

Fulfilling Lives South East: Reflecting on the needs of women with multiple and complex needs who are at risk of /or experiencing domestic abuse

A report to support the Sussex needs assessment to identify support and safe accommodation needs of victims and survivors of domestic abuse across the county

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1) Context – Why we have produced this report

Women who have multiple and complex needs are disproportionately affected by domestic abuse (DA) but they are often the most challenging to reach in terms of having their voices heard and needs met. This is the group that services most struggle to build trusting relationships with, and as a result often fail to provide appropriate, person-centred, empathetic support. This is why FLSE is committed to representing their voices and supporting services to meet this group of women's needs and why we have welcomed engaging in this needs assessment.

2) Executive Summary

The Fulfilling Lives South East Partnership (FLSE) presents this report with a focus on the needs of women with Multiple and Complex Needs ('MCN').

We wanted to highlight the voices of women with lived experiences of domestic abuse and complex needs and have integrated these voices and experiences throughout this report. This evidence has been gathered from our FLSE client case studies as well as feedback from FLSE volunteers and staff to express both the needs of this group of women as well as their reflections on how the wider housing and support system can be developed.

For many women with MCN, refuge is not an accommodation space that they are often able to access: many refuges struggle to accommodate the multiple needs, particularly substance misuse, of these women and as a result women then end up returning to perpetrators or are offered unsupported emergency / temporary accommodation following their housing assessments. Women who have experienced domestic abuse tell us that they experience stigma and judgement frequently when seeking support and this compounds the challenges they face as well as contribute to eroding trust in the support system. Safer accommodation for women with MCN can only be realised if the wider support system is taken into consideration and we are hopeful that with the Domestic Abuse Act 2021 and the new Sussex needs assessment there is an opportunity for learning and change.

This report shares:

- Background information on FLSE
- Comment on the definition of 'Multiple and Complex Needs' ('MCN')
- A summary of FLSE research into other refuge and safer accommodation approaches used outside of Sussex to support women with MCN
- The needs of women with MCN in Sussex:
 - Refuge -how this could be developed and improved
 - Other safe housing options for women with MCN
 - Out of area placements
 - 'Intentionally homeless' decisions
 - Approaches to support and the impact on safe accommodation
- Recommendations
- Best hopes for Sussex
- Appendix: References to further evidence and good practice

3) Fulfilling Lives South East (FLSE) and Our Approach

FLSE works across Brighton & Hove and East Sussex and is one of 12 projects across England where National Lottery Community Fund investment is supporting people with complex needs. The purpose of this initiative is to bring about lasting change in how services work with people with multiple and complex needs (MCN) and collaborates with local partners to help bring about this objective.

FLSE is committed to involving people with lived experience of multiple disadvantage at all levels of our work. When writing this report, we adopted a co-produced approach by including staff and volunteers with lived experience of complex needs and DA in the process, including attending and participating in planning meetings, in-depth research of our case study database and in writing the final report.

4) Definition of Multiple Complex Needs (MCN) and the specific issues women face – the major gaps

FLSE want to see meaningful change in systems and services so that people with MCN can receive the right help and support when they need it without being judged, stigmatized or unfairly treated or excluded. Therefore, we felt it vital that we provide a comprehensive explanation of what MCN means and how Domestic Abuse is a recurrent theme for our clients.

Definition of MCN: MCN has a variety of meanings in services and third sector organisations, depending on the needs of the client group. In general, MCN includes people on the edges of society who are often excluded from or who cannot access mainstream services due to the complexity of their lives. For FLSE, MCN means a person who is experiencing 3 out of 4 of the following:

HOMELESSNESS:	This includes those who have no safe and secure housing and are rough sleeping, sofa surfing, living in Temporary or Emergency Accommodation, Refuge or prison.
SUBSTANCE &/OR ALCOHOL MISUSE:	Substance misuse is one of the most commonly experienced problems for people who FLSE work with. Many either misuse or have misused alcohol or substances and this is commonly experienced in parallel with mental health problems.
MENTAL ILL HEALTH:	For most people experiencing MCN, poor mental health is very common. Access to services is often difficult, often due to a person's "Dual Diagnosis", often resulting in people bouncing between these two support sectors.
REPEAT OFFENDING:	Our statistics show that people with MCN are overrepresented in the criminal justice system. These individuals are often engaged in repeat cycles of acquisitive crime, such as shop lifting and theft; their offending often being driven by active addiction. The majority of our female clients in contact with the criminal justice system have experienced domestic abuse.

FLSE recognizes that domestic abuse is common for people, especially women with complex needs and crosses over with all 4 "needs" above. A recent data snapshot of our clients showed that 93% of women has experienced domestic abuse.

5) Other refuge models we have reviewed – our research findings

With housing options for women experiencing MCN and domestic abuse being limited locally, FLSE reached out to the Wiser Project in London to discuss models of support for this group of women.

