NOWHERE TO TURN, 2018

Findings from the second year of the
No Woman Turned Away project
Women's Aid is the national charity working to end domestic abuse against women and children. Over the past 44 years, Women's Aid has been at the forefront of shaping and coordinating responses to domestic violence and abuse through practice, research and policy. We empower survivors by keeping their voices at the heart of our work, working with and for women and children by listening to them and responding to their needs.

We are a federation of over 180 organisations who provide just under 300 local lifesaving services to women and children across the country. We provide expert training, qualifications and consultancy to a range of agencies and professionals working with survivors or commissioning domestic abuse services, and award a National Quality Mark for services which meet our quality standards. We hold the largest national data set on domestic abuse, and use research and evidence to inform all of our work. Our campaigns achieve change in policy, practice and awareness, encouraging healthy relationships and helping to build a future where domestic abuse is no longer tolerated.

The 24 Hour National Domestic Violence Helpline on 0808 2000 247 (run in partnership with Refuge) and our range of online services, which include the Survivors’ Forum, help hundreds of thousands of women and children every year.
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The women supported by No Woman Turned Away

- 69% had experienced physical violence from the perpetrator
- 80% had experienced jealous and controlling behaviour
- 41% had experienced financial abuse
- 31% had experienced threats to kill

54% of the 97 women who approached their local housing team for help had been prevented from making a valid homelessness application.

42% of the 77 women who had been in contact with social services had been refused help by them.

On average, survivors spent 17 days trying to find a place of safety.

I was just running in the streets... trying to survive.

While waiting for a refuge space...

- 60% of referrals to refuge were turned away in 2016/17
- 1 in 10 women slept rough
- 3 women slept rough while pregnant
- 5 women slept rough with their children
- 46% of women sofa surfed

What happened to the women?

- 21% in a refuge
- 11% found emergency accommodation
- 20% gave up/lost contact
- 12% stayed with friends and family
- 8% remaining living with the perpetrator
- 7% stayed put (not living with the perpetrator)

Women facing three or more barriers are half as likely to get into a refuge space as those facing only one barrier.

With their help they got me here, safe.
In 2015, the Ministry of Housing, Communities and Local Government (MHCLG) commissioned Women’s Aid to provide additional support to women facing difficulties accessing a refuge space and conduct a detailed study of their journeys. Women’s Aid set up the No Woman Turned Away (NWTA) project to deliver this work, comprising a team of specialist caseworkers supporting women into refuge, alongside dedicated evaluation support conducting detailed monitoring and analysis of the data collected on survivors’ needs and system response. The 2017-2018 NWTA report documents detailed monitoring and analysis of victims’ pathways, with the following objectives:

▪ Through the use of On Track\(^2\), explore in more detail the pathways of women seeking a refuge space and how their experiences change over time.

▪ Explore the needs of women supported through the project, how these intersect, the ability of the current refuge network to support women with these needs, and where further support may be required.

▪ Further explore survivors’ experiences with statutory services, identifying areas of concern and potential solutions.

▪ Increase our understanding of the type of support provided by the caseworkers to women seeking a refuge space in order to reflect on the lessons learned, and identify useful practice.

The first part of the report looks at women’s experiences of seeking a refuge space, and the impact of multiple support needs on their search. The second part focuses on the response given by statutory services to women fleeing domestic abuse, and discusses ways to improve it. The third and final section outlines the support offered by the NWTA caseworkers to the survivors of domestic abuse they work with. The methodology can be found in Appendix 1.

Who did we support?

A total of 500 referrals were made to the NWTA caseworkers between 12th January 2017 and 11th January 2018. Of these 500 referrals, 271 women engaged with the service. 264 women engaged and then finished their support during this time, the remaining seven women were receiving ongoing support on the 11th January 2018, when this sample was taken. The analysis of the casework data in this report relates to these 264 women.

The number of women supported this year is significantly lower than the 404 women supported in the first year of the project due to staff shortages. As last year, this report shows the complexity and range of support needs that the women supported by the caseworkers have, as well as the intensity of support required from the caseworkers.

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1 Formerly known as the Department of Communities and Local Government (DCLG).
2 On Track is the Women’s Aid case management and outcomes monitoring system.
Part 1:
Experiences of seeking refuge

Challenges in securing support

As detailed in last year’s NWTA report, *Nowhere to Turn*, women supported by the caseworkers have a range of needs that may mean they face barriers to accessing safety.\(^3\) Table 1 outlines the support needs and circumstances of women supported by the NWTA caseworkers in 2017-2018.

As expected, the proportion of women with each need remains largely consistent with last year’s data. A notable exception is the number of women supported by the caseworkers with mental health support needs, which increased from 26.2%\(^4\) of the women supported last year, to 37.5% of the women supported this year, although this finding must be considered tentative due to small sample sizes.

<table>
<thead>
<tr>
<th>Table 1: Support needs and circumstances of women supported by the NWTA caseworkers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of women</strong></td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>Women who were tied to their local area(^5)</td>
</tr>
<tr>
<td>Black and Minority Ethnic (BME) Women</td>
</tr>
<tr>
<td>Women with mental health support needs</td>
</tr>
<tr>
<td>Women who had one or more disability</td>
</tr>
<tr>
<td>Women who had no recourse to public funds (NRPF)</td>
</tr>
<tr>
<td>Women with 4+ children</td>
</tr>
<tr>
<td>Women with same language support needs</td>
</tr>
<tr>
<td>Women previously evicted from refuge</td>
</tr>
<tr>
<td>Women with substance use support needs - drugs</td>
</tr>
<tr>
<td>Women with an offending history</td>
</tr>
<tr>
<td>Women with older male children</td>
</tr>
<tr>
<td>Women with substance use support needs - alcohol</td>
</tr>
<tr>
<td><strong>Total women supported by NWTA caseworkers</strong></td>
</tr>
</tbody>
</table>

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3 Please see last year’s report for a detailed explanation of the barriers women face in accessing refuge: www.womensaid.org.uk/research-and-publications/nowomanturnedaway

4 106 of the 404 women supported in 2016/17 had mental health support needs.

5 Local area refers to what a woman defines as her local area. As such it is referring to neither to a local authority nor to her county as a woman’s local area may cross over into more than one authority or county. There are a range of reasons why a woman may be tied to her local area including links with her support network, the need to be close to her own, or her children’s, healthcare provider, and child contact arrangements.
Aziza is a mother of two who sought refuge for a second time. Aziza had previously stayed in a refuge but because at that time she had no recourse to public funds (NRPF) she could not find move on accommodation and had to return to the perpetrator.

Aziza phoned the National Domestic Violence Helpline after she had attempted to leave her abusive husband but had been found by him when staying at a friend’s house. Despite there being an order in place for him not to contact her, he continued to do so and she was living in fear that he would kill her and take her children.

Aziza was supported by a caseworker from the NWTA project to seek a place in a refuge, something she found challenging due to a language barrier and requests to complete referral forms. Aziza contacted three refuges who were unable to accommodate her due to capacity. She told us how challenging this was: “I was desperate, I had nobody”.

Alongside this, the NWTA caseworker also supported Aziza to go to a local housing department in a different city for assistance. Aziza travelled with her two children and her belongings, reaching the local housing offices shortly before they closed. The council accommodated Aziza and her children in a bed and breakfast overnight, while she waited to see if her refuge application was successful.

“The NWTA caseworker made it quicker, and she was speaking with the council and getting me this space in the refuge and she filled out a referral, she helped me, I couldn’t do anything without her.”

Aziza was successful in finding a refuge space and hopes that other women in her situation reach out and seek help, recognising the struggle many have in finding safety: “It’s difficult, it’s not easy and maybe that makes lots of women think that staying with the abuser is better than having this terrifying feeling.”

Aziza also highlighted the importance of information being available in multiple languages: “He [the perpetrator] kept saying no one will help you, no one... and I couldn’t really understand that much, so if you explain it how you explain in English in another language that would help lots of women.”
What happened to women while they waited for a refuge space?

As in last year’s report, the data on what happened to women while they waited for a refuge space reveals that some women had to call the police out to respond to further incidents and a number were physically injured by the perpetrator. Compared to last year’s data, there is a decrease in the number of women who called the police out to respond to an incident, from 17.3% of women supported in 2016-2017 to 5.7% of women supported in 2017-2018. This trend is also seen in the number of women who were physically injured by the perpetrator whilst waiting for a refuge space, which decreased from 8.2% to 3.8% although this may not necessarily mean that there were fewer incidents, as it could be that fewer women disclosed further incidents to caseworkers.

Where did women stay while they waited for a refuge space?

The number of women sofa surfing while waiting for a refuge space increased from 39.9% in 2016-2017 to 45.8% in 2017-2018 (Table 2). The proportion of women staying in emergency accommodation, paying for their own accommodation, and sleeping rough has remained the same (Table 2). The importance of accessing suitable refuge accommodation and the challenges with less suitable types of accommodation was

<table>
<thead>
<tr>
<th>Table 2: Where did women stay while they waited?</th>
<th>Number of women</th>
<th>Percentage out of total number of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spent time sofa surfing</td>
<td>121</td>
<td>45.8%</td>
</tr>
<tr>
<td>Spent time sleeping rough (including using 24hr spaces to sleep, or living in her car)</td>
<td>31</td>
<td>11.7%</td>
</tr>
<tr>
<td>Spent time in emergency accommodation (same local authority)</td>
<td>17</td>
<td>6.4%</td>
</tr>
<tr>
<td>Spent time in emergency accommodation (different local authority)</td>
<td>9</td>
<td>3.4%</td>
</tr>
<tr>
<td>Paid to stay in a hostel/B&amp;B/hotel</td>
<td>12</td>
<td>4.6%</td>
</tr>
<tr>
<td><strong>Total women supported by NWTA caseworkers</strong></td>
<td><strong>264</strong></td>
<td><strong>Total women</strong></td>
</tr>
</tbody>
</table>
highlighted by a respondent to our survey of East London Housing Partnership (ELHP) members:\footnote{11}{See Appendix 1: Methodology for information about this survey.}

“Survivors can be placed in our homeless accommodation – staff do not have the skills or resources to support emotionally. Clients will continue to return to perpetrator.”

