a safe environment. It is important to

understand how trauma can be an obstacle for some women to access services and treatment (Saakvitne *et al*., 2000).

- *Recommendation:* knowledge and understanding of the impact of trauma on women ought to be made part of the training for criminal justice agencies and other front-line services

Homelessness: Homelessness is a growing problem in the UK particularly amongst women. Women are likely to be disproportionately affected by cuts to public services, restrictions on welfare and a lack of affordable housing. Homelessness impacts heavily on women and their children in particular on those women who have addictions and mental health problems. Securing housing is a key concern for women offenders and a higher proportion of women are homeless at the point of release from prison compared to men.

- *Recommendation:* Agencies should recognise that the needs of women to solve their homelessness requires different approaches that are holistic and women centred.

Continuing support: Many women who lose their homes and manage to end an abusive relationship often need extensive social support and this support needs to be ongoing. The importance of continuing support throughout the women's journeys was raised by the majority of the women interviewed.

- *Recommendation:* Continuing support needs to be funded adequately and requires children and family workers to mediate, protect and offer training in areas such as parenting skills.

Multiple needs unit for women: Some stakeholders interviewed noted that services are not designed to cope with the level of support required by those women with very chaotic lifestyles, often because of the level of resources needed to deliver successful interventions.

- *Recommendation:* Consideration should be given to providing and funding a multiple-needs unit for women.

Alternatives to custody: Evaluation of Anawim Women's Centre has shown that women are supported to change their life styles and having probation officers based at the centre is very effective in diverting women from the criminal justice system.

- *Recommendation:* More alternatives to custody for women ought to be explored and encouraged, such as using women centres for community sentences.

Evaluation and Cost benefit analysis: It is important that service providers can demonstrate that their provision is both effective and provides value for money.

- *Recommendation:* Agencies should collect key data and use robust mechanisms (e.g., cost-benefit analysis model) to ensure effective evaluations of their interventions to demonstrate effectiveness and value for money.

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