The Wiser Project began as a one-year pilot project and has now been running for 4 years. Working to advocate for women with MCN experiencing domestic abuse and using an assertive outreach model, they manage approximately 60 cases across North London, with each Wiser advocate having a case load of 5 clients.

There are two refuge options for women with MCN in London, one being Solace. This is a small, trauma-informed refuge with 8-10 beds which was seen as a highly effective option for some clients. Support from Wiser, alongside a placement in this refuge, was essential for women placed there. Women, were, however, sometimes seen as “too complex” for the refuge, and the number of beds is limited.

Some Wiser clients were placed in Housing First accommodation with intensive support from their Wiser worker. This had worked very well for some women, giving them a lot of agency.

During our meeting with a representative from the Wiser project, the importance of choice became clear. Rather than there being an ideal model of safe accommodation for this group of women, they felt that having a number of options would allow a client-centred approach to support. Women who wished to be housed with their perpetrator were a particularly isolated group who would not accept women’s only spaces. They also noted the need for ongoing support when a woman is experiencing MCN.

6) The needs of women with MCN in Sussex

a) Refuge – women’s experiences and how it could be better

Refuge accommodation provides a safe space for the majority of women fleeing domestic abuse but to accommodate women with MCN, alternatives need to be provided and sustainably funded. For some, specialist complex needs refuge accommodation could be suitable but for others, shared accommodation can be very challenging and trauma inducing due to other factors, such as many refuges housing children as well as women which can be triggering for women who have had children removed from their care.

Through our case work, we have learnt that refuges are usually not equipped to accommodate women with multiple and complex needs; referrals are frequently rejected on the grounds of clients’ mental health and substance use needs being too high, citing staff cover as not adequate to manage potential risk. This results in women with MCN being excluded from accessing the current refuge models, meaning many women are being forced to return to their partner and abuser or being placed in non-specialist accommodation settings.

As such, we feel there is a need for existing refuges to consider adaptations to enable women with MCN to access and sustain refuge placements. Our learning also suggests there is scope to pilot support models used by Wiser and Solace locally to provide MCN-specific refuge spaces with specialist wrap-around support in order to create a safe accommodation option.

Case Example 1 – ‘can’t stay at refuge’:

Connie was in foster care as a child as both of her parents had substance use issues, Connie has children of her own who have been adopted outside of the family. She has disclosed that she has been in several abusive relationships. Connie has a diagnosis of Unstable Personality Disorder, Anxiety, Depression and PTSD as well as a number of physical health issues. Connie has been in a relationship with J for 3 years, he has children from previous relationships who are also adopted. They have been sofa surfing at a member of J’s family property.

*When Connie made a Homelessness Application recently it took 6 months for the Housing Department to receive her medical information. During this time, Connie disclosed incidents of violence and her case was heard at MARAC, where a supporting letter was written for Connie to the local authority regarding her housing situation calling for housing options to be made available. However, **the authority advised that at the time Connie could only access Refuge or be placed out of area. Connie advised that she would find being in Refuge too painful being around mothers with their children and that she would be very isolated outside of her local area.** She declined these options. Reports and incidents of domestic abuse continued.*

Nearly a year later, Connie was awarded a Temporary Accommodation (TA) placement and on the same day Connie disclosed that J had assaulted her the day before whilst they were visiting a friend at another TA placement locally. The incident was reported to MARAC and the police. Connie stated that there were no staff on site to help her.

Connie checked in to her TA placement. The mother of J’s children had also been placed in the same TA and that day there had been an altercation between Connie and her in town. Connie’s placement only had shared bathroom facilities; rather than use these, she disclosed that she had been urinating into a cup as she was too scared to locate the bathroom for fear of bumping into J’s ex-partner. The TA Officer was able to reassign Connie another room with en-suite bathroom, advising that the original Housing Officer had missed out information about the client’s continence issues in the housing assessment.

Connie: “I can’t stay at Refuge, not being around all the Mums with their kids, that’d do me right in, I couldn’t handle it. Besides, if I stayed locally, he’d just follow me there and he’s not supposed to know where the Refuges are. I can’t go out of area as I don’t know anyone, all my support is here.”

“I don’t feel entirely comfortable at the TA ‘cos of the incident with my ex...I understand that it is the only TA with door staff locally though, so I’m grateful that I can stay local - that’s important to me. I just hope there’s no problems with her [current partner’s ex], I won’t start anything, I’ll just stay in my room and keep my head down.”