Homeless charity worker responding to ELHP survey, 2017

How many women were accommodated in a refuge?

Of the women supported by the NWTA caseworkers, 21.2%\footnote{13}{51 out of 264 women in 2017/18.} were accommodated in a suitable refuge space, a slight decrease from last year (25.5%)\footnote{14}{103 out of 404 women supported in 2016/17.}. The other outcomes show similar percentages to last year, however when outcomes were analysed in relation to the support need(s) of women seeking a refuge space, some notable differences in the data emerged. Last year 28.3%\footnote{15}{30 out of the 106 women with mental health support needs supported in 2016/17.} of women with mental health support needs were accommodated in refuge; this year this dropped to 19.0%\footnote{16}{19 out of the 100 women with mental health support needs supported in 2017/18.}. Similarly, last year 29.7%\footnote{17}{33 out of the 111 women with a disability supported in 2016/17.} of women with one or more disabilities were accommodated in a refuge, this year this dropped to 20.0%\footnote{18}{215 out of the 264 women supported in 2017/18.}. The number of women with NRPF who were accommodated in a refuge remained low at just 8.2%\footnote{19}{5 out of the 61 women with NRPF supported in 2017/18.}.

“What is the impact of multiple needs on the search for a refuge space?”

All of the women supported by the NWTA case workers had at least one need that made it harder to access a refuge space, and 81.4%\footnote{20}{215 out of the 264 women supported in 2017/18.} had two or more needs.

“So I am saying it is difficult... it is not easy and it needs to be improved... because it's not easy to be fleeing domestic violence even though there is a refuge and even though there is a roof over your head it is still scary. Because you have an unknown future, but in the end sometimes, like in my situation, it's the last hope to keep alive, to stay alive.”

Survivor who accessed the NWTA project, 2017

\begin{itemize}
\item \footnote{12}{This includes anywhere that is open 24 hours i.e. her work place which she may have access to, supermarkets, train stations, etc.}
\item \footnote{15}{215 out of the 264 women supported in 2017/18.}
\item \footnote{16}{5 out of the 61 women with NRPF supported in 2017/18.}
\end{itemize}
women who are being turned away at every avenue. They eventually disengage/ give up and often find it ‘easier’ or have ‘no choice’ but to return to the violent relationship.”

Domestic abuse worker responding to ELHP survey, 2017

As shown in Figure 1, the higher the number of needs a woman has, the less likely she is to find a suitable refuge space that can meet her needs.

Routes to Support\(^\text{21}\) was used by the caseworkers to search for a suitable refuge space for the women they supported. The average number of times that Routes to Support showed no space available for women with one need was 2.8 times. For women with two or more needs this increased to 3.5 times. The number of times there was no space available on Routes to Support was highest for women with mental health support needs (average of five times) and women fleeing with an older male child (average of six times).

Even when a space is identified on Routes to Support, the woman may not be accepted into that space. The average number of refusals from a space was two, which is the same figure as last year. The most common reason for being refused from a refuge space was that the space was no longer available, which happened to 27.7%\(^\text{22}\) of women supported. Table 3 shows the impact of different support needs on the likelihood of being refused from an available refuge space. A woman can only be refused from a space if there are places that could accommodate her. For women with multiple needs, there are so few refuge spaces

![Figure 1: The impact of multiple needs on outcome](image)

Table 3: Impact of support needs on refusal from a refuge space

<table>
<thead>
<tr>
<th>Support need</th>
<th>Number of women with this support need</th>
<th>Number of women refused from an available refuge space</th>
<th>Percentage of women refused from a space</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older male child</td>
<td>7</td>
<td>5</td>
<td>71.4%</td>
</tr>
<tr>
<td>Drug use support need</td>
<td>10</td>
<td>3</td>
<td>30.0%</td>
</tr>
<tr>
<td>NRPF</td>
<td>61</td>
<td>16</td>
<td>26.2%</td>
</tr>
<tr>
<td>Previously evicted from a refuge</td>
<td>21</td>
<td>5</td>
<td>23.8%</td>
</tr>
<tr>
<td>Mental health support needs</td>
<td>102</td>
<td>23</td>
<td>22.6%</td>
</tr>
</tbody>
</table>

\(^{21}\) Routes to Support (RTS) is the UK wide database of domestic abuse services and refuge vacancies, run in partnership between Women’s Aid Federation of England, Women’s Aid Federation of Northern Ireland, Scottish Women’s Aid and Welsh Women’s Aid.

\(^{22}\) 73 out of 264 women supported in 2017/18.
available that their likelihood to be refused from a space actually goes down, as they are less likely to be able to find an available space in the first place.

Women were less likely to sofa surf the more support needs they have, with 50.9% of women with one need sofa surfing, decreasing to 44.5% of women with two or more needs.

The number of needs women had impacted on the likelihood of sleeping rough, with women with more needs being more likely to have to sleep rough while waiting for a suitable refuge space (see Table 4).

There were three women who slept rough while pregnant, five women who slept rough with children, and 65 women who sofa surfed with children.

“You know I have been under so much stress since November, every single day we don’t know what is tomorrow, where we are going to stay tomorrow. And I was so stressed over the situation we are dealing with because there is no future... at least you know I can take care of myself but my two children... you know and we are miserable, I was miserable and the children very sad you know that’s how we felt - and he was at home.”

Survivor who accessed the NWTA project, 2017

**Table 3: Impact of support needs on refusal from a refuge space**

<table>
<thead>
<tr>
<th>Support need</th>
<th>Number of women with this support need</th>
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<tr>
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<td>5</td>
<td>71.4%</td>
</tr>
<tr>
<td>Drug use support need</td>
<td>10</td>
<td>3</td>
<td>30.0%</td>
</tr>
<tr>
<td>No recourse to public funds</td>
<td>61</td>
<td>16</td>
<td>26.2%</td>
</tr>
<tr>
<td>Previously evicted from a refuge</td>
<td>21</td>
<td>5</td>
<td>23.8%</td>
</tr>
<tr>
<td>Mental health support needs</td>
<td>102</td>
<td>23</td>
<td>22.6%</td>
</tr>
</tbody>
</table>

**Table 4: Impact of multiple barriers on rough sleeping**

<table>
<thead>
<tr>
<th>Number of barriers</th>
<th>Number of women</th>
<th>Number of women sleeping rough</th>
<th>Percentage of women who slept rough</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>55</td>
<td>5</td>
<td>9.1%</td>
</tr>
<tr>
<td>2</td>
<td>103</td>
<td>11</td>
<td>10.7%</td>
</tr>
<tr>
<td>3</td>
<td>76</td>
<td>9</td>
<td>11.8%</td>
</tr>
<tr>
<td>4+</td>
<td>30</td>
<td>6</td>
<td>20.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>264</strong></td>
<td><strong>31</strong></td>
<td><strong>11.7%</strong></td>
</tr>
</tbody>
</table>

**Gaps in provision**

It is clear from the findings that, as was found in 2016/17, there continues to be a significant lack of refuge spaces, particularly for women with multiple
support needs. The report *Survival and Beyond: The Domestic Abuse Report 2017* by Women’s Aid, which pulls together findings from all five of our major sources of data, highlights that in 2016/17 respondents to the Women’s Aid Annual Survey were unable to accept 11,867 referrals to refuge services during this year, which is 60% of referrals. Other key findings from the report detail the gaps in provision and resources that create barriers for women facing additional challenges, compounded by dwindling resources and a reduced capacity to meet demand:

- The number of spaces in refuges stating they offer 24-hour staffing fell from 796 to 737 during 2016/17 (Routes to Support). As discussed in detail in Women’s Aid’s *Nowhere to Turn* report, women with alcohol, drug use or mental health support needs are more likely to require a refuge which has 24-hour staffing.

- Less than one in five vacancies posted to Routes to Support during 2016/17 could take a woman with three children, emphasising the limited space available for women fleeing with large families.

- During 2016/17, only 766 out of 11,187 vacancies (5.4%) posted on Routes to Support would consider applications from women with NRPF.

- Of the 11,187 vacancies listed on Routes to Support during 2016/17, only 1.7% (n=195) had wheelchair access.

- In England, on 1st May 2017, there were just 28 refuge services on Routes to Support run specifically for black and minority ethnic (BME) women, though not all of these were run by BME women. Given that 50% of the women supported by the caseworkers were BME, this highlights a significant shortfall in specialist BME refuge services.

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23 Instances of referral is not equal to the number of women unable to access space, it may include more than one instance of a woman being referred before going on to find refuge on a later attempt. It does not include women looking for space but finding no vacancies listed on Routes to Support. Also, some refuges did not record this data for each vacancy.
Part 2: Response of statutory services

What experiences do survivors have with statutory services and has this changed since 2016/17?

The services that the caseworkers have most interaction with when supporting women are housing teams within local authorities and social services. These are essential outlets for accessing advice on the options when fleeing domestic abuse, and a gateway to emergency accommodation should either accessing a refuge space be too difficult, a space is unavailable, or if a survivor chooses not to go to a refuge. As discussed in more detail in Part 3, the caseworkers provide women with information about their rights within these statutory services, and advocate on their behalf with these services should it be necessary.

