

Written evidence submitted by Fulfilling Lives South East Partnership (DAB86)

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Subject: Call for Written Evidence - Domestic Abuse Bill 2019-21

1.0 EXECUTIVE SUMMARY

- The Fulfilling Lives South East Partnership presents this report with a focus on how the Domestic Abuse Bill will cater for the needs of people with Multiple and Complex Needs, in response to a call for written evidence for the Domestic Abuse Bill 2019-21.
- Comment on the definition of 'Multiple and Complex Needs'.
- Concerns and recommendations for the Bill including:
 - The inclusion of a 'Multiple Complex Needs' definition
 - Consideration for future housing options for victims of domestic abuse
 - Support for outreach approaches to support victims of domestic abuse
 - Support for women only spaces to enable access to support
 - Support for domestic abuse and complex needs training for non-specialist services
 - The inclusion of lived experience voices and the practice of coproduction

2.0 OVERVIEW OF FULFILLING LIVES SOUTH EAST PARTNERSHIP

2.1 Fulfilling Lives South East Partnership ('FLSE') works across Brighton & Hove and East Sussex and is one of 12 projects across England where National Lottery Community Fund investment is supporting people with complex needs. The purpose of this initiative is to bring about lasting change in how services work with people with multiple and complex needs (MCN) and collaborates with local partners to help bring about this objective. FLSE is committed to involving people with lived experiences of multiple disadvantage at all levels of our work.

3.0 MULTIPLE AND COMPLEX NEEDS ('MCN')

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

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

HOMELESSNESS: This includes those who have no safe and secure housing and are rough sleeping, sofa surfing, living in Temporary or Emergency Accommodation, Refuge or prison.

SUBSTANCE &/OR ALCOHOL MISUSE: Substance misuse is one of the most commonly experienced problems for people who FLSE work with. Many either misuse or have misused alcohol or substances and this is commonly experienced in parallel with mental health problems.

MENTAL ILL HEALTH: For most people experiencing MCN, poor mental health is very common. Access to services is often difficult to access, often due to a person's "Dual Diagnosis", often resulting in people bouncing between these two support sectors.

REPEAT OFFENDING: Our statistics show that people with MCN are overrepresented in the criminal justice system. These individuals are often engaged in repeat cycles of acquisitive crime, such as shop lifting and theft; their offending often driven by active addiction. The majority of our female clients in contact with the criminal justice system have experienced domestic abuse.

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

4.0 RECOMMENDATIONS

4.1 Multiple Complex Needs:

4.1.1 We call for the Bill to include a clear definition of 'Multiple Complex Needs'. We are concerned that the current Bill does not go far enough to acknowledge the complex needs of those victims of domestic abuse who have other multiple disadvantages. We feel this group should be referenced as a 'marginalised group' and that specialist approaches be mandated to enable effective protection and support for this group of people.

4.2 Access to Appropriate Housing Options – the need for more creative options:

4.2.1 Women with multiple and complex needs who are experiencing domestic abuse often present for help in the first instance at their Local Authority Housing Options Service. We have found that clients do not often receive a service which reflects an understanding of the complexities, dynamics and risk issues of domestic abuse or receive a trauma informed response.

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

The housing officer suggested out of area refuge accommodation which V considered but decided was not a suitable option for her. Despite V stating that she did not wish to be placed out of area, the housing officer called three more out of area refuges. None of the refuges could offer a suitable placement due to V being in a wheelchair.

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

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

4.2.3 Through our case work, we have learnt that refuges are usually not equipped to accommodate women with multiple and complex needs; referrals are frequently rejected on the grounds of clients' mental health and substance use needs being too high, citing staff cover as not adequate to manage potential risk.

4.2.4 **Accessible "Refuge" Accommodation - Specialist MCN Refuge Accommodation as an option:** Although the Bill now includes the new duty on tier one local authorities in England to provide support to domestic abuse victims and their children in refuges and other safe accommodation, there is no reference to safe "refuge" accommodation for women fleeing domestic abuse who experience complex needs. We feel this is necessary. Often additional complex needs, such as substance misuse, excludes them from accessing the current refuge models, meaning many women are being forced to return to their partner and abuser or being placed in non-specialist accommodation settings.

4.2.5 **Case Study (summary):** *C is a 30-year-old white British female, she was in foster care as a child as both of her parent had substance use issues, C has children of her own who have been adopted outside of the family. She has disclosed that she has been in several abusive relationships. C has a diagnosis of Unstable Personality Disorder, Anxiety, Depression and PTSD and until very recently had not been prescribed medication. C also has some issues with her physical health including incontinence. C has been in a relationship with J for 3 years, he has children from previous relationships who are also adopted. They have been sofa surfing at a member of J's family property.*

C made a Homelessness Application in April of 2019. It took 6 months for the Housing Department to receive her medical information due to delays. During this time, C disclosed incidents of violence and her case was heard at MARAC. MARAC wrote a supporting letter for C to the local authority regarding her housing situation, but the authority advised that at the time C could only access Refuge or be placed out of area. C advised that would she find being in Refuge too painful being around mothers with their children and that she would be very isolated outside of Hastings. She declined these options. Reports and incidents of domestic abuse continued.

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In February 2020, C was awarded a TA placement and on the same day C disclosed that J had assaulted her the day before whilst they were visiting a friend at another TA placement locally. The incident was reported to MARAC and the police. C stated that there were no staff on site.

C checked in to her TA placement. The mother of J's children had also been placed in the same TA and that day there had been an altercation between C and her in the town centre. C's placement only had shared bathroom facilities; rather than use these she disclosed that she had been urinating into a cup as she was too scared to locate the bathroom for fear of bumping into J's ex-partner. The TA Officer was able to reassign C another room with en-suite bathroom, advising that the original Housing Officer had not included details of C's continence issues.

