 RESPONSE TO COMPLEXITY (R2C) 

 Interim Evaluation Report 

 The Response to Complexity Project was funded by the Department for Communities and Local Government and commissioned by Nottingham Crime and Drugs Partnership. 

 Dr Lyndsey Harris 
 Assistant Professor of Criminology, School of Sociology and Social Policy 
 University of Nottingham
Response to Complexity (R2C)

Table of Contents

PROJECT BACKGROUND ........................................................................................................... 2
Referral Pathway ......................................................................................................................... 4
EVALUATION OBJECTIVES ......................................................................................................... 5
INDICATORS OF SUCCESS ........................................................................................................... 5
RESEARCH METHODS ................................................................................................................. 5
OVERVIEW OF DATA .................................................................................................................. 6
Number of Survivors ..................................................................................................................... 6
Complex Needs of Survivors ........................................................................................................ 8
Analysis of Referral Data ............................................................................................................ 9
Access to Wrap Around Care ....................................................................................................... 10
Meeting Project Outcomes: Measuring Engagement ................................................................... 10
MULTI-AGENCY WORKING: PERFORMANCE AND ACHIEVEMENTS ....................................... 12
EARLY RECOMMENDATIONS ..................................................................................................... 13
CASE STUDIES ............................................................................................................................ 15
PROJECT BACKGROUND

This evaluation aimed to collate empirical evidence to complete an evaluation of a Department for Communities and Local Government (DCLG) funded project, which had the following mission statement:

To take a co-ordinated multi agency response in delivering a service for women survivors of domestic and sexual violence and abuse with complex needs (substance misuse and mental ill health) aligned with the DSVA [Domestic and Sexual Violence and Abuse] Strategy and outcomes framework and the evaluate it for needs assessment.

The R2C project sought to provide a service in Nottingham for women survivors (with or without children) of domestic and sexual violence and abuse with complex needs, which includes mental ill health, substance misuse (including alcohol) and/or dual diagnosis.

The aim of the DCLG funded project was to provide:

- 1 additional refuge with 4 bed spaces with wrap around support services from multi-agency specialists, including substance misuse, mental health and homeless health team support in refuge.

- Wrap around services would also include: access to specialist complex needs domestic violence support worker; additional language translation and interpretation services; health and welfare advice; and post-accommodation support after refuge in the community.

The demand for such a service was identified by Nottingham City’s Joint Strategic Needs Assessment (Coppel, Pierce and Lewis, 2013) and The Stella Project (2013).

The R2C Steering Group was established in December 2015 and included the following stakeholders:

- Nottingham Central Women’s Aid
- Womens Aid Integrated Service Nottinghamshire
- DVSA Lead from the Health Shop (Representing Recovering in Nottingham [RiN] and Nottingham Health Care Foundation Trust).
- Housing Aid
- Opportunity Nottingham
- Homelessness and Health Team (Nottingham City Care Partnership)
- Nottingham Crime and Drugs Partnership
All project partners agreed terms of reference which aimed to:

- Ensure DCLG project funding was used effectively to deliver a service through the Delivery Plan.
- Evaluate the services and utilise evaluation to identify local need and explore future funding opportunities.
- Ensure all partners engaged in the delivery of the service.
- Embed learning from the project with partners across the sectors.
- Identify gaps in specialist service provision (including specialist domestic abuse related psychological support from mental health services for mentally distressed survivors).

R2C key performance indicators relating to The Steering Group included:

- Meeting the needs of women survivors with complex needs by providing innovative and appropriate wrap around support service.
- Improvement in the rate of professional support service engagement with traditionally hard to engage women survivors with complex needs.
- Maintaining relationships between partners and service users and also identifying areas of best practice.
Referral Pathway

Fig. 1 DCLG co-ordinated response to complex survivors of DSVA: Referral route 17\textsuperscript{th} December 2015 DRAFT Agreed at Steering Group Meeting. (Jane Lewis, 2015)

Women survivors of domestic and sexual abuse (with or without children) with complex needs including mental ill-health, substance misuse (including alcohol) and/or dual diagnosis is assessed as requiring domestic violence and substance misuse services.

**Referring Agencies/ Named workers**
- Housing Aid
- Help line
- Health Shop
- HHT
- Opportunity Nottingham

**Central Refuge**
Co-ordinate wrap around care from partner agencies

**Health Shop/ RiN/ NHCFT**
HHT / Opportunity Nottingham provide wrap around support and access to Day Centres

**RISE outreach**
whilst survivor is in hostel or B&B or home or street homeless and/or waiting for a space at Central Refuge or where refuge is inappropriate