Case Example 2 – evicted from refuge:

*Jude is female and has experienced significant childhood trauma and was moved around through the care system. As an adult Jude’s life has been defined by Domestic Abuse, self-harm, and poly drug use. DA incidents have become increasingly severe recently – some reported to the police and her case was heard at MARAC several times. **Although Jude was allocated a place in Refuge, she was quickly evicted following an argument with another resident despite there not being an investigation where Jude was able to share her account of events of reflect on ways to resolve the conflict with the fellow resident.***

Jude had no option but to return to the local area either living where she experienced significant childhood trauma or staying with the alleged perpetrator as she was not allowed to move to other refuges across East Sussex and did not have any other housing options available to her.

b) Other safe accommodation options for women with MCN

With refuge accommodation often not possible for women with MCN, many of our female clients have been placed in unsupported temporary accommodation instead. These spaces create further challenges for this group of women, including:

- In Temporary/Emergency Accommodation strict house rules can trigger reminders of the controlling behaviour of their abuser.
- Most Temporary/Emergency Accommodation house both men, women and families and this can make women fleeing domestic abuse feel very unsafe and some female clients and women with lived experience have told us that they have faced further abuse and threats of abuse when placed in these environments.

Women with multiple and complex needs who are experiencing domestic abuse often present for help in the first instance at their Local Authority Housing Options Service. We have found that clients do not often receive a service which reflects an understanding of the complexities, dynamics and risk issues of domestic abuse or receive a trauma informed response. Women tell us that they would welcome more creative approaches to inform safe accommodation offers, often informed by challenging experiences of current accommodation options they have experienced

As such, we believe there is a need to think creatively across Sussex to generate new housing options that can provide alternative safe accommodation spaces for women with MCN.

Longer-term housing options – Housing First approaches: We believe there is a need to explore how Housing First approaches, paired with specialist domestic abuse wrap around support, in Sussex can provide long-term housing solutions for this group. This model would ideally consist of dispersed, self-contained units so that women with MCN can feel safe in their own accommodation without having to adhere to triggering rules or share facilities with men and families.

Case Example 1 - Female Experience of Hostel Living and her call for Housing First approaches:

‘What I feel would have worked better is a housing first model, where I would have had a home and own front door. This would have given me privacy and ability to say who comes in, I would have kept my living skills and receive support. It’s so sad that I felt my only way out was prison, but it has worked for me but have added to criminal record. If I had my own place sooner, I could have got my recovery so much sooner and re-connected with family, who have also witnessed my addiction and struggles.

Please consider this experience, which I know is shared by most women living in hostels when housing women and their safety. I would love to see the end of large hostels as they ruin lives not support them as people end up stuck for years giving up hope of a better life.’

Case Example 2: Emergency Accommodation – the long wait for safe accommodation

Amelia has been living in an emergency accommodation hotel for a total of 13 months, despite being on Band A priority housing need. Amelia is now also receiving support from Housing First who are helping

her to bid for her own tenancy. Amelia has been the victim of domestic abuse during her time at the emergency housing.

Amelia disclosed to the Fulfilling Live Specialist Worker (SW) and her Housing First worker that she was in a new relationship with another resident of the emergency accommodation hotel where she lives. When asked by the SW what her new partner was like, Amelia replied: 'he is bad news'.

Professionals were concerned about the dynamics of the relationship, which Amelia reported was on and off, and began to suspect abusive behaviour from Amelia's new partner. Both Amelia and the hotel manager reported that Amelia was being threatened, bullied and harassed by her new partner. Amelia reported that she liked being with him due to nobody else bothering her whilst she was with him.

Fulfilling Lives agreed to contribute towards the Housing Benefit shortfall to ensure that Amelia could stay in her local area, to retain her job and retain access to vital support services and social support.

Following the Clare's Law disclosure, Amelia reported several incidents where she was threatened by her new partner. As a result of this, Amelia was offered an out of area placement which she declined. Housing Options were looking into moving Amelia's new partner because of an incident involving other residents at the hotel. The SW advised that moving Amelia's partner from the building would be the best outcome, because Amelia had been the victim, had not coped well in an out of area placement previously and she did not want to move out of area.

c) Out of area placements

There needs to be an acknowledgement in the needs assessment and subsequent safe accommodation strategy that out of area placements for women with MCN fleeing domestic abuse should not be the default decision, based on the assumption that the woman wants to be placed away from the area where the perpetrator lives. For most women with MCN fleeing DA they wish to remain in the same area where they can still access the services and support they need – relationships with support services that have taken a long time to nurture, are often at risk when out of area placements are made.

Women who turn down this offer can be judged as declining a reasonable offer of accommodation and this can go against them in the overall assessment of their eligibility for the local authority to have a statutory duty to house them.

Case Example 1 – out of area as the only option

Vanessa is a 34-year-old female client who is alcohol dependent and a recovering heroin user in substance misuse treatment. Fulfilling Lives supported Vanessa to present at the local authority housing department as she was fleeing domestic violence from the partner she was living with. The initial interaction - with Vanessa needing to re-tell her story to several different people, and the physical space of the assessment (open plan and next to a children's play area, which was not confidential and was also triggering for Vanessa) - was an unpleasant experience for her.

