



## Spotlight 5: Episode 7

### Podcast Transcript

**Title: Creating system change: adapting the way we work with victims and survivors of domestic abuse with multiple and complex needs**

**Key:**

I: = Interviewer

L: = Respondent Lucy Watson

Introduction: Spotlights is a series of online events and publications focusing on a particular group of victims and survivors who are often hidden from services. As a part of our Spotlight on domestic abuse and homelessness, my colleague Deidre met with Lucy Watson from Fulfilling Lives. In her interview, Lucy talks about how Fulfilling Lives hopes to change the way that services come together to support women experiencing domestic abuse and homelessness and why these changes are vital to more effectively support survivors.

**I: Hi Lucy, thanks for joining me today to talk about domestic abuse and homelessness.**

L: Okay, thanks for having me.

**I: You're welcome. So you work for a project called Fulfilling Lives which is part of a London-based homelessness charity called Single Homeless Project. Can you just start out by telling me a bit about what Fulfilling Lives is and why it was developed?**

L: Sure. Fulfilling Lives is a Big Lottery funded initiative set up to work with people that have multiple and complex needs across the country. So I work in Fulfilling Lives, Islington and Camden which is one of twelve projects across England and we've been running since 2014. Really the overarching aim of the Fulfilling Lives initiative is to look at bringing about long term system change in the way that services are delivered and commissioned for this client group. In this context when I say people with multiple and complex needs, so everyone that we work with has unmet needs in the areas of homelessness, substance misuse, mental health and offending behaviour. So yeah, everyone we work with when they're referred to us, is experiencing issues in those four areas and obviously sometimes more as well.

My project, particularly, is in Islington/Camden. We run a frontline outreach service working with currently 74 people on our caseload. We do long-term holistic caseload with them in order to bring about positive change in their lives. We link them in with services

which they previously might not have been able to link into because of the multiplicity of their needs and issues that they are experiencing as a result of them. The other half of our project is using our frontline work as an evidence base to work with other services and commissioners. Yeah as I said, we try to create a living space for saying that services need to be changed or reconfigured to work specifically with this group. Previously they might have been falling between the gaps between services because they've got so many needs which they're experience all at the same time. So yeah, that's a bit about Fulfilling Lives specifically.

**I: Okay and what made you realise that women in particular with these experiences weren't being provided with adequate support? What made you think that there needed to be a system change?**

L: Yeah, so initially when the business plan for our project was written before we started, focussing on women actually wasn't one of the specifications of that business plan. Within a year of us running our frontline service we increasingly realised that there was a real unmet need there for a couple of reasons really. So firstly, 50% of our overall caseload is women. Now if you compare that to average homelessness statistics for the two boroughs that we work in, they're usually around 15% women compared to 85% men. So obviously we saw a lot more women being referred to our service than perhaps we anticipated.

With kind of the volume of the women that we're working with, we realised that there was a specific need to look at maybe why that was. I think part of the reason that we're seeing a lot more women coming into our service is because we don't just work with people who have been verified as rough sleeping on the streets. Normally for someone to access homelessness services, they'll need to be found by the local outreach team and actually sleeping rough and verified that they're there. We know and other services know that there's a real issue of hidden homelessness with women.

So women might be more reluctant to access mainstream homelessness services because they tend to be male dominated. Women tend to remain in really unsafe situations to avoid actually getting to a point where they sleeping rough on the streets. They're sofa-surfing or living in very unsafe places in order to not get to the point where they're actually sleeping out. Nevertheless, they are very much homeless but maybe much more difficult to find than maybe the males rough sleepers are.

So because we had the flexibility to accept referrals from any service across the two boroughs we were coming across women who had these needs. We take referral from prisons, probation, substance service, GPs, homeless hostels, so kind of any agency that's coming into contact with these women. We're kind of flexible about how they came into our service. We're then able to go out and find women that were previously not maybe coming to the attention of services before and therefore not being brought into support.

**I: Okay. So just so I understand what your service does, you provide a frontline service to these women and you're trying to create a model for the best way for working with women with these multiple experiences and multiple disadvantages that creates an evidence base for other services?**

L: Yeah.

**I: Yeah, okay.**

L: Absolutely, yeah. So we have a team of frontline link workers. They're all able to work with people that present with complex needs. They have individual specialisms in different areas such as homelessness or substance misuse but we're able to also work

with individuals around all of their needs holistically when they first come to us. We recognised that it's very difficult for women with these complex needs to initially engage with a range of different services around each one of their needs. We work really intensively and assertively with them on an individual basis to start with and then slowly over time and endeavour to link them in with the other services that they need. We also have a team of mentors. We have a team of psychologists. We work with a psychology informed approach to case work. So to try and really understand what's been going on for these people some of whom have been bouncing around different services for 20 or 30 years in some cases. We try to really look at the underlying reasons for their needs and start to understand how to work with them going forward.