The caseworkers recorded data on women’s experiences with these services which are discussed below. In addition, we conducted a survey with survivors about their experiences with housing teams and social services and a survey with professionals within these services.24

The experiences women had with statutory services highlight how these services are incredibly stretched and are struggling to meet their duty. This needs to be understood within the context of the challenges these professionals are working with. Local authorities have experienced a 40% cut to their budget since 2010, and this is alongside a wider housing crisis. The Joseph Rowntree Foundation reported in 2015 that frontline staff in local authorities are frequently taking on expanded workloads, with staff reporting being overwhelmed by the scale and nature of the problems they are dealing with daily.25 This report also highlights that the scale and pace of cuts is undermining the transformation of statutory services, with short-term solutions being the answer to balancing budgets rather than developing new approaches and improving effectiveness over the longer term.26

24 For more information on the data collected by the caseworkers and the surveys conducted see the methodology in Appendix 1.


26 Ibid.
Local housing teams

Obligations

Under Part VII of the Housing Act 1996 and the Homelessness Act 2002 local housing teams have a duty to assist those fleeing domestic abuse, and their dependents. The duties of the local housing team vary depending on whether you are unintentionally homeless, in priority need, eligible, and have a local connection.

People should be considered ‘unintentionally homeless’ if they have been forced to leave their home because of domestic abuse. To be considered ‘in priority need’ a person must either:

- be pregnant;
- have dependent children; or
- be vulnerable as a result of mental illness or disability. Women may also be classed as vulnerable if they are at risk of domestic abuse.

To be ‘eligible’ for assistance you must not be subject to asylum or immigration restrictions. ‘Local connection’ rules do not apply to people fleeing domestic abuse, who are entitled to apply to any local housing team and that team is not allowed to refer them back to the area they are fleeing from if there is a risk of violence if they return.

If you approach the local housing team to make a homeless application and you are homeless/threatened with homelessness, are in priority need and eligible, it must provide you with immediate temporary accommodation. This is called the ‘main housing duty’. If the local housing team does not consider that you are in priority need, but decides you are unintentionally homeless and eligible, it must provide you with free advice and assistance. This should include a list of hostels and private accommodation in the area. Local housing teams must have regard to the Code of Guidance before making a decision and cannot require proof of domestic abuse before they will act.

Survivors’ experiences with local housing teams

“I felt like I had no rights for anything and had to live with my abuser until he will hit me or kill me.”

Survivor responding to survey, 2018

Out of the 97 women who approached their local housing team, 52 were prevented from making a valid homeless application (53.6%), meaning that they were refused assistance with emergency accommodation. This figure is consistent with the findings from 2016/17 (52.7%), suggesting that this practice remains an issue for women attempting to access this right.

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28 See: www.legislation.gov.uk/ukpga/2002/7/contents
Failing to meet obligations

Feedback from the NWTA caseworker team and the National Domestic Violence Helpline (NDVH)\(^{31}\) states that domestic abuse in isolation is rarely considered to qualify someone as in priority need without any of the other categories (being pregnant, having dependent children or being vulnerable as a result of mental illness or disability). Whilst all of the women who approached their local housing team should have been considered vulnerable, the majority of women (92.3%, 48 out of 52) who were refused assistance also met one of the other priority need categories. This included 31 women fleeing with children, 10 of whom had mental health support needs and three having a physical disability. Two of the women fleeing with children were also pregnant when refused help. Of the 21 women fleeing without children who were refused from making a homeless application, 17 met the priority need category. This included one woman who was pregnant, four who had a physical disability (one of whom also had mental health support needs) and 15 women who had mental health support needs.

There were 28 women who did manage to access emergency accommodation (seven women in long-term accommodation, and 21 in short-term accommodation) through approaching their local housing team, highlighting how local housing teams can provide an essential safety net for women and children fleeing domestic abuse, at least for those who meet the priority need categories for the main housing duty to be enforced.

Shazia's story

Shazia was experiencing ‘honour’-based violence from multiple perpetrators who were threatening to kill her and her unborn child. She fled her home with her two children and approached her local housing team to access emergency accommodation. They turned her away and told her to call the National Domestic Violence Helpline instead. The family went to stay with a friend, but they were only able to stay for a short amount of time, before becoming street homeless.

Shazia went back to the council, who at this point offered her a hotel which was a three-hour drive away. They did not have a car or any money to pay for transport and Shazia did not want to travel this far from her support network, and the hospital where she was receiving antenatal care. The council then signposted her to a refuge, again several hours away, despite the NWTA caseworker informing them that she was looking for suitable refuge spaces for the family and had so far been unsuccessful in this. This was ignored, and the local housing team discharged their duty as they believed they had met the main housing duty to Shazia and her children and would not offer any more assistance. During this time, Shazia was admitted to hospital due to physical pain caused by extreme stress. Eventually, the NWTA caseworker found a suitable refuge space for Shazia and her family.

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31 The Freephone 24 Hour National Domestic Violence Helpline is run in partnership between Women’s Aid and Refuge.
It will be interesting to see the impact of the Homelessness Reduction Act 2017\textsuperscript{32} for women and children who are made homeless because of domestic abuse. The act seeks to significantly reform England’s homelessness legislation by placing duties on local housing teams to intervene at an earlier stage to prevent homelessness, and to provide homelessness services to all those affected, not just those who have priority need.

Reasons given for refusal

\textit{Requiring proof of domestic abuse}

“[I felt] like I’m the one to blame.”

Survivor responding to survey, 2018

Seven women were refused from making a homeless application because the local housing team told them that they needed evidence of domestic abuse taking place...

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number of women</th>
<th>Percentage (out of women prevented from making a homeless application)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Told not priority need</td>
<td>12</td>
<td>23.1%</td>
</tr>
<tr>
<td>Required proof of domestic violence</td>
<td>8</td>
<td>15.4%</td>
</tr>
<tr>
<td>Told to make an application in another borough</td>
<td>7</td>
<td>13.5%</td>
</tr>
<tr>
<td>Refused help as no local connection</td>
<td>6</td>
<td>11.8%</td>
</tr>
<tr>
<td>Told to call the National Domestic Violence Helpline</td>
<td>6</td>
<td>11.8%</td>
</tr>
<tr>
<td>No reason given</td>
<td>5</td>
<td>9.6%</td>
</tr>
<tr>
<td>Told intentionally homeless</td>
<td>5</td>
<td>9.6%</td>
</tr>
<tr>
<td>Told to return to perpetrator</td>
<td>3</td>
<td>5.8%</td>
</tr>
<tr>
<td>Told not at risk of homelessness</td>
<td>2</td>
<td>3.8%</td>
</tr>
<tr>
<td>Required proof of identity</td>
<td>1</td>
<td>1.9%</td>
</tr>
<tr>
<td>Told not at risk as perpetrator on remand</td>
<td>1</td>
<td>1.9%</td>
</tr>
<tr>
<td>Discharged as did not accept accommodation</td>
<td>1</td>
<td>1.9%</td>
</tr>
<tr>
<td>Told could not complete if looking for refuge</td>
<td>1</td>
<td>1.9%</td>
</tr>
<tr>
<td><strong>Total women prevented from making a valid homeless application</strong></td>
<td><strong>52</strong></td>
<td></td>
</tr>
</tbody>
</table>

32 The new duties within this act include: (a) an enhanced prevention duty extending the period a household is threatened with homelessness from 28 days to 56 days, meaning that housing authorities are required to work with people to prevent homelessness at an earlier stage; and (b) a new duty for those who are already homeless so that housing authorities will support households for 56 days to relieve their homelessness by helping them to secure accommodation.

33 Women may have been given more than one reason for being refused from making a valid homeless application.
in order to do so, with some women being
told that they needed involvement from the
police to get help. This issue was also raised
in our survey with professionals:

"Housing providers will request proof of
violence making clients reluctant to make
a homeless application."

Homeless charity worker
responding to ELHP survey, 2017

As discussed above, the Housing Act
guidance states that the duty to provide
emergency accommodation is not dependent
on having ‘proof’ that domestic abuse has
taken place, rather, it should be triggered
by the low evidential requirement of having
‘reason to believe’ the applicant is eligible,
homeless and in priority need. 34

Survivors who responded to our survey
spoke about their experiences being
invalidated, and not being believed when
they approached their local housing team:

“I felt like I was a nuisance, and my
concerns for mine and my children’s life
weren’t justified. If it wasn’t for having
a separate domestic violence support
worker I would have been gaslighted into
staying in the abusive relationships. I feel
they took advantage of how vulnerable I
was.”

Survivor, 2018

In 13 cases, survivors were prevented from
making a homeless application because
the local housing team they approached
claimed they needed a local connection in
order to apply (6), or were told to make an
application in another local authority (7).
This is a recurring theme from last year, and
a practice of local housing teams, which is
refusing to recognise the rights of survivors
to approach any local authority when fleeing
domestic abuse.

► **Told intentionally homeless**

“I was on a joint tenancy and was told
that because I had left the property I had
made myself intentionally homeless. I
was also advised if I took my name off the
tenancy I had made myself intentionally
homeless. They told me they wouldn’t get
involved.”

Survivor, 2018

There were five women who were told by
their local housing team that they could
not make a homeless application because
they were ‘intentionally homeless’, despite
the fact they had left their homes because
domestic abuse. They should have been
considered unintentionally homeless, with
the Homeless Code of Guidance 2006
including in its definition of domestic
abuse not just physical violence but also
threatening behaviour, psychological, sexual,
financial or emotional abuse. 35

► **No reason given**

“I felt scared and terrible. Like I was a
failure and a bad person for needing
help. I would be homeless if it wasn’t for
my parents help, the council have been
atrocious.”