The housing officer suggested out of area refuge accommodation which Vanessa considered but decided was not a suitable option for her. Despite Vanessa stating that she did not wish to be placed out of area, the housing officer called three more out of area refuges. None of the refuges could offer a suitable placement due to Vanessa's needs – she is in a wheelchair and the refuges were unable to accommodate this.

The housing officer was only willing to place Vanessa in temporary accommodation out of area, citing the risk from her partner as the reason for this. Vanessa felt safe in her local area with her network of support and services, and she did not want to be isolated. The housing officer was not willing to consider placing Vanessa locally and Vanessa was left with the option of sleeping rough or returning to her abusive partner from whom she had just fled.

Fulfilling Lives paid for Vanessa's accommodation that night. After further advocating, and a second night in a B&B funded by Fulfilling Lives, the housing department did eventually place Vanessa in temporary accommodation in her local area.

Case Example 2 – 200 miles away:

Aliyah has a long history of rough sleeping but has been staying with on/off partner for few years. She ended the relationship with her partner and left his tenancy due to allegations of DA, with Aliyah being fearful for her life at times. There is sporadic engagement with services. She became homeless, sometimes staying with a friend.

FLSE worked on building self-esteem and restoring faith in services, leading to disclosures about previous abuse and circumstances around leaving her partner. The barrier to domestic abuse victims with complex needs became clear in this situation - many refuges will not accept individuals with drug use or with violent offences. The only appropriate refuge suggested was 200 miles away. Aliyah felt anxious and unhappy about completely leaving the area where her support agencies were based.

FLSE supported her to approach the local council presenting as fleeing from domestic violence. A TA placement was negotiated, outside of the local area enough to get Aliyah away from danger, but close enough that she could keep in touch with services. Aliyah felt more comfortable in taking the placement. We also helped to support her drug substitute prescription and support to outreach into this new area, alongside introducing her to new services.

Aliyah felt angry and frustrated when she was initially given a placement so far away. This seemed to reflect a gap in the system regarding DA victims and MCN, in that there are significantly less options for refuge if someone is still actively using substances. The risk of these few accommodation options is disengagement – we risk these trusted relationships breaking down and people moving out of sight of support services into far more vulnerable and unsafe positions.

An in-depth case example: sharing the story of a woman who navigated the complex housing system in her own words:

My Housing Journey

I was an alcoholic and drug user. I was in domestic abusive violent relationships. My children went into care and I lost my home.

My home became a den - a place where I accepted cuckooing, violence, addictions, and control. At that time, I did not realize I was unstable in my mind and very vulnerable.

There was a lot of police presence around my home, and they placed red flags on my home and car even though I was wearing a lot of bruises half the time they were present. They labelled me with 'anti-social behaviour' and so did the housing association. Social services became involved and told me I needed to deal with my addictions and to stay away from the people I was involved with, until then, they said they would be keeping the children safe.

When my children were removed, I was devastated, but I sought help for my alcohol addiction and done a community detox. I was still being controlled and abused by multiple men, but there came a point where I had to escape for my life. When I did this, I ran out my back door but got caught on the door and ended up with a deep cut my foot and severed my nerve. But once I had shown Social Services that I had escaped and had done a detox they arranged for me to go to refuge. The refuge I was placed in was out of area, nearly 50miles from my children, family, and my support network.

SYSTEMS BARRIERS & CHALLENGES FOR ME AT THIS STAGE:

- **Alcohol and drug use**
- **Domestic violent relationships**
- **Mental health problems**
- **Police record, the label of anti-social behaviour and live investigation**
- **Anti-social behaviour label from the housing association**
- **Rules applied by social services in high-risk conference meetings**
- **Deep wound on foot**

- **Out of area placement**
- **50miles from family and support network**

Next step: the first few months at the refuge

I arrived in Refuge with a now infected foot that was swollen and I could hardly walk. I met my keyworker who would work with me for the 9months stay. We had to go through and fill in some very personal traumatic forms that reduced me to tears and gave me a realization that I had in fact been in very violent domestic abusive relationships, including sexual violence. My main priority was getting back to the drug and alcohol services to help me stay in recovery and to get help for smoking weed. I asked my keyworker where the building was, and her response was:

"I will be contacting them for you, and someone will be in to see not only you but a couple of the other girls to."

I also had to show social services, I was complying with what they wanted so I could get my children back, but this was not all I had to battle. I knew no-one and I did not know the area I was placed. My keyworker in the refuge was unhelpful and sent me on many a goose chase, on top of her seeing me on the level with other alcoholics and drug users. A quote from her I still remember her asking me:

"How u getting on living next door to a drinker?"