**I: Okay, that sounds great. So when you mentioned multiple and complex needs, you mentioned substance and alcohol use, you mentioned offending behaviour and mental health and homelessness. Where does domestic abuse then come into that equation or is it often a part of equation as well?**

L: Yeah, so for the female clients that we're working with, again domestic violence and abuse wasn't specifically written into our project business plan as one of the areas to concentrate on. However, very quickly the need to look at that specifically arose just because of the sheer volume of cases that we were seeing of it with the female cohort. So when we looked into I think after about the first year and a half of working, we saw that around 90% of our female clients were either currently experience domestic violence and abuse or had previously; so a really quite staggering statistic. That's obviously in addition to all of the other needs that they're experiencing as well which our project is set up to work with.

Part of the reason that we wanted to focus on that more as a project is because what we were finding was when domestic violence and abuse was going alongside all of these other needs, homelessness, offending, etc., it was really, really hard to actually get these women into specialist support services around domestic violence and abuse. We could refer them to the local domestic violence services that were brilliant but these women sometimes don't have phones, they can't turn up for appointments because their lives are very difficult and chaotic. So it was actually really difficult to bring them into the support that was available because DV services now don't have much capacity to go and do outreach for example.

So we realised it was real prevalent need and a real unmet need around this female cohort and also a very serious one as well. Some of them quite regularly have some really kind of high risk dangerous situations that were experiencing again and again. We realised that we didn't have the expertise within our project to maybe be delivering the interventions in that area which we would have liked to. So we realised it necessitated a kind of focus on that to maybe look at what we could do cross-sector to try and come up with a better response.

**I: So you're finding that Idvas for instance, didn't have the capacity or probably the breadth of experience around these women's multiple needs to adequately respond and that you needed to work together to do that?**

L: Yeah, absolutely. I think if we could get Idvas to the women then their knowledge and expertise and support would be obviously incredibly useful. However, it's more a case of when we're talking about the women who might be rough sleeping with their perpetrators and in relationships where they're dependent on the perpetrator to procure drugs. They don't have mobile phones as I said. They've got a long series of not engaging with any support services, let alone one which is especially around domestic violence.

It's just that Idvas weren't really able to reach these women. The Domestic Violence sector is very under-funded. Idvas don't necessarily have the capacity to go out and try

and assertively engage with people on the streets. Also that calls into question whether that practice is safe. I think there is a real need for us to start to have a dialogue with DVA agencies about what they could do, what we could do and try to come together to deliver some kind of intervention. What was happening was these women were maybe known about; people were concerned about their situations. However, if they couldn't be brought into support services to sit down and have that conversation around their options, they were not being engaged with at all around the DVA stuff. So yeah, we just realised that there was a gap between the two services that needed to be brought together and looked at again.

**I: Yeah, I think DV services generally are built in a way to engage with women who meet a very stereotypical image of what a women experiencing domestic abuse looks like. That her primary need is domestic abuse and she wants to engage with the service and come to the office and call up. If you've got this multitude of needs that makes your life even slightly more chaotic, I'm guessing it's very difficult to engage with the service built for somebody who engages in a very stereotypical way.**

L: Exactly. Things like safety planning, just the safety planning that is generally done by Idvas with people, wasn't applicable to these women. As I said, they may be living on the streets and living the lifestyles where they're not in residential settings, they don't have ownership of their own funds, they may not have mobile phones. So it's a really different kind of level of need that we're talking about and also women that may not feel able or willing to want to exit those relationships. They may have a deep mistrust of the police because of their own offending behaviour so they're not likely to press charges or make statements. However, within that we still felt that there was a lot of work that could and should be done. Even if it's just about starting to have the conversations about what's a healthy and an unhealthy relationship or building women's self-esteem. Making sure that they did know their options so should a time come when they did feel that they wanted support in that area, they would have a rapport, have a trust where they'd be able to know how and where to ask for help even if they weren't engaging with appointments or with safety planning as is currently known.

**I: Yeah, definitely. I think a part of the domestic abuse response is providing emergency accommodation for women who are fleeing domestic abuse as part of their experience. How did those housing responses such as refuge meet the needs of the homeless women that you're working with or do they not?**

L: I'd have to say in the main there's not and that's purely an issue of resources. We have very, very few complex needs refuges available in London. Very, very few bed spaces available and even those that are there, sometimes the women that we're working with, their level of need was deemed too high to even access those refuges. That's one major issue that we had.