Survivor, 2018

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media/5a969da940f0b67aa5087b93/Homelessness_code_of_guidance.pdf

35 Ibid.
As was the case in 2016/17, there were women who were refused help and given no reason for this (5) or refused help and told to call the National Domestic Violence Helpline instead (6). There was also one woman who was told that as she was already looking for refuge, the local housing team was not able to help her and another who was told that she had to have identification to receive help.

**Inappropriate advice**

“They told me to call another council and to deal with our relationship first, there was a man on the line and it was like he didn’t understand what domestic abuse is.”

Survivor, 2018

Some women were given advice from the local housing team that failed to acknowledge the danger they were in and the effects of remaining in an abusive situation. Three women were told to return to the perpetrator, two were told that they were not at risk of homelessness as they had somewhere to live (with the perpetrator) and one woman was told that she was not at risk as the perpetrator was on remand.

**Positive experiences**

It is important to recognise that in some cases women were effectively supported by their local housing team, and provided with emergency accommodation (28.9%, 28 out of 97 women). There were also some positive responses about local housing teams in the Survivor's Survey:

“I felt supported and most of all I was in control of my options.”

Survivor, 2018

“When I first went for help, the LA was really helpful (particularly as abuser called while I was in the office). They got in touch with other organisations like Women’s Aid to get advice on how to help me. I have moved three times and each of the LAs has helped me with little resistance.”

Survivor, 2018

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**Social services**

**Obligations**

Social services have a statutory duty to safeguard children and vulnerable adults who may be at risk of harm, whether from family members or others. This duty is set out in the following legislation:

**Children Act 1989, Part III, Section 17** is the duty of local authorities in England and Wales to safeguard and promote the welfare of children in their area who are ‘in need’ (e.g. because the child is homeless or the parent cannot afford to meet the family’s living needs) and to promote the upbringing of such children by their families.36

**Care Act 2014, Part 1** is the duty of local authorities in England to provide assistance to adults requiring care and support due to a disability, illness or mental health condition.37

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36 Available at: www.legislation.gov.uk/ukpga/1989/41/section/17

37 Available at: www.legislation.gov.uk/ukpga/2014/23/contents/enacted
Survivors’ experiences with social services

“I don’t have the knowledge to offer help or advice to survivors.”

Social worker responding to ELHP survey, 2017

Failure to meet obligations

Social services failed to meet their duty to 41.6% women they supported (32 of 77 women), an increase from last year (33.3%, 39 out of 117). In almost all of these cases this was a refusal to meet their duty to children (29 out of 32 cases, 90.6%). When looking at the total number of women with children supported by social services (61), this means that social services failed to meet their duty in almost half of these cases (29 out of 61, 47.5%), demonstrating a failure of social services to meet their obligations under Section 17 of the Children Act to safeguard and promote the welfare of children in need.

Jane’s story

Jane is a mother of two who faced a number of barriers to accessing a refuge space and finding safety. She contacted the police after an assault perpetrated by her husband but was advised that as the property was solely in her husband’s name she and the children would need to leave. The police did not give the family any options of where they could stay for the night.

Jane does not have British citizenship and was therefore not eligible for benefits or funding for a refuge space. She reached out to her social worker but was informed that they would be able to assist the children but not her. This left Jane with the difficult decision of separating from her children or leaving with them, despite having nowhere to go.

She managed to stay with friends for a few weeks, including over the Christmas period, but conditions were cramped so this was short-lived. Jane recalled: “I have been under so much stress since, every single day we don’t know what is tomorrow, where we are going to stay”.

She contacted the National Domestic Violence Helpline and was referred to the NWTA project where a caseworker advocated on her behalf, liaising with social services and a local voluntary organisation that was attempting to clarify Jane’s immigration status. Several attempts were made to find a refuge place but due to the lack of funding none could accept her.

With support from her caseworker, Jane secured a solicitor to represent her in court. After three months of uncertainty an order was obtained so that she and her children could return home. Jane told us about the relief she felt: “My children and I can stay in the house and my husband, they ordered him to stay away from us to keep the children safe.”

Whilst Jane felt let down by statutory services she paid testament to the kindness shown by her solicitor: “I can express my feeling with her and hopefully she can help me to go through with this,” highlighting the difference professionals can make to a survivor’s experience.

When asked what Jane felt should change, she told us: “The law didn’t protect me. They didn’t find any place for me and my children for the night, they just kicked me out. There is no protection for us you know, and that has to be changed”.

Nowhere To Turn, 2018
Lack of knowledge about domestic abuse

“Sometimes [there is] a sense that social services dump work and responsibility on to domestic violence workers and victims.”

Domestic abuse worker responding to ELHP survey, 2017

Overwhelmingly, the response to women that were refused help by social services points towards a lack of knowledge about domestic abuse and the danger that the women and children seeking their help were facing.

As was the case in 2016/17 findings, a key theme was that women were told they were not experiencing domestic abuse but ‘relationship issues’, or that it was ‘just an argument’ and not something which social services could assist with. There were also examples of women being asked to provide evidence of abuse, or told to go to another area, consistent with the practice discussed in local housing teams above.

Another issue women faced was being asked to participate in a ‘family conference’ with the perpetrator present, and then subsequently told that social services did not consider the perpetrator to be dangerous. It is not only inappropriate practice to require a woman who has disclosed domestic abuse to discuss this with the perpetrator present, it also shows a lack of awareness of the common controlling tactics of a perpetrator, and the power dynamics inherent in domestic abuse. This failure to respond appropriately to disclosures can be seen in the response to Anita:

Anita was kept locked in the house for most of the day by her husband and family. She was completely isolated with no access to money or support and did not speak English, she also had no recourse to public funds. Anita managed to call the helpline when she was let out for a walk with her children. She was referred to the NWTA team who suggested Anita go to her local social services as they would have a duty to help her under Section 17. Social services arranged a meeting between the family and Anita, and came to the conclusion that the perpetrator was ‘not a violent man’ and decided to take the case no further. With the help of her caseworker, Anita went to stay with another member of her family who was not abusive and was linked in with a local domestic abuse service for outreach support.

Responses to the Survivor’s Survey also mentioned this practice, with survivors talking about not being believed, social workers siding with the perpetrator and a lack of knowledge about coercive control:

“Social services totally ignored all my pleas for help. They allowed my abuser to actually take my children and encouraged and backed him for a residency order... I got the courage to speak out and a social worker actually laughed at me and told me ‘he’s a good actor’... I told at least four social workers about the abuse which included sexual abuse yet they done nothing, not one thing.”

Survivor responding to survey, 2018
“I had nowhere to live with two children - we were staying on living room floors. Their advice to me was to sit round a table and ask my ex-partner to hand the house over to me. They said they would be in touch and didn’t.”

Survivor, 2018

“They didn’t seem to really understand the landscape of abuse I was experiencing – the social worker felt she would be able to tell when my partner was lying, she didn’t seem to understand that he was very convincing and adept at grooming people.”

Survivor, 2018

Another issue raised was the practice of social services informing women they did not have a duty to help them as their children could stay with the perpetrator. This issue was also a theme of our survey with professionals, who referred to the practice of social services placing children with the perpetrator. This practice fails to acknowledge that domestic abuse can co-exist with child abuse, through direct abuse of children in addition to their exposure to the abuse of their mothers.  

A common theme in Women’s Aid’s Nineteen Child Homicides report, which tells the stories of 19 children who were killed following contact arrangements with a parent who was a known perpetrator of domestic abuse, was the lack of consideration of how domestic abuse could pose a specific risk to children and the failure to assess the impact of domestic abuse on children’s safety, health and mental wellbeing. Social services failure to recognise the risk to children’s safety in these cases shows a worrying lack of knowledge about the impact of domestic abuse.

In addition to the suggestion that children stay with the perpetrator, there were other examples of social services demonstrating dangerous working practices and failing to recognise the risks. There was one case where a survivor provided photographic evidence of bruising to her son by the perpetrator, and social services ‘logged her concerns’ and offered no further support. In another case, a woman had a protection order against the perpetrator for her and her child, yet social services gave their address to the perpetrator when he approached them.

Approach to survivors

“Lack of training and awareness among local authorities and statutory services with regards to domestic violence. Particularly how they speak to survivors.”

Domestic abuse worker responding in ELHP survey, 2017

In addition to showing a lack of awareness, another key theme from the data was the punitive treatment of survivors. This included one woman having her case closed by social services as she did not attend a relationship course, and another where a woman was told that if she was not able to find alternative long-term accommodation for her and her daughter, social services would place her daughter with the perpetrator. There were also two women who were told by social services to ‘sort themselves out’. In these cases, social services shifted the

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38 One study found that 34.4% of under 18s who had lived with domestic violence had also been abused or neglected by a parent or guardian. See Radford, L., Aitken, R., Miller, P., Ellis, J., Roberts, J., and Firkic, A., (2011) Meeting the needs of children living with domestic violence in London, p. 101. London: NSPCC and Refuge.

responsibility of domestic abuse onto the survivor, ignoring her need for support and assistance.

In the Survivor's Survey, survivors spoke about feeling blamed when they approached social services and that their experiences were belittled:

“I felt the social worker held me partly responsible for my partner’s abusive behaviour. I felt I was battling her as well as my partner and having to think very carefully about what I said and how I said it.”

Survivor, 2018

“I felt worthless and embarrassed and felt like it was my fault this was happening to me and that I was wasting their time.”

Survivor, 2018

“I was treated terribly by social services. They became involved after I called the police when my partner assaulted me. I’d been mentally and physically abused yet I was the one being investigated… it compounded everything my abuser had said. After my abuser was arrested, social services contacted him, broke confidentiality and even told me it was his word against mine and I’d need to prove the abuse. I was told if I was assaulted again then I would be investigated… victim blaming at its finest!”