The refuge staff team did not have the specialist knowledge to support my substance and alcohol recovery but said they would arrange a partnership with the local substance misuse service. This did not happen and 2 months on I decided to go to the substance misuse service building myself and ask for help. Only then did I get the drug and alcohol keyworker to help my recovery. She was the one who helped me so much along with the housing advice service who also helped my case and support me. They defended my refuge room when I was threatened with eviction - eviction letters were being placed under my door every other day. My focus in the drug and alcohol services was to remain clean from alcohol, cocaine, and crack, but to also seek help for smoking weed and my mental health problems.

SYSTEMS BARRIERS & CHALLENGES FOR ME AT THIS STAGE

- Infected foot
- Traumatic forms to fill in
- No help to stay in Recovery
- Unhelpful keyworker in Refuge
- Living on the level with other alcoholics and drug users
- Time spent with my Drug and Alcohol keyworker was taken up saving my room in Refuge and could not focus on my wellbeing in recovery
- Not seeing my children - too far away

Time in refuge – seven months left to stay at the refuge

I still needed help with my mental health and services said you can't get help with this until you are drug and alcohol free. I still had housing and police matters to battle, where I had to make them see I was being controlled in domestic abusive relationships and that this was not a case of 'anti-social behaviour'. They continue to investigate anti-social behaviour charges and other things which mean my housing options are restricted and conversations with social services are held back about living with my children again. The housing association issued me with an anti-social behaviour worker.

SYSTEMS BARRIERS & CHALLENGES FOR ME AT THIS STAGE

- Travelling backwards and forwards 50 miles to prove my innocence to talk to police and attend conference meetings.
- Anti-social behaviour officer in housing association not listening to a word I said.
- Police not understanding Domestic Abuse and Violent relationships
- My housing options are held back because of the police case and the anti social behaviour officer

Time in refuge – five months left to stay at the refuge

My keyworker in Refuge kept telling me nothing could be done about my housing all the while my secure tenure run out on the property I had fled. I couldn't understand why the anti-social behaviour officer in the housing association would not want to move me back in to the same area or

discuss other housing help for me. Her message to me in a social services conference meeting was:

"I am a bad tenant and if they moved me anywhere in this area then my reputation would precede me. You cannot just give up your property otherwise you would be making yourself intentionally homeless and I would be receiving a letter in the post for rent arrears. I will no longer be attending these meetings, another colleague of mine will, and she left the room."

My response to this was 'I am homeless because I fled violence for my life and safety and had proven my innocence. If I made myself intentionally homeless that meant the area I had fled to, the council there would have no obligation to re-house me and without a home I could not receive my children back.' I still needed to see someone in mental health services, I was still fighting to keep my room in Refuge, I still needed to receive counselling for my childhood trauma and I was still living in fear of being found by the perpetrators who were looking for me. There were also benefits problems where my circumstances were changing and I was also expected to pay high service charges for living in a Refuge. My release was writing a journal where I could keep focused on my objectives and write about the rest of the struggles that was going on around that.

SYSTEMS BARRIERS & CHALLENGES FOR ME AT THIS STAGE

- Anti-social behaviour officer in housing not listening to a word I said
- Threat of being thought of 'Intentionally homeless'
- Being tied to the house I fled
- Workers changing
- Rent arrears (Home fled)
- Service charges in Refuge (Rent arrears)
- Still had to maintain property
- Having to prove my innocence
- Still not receiving regular contact

Time in refuge – four months left to stay at the refuge

Left having to fight for a home, in huge rent arrears, a foot that was still infected which I was on a course of antibiotics for, and I really missed my children. I was now in the

recovery services but still struggling to give up smoking weed, still needed to see someone in mental health services, still fighting for my room in refuge, I was still on a waiting list to receive counselling for my childhood trauma, I still had the fear of being found by the perpetrators and there were also benefit problems - my circumstances were changing the Job Centre were taking me off sickness benefit and moving me onto universal credit because I was now living in that catchment area.

to bid for properties. Two years later, I won a bid and moved out of the Refuge.

Once we moved into our new home, I still had to fight my old housing association over rent arrears and a year later the money I owed forced me into bankruptcy.

SYSTEMS BARRIERS & CHALLENGES FOR ME AT THIS STAGE

- **Benefit changes, weeks with no money**
- **Not being able to get to my children with no money**
- **Mental Health**
- **Threats of Eviction from Refuge**
- **Service charges in Refuge and rent arrears on property fled**
- **Intentionally homeless, bedroom tax**

Leaving refuge – the last 3 months at the refuge

Finally, I was found 'not guilty' of anti-social behaviour by the Police and only had 2 months left of being in refuge to find housing and make plans to get my children back.

Through the drug and alcohol services I managed to be put forward to BHT (Brighton Housing Trust) where a lady from there fought my corner with two borough councils and my old housing association. My drug and alcohol keyworker also raised a safeguarding concern with adult social care for the way I was being unfairly treated by my keyworker in Refuge. An investigation took place into the refuge and my relationship with my keyworker there. The outcome was my Refuge keyworker walking out of the meeting refusing to work with me.