Another one is approaching the Council to make homelessness applications on the grounds of someone's vulnerability as someone who is fleeing domestic violence and abuse. We've had cases that have been discussed at Marac and we've had supporting evidence from the Chair of Marac to say this woman is clearly in need, clearly at very high risk and has other needs. Yet when we've approached the Council to make a homeless application, those women have still sometimes been turned away and not been deemed priority need. Then we have to try to get a solicitor involved to challenge that decision. All the while we're trying to kind of support and hold someone that continues to be very chaotic, continue to be in an unsafe situation. Sometimes when a woman has clearly said to us look I'm ready, I'd like to exit this relationship and I'd like to be able to go somewhere safe. If then on that day when we've got that window of opportunity we try and do that piece of work with her and she gets turned down or not backed or whatever, that can almost be re-traumatising in itself. The one time she's asked for somewhere safe

to go, we're actually unable as a service to provide it. So that's been something really difficult as well.

**I: Yeah I can image that that's very frustrating for you and for them.**

L: Yeah, absolutely.

**I: I know that in developing Fulfilling Lives, you did a multi-agency learning event. Is that correct?**

L: Yeah, that's right.

L: Yeah.

**I: What did you find were the kind of outcomes?**

L: It was really interesting actually because, as I said, we did have professionals from across a whole range of sectors; from substance misuse to domestic violence and abuse, to homelessness. We also had frontline practitioners there, we had commissioners there and we had some people with lived experience there sharing their ideas and expertise from their own histories which was incredibly useful. What was interesting and actually what was positive was that predominantly the main themes and the main challenges were perceived to be the same across the sectors and the recommendations for change were pretty much the same.

There's a few kind of major themes which emerged; one being the idea which we decided to go with in the end which was for women. We're talking about women that have the most complex and multiple needs, the kind of high end of those issues. So a proposed idea was for them to have one complex needs outreach worker that could work with a small cohort of Marac cases who previously had been maybe referred to Marac with no positive outcomes achieved. To see whether over a period of time of 18 months, whether they could work intensively with these women, not just around domestic violence and abuse but around all of their needs together. Then it was to see if they could generate more positive outcomes, not just in the area again of DVA but in terms of homelessness, in terms of engaging with drug treatment, all of their needs. It was also to see whether that worker having the outreach capacity, having the ability to intensively support these women, to go out to meet them and work holistically. Whether that could bring about something more positive than had been previously been seen for these women that might have been referred multiple times. Again they're really high risk, everyone is so worried about them, but then there's no one person to kind of co-ordinate their support and track them and walk alongside them.

Yeah, so that was kind of the main theme that emerged. There were some other recommendations as well. One was experts by experience. A lot of people were saying that survivors of domestic violence abuse and again people with lived experience of complex needs should be much more involved in providing frontline peer supports to people that are currently going through similar issues. Although it is acknowledged that it can be an incredible difficult thing for women to talk about. You've got to build a lot of trust before maybe you feel able to say to a professional that that's happening within your relationship. So that was a recommendation.

Also that the voices of people that have gone through it themselves and current clients, who are still going through those things, should also be listened to by people that are maybe the decision-makers about how services are going to be developed and commissioned in the future. So that was a predominant theme as well and something else which we're keen to focus on going forward about how we can maybe catch those

voices and channel them up to the decision-makers to make sure that that's happening more.

**I: Yeah. One thing that you previously mentioned to me was about trauma and needs informed practice. What does that mean?**

L: Again I think that's about understanding the people that we're working with and coming across. Not just in terms of their presenting behaviours now but in terms of all their life experiences which has maybe brought them up to this point. For example a lot of the women that are on our caseload have been evicted from lots of supported accommodation projects because of incidents and challenging behaviour. They're finding it very difficult to manage their impulses when they're under the influences of substances or when they're very distressed. I think in terms of a true and informed approach to working with those and understanding those presenting behaviours now, it's about us as professionals really looking at the trajectory of these women's lives. We noticed that a huge amount of the people that we work with, not just women but men too, have experienced childhood abuse or sexual abuse for example. They've also been through so many services over the years, a lot of them are care leavers for example, that they've built up massive barriers and massive distrust towards services and professionals now. So obviously when they're being expected to engage in a certain way or behaviour in a certain way that might be far more difficult for them than we may image.

I think, therefore, a true and informed approach is really needed if we're to understand why people are struggling to engage now, why people are maybe finding it difficult to live in supported accommodation environments and where those behaviours are coming from. Then we can start to explore those behaviours with the clients in relation to what might have gone on for them before. I think the ultimate goal is for those people to be able to access proper psychological support and talking therapy. Although as we all are aware there can be lots and lots of barriers to that with the diagnosis being a major one.