Survivor, 2018

Discrimination faced by women with no recourse to public funds

Of the women that were failed by social services, 65.6% had NRPF (21 out of 32), and 20 of these women were fleeing with children. As women with NRPF are unable to access housing benefit, accessing a refuge space is extremely difficult and so, for women with children, approaching social services is often the only option. Women with NRPF face significant barriers to safety because of their immigration status, as discussed in the last report, and this can be seen in the response of social services to women supported by the caseworkers who had NRPF. The failure of local authorities to protect women with NRPF was also a key theme of our survey with professionals:

“Women with NRPF are at increasing and severe risk of entrenched homelessness, violence and death on streets.”

Homeless charity worker responding to ELHP survey, 2017

Of the 20 women with NRPF who were fleeing with children, social services either refused outright to fund a refuge space or provide emergency accommodation (14), or offered to accommodate the children in emergency accommodation but not the mother (6). Five women with NRPF who were refused help from social services spent time sleeping rough, four of these women slept rough with children and one woman left her baby with a friend while she slept on the streets.

Social services refused to provide an interpreter for two survivors; in one case they used the perpetrator as an interpreter and in another case used the woman’s teenage daughter. This lack of support for a woman’s

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40 Women’s Aid (2017) Nowhere to Turn: The findings from the first year of the No Woman Turned Away project, pp. 27-32. Bristol: Women’s Aid.
same-language support needs highlights not only discriminatory practice, but also a failure to respond appropriately to disclosures of domestic abuse where it is highly inappropriate to use either a perpetrator or child as an interpreter. There was also an occasion where social services told the NWTA caseworker that the survivor was classed as an ‘alien’ in this country and they were not able to support the family unless she was accepted by the Home Office, highlighting the hostile environment and discrimination which women with NRPF may receive.

As stated earlier, under Section 17 of the Children Act, social services must protect children who are ‘in need’ and keep families together where possible and safe. These findings suggest that women with children who have NRPF are being refused help despite this duty, and that, in some cases, social services are not recognising the welfare and safety of the mother as part of the duty of care to children. Opportunities to seek help and disclose abuse are difficult for all women, however for women with NRPF the process of seeking official help is complex; fear of deportation, removal of children and destitution are likely to have been a key element of the violence, coercive control and isolation they have experienced. A national survey examining local authority responses to families with NRPF identified that women are particularly vulnerable to forced dependency on men for accommodation, which increased their vulnerability to different forms of sexual and labour exploitation. It also found that women with NRPF sought support only at the point of crisis. It is essential that social services do not miss this opportunity for intervention and do not participate in practices that re-traumatise women; the removal of children and destitution were both very real threats for some of the women who sought help from social services.

For women with NRPF fleeing without children, there is no duty on the local authority to provide any help and unless the woman is able to access the destitution domestic violence concession (women on spousal visas), the options for accessing safety and support are limited. This includes women who are EEA nationals, students and visitors, over-stayers, asylum seekers and women who were refused support through the Home Office, or who are awaiting the outcome of appeals or going through the appeals process.

41 Nuffield foundation survey on local authority responses to families with NRPF, as highlighted in Imkaan report on NWTA: www.compas.ox.ac.uk/media/PR-2015-No_Recourse_Public_Funds_LAs.pdf

42 Women who have leave to remain as a spouse, civil partner, unmarried or same sex partner who are experiencing domestic abuse can apply for indefinite leave to remain in the UK under the domestic violence rule, and can apply for the destitution domestic violence (DDV) concession if they are facing destitution. The DDV concession is explained in more detail in the literature review in Appendix 2.

43 For more detail on this issue, see Women’s Aid (2017) Nowhere to Turn: The findings from the first year of the No Woman Turned Away project, pp. 27-32, Bristol: Women’s Aid.
It is clear from the findings that there is a need for statutory services to improve their knowledge of domestic abuse and how to work with survivors so they feel believed and supported. The findings highlight dangerous working practices that potentially encourage women and children to remain in abusive situations, which could lead to the perpetuation of abuse and possible homicide. Making the initial call for help is a significant step for women fleeing, which may lead to violent repercussions from the perpetrator. When this is not met with an adequate response, it is a missed opportunity for intervention and may deter a woman from seeking help again. Women are being left with no options when they ask for help, with the expectation that they are responsible for reducing the risks posed by the perpetrator. This is without even considering the risk of homelessness, financial insecurity, as well as the therapeutic support women may need at a traumatic time.

As part of the surveys conducted with survivors and professionals we asked what statutory services could do to improve their response to domestic abuse.

Suggestions from survivors

Overwhelmingly, survivors said that statutory services need to improve their knowledge of domestic abuse, including coercive control, and that this needs to come through dedicated training. This training should focus on creating an environment in which women feel listened to, believed, and are given their options in a language they understand, and their decisions are respected.
“To listen and appreciate the huge amount of bravery it takes to walk through those doors. Admit your situation and ask for help.”

Survivor responding to survey, 2018

Survivors also spoke about the need for these services to not side with the perpetrator, suggesting that there also needs to be training within statutory services on the gendered nature of abuse and the need for appropriate screening tools for identifying male victims and perpetrators.44

“A better understanding of the dynamics of abusive relationships, coercive control and the impact of trauma. Taking the time to listen to me and the children and not enabling the abuser.”

Survivor, 2018

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Survivors also suggested having specialist domestic abuse workers in services, and the option of a female worker. One survivor gave the example of the local authority having a domestic abuse worker on site, and the difference it made to speak to a professional who was trained:

“They were supportive and also the local Women’s Aid worker had a room in their offices to see women. This made things much easier and less scary for me.”

Survivor, 2018

Suggestions from professionals

<table>
<thead>
<tr>
<th>Suggestion</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve/increase training on domestic abuse</td>
<td>9</td>
<td>33.3%</td>
</tr>
<tr>
<td>Increase in specialist services for women facing multiple disadvantage</td>
<td>6</td>
<td>22.2%</td>
</tr>
<tr>
<td>Increase in resources/funding</td>
<td>5</td>
<td>18.5%</td>
</tr>
<tr>
<td>Improve multi-agency working</td>
<td>5</td>
<td>18.5%</td>
</tr>
<tr>
<td>More information on resources for, and the rights of, domestic abuse survivors</td>
<td>3</td>
<td>11.1%</td>
</tr>
<tr>
<td>Clearer referral pathways</td>
<td>3</td>
<td>11.1%</td>
</tr>
<tr>
<td>More pressures on local authorities to meet obligations</td>
<td>2</td>
<td>7.4%</td>
</tr>
<tr>
<td>Improved access to counselling/recovery support for survivors</td>
<td>2</td>
<td>7.4%</td>
</tr>
<tr>
<td>Increase in affordable housing</td>
<td>2</td>
<td>7.4%</td>
</tr>
<tr>
<td>Whole system/trauma-informed approach</td>
<td>2</td>
<td>7.4%</td>
</tr>
<tr>
<td>Improved information sharing</td>
<td>1</td>
<td>3.7%</td>
</tr>
<tr>
<td>Clear local mapping of services</td>
<td>1</td>
<td>3.7%</td>
</tr>
<tr>
<td>More resources for women with NRPF</td>
<td>1</td>
<td>3.7%</td>
</tr>
<tr>
<td>Increase in specialist domestic abuse services for lesbian, gay, bisexual and transgender (LGBT) people</td>
<td>1</td>
<td>3.7%</td>
</tr>
<tr>
<td>Increase in women-only services</td>
<td>1</td>
<td>3.7%</td>
</tr>
<tr>
<td>Focus of domestic abuse in regular team meetings</td>
<td>1</td>
<td>3.7%</td>
</tr>
<tr>
<td>Feedback and monitoring of outcomes for survivors supported</td>
<td>1</td>
<td>3.7%</td>
</tr>
<tr>
<td>Joint working with women’s services</td>
<td>1</td>
<td>3.7%</td>
</tr>
<tr>
<td>Domestic abuse specialists in local authorities</td>
<td>1</td>
<td>3.7%</td>
</tr>
<tr>
<td><strong>Total responses</strong></td>
<td><strong>27</strong></td>
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</table>
Suggestions from professionals focused on the need for training, information sharing, better multi-agency working, joint working with women's services and clearer referral pathways for survivors. They also called for more pressures on local authorities to meet their obligations to women and children fleeing domestic abuse.

It was suggested that having a focus on domestic abuse in regular team meetings would keep frontline workers engaged with this issue and aware of their obligations.

One housing officer commented that there is a need for feedback and monitoring of their cases, stating: “This is lacking – we just accommodate and do not know if they sustain living or accommodation.” Potentially, greater monitoring of cases may help make workers feel invested in postive outcomes. Having a named domestic abuse specialist within housing teams to advise on pathways was also suggested, as well as the need for more information of the rights of survivors and the responsibilities of professionals towards them.

A lack of resources was also named as a key issue facing statutory services. There is a shortage of affordable housing and emergency accommodation, stretched and overworked staff, and a need for greater availability of specialist domestic abuse services to refer to, including those for women facing multiple disadvantage and LGBT people.

Some professionals also commented on the need for statutory services to recognise that women who approach them have individualised support needs, and the need for a holistic, trauma-informed approach to survivors:

“Whole-system approach to working with women and not work in silos addressing only the ‘issue’, women fleeing domestic violence often present with multiple and interlinked issues and needs. Holistic, trauma-informed, gender-specific approaches are needed.”

Local authority community safety officer responding to ELHP survey, 2017

“Remember everyone has individualised support needs. It is not ‘one size fits all’ and no victim experiences domestic violence the same. Statutory services need to understand the complexities and use/follow a needs-led, trauma-informed approach to support!”