The lady in BHT fought my corner till the end and all it took was for my old housing association to ring the borough council I had fled to and say I had not made myself intentionally homeless in order to unlock new housing options for me. I had no quick remedy given to me although I was innocent of everything I was accused of and was living in an environment of domestic abuse. I was not given priority housing when I was now being told by social services that I am ready to receive my children back into my care, but it can't happen until you're housed. I had

d) 'Intentionally homeless' - the need to reflect on the use of these decisions for women experiencing domestic abuse

Women with MCN who are experiencing domestic abuse, can struggle to maintain housing placements, especially if placed in shared accommodation facilities (see above). Some may choose to leave temporary accommodation placements, finding the environments too stressful to stay in; others may have been located by ex-partners or been groomed by fellow residents and exploited and feel their placement to be untenable. As such, describing such moves as a person making themselves 'intentionally homeless' is inappropriate. The layers of complexity cannot be simplified to this extent which results in all statutory support for accommodation coming to an end. For women with complex needs fleeing domestic abuse, 'Intentionally Homeless' decisions make this intention impossible, and we feel this is an area that needs review.

(See case examples already cited above)

e) Further considerations to enable developments in safe accommodation

For women with MCN, our project learning has demonstrated how more traditional forms of support and access routes to support do not work. For this group, a holistic approach is required that has an awareness of other needs and factors that impact on the context of the abuse and consequently, the context in which support is being provided.

Anti-Social Behaviour: A barrier to support, as well as safe accommodation options, can be the categorizing of domestic abuse incidents as 'anti-social behaviour' (ASB) incidents. Both our female client experiences and women with lived experience highlight numerous incidents where they have been described as displaying ASB when in fact, they are in the midst of experiencing domestic abuse. Incidents that are viewed as ASB can lead a victim of domestic abuse towards the criminal justice system rather than directly towards places of safety and support. As such, we would like the new strategy to call on police services to carefully consider the use of 'ASB' when recording incidents and avoid the use of this descriptor when domestic abuse and/or violence is suspected or evident. This categorisation can prevent the support system identifying the need for support and safe accommodation.

(See in-depth case example cited above)

Case Example – the positive impact of joint working and retracting an ASB decision:

Jessica's adult life has been defined by domestic abuse, self-harm and poly drug use. Jessica has made significant progress, however, recently there have been a number of incidents of domestic abuse progressively increasing in severity over the last quarter, some of which were reported to the police and the case has been heard at MARAC on several occasions.

Not only is this increasing risks to her physical safety, but she is also at risk of losing her tenancy through associated ASB at the property which she cites is caused by various perpetrators of the domestic abuse. A 'Right to Know' request was made to allow her to make an informed choice about her choice of partner, a safeguarding was opened to be overseen by ASC. The drug and alcohol service agreed to link in with mental health around the dual diagnosis element to the case and we agreed to liaise with the social landlord to enquire about a managed move due to risks identified.

Not only did this result in a clear, workable plan, but due to the levels of risk and serious threats of domestic abuse from numerous perpetrators, the social landlord agreed for a managed move to take place, without need for further evidence to support the request.

Access to assessments, support and safe accommodation: There is a growing need to ensure that access point to seek housing support are made more accessible across Sussex. Women with MCN who are fleeing domestic abuse need to be able to access a physical safe space, meet with a staff member and be supported to explore their housing options. Following the height of the pandemic there is a concerning move towards digital access points to access a housing assessment: women with MCN are not satisfied with this. Digital access points such as completing initial assessment forms online via local authority websites, calling a generic phone number from a local authority website, are not meeting the needs of women with MCN. When discussing this issue in the FLSE project group meeting, women with lived experience expressed the following:

- At FLSE we have a commitment to Psychologically Informed Environments ('PIE') – remote services do not fit with these approaches to trying to support people when they are in crisis, especially women with multiple and complex needs.
- Phone lines and digital forms are not an equivalent service to an in-person housing support response; the Group felt that this in fact a huge 'step down' that excludes and discriminates against women with multiple complex needs.
- Women with multiple complex needs experiencing domestic abuse are vulnerable to their phones being taken away by perpetrators and trapped in controlling situations, spyware and tracers on phones can also be used by perpetrators to further control victims and all of these factors make digital services extremely dangerous for victims of domestic abuse.
- A digital offer is felt to be at odds with the seriousness of these situations.
- The phone line offered by a number of housing support services is not a free phone line, so this creates further barriers as it requires a phone and credit and a safe place to make the call from.

Overall, we feel that women with multiple complex needs, need in-person support and space to seek help – a digital offer is not fit for purpose. When discussing this issue, one of our volunteers expressed the following: *'Where do you go? There's nowhere.'*

These concerns and sentiments are echoed when considering access points to specialist support services that could offer the first steps towards safer accommodation.