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

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

4.2.6 **Alternatives to refuge accommodation – further options:** Refuge accommodation provides a safe space for the majority of women fleeing domestic abuse but to accommodate women with MCN, alternatives need to be provided and sustainably funded. For some, specialist complex needs refuge accommodation could be suitable but for others, shared accommodation can be very challenging and trauma inducing:

- In Temporary/Emergency Accommodation strict house rules can trigger reminders of the controlling behaviour of their abuser.
- Any accommodation where men reside can reduce housing options for such women.
- Refuge often house children as well as women which can be traumatising for women who have had children removed.

4.2.7 We would like to see the Bill pave the way for new forms of accommodation that can provide emergency rapid-access accommodation that is self-contained and dispersed within communities, where wrap-around support is provided.

4.2.8 **Longer-term housing options – Housing First approaches:** We would like to see the Bill support moves towards Housing First models for women with MCN who are fleeing domestic abuse as a way to provide long-term housing solutions for this group. This model would ideally consist of dispersed, self-contained units so that women with MCN can feel safe in their own accommodation without having to adhere to triggering rules or share facilities with men and families.

4.2.9 We hope that the implementation plans would include adequate funding to enable local specialist domestic abuse services and local authorities to provide the accommodation units and trauma-informed specialist support.

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

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

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

4.3 Access to Specialist Domestic Abuse Services

4.3.1 For women with MCN, our project learning has demonstrated how more traditional forms of support and access routes to support do not work. For this group, a holistic approach is required that has an awareness of

other needs and factors that impact on the context of the abuse and consequently, the context in which support is being provided.

4.3.2 **Case example:** *Client A is a 27-year-old woman experiencing domestic violence. As the only route into specialist services, she was referred to the local commissioned domestic abuse service; a service that delivers support initially via the telephone to take forward referrals and assess support needs. However, the client was homeless and did not have a reliable phone or a private space to take a call and so she was unable to respond to the calls from the service, and the case was closed.*

4.3.3 We would like to see the Bill not only requiring all local authorities to commission specialist domestic abuse services for local areas but for that support to include tailored provisions for MCN client groups. From our project's learning we believe this should take the form of specialist domestic abuse outreach services that go out into the community to reach this marginalized group and would have the skill set to build trust and effective working relationships. These relationships take time to build and nurture and as such, the service should expect to have longer working relationships with clients, likely to last a number of years, rather than a number of months.

4.3.4 A barrier to support, as well as housing options, can be the categorizing of domestic abuse incidents as 'anti-social behaviour' incidents. Incidents that are viewed as ASB can lead a victim of domestic abuse towards the criminal justice system rather than directly towards places of safety and support. As such, we would like the Bill to call on police services to carefully consider the use of 'ASB' when recording incidents and avoid the use of this descriptor when domestic abuse and/or violence is suspected or evident.

4.3.5 The value of Womens Centres is well documented and evidenced and we would like to see the Bill include a requirement that domestic abuse support should include the continued provision or establishment of permanent women-only spaces in all local authority areas. Spaces that can provide a 'one stop shop' approach to support helps women to access a whole range of services more easily. These spaces need to be inclusive, welcoming, and creative and have a range of activity. Our project believes that such spaces can help break down the fear of attending lots of appointments with lots of organisations and as such, improve the accessibility of support to this group of women in particular. For further data about Women's Centres please see *Why Womens Centres Work: An Evidence Briefing* [here](#).

4.4 Training for non-specialist services around Domestic Abuse and Complex Needs

4.4.1 We support the inclusion of training for non-specialist domestic abuse staff in the draft Bill. However, there does not appear to be reference to the need for any domestic abuse in the context of MCN specific training.

4.4.2 **MCN and DA Specific Training:** We have been working with Local Authority Housing Departments, DWP and Temporary Accommodation Providers via our recently established East Sussex Temporary Accommodation Action Group all of whom have expressed the need for specific training around the needs of women with complex needs experiencing domestic abuse. To this end we have developed and have delivered MCN and DA specific training to Local Authority staff in partnership with the local specialist domestic abuse services and this has been well received. We would like to see more specific training recommended within the Bill and embedded within the implementation plans.

4.5 Lived Experience Voices

4.5.1 Fundamental to our project's ethos, is a belief that the involvement of people with lived experience of complex needs is an essential part of the solution. This feedback and involvement enables services and

systems to set a course that's in tune with real life experiences and help to keep approaches relevant and responsive to changing contexts. [As such, we would like to see the Bill require both national and local Commissioners involved in setting domestic abuse strategies engage and coproduce with people who have lived experiences.](#) We feel aligned to the description of 'co production' set out by Think Local Act Personal who state: *"Co-production is not just a word, it's not just a concept, it is a meeting of minds coming together to find a shared solution. In practice, it involves people who use services being consulted, included and working together from the start to the end of any project that affects them."* ('Making it Real', 2011).

- 4.5.2 We feel it essential that consultation, involvement and co-production approaches are inclusive and would like to see a requirement in the Bill that [lived experience representation be present at all consultations](#) about future domestic abuse law developments.
- 4.5.3 We would feel it essential that regular consultations take place with lived experience groups once the Bill becomes law to ensure the law remains effective, up-to-date and responsive to the complexities of domestic abuse.
- 4.5.4 We would recommend that creative ways are sought to engage people with lived experiences of domestic abuse and complex needs. As with support, [an outreach-approach to seek views and feedback will be required to reach this group](#). Collaboration with agencies already connected to people with MCN could help broker and connect those with lived experiences to consultations. We would like to see a commitment to these ways of working set out in the Bill and the accompanying implementation plans.

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