Domestic abuse worker responding to ELHP survey, 2017

Change That Lasts

The recommendations highlighted here by survivors reinforce the vision set out in the Change That Lasts (CTL) model. Change That Lasts recognises the complexity and all-encompassing nature of domestic abuse. Women’s Aid wants to see fewer women and children living with abuse by providing the shortest routes to safety, independence and freedom from fear. The model presents a fundamental shift in the way we understand the needs of women and children experiencing abuse, moving us from a narrow focus on the possibility of murder and serious harm, towards a holistic response, which understands and is appropriate to the full range of women's needs in the immediate and long term.
Change That Lasts offers a unique framework for communities, individuals, professionals and dedicated services. It draws on the life experiences and support needs of women including those whose stories have been shared in this report. It ensures that there are no missed opportunities for action, and equips everyone to respond in the right way the first time a woman or her children are brave enough to share their experiences and ask for help. In moving into a space where the needs of women can be fully considered, it builds on the strength and survival strategies employed by women and recognises seeking help as women taking positive action to protect themselves and their children. The findings within this report highlight that listening to the uniqueness of each woman’s story can save agencies time and money, and that working across professional agencies secures the best outcomes for women.

Change That Lasts recognises that many professionals have a role in meeting the needs of women and children experiencing domestic abuse. Our intervention with allied professionals is called Trusted Professional. Trusted Professionals are key in achieving women’s safety and meeting their support needs. They receive training on how to provide an understanding, confident and effective response to domestic abuse. This training creates space for professionals to enquire about domestic abuse. It helps them to respond in a helpful way when they are in contact with known survivors, and it also helps to open doors and support disclosures once professionals are aware of the common signs and indicators of abuse and violence. A number of the recommendations made by the professionals in this report resonate with the need for this approach, particularly with adopting gendered, trauma-sensitive responses.
Myra had attempted to leave her abusive husband a number of times before contacting the National Domestic Violence Helpline. She had reported a rape to the police who took no further action and did not refer her to a local domestic abuse service. After three years she had reached the decision to find safety and leave.

Myra faced multiple barriers to accessing a refuge space, including having no recourse to public funds and working full time, something she described as vital for her to maintain: “If I would have not been working I would have ended up in giving up my life.”

With support from a NWTA project caseworker Myra contacted 10 refuges, which were unable to offer assistance due to a lack of funding to support a woman with no recourse to public funds.

During this time Myra was forced to remain at home with her husband and faced further abuse, something that took its toll on her mental health: “many times I thought of giving up, many times.”

NWTA engaged Myra with local services that could support her with accommodation and offer legal advice until she found a privately rented property near to her place of work. This allowed Myra to maintain the vital social network and sense of pride she acquired through her employment.

Myra spoke about the positive impact the support from NWTA had on her: “I think it was only because of my caseworker that I was able to come out of this situation. She was every time mentoring you, guiding you for each and everything and you are thinking you are not alone, you are not the only one.”

Having someone who could converse with her in her own language clearly made a difference: “The biggest thing was that she used to speak my own language to speak with me”.

Myra’s journey to safety is not over as she grapples with the financial cost of divorce and the uncertainty surrounding her immigration status. As Myra articulates, support is vital once the relationship has ended: “It’s not only at that time of leaving that she needs your support, after coming from that situation she needs a lot of help.”
What type of support do survivors receive?

The caseworkers recorded the support they offered in On Track, Women’s Aid’s outcomes monitoring and case management system. The figures included in this part of the report relate to the period between 1st July 2017, when the caseworkers started using On Track, and 11th January 2018.

On average, women received three hours and 30 minutes of support, however this ranged from 15 minutes to over five and a half hours:

Unsurprisingly, given the nature of the caseworker’s role, the majority (42%) of their time was spent providing phone contact with the client. Caseworkers explained that the initial phone contact with a woman is usually the longest, where they listen to her experiences and gain an understanding of what she needs. Following this, phone calls are usually shorter, with caseworkers informing women of available refuge spaces and women updating the caseworker on any progress made. Some women prefer text contact, and caseworkers can inform women of available refuge spaces via text. The caseworkers said they search for refuges two to three times a day, and update women as and when they find a suitable space.

“Once [the caseworker] was with me, she was with me step by step... she is searching for me online, of course she is faster as she has the facilities, she has the internet and everything and she was saying to me... do this from the station, do you have this, do you have that? Are you okay with food? And everything, she kept with me until I arrived here.”

Survivor responding to survey, 2018

<table>
<thead>
<tr>
<th>Type of support</th>
<th>% of caseworker’s time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy on client’s behalf</td>
<td>16.7%</td>
</tr>
<tr>
<td>Attempting contact/ chasing up</td>
<td>11.9%</td>
</tr>
<tr>
<td>Email contact with client</td>
<td>4.7%</td>
</tr>
<tr>
<td>Liaison with other professionals</td>
<td>14.3%</td>
</tr>
<tr>
<td>Paperwork</td>
<td>7.9%</td>
</tr>
<tr>
<td>Phone contact with client</td>
<td>42.2%</td>
</tr>
<tr>
<td>Other</td>
<td>2.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
"So they give me what is the numbers and I called them [the refuge] and she said okay we will do a referral and you have to fill an application and I was not thinking because at that time I didn't even know the colours from each other... I couldn't think.”

Survivor, 2018

“I was just running in the streets, carrying so much, looking around me... having the two boys, caring that I would find him and trying to survive and at this time I could take anything wrong, I could take the wrong bus, the wrong way, the wrong you know, everything I can’t focus what I’m doing, what I’m leaving, I’m feeling like I’m losing my bag somewhere or I’m not focused. I’m like not focused just running around myself and trying to survive.”

Survivor, 2018

Caseworkers emphasised the importance of consistency, with clients valuing having the same person to talk to who is able to support them in navigating the process of seeking safety. As one caseworker explained:

“I often think that a lot of women just find it too hard, so NWTA simplifies the process for them, at a time that they need some personal help because they have been isolated and all the rest of it. To have someone on the end of the phone who they can talk to on a personal level makes a huge difference – to support them to have the confidence to do it, whether it’s because they don’t feel comfortable with phoning refuges, or they’re busy dealing with crime reports and statements and all those sorts of things.”

Caseworker, 2017

This was particularly evident when survivors were supported by caseworkers who spoke their language and understood their culture:

“I think it was only because of my caseworker that I was able to come out of this situation... someone who understands me and the biggest thing was that she used Hindi to speak with me... you know? She was Indian and she was able to understand the cultural issues.”

Survivor, 2017

Mandy had been experiencing domestic abuse for over a decade, and until she called the National Domestic Violence Helpline she had never told anyone about the abuse. Mandy had severe depression, was incredibly isolated and was terrified about leaving. The helpline was unable to locate a suitable refuge space for Mandy that could accommodate her mental health support needs, and so she was referred to the NWTA team.

The first time the caseworker spoke to Mandy, she spent time talking through the dynamics of domestic abuse and what her possible options were, including explaining what refuges were like and what a housing authority’s duty is to her. The following day, the caseworker received a call from Mandy to say that she had left the perpetrator that night and had gone to the council armed with the information she had been given. The council accepted their duty and offered Mandy temporary accommodation.
The caseworkers described their work as “putting the pieces of the puzzle together”, coordinating support for women who often already have other statutory services involved in their case. Advocacy on the client’s behalf and liaising with other professionals combined took up almost a quarter of the caseworker’s time. This can involve a range of tasks, including contacting refuges on behalf of a woman to ask about an available space that is appropriate to her need, and also advocating for women who have been turned away from a space:

“Women may be anxious about talking to professionals, and so we can make the calls for them.”
Caseworker, 2017

“It couldn’t do the referral, I couldn’t do the application, I couldn’t do anything by myself. With their help, they got me here, safe and better for me and my boys.”
Survivor, 2018

In addition, caseworkers spoke about how they are frequently required to inform statutory services of their duty to women fleeing domestic abuse:

“So many women are palmed off by overstretched councils, overstretched social workers, overstretched police forces, or people that don’t know the law.”
Caseworker, 2017

The experience of being ‘fobbed off’ was described as ‘normal’ for survivors. One caseworker described: “it is hard to battle for your rights when your self-esteem and confidence are at an all-time low.” The caseworkers emphasised the importance of their role in advocating for survivors within statutory services, explaining that as professionals they are often taken more seriously than the women they are supporting:

“It’s like having someone at your back saying no actually that’s not right... and once you say [to a statutory service] I am from Women’s Aid national office, sometimes people say ‘oh’. It’s like services do respond differently to you... like they know there is a third party involved, they know someone is watching and they can’t get away with stuff.”
Caseworker, 2017

It is important to recognise the added value and support the caseworkers provide to statutory services in alerting them to their responsibilities and obligations. This work not only empowers survivors to know their rights and receive an adequate response from these agencies, it also may save these agencies time, reducing the need for repeat calls and potential call-outs.

Twelve per cent of caseworkers’ time was spent attempting contact and chasing up; this relates to attempting to make contact with survivors, but also other services. Examples were having to contact social services five or six times, often leaving messages requesting for a call back and waiting in phone queues in order to speak to someone:

“You just have to keep trying all the time, knocking on the doors until something happens, it is easier for us calling from a professional side but for a woman doing this on her own, it is likely she would give up.”
Caseworker, 2017
Impact

“I think we have literally saved lives... when you listen to the fact that a woman has been let down by every agency going and then you manage to find them a refuge and you get that call to say ‘yes I’m there’. It really is about saving lives.”

Caseworker, 2017

All of the caseworkers spoke about the importance of the NWTA project as an extension of the National Domestic Violence Helpline. Prior to the project, women facing additional barriers for whom a refuge space could not be found were asked to call back to check again for available space, as it is not within the remit or capacity of the helpline to casework. Since January 2016, women with additional barriers have been referred to the NWTA team to provide ongoing support and advocacy.