Case example 1 – no phone, no help:

Alex is homeless and experiencing domestic violence. As the only route into specialist services, she was referred to the local commissioned domestic abuse service; a service that delivers support initially via the telephone to take forward referrals and assess support needs. However, the client was homeless and did not have a reliable phone or a private space to take a call and so she was unable to respond to the calls from the service, and the case was closed.

Housing assessments: Safe accommodation is unlocked by effective housing assessments. There is a need to support housing teams to understand MCN, trauma and ways of working to best engage women with MCN to achieve the best possible assessment. Women with MCN need housing services that understand the complexities of their situations.

Case example – housing assessments:

Rose was in a relationship with a man known to perpetrate domestic abuse and coercive control. Whilst sofa surfing with her partner she requested support with housing from her FL worker. The local council did not consider Rose vulnerable enough to offer a TA placement, despite evidence from MARAC showing they are at high risk of DA. The council continued to seek medical evidence from the GP regarding Rose's mental health, which had taken 5 months at the time of writing the case study.

Rose's vulnerability is increased by the lack of ways to communicate with her due to the perpetrator's control over her life. Whilst it is difficult for any agencies to work effectively with her due to this level of control and her current indication that she wishes to remain with her partner, the FL worker's view is that she needs someone to keep an overview of her needs and a recognition of the impact of the coercive control on her life.

Rehab is not a home: Throughout our work with clients, we are seeing significant issues with women accessing rehab and this negatively impacting on their housing. Where women have their own accommodation, they are likely to lose this by going into in-area rehab. We have learnt that this is often due to the in-area rehab placement being funded by housing benefit and as such housing benefit is then not available to pay for the resident's rented accommodation outside of the rehab. This is not the case if they were to go into hospital for treatment or get NHS Community Care funding for an out-of-area rehab placement. This is an issue that may be disproportionately affecting women with MCN as they are more likely to be supporting care of an elderly relative or attending supervised contact with a child. In area placements are often preferred by women for reasons cited in above case studies. We are concerned by this because this issue has a knock-on effect for victims of domestic abuse where they are separated from local support networks by going to an out-of-area placement or lose their housing as a result of going to rehab resulting in increased vulnerability in emergency/temporary accommodation when they complete their residency at a rehab.

There is a pressing need to explore creative approaches to this systemic issue:

- Making funding available for in-area residential rehab
- Looking at creative rent payment agreements with landlords/ housing agencies
- Recognising that rehab is not housing
- Consider innovative and community-based rehab services where women can return to their home after 4 weeks of residential detox (covered by housing benefit overlap). This should also pay serious attention to organising family and friends networks as part of the treatment plan (through interventions such as Family Group Conferences) - including where women have children in their care and are a risk of child removal without accessing treatment.

The FLSE trauma stabilization worker reflected: *'Many women lack security and safety we work with and housing is a major factor in this. When women finally get a council flat or other secure accommodation it is often the most security they have had in a long time, a place to call their own and keep people out and a bed they haven't had to be exploited for. If they also need rehab this causes a barrier in seeking treatment and recovery as the local rehabs are housing benefit funded. We are asking women who have secure accommodation to give them up on the hope they can make it through rehab. We ask them to give up security and a place they can see or care for their children based on hope. If a woman leaves treatment early, often due to trauma symptoms, they are told they are intentionally homeless and are often not provided with any housing. Women are then in a much more risky situation and likely to turn to abusive relationships to provide housing or, if they are offered emergency accommodation, this is likely to be very male-dominated and unsafe environment. We would like this*

policy to be changed to acknowledge that rehab is not housing, it is treatment and that takes a lot of courage to face what you have been avoiding.'

Flexible working and effective partnerships: Throughout our working with women who have MCN, we have seen the value in joint working to help piece together the complex contexts a client may be living in as well as using joint working as a way to help clients navigate complex support systems to access appropriate services. We feel this is a vital approach that provides the foundation for women to access safe accommodation and women with MCN need services to work in this way.

Case Example – reallocations of temporary accommodation placements:

Sadie entered residential rehab on release from prison. This placement broke down quickly as staff considered her to be a risk to others. With support from FL, Sadie was placed in Temporary Accommodation under the government's 'everyone in' scheme during the Covid 19 pandemic.

Sadie sustained her placement in TA but was not attending appointments, including probation. She then disclosed that she was being coerced into sex working for money to buy drugs and did not feel safe at her unstaffed temporary accommodation. FL reported this as a safeguarding concern to Adult Social Care and completed a MARAC referral, updated Probation and raised the concern to the council with a request for Sadie to be moved to a safer TA. Adult Social Care (ASC) accepted the safeguard, but the housing team were not willing to move Sadie.

2 weeks after Sadie's disclosure, her engagement had improved. FL and ASC continued to advocate for her to be moved to a safer TA. The council had recently recruited a new TA officer who took over Sadie's case and arranged to move her to an all-women's TA as she understood the risk which she was being presented with.