**Survivor referred into**
medium term homeless accommodation by 
- Housing Aid

**Survivor referred into RISE and supported by Helpline and Health Shop/ RiN/ NHCFT**
HHT
Opportunity Nottingham

**Survivor referred into inpatient detox (2 weeks) by RiN**

**Survivor referred into**
own tenancy
Supported by RISE
Health Shop/ RiN/ NHCFT
Opportunity Nottingham

**Survivor continues to be supported by**
Health Shop/ RiN/ NHCFT
Opportunity Nottingham

**Service Provider Information:**
- RiN = Recovery in Nottingham
- HCT = Nottinghamshire Health Care Foundation Trust
- HHT = Homeless Health Team
- Helpline = Women’s Aid Integrated Services (WAIS) 24 hour free phone domestic and sexual violence
- RISE = WAIS outreach service
- Central = Nottingham Women’s Aid refuge
EVALUATION OBJECTIVES

- Assess to what extent the project has met local need and what gaps remain?
- Collate empirical evidence from service providers and service users regarding their experiences of wrap around service provision both from DVSA sector to substance misuse/mental health sector and from substance misuse/mental health sector to the DSVA sector.
- Assess the level of engagement of all partners engaged in the service.
- Assess the impact of the project.
- To map the journey for survivors from identification of need including: referrals made into service, or not made into service (and why); referrals accepted and not accepted (and why); whether client engages or doesn’t engage (and why); and the outcome for the client.

INDICATORS OF SUCCESS

Based on the R2C Steering Group Terms of Reference and the aims of the DCLG funded project to build on the learning of the Stella Project (2013) the following indicators of success can be identified:

1. Service users (survivors) engage with wrap around support service provision from project partner agencies.
2. Service users (survivors) receive wrap around support service are in settled accommodation.
3. An effective referral pathway is competently implemented.
4. Effective multiagency partnership working exists.
5. Demand for service in Nottingham for survivors of DVSA with complex need is identified.
6. Any barriers to accessing services in Nottingham for survivors of complex needs are identified.

Given the project was only funded for 6 months it was agreed by the Steering Group that ‘settled accommodation’ can mean medium term accommodation or survivors being supporting in their own home.

RESEARCH METHODS

A mixed-method approach was taken to include a statistical analysis of:

1. Demand for the service including the volume of survivors who accessed the service or were eligible for the service.
2. Initial outcomes of the service provided by the project.

Given the short duration of the project it was also deemed necessary to employ qualitative research methods. Given the sensitive nature of the research ethical approval was obtained in January 2016 and the researcher also obtained Disclosure and Barring Service Enhanced Certificate on 18th April. Qualitative research methods included:

- Semi-structured interviews with project service providers to assess the experience of practitioners in relation to:
  - Assessment of the project processes and performance indicators;
  - Experience of partnership working and effectiveness of referral process;
• Experience of engaging with survivors with complex needs (exploring survivor case studies of women who have been assessed as benefiting from the project and why individuals dropped out of service);
• Identification of any barriers to project success and what lessons have been learned;
• Exploration of any additional or unintended consequences of implementing the project.

To date interviews have been completed with 5 project partner stakeholders. A group interview was conducted with staff at Womens Aid Integrated Services (WAIS) including WAIS Head of Service (City & IDVA); Rise Team Leader; The 24 Hour Helpline Team Leader; and Rise Complex Needs Worker. Two follow up interviews were conducted with the Rise specialist Complex Needs Worker who was the nominated case worker in the referral process to explore her specific experiences (she was not a member of the Steering Group) as the project developed. A group interview was also conducted with the Project Support and Development Worker and a Support Worker at Central Refuge; Individual interviews were conducted with DVSA Lead at Opportunity Nottingham; Safeguarding and Domestic Violence Lead at The Health Shop; and the Nurse Specialist from Homeless Health Care Team. Requests were submitted to the Housing Aid Steering Group representative for an interview but to-date this have proven unsuccessful. Additional interviews are being sought with Recovery in Nottingham and Last Orders (both of which are represented by the Health Shop on the Steering Group).

• Semi-structured interviews based on a convenience sample with survivors of DVSA with complex needs who accessed services to explore:
  • The complexity and individual needs of the survivor.
  • Experience of accessing services and any barriers to engagement they may have faced in the past and present;
  • Experience of services provided and how appropriate they were to their needs and what improvements, if any, needed to be made to facilitate continued engagement.

To-date a total of 8 survivors have been interviewed: 5 survivors had been provided refuge at Central and the 3 further survivors had experienced a variety of wrap around services and referred into the project by different partners. The interviews with the 5 survivors from Central Refuge was also supplemented by access to copies of their referral forms, obtained with the consent of the survivors.

OVERVIEW OF DATA

Number of Survivors

According to CDP data obtained Nottingham Police received 12358 domestic violence and abuse related calls in 2015/16 of which 2460 were recorded as crime. 36% of all recorded violence in the city in 2015/16 were DVA. The project bid identified a need for resources to provide support for 25-300 survivors per year. A total number of 48 survivors were referred into the R2C project during a six month period. Five survivors were identified as eligible for additional wrap around services who were previously known to or accessing services from either RISE or Central Refuge.
Discussion with service providers indicates that the lower number of cases referred into the project in June represented the uncertainty surrounding the future of the project as funding was drawing to a close. The current political and financial climate mean that domestic and sexual violence services have suffered from a reduction in funding. Service providers indicated that because they had built up trust with the women they work with they were reluctant to refer survivors to the Rise Complex Needs Worker in case the role would no longer be funded.