“I think from the woman’s point of view, just having the same person to talk to is huge... when [previously] the only option was to call back the helpline to check for available space quite often what women will hear is ‘there is nothing’ and they won’t call back.”

Caseworker, 2017

This was supported by the survivors who were interviewed for this project:

“She said that if you know [caseworker], she has a very nice personality just like you, because the caring even on the phone, you show so much of caring... some people they don’t show nothing they just push me away to get rid of me... you know and that’s where is why you know I was so disappointed and sad.”

Survivor, 2018

Tara’s story

A caseworker recently supported a woman who she will never forget. Tara had no recourse to public funds. She had been in the UK a year and was experiencing abuse from multiple perpetrators within her home. She did not speak any English and had no friends or anyone to speak to outside of the abusive family she was living in. Tara managed to call the National Domestic Violence Helpline from her bedroom on a rare occasion when she was alone, which referred her to the NWTA team. She was allocated a caseworker who could speak to her in her own language. The caseworker said: “The minute you speak to a woman in her own language they begin to trust you and they think ‘she understands me, she understands my barriers, and she understands my culture’”. The caseworker discussed her options and immediately looked for refuge spaces. Within 24 hours Tara had left her house and was on her way to a refuge space the caseworker had managed to secure for her. When she was on her way to the refuge, Tara called her caseworker and said: “Thank you, I am never going to forget you.” Tara’s courage to call the helpline, the advocacy of the NWTA team and the cooperation of the refuge who recognised the urgency of the case, all facilitated an effective route to safety.
“But she made it quicker, and she was speaking with the council and getting me this space in the refuge and she filled out a referral, or she helped the caseworker to fill out the referral. So they helped me, I couldn’t do anything without them... I keep struggling two days... till they got me and they helped me and the boys to come here.”

Survivor, 2018.

One of the caseworkers spoke about how for some women there is only one chance to contact a service for help, they might not have the chance to call back the helpline another day. If they are turned away from a refuge, NWTA project is a resource to take the case further:

“For some women it’s only one chance, it’s their last chance to call a service – it might be their one and only chance - and the helpline takes it and then we [NWTA team] can take it further.”

Caseworker, 2017

It is important to acknowledge that no matter how hard the caseworkers work to achieve a positive outcome for a survivor, sometimes statutory service failures or a lack of resource within refuges prevent access completely, or are so difficult to overcome that survivors lose faith and disengage with the project, such as in Bridget’s case, below.

Bridget was supported by a caseworker for two weeks before she gave up her search for a refuge space. She was looking for a space that could accommodate herself and her three children, and provide sufficient support for her mental health needs. While being supported, Bridget was refused from a refuge space four times. The reasons for refusal included not being able to accommodate her mental health support needs, not having sufficient space to accommodate her children, and that the space had already been taken. Bridget spent time sofa surfing with her family and she was physically injured by the perpetrator, for which she had to call out the police. The caseworker was unable to secure a safe outcome for Bridget who grew tired of repeatedly being turned away from refuges that did not have the resource to support her and her family. She decided that she had no choice but to remain with the perpetrator.
Survivors seeking safety continue to experience a range of barriers to accessing a refuge space, leaving them vulnerable to further abuse from the perpetrator, at risk of sleeping rough and often left dependent on their social networks for a place to stay while they search for a suitable refuge space.

81% of the women supported by the caseworkers faced multiple barriers to accessing a refuge space. The impact of this was clear: the higher the number of barriers, the lower the chances of accessing a refuge space. More barriers also led to higher chances of sleeping rough while waiting for a refuge space.

Survivors faced incredible difficulties attempting to get support from local housing teams and social services. The response of these statutory services suggests that professionals working within them are often not sufficiently trained to support women and children escaping domestic abuse effectively, and are not always meeting their duty to them. These services are clearly overstretched, with staff often working with heavy caseloads and insufficient resources. However, the responses highlighted in this report are not acceptable, and improving them must be a priority. In particular, the discriminatory responses to women with no recourse to public funds and the often helpless situations they are left in must be addressed.

The work done by the NWTA caseworkers is vital in assisting women and their children to find safety. The caseworkers provide a range of support, from searching for refuges, to advocating the rights of survivors of domestic abuse to statutory services. This support is predominantly provided over the phone, with caseworkers acting as a lifeline at what is a stressful and chaotic time.
Recommendations

Recommendations for government

Provide sufficient bed spaces in specialist refuges to meet the level of demand nationally.

- Provide enough refuge spaces to ensure that no woman is turned away, and that all women are able to access a space with the appropriate support to meet her needs. This should include sufficient specialist support for women with complex needs including mental health and substance use; an increase in accessible spaces for disabled women; and availability of larger refuge spaces for women with four or more children. It should also include exploring options for women with older male children such as increasing the number of self-contained refuge accommodation spaces.

Ensure that there is sufficient refuge space for women with multiple support needs, and appropriate pathways into that support so that women with multiple or complex needs are not turned away.

- Continue to fund the No Woman Turned Away project to ensure that those survivors who have multiple and complex needs can be supported during their search for a refuge by specialist caseworkers, and that the barriers to accessing support can continue to be monitored and lessons learned.

Develop a new sustainable model of funding and commissioning for the national network of refuges.

- A new model should be distinct from the model of funding for the ‘short-term’ supported housing sector developed by the government, to take into account the unique challenges faced by refuges and the specialist roles they play.

- A new model should allow service providers to plan ahead and maintain a high quality of provision, and allow for the survival and development of specialist services of national importance, such as those supporting Black and Minority Ethnic (BME) women or disabled women.

- A new model should ensure that all refuges accept women and children fleeing from any area of the country rather than accepting them on basis of local connection rules.
Ensure effective mechanisms and sanctions are in place to shift the onus on stopping the abuse onto abusive family members (perpetrators), and remove them safely from the joint home with robust monitoring and enforcement.

- Early intervention and prevention measures should ensure the police are equipped to hold perpetrators to account through effective monitoring and enforcement measures, including:
  - extending the use of Domestic Violence Protection Orders (DVPOs) to remove perpetrators from the joint home where appropriate and safe to do so;
  - criminalising breaches of DVPOs and ensuring the development of the new Domestic Abuse Protection Order, as part of the forthcoming Domestic Abuse Bill; and
  - requiring the police to link victims directly with support services. This option would need to run alongside sufficient resourcing, and funding community-based domestic abuse support for women in this situation. This will open up more options for support and early intervention for women who are unable or do not want to access a refuge.

Ensure women with no recourse to public funds do not face discriminatory treatment which prevents them from safely escaping domestic abuse and having fair access to services.

- The government should urgently introduce measures which address the desperate situation faced by many women with no recourse to public funds (NRPF) to ensure that all women with NRPF fleeing violence can access a refuge space or safe and appropriate emergency accommodation with specialist support. Support training for domestic abuse providers and statutory services on the immigration rights and entitlements of women fleeing domestic abuse. This would help to ensure that when survivors ask for help they are appropriately advised. The protection of all victims of domestic abuse should be central to the response of all professionals.

- Expand the destitution domestic violence concession criteria to include all migrant women who have NRPF. This will ensure that women who are not on a spousal/partner visa can access specialist refuge. This will also meet government requirements to migrant women within the Istanbul Convention and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

Recommendations for the Ministry of Housing, Communities and Local Government

Ensure that domestic abuse, from early intervention and prevention to support, is a strategic priority within local authorities, with robust measures of accountability.

- Monitor adherence to the national statement of expectations\(^{46}\) and how local areas are prioritising the needs of survivors of domestic abuse, and ensure services are commissioned to meet all of their needs.

- Monitor the implementation of the homelessness code of guidance for local authorities\(^{47}\) and ensure that they are working within the framework of the guidelines. Specifically ensure that homelessness strategies consider the particular needs of victims of domestic abuse for safe accommodation.

- Ensure that local housing teams provide a consistent approach to priority need across local authorities, so that victims of domestic abuse are always considered in priority need and given the appropriate support. Legislative changes could be brought forward in the forthcoming Domestic Abuse Bill by amending the Housing Act 1996 to ensure priority need legislation always covers individuals fleeing domestic abuse.

\(^{46}\) The national statement of expectations outlines what local areas need to put in place to ensure their response to VAWG issues is as collaborative, robust and effective as it can be so that all victims and survivors can get the help they need. The national statement of expectations (2016) is available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/574665/VAWG_National_Statement_of_Expectations_-_FINAL.PDF

Recommendations for local authorities

Ensure services are commissioned that ensure the right response the first time round and meet women’s needs.

- This report highlights the diversity of women’s needs and the importance of addressing those needs through commissioning a needs-led, strengths-based, trauma-informed approach to tackling domestic abuse. This approach underpins the Change That Lasts pilots currently being rolled out by Women’s Aid, building on women’s individual strengths and resources to ensure sustainable safety and wellbeing for themselves and their children. See: www.womensaid.org.uk/our-approach-change-that-lasts.

- Ensure that all survivors, including those who are assessed as standard risk, have access to community-based independent and specialist dedicated services that can provide early interventions to support survivors’ routes to safety and independence.

- Ensure women with same language support needs are provided with interpreters and that information on the rights of survivors is available in multiple languages/formats.

- Ensure local housing and homelessness teams are abiding by the Housing Act 1996 and the Homelessness Act 2002, and their duty to help those who have become unintentionally homeless because they have been forced to leave their home as a result of domestic abuse. Ensure all frontline officers are trained to identify and respond to domestic abuse, and to understand and uphold the rights and entitlements of survivors of domestic abuse to housing.