Sadie was supported in the process of moving by her FL worker and over the next few days engaged with the local drug and alcohol service and had a mental health assessment.

7. Recommendations

- For Sussex to be creative in providing refuge spaces for women with MCN:
 - Current refuge models should be adapted to accommodate this client group's needs.
 - Alternative non-refuge accommodation options, e.g. Housing First with wrap-around support, are offered.
- A team of assertive outreach workers be provided by all specialist DA services to ensure women with MCN are able to access safe accommodation and then supported to retain it.
- MCN specific DA training for Police so that they are more informed of the complexities facing women with complex needs experiencing DA.
- Women who have disclosed DA are offered wraparound support regardless of where they are placed.
- Out of area placements to be an option for women with complex needs, not the default position taken by local authority housing departments.
- Collaborative approaches from all services working with the client to be adopted, with the understanding that leaving the woman out of decision making can replicate controlling and coercive behaviour experienced in the abusive relationship.

- Women who disclose DA are not be found to be intentionally homeless.
- Sussex should adopt a clear definition of MCN and commit to meeting the needs of this distinct group within the new strategy.
- Meaningful involvement of women with complex needs experiencing DA in the design, delivery and monitoring of support services and safe accommodation options should be adopted as standard by Sussex.
- Women experiencing DA who present at local authority housing departments receive a trauma-informed response.

8. Best hopes for Sussex

A number of the FLSE team reflected on their best hopes for the Sussex needs assessments and future strategy to provide safe accommodation and support for victims and survivors of domestic abuse.

'My hope would be that women on the edges of society who face multiple barriers and stigma on a daily basis, will now be seen as a distinct group of people, with distinct needs when experiencing domestic abuse, will be treated as equally as any other woman fleeing domestic abuse would to be and will be presented with appropriate, safe housing options, be listened to and not rejected due to intentionally homeless decisions, substance use or for not wanting to accept a placement out of area if that is their wish. This is an opportunity that needs to be taken.'

'I hope that this opportunity is welcomed by all parts of the support system to develop and change the ways we work so that women with multiple complex needs are able to trust and believe in the support that is offered to them.'

'For women with MCN experiencing DA to be given multi-agency support with a trauma informed approach and person-centered support to find and be offered safe suitable housing options.'

'My hope is for a Sussex where all victims are seen as worthy of support, where services are not gatekept and reserved for the people seen as deserving of them.'

9. Appendix: References to further evidence and good practice

Why Women with Multiple Complex Needs deserve our attention during the passage of the Domestic Abuse Bill 2020

This blog was written following the third reading of the DA Bill and provides an **overview** of the needs of women with complex needs experiencing domestic abuse and what needs to change. Link:

<https://fulfilling-lives-se.org/2020/09/30/why-women-with-multiple-complex-needs-deserve-our-attention-during-the-passage-of-the-domestic-abuse-bill-2020/>

Fulfilling Lives Manifesto for Change

Our Manifesto for Change covers all of the six systems change themes we are working on including the commitments for change we are working towards around the theme of Domestic Abuse and Complex Needs.

Link:

<https://www.bht.org.uk/wp-content/uploads/2019/11/Fulfilling-Lives-Manifesto-for-Change.pdf>

Whole Housing Approach – from DAHA (Domestic Abuse Housing Alliance) Link:

<https://www.dahalliance.org.uk/what-we-do/whole-housing-approach/what-is-the-whole-housing-approach/>

DAHA Accreditation Scheme for Housing providers. Link:

<https://www.dahalliance.org.uk/what-we-do/accreditation-for-housing-providers/what-is-accreditation/>

The problem with domestic abuse and housing options – Report and blog

This report and blog are the culmination of extensive research by a Brighton University student, working alongside the systems change and learning and impact change teams which speaks to the obstacles facing women with MCN experiencing DA – Blog and Link to report:

<https://fulfilling-lives-se.org/2020/06/15/fleeing-domestic-abuse-whilst-having-multiple-disadvantages-how-we-can-improve-housing-options/>

Fulfilling Lives MARAC Evaluation Report and blog

Last year we worked alongside the local MARAC Support team to evaluate a 3-month pilot of new ways of working for MARAC meetings across Brighton, Eastbourne, and Hastings. Here is the link to the blog and report:

<https://fulfilling-lives-se.org/2020/08/05/pilot-evaluation-helps-share-learning-and-shape-future-design-of-local-marac-system/>

The “Team Around Me” multi-agency approach – adopted by Fulfilling Lives in Camden and Islington.

Link:

<https://www.shp.org.uk/News/team-around-me-enabling-people-experiencing-multiple-disadvantage-to-take-control-of-their-own-support>

The Wiser Project: <https://www.shp.org.uk/the-wiser-project>

Solace Women’s Aid – Multiple Needs Refuge: <https://www.solacewomensaid.org/our-services/multiple-needs-refuge>