Yeah, I think it's really about building the capacity of staff that coming across these clients to look further than maybe the challenging behaviour or the revolving door. Actually to look at why and start to explore that with that person to see if we can find a different way to work with them going forwards.

**I: Great. So out of these recommendations you created this pilot where you provide a single point of holistic contact for individuals who have multiple and complex needs. You have come under MARAC for high risk domestic abuse. Is that correct?**

L: Yeah, that's right.

L: So we haven't started the pilot yet.

**I: Yeah.**

L: We've got to where we've kind of just finishing the services specification which actually we've done with consultation from some of the women that we're working with now. We wanted them to be very much a part of. So if they're going to be in receipt of the service, what they'd want from it, what kind of work they'd want, what kind of approach they'd like to be taken. So that's been done in collaboration with them. We're now at a point where we're about to put that out for a mini-tender for someone to deliver the pilot. Then that's going to be running for 18 months. I envisage within that pilot we're only talking about a very small cohort of women; I think about eight it's going to be assigned to one worker.

**I: Great. All of these issues for a lot of individuals are much intertwined and really no single response seems to be enough to support an individual. What's in your massive point of learning so far from this about the way the social sector should be responding to individuals?**

L: Yeah, I mean it's a massive question. I think I do believe that for the individuals especially those we're coming across that do have the highest unmet level of needs in all of those areas, I think it is about funding services that initially are complex needs services. So it's one worker that can start to build trust and build rapport with an individual. Be able to support them to a certain extent with every aspect of what's going on for them rather than asking them immediately to go off to three or four different appointments for each of these individual needs a week and start getting support that way. We know from the sheer volume of referrals that we get to our service that those existing services are wonderful. However, if people aren't getting through the door of them because they're just not able to, then there are people out there whose needs are still not being met.

So I do think it's about complex needs workers who are able to work flexibly within a certain outreach approach. I think it's about flexibility as well. So it's not expecting people to want to engage with lengthy assessments and paperwork. Not expecting people to be able to necessarily have formal key work meetings and things like that. I think it's about...and as we said earlier, going back to asking clients or people that have been previous clients of services, what has and hasn't worked for them. I think that's a really good starting point.

Yeah, I do believe in cross-sector. It's not about addressing needs in isolation for that really high end group. It about looking at the whole person and starting with that, building relationships and then slowly making inroads to the services that are available around them. Also I do think it's about, as I said, exploring more creative solutions around housing. Housing First t being a great example which is working with people that have the most multiple complex needs and supporting them flexibly, holistically in their own space and letting them set the agenda for their support going forward. So I think funding more and more and things like that would hopefully be a really positive way forward.

**I: I think a lot of the advice through these interviews coming forward has been one worker who providers quite a holistic response. As in kind of the one person that all those other services and voices filter through, that they have a very low caseload so that they can engage with that person when and if they need it.**

L: Yeah.

**I: I think a lot of different services want to provide that, for instance Idvas but there's never capacity or funding for it.**

L: Absolutely.

**I: How do you provide, I guess, a convincing response to the whole funding issue? Why do you think it should be funded? What's the kind of cost benefit of it?**

L: I think in order to do that we have to really look back over people's years of not having that service and using services kind of sporadically and chaotically, so the short prison sentences, early admission, bouncing between supported housing projects with multiple evictions. Maybe something that we're doing is tracking someone's service use prior to our service over say a long period. Then looking at the high costs to the public purse and also the high cost of that person themselves in terms of they're not getting interventions which are working for them. Then comparing that to funding one complex needs worker that can track that person, work beside that person and deal with all their needs holistically at once over a period of time. Thus hopefully demonstrating that the benefit of

that though it might be expensive to start with, is actually a massive cost saving. If you look at the trajectory of someone's life if they don't have that service and they continue to use services chaotically that ultimately is going to be really awful for that individual but also it's costing a huge amount of money with very little benefit.

So I think the argument for cost-saving is there. I think what we need to continue to do is really build up evidence-base to show that if someone does have that, that single worker that can work intensively, that can really understand all their needs and how they're interrelated over a period of time. It's not a short period of time. We've been working with some of our people for over two years and then we see progress that's sometimes quite slow. As you can imagine we're working with sometimes, as I said, 20/30 years previously when things have been really going not very well for them. However, over time we are seeing real progress. So I think the evidence is there. It's just about gathering more of it and finding ways to demonstrate it.

**I: Great. Well it will be really interesting to hear how this project goes once it gets on the ground and running and see what your outcomes are.**

L: Yeah, definitely.

**I: So best of luck with that.**

L: Thank you very much.

**I: Thank you for doing this interview.**

L: Okay, thank you.