- Ensure there are clear links between local strategies for domestic abuse or violence against women and girls (VAWG), homelessness and supported housing. Domestic abuse should be a central component of these, with clear links on preventing homelessness, a good crisis response and referring to specialist domestic abuse services, and expectations for how local authorities develop fair and efficient move-on options for survivors in refuge.

- Local strategies should be underpinned by a framework set out and monitored by the domestic abuse commissioner in line with the national statement of expectations (which will be created in the forthcoming Domestic Abuse Bill) to ensure a consistent approach to commissioning and provision, and drive improvements across the country.
Recommendations for statutory agencies

Ensure that domestic abuse is truly ‘everyone’s business’, identifying it as a key priority area for staff training and development and a strategic priority in terms of safeguarding the well-being of local communities.

- Professionals should receive specialist training and ongoing development on the dynamics of domestic abuse, including recognising coercive control and removing a sole focus on physical abuse, and on referral pathways for women seeking support to prevent them from slipping through the net. This training should be delivered in collaboration with specialist domestic abuse organisations, such as Women’s Aid, with quality assurance and key points of accountability built in. The Women’s Aid Change That Lasts approach includes the Trusted Professional scheme, aimed at front-line practitioners that work in the public and voluntary sector, and are likely to be in contact with survivors of domestic abuse. Building on the trusting relationship already established with survivors, the Trusted Professional scheme focuses on the non-physical, coercive and controlling signs of domestic abuse, so that these are not missed when a survivor is in contact with a Trusted Professional. In addition, Trusted Professionals are provided with a practical toolkit to support needs-led conversations to help survivors. See: www.womensaid.org.uk/our-approach-change-that-lasts/trusted-professionals-scheme.

- Ensure that the protection of all victims of domestic abuse is central to the response of all professionals working in statutory services who are coming into contact with victims of domestic abuse (for example, housing officers, police staff, midwives, etc.). Their ability to identify and respond to survivors is crucial.
Appendix 1: Methodology

On Track

The NWTA caseworkers collected data through On Track, the Women’s Aid case management and outcomes monitoring system. They collected data on women’s needs, demographics, outcomes, the barriers they have faced and what happened to them while they were waiting for a refuge space or other safe outcome. They also recorded the abuse that a woman had experienced at the hands of the perpetrator. This data is explored in Part 1 of the report.

The caseworkers also completed questions on women’s experiences with statutory services when they closed a case on On Track, including data on local housing teams and social services. In addition to this, the caseworkers completed a negative capture form when there has been bad practice where they gave detail about the incident. This data is explored in Part 2 of the report.

Using On Track, the caseworkers also recorded the time spent on each case and the types of support they gave to women (e.g. advocacy on behalf of a woman, looking for a refuge space). This data was analysed as a whole and also in relation to the various needs of the survivors seeking a refuge space and is explored in Part 3 of the report.

On Track data in Parts 1 and 2 covers the time period 12th January 2017 – 11th January 2018, whilst the On Track data in Part 3, relating to the support provided by the caseworkers, covers 1st July 2017 to 11th January 2018 (corresponding with the dates the caseworkers started to use On Track; this data was not collected prior to this). All data collected by the caseworkers prior to July was entered onto On Track to be used in this report.

Interviews with the caseworkers

To supplement the data from On Track about the type of support given to women, interviews took place with three of the NWTA caseworkers in order to gather more qualitative detail about their work. This data is explored in part three of the report.

Interviews with survivors

To complement the data captured on On Track on women’s needs and system response, and to ensure we have the voices of survivors within the research, three interviews took place with survivors who had intersecting support needs. Survivors were selected by the NWTA caseworkers and interviewed by trained domestic abuse practitioners from the Women’s Aid team from the National Domestic Violence Helpline (run in partnership between Women’s Aid and Refuge). Only women who are in safe accommodation were selected to be interviewed in order to ensure we did not put anyone at risk. This data has been written up into case studies seen throughout the report.

Survivor’s Survey

To complement the data captured on On Track on statutory services we conducted a survey of survivor’s experiences. The survey consisted of a semi-structured questionnaire and was designed on SurveyMonkey. The questionnaire asked survivors information about their experiences with social services and/or local housing teams (whether good or bad), what they liked about the support they received, what they did not like and what could be changed to improve their experience. The survey was hosted on the Women’s Aid
Survivors’ Forum\textsuperscript{1} for two months. This data is explored in Part 2 of the report.

Case study of East London

To provide more insight into the causes of statutory services failing survivors and to explore potential solutions, we conducted a case study of local authorities within East London. The data was collected during a workshop we provided at the East London Housing Partnership VAWG Homelessness Conference on the 23rd November 2017. We hosted a discussion on the subject of how the local authority response to domestic abuse can be improved and asked attendees to fill out a short anonymous survey afterwards to scope out what the current issues are, how these impact on survivors and how the situation could be improved. This data is explored in Part 2 of the report.

\textsuperscript{1}https://survivorsforum.womensaid.org.uk/messageboards/
Appendix 2: Profiles of women supported by the NWTA caseworkers

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of women</th>
<th>Percentage of total number of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>264</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td>264</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transgender</th>
<th>Number of women</th>
<th>Percentage of total number of women</th>
</tr>
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<tbody>
<tr>
<td>Yes</td>
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<td>1.5%</td>
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<tr>
<td>No</td>
<td>175</td>
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<tr>
<td>Don’t know</td>
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<tr>
<td>Not asked</td>
<td>61</td>
<td>23.1%</td>
</tr>
<tr>
<td>Total</td>
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</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of women</th>
<th>Percentage of total number of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-20</td>
<td>13</td>
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<td>21-30</td>
<td>90</td>
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<td>60-69</td>
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<tr>
<td>Not known</td>
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<tr>
<td>Long-term mental health</td>
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<tr>
<td>Ethnicity</td>
<td>Number of women</td>
<td>Percentage of total number of women</td>
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<tr>
<td>-----------------------------------------------</td>
<td>-----------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td><strong>White</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>British</td>
<td>110</td>
<td>41.7%</td>
</tr>
<tr>
<td>Irish</td>
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<td>1.1%</td>
</tr>
<tr>
<td>Gypsy or Irish Traveller</td>
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<td>1.9%</td>
</tr>
<tr>
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</tr>
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<td>Any other White background</td>
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<td><strong>Mixed / Multiple Ethnic background</strong></td>
<td></td>
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</tr>
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<td>White and Black Caribbean</td>
<td>8</td>
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<td>White and Black African</td>
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<td>0.0%</td>
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<tr>
<td>Any other Mixed / Multiple ethnic background</td>
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<td>2.7%</td>
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<tr>
<td><strong>Asian / Asian British</strong></td>
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<td></td>
</tr>
<tr>
<td>Indian</td>
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<td></td>
</tr>
<tr>
<td>African</td>
<td>31</td>
<td>11.7%</td>
</tr>
<tr>
<td>Caribbean</td>
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<td>4.2%</td>
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<td>Any other Black / African / Caribbean background</td>
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<td></td>
</tr>
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<td>0.4%</td>
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<tr>
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<td>1.9%</td>
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<td>1.1%</td>
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<tr>
<td>Declined</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Not asked</td>
<td>5</td>
<td>1.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>264</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
### Disability

<table>
<thead>
<tr>
<th>Disability</th>
<th>Number of women</th>
<th>Percentage of total number of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Learning</td>
<td>8</td>
<td>2.8%</td>
</tr>
<tr>
<td>Mental health</td>
<td>43</td>
<td>15.3%</td>
</tr>
<tr>
<td>Physical</td>
<td>41</td>
<td>14.5%</td>
</tr>
<tr>
<td>Visual</td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td>None</td>
<td>176</td>
<td>62.4%</td>
</tr>
<tr>
<td>Number of clients with more than one disability</td>
<td>13</td>
<td>4.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>264</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

### Relationship status

<table>
<thead>
<tr>
<th>Relationship status</th>
<th>Number of women</th>
<th>Percentage of total number of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Civil partnership</td>
<td>3</td>
<td>1.1%</td>
</tr>
<tr>
<td>Cohabiting</td>
<td>17</td>
<td>6.4%</td>
</tr>
<tr>
<td>Divorced</td>
<td>2</td>
<td>0.8%</td>
</tr>
<tr>
<td>In relationship but not cohabiting</td>
<td>4</td>
<td>1.5%</td>
</tr>
<tr>
<td>Married</td>
<td>60</td>
<td>22.7%</td>
</tr>
<tr>
<td>Separated</td>
<td>79</td>
<td>29.9%</td>
</tr>
<tr>
<td>Single</td>
<td>55</td>
<td>20.8%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td>Don't know</td>
<td>5</td>
<td>1.9%</td>
</tr>
<tr>
<td>Declined</td>
<td>2</td>
<td>0.8%</td>
</tr>
<tr>
<td>Not asked</td>
<td>36</td>
<td>13.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>264</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
### Sexual orientation

<table>
<thead>
<tr>
<th></th>
<th>Number of women</th>
<th>Percentage of total number of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>27</td>
<td>10.2%</td>
</tr>
<tr>
<td>Gay</td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td>Lesbian</td>
<td>2</td>
<td>0.8%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>13</td>
<td>4.9%</td>
</tr>
<tr>
<td>Declined</td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td>Not asked</td>
<td>219</td>
<td>83.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>264</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

### Pregnant

<table>
<thead>
<tr>
<th></th>
<th>Number of women</th>
<th>Percentage of total number of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>23</td>
<td>8.7%</td>
</tr>
<tr>
<td>No</td>
<td>228</td>
<td>86.4%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>5</td>
<td>1.9%</td>
</tr>
<tr>
<td>Not asked</td>
<td>8</td>
<td>3.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>264</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>