Equally, service providers also expressed concerns regarding possible barriers to survivors being referred into the project including:

- **Need to raise awareness of the project** with statutory and healthcare professionals (but there was also an expressed reluctance to do so given uncertainty relating to the project ending).
- **Scope to reconsider referral agencies.** The majority of service providers felt that no other agencies should be able to refer directly into the project. However, a suggestion was provided that police custody nurses might be a very useful addition to increase referrals.
- **There was consensus expressed from all service providers that women survivors with complex needs were often hard to reach individuals and if they pressed too hard for survivors to engage or to make a referral there might also be the possibility of increasing the risk to the survivor.**
- **The reduction in public and healthcare funding** is believed to have restricted creative ways used in the past to engage survivors.

“*Our difficulties and our barriers is that we have women who we are working with that we just feel like we can’t get anywhere near in order to make the referral... Sometimes, particularly because we are hugely under pressure at the moment [organisational restructure and staffing cuts]; I think historically we would have been a lot more creative about how we were going to do that first, initial contact... I think we still always needs to be creative about how we create space...*” Health Shop, 09/06/2016
Response to Complexity (R2C)

“Trying to get the collective drugs services to make referrals [is a barrier] [and for staff] to ask the questions at the right time. It is a constant battle, I think, within the secondary mental health and drugs services to recognise domestic abuse and not because people don’t understand it but because I think people are so focused on the idea that they are not here to provide a domestic abuse service, that we are here to provide a drugs service. So I’ll be saying yes you are, however if you do not respond right to that fact that they are experiencing domestic abuse then you will never have any chance of dealing with their drug taking because how could someone who is coping with being abused by taking drugs [react] if you try and take those drugs away from them and they are still being abused? Then you are potentially putting that person at risk of harm so you have to be able to deal with the two simultaneously.” Health Shop, 09/06/2016

Complex Needs of Survivors

Over half of the survivors referred into the R2C project had more than one complex issue with 24 survivors having 2 issues and 1 survivor needing support for all three complex needs covered by the project.

Figure 2: Complex Issues of Survivors of domestic abuse

Figure 2 demonstrates the most significant issue disclosed by survivors in the project centered on mental health issues with 38 survivors disclosing such. However, when combined it is clear to see that a total 36 survivors disclosed some form of substance misuse: 20 presented with alcohol misuse and 16 for drugs. These statistics need to be taken in context of the overall breakdown of support needed for survivors
referred into the project. Figure 3 demonstrates the overlapping complexity of issues presented by survivors.

**Figure 3: Overlap of Complex Needs of Survivors**

![Venn diagram showing the overlap of complex needs: Mental Health (15), Alcohol (2), Drugs (6), with one case at the intersection of all three categories.]

**Analysis of Referral Data**

**Table 2: Number of Referrals Made into R2C Project by Source* (December 2015 – July 2016)**

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>Cases Referred to Rise Complex Needs Worker</th>
<th>Cases Referred to Central Refuge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helpline</td>
<td>19</td>
<td>5</td>
</tr>
<tr>
<td>Health Shop</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Recovery in Nottingham</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Opportunity Nottingham</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Central Refuge</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Police</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Other Refuge in Nottingham</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Out of area</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

*There are more referrals than cases as there were concurrent referrals to both Rise Complex Needs Worker and Central Refuge.
Access to Wrap Around Care

The project aimed to ensure wrap around care was provided for survivors based upon the survivors individual support needs:

- 22 survivors in the project were provided 1 additional service to the referring agency (2 support services in total).
- 8 survivors were engaged with 2 additional services (3 support services in total).
- A further 8 were engaged with 3 additional services (4 support services in total).
- 3 survivors benefited from being engaged with 4-5 additional services.
- 7 had no further engagement with any additional services. From this total, 3 of these cases were closed due to non-engagement following referral and 4 are currently recorded as uncontactable but remain open.

Meeting Project Outcomes: Measuring Engagement

The Rise Complex Needs Case Worker categorised her assessment of levels of engagement or support provided to each survivor on her case load. Those categorised as ‘engaged’ mean regular contact either by phone or face to face meetings between the case worker and the survivor. Irregular levels of engagement were said to reflect survivors who accessed DVSA specialist services when in crisis or on a needs basis. The data highlighted in green could be assessed as indicators of success (See page 5).
1 survivor had moved out of the area so had necessarily dropped out of service. Although some survivors (4) had ceased to engage with services a strength of this project was that information sharing has resulted in those individuals still being tracked through multi-agency meetings chaired by the Homeless and Health Team Specialist Nurse. So, although the wrap around care had not been sustained for these individuals they were still known to services and therefore had not entirely become invisible again to professional services. All 4 survivors were signposted to the Helpline and had the Rise Complex Needs Case Worker’s contact details should they require specialist domestic abuse or refuge support in the future. In total 11 out of 48 survivors referred into the R2C Project did not engage. The reasons for recorded for this ranged from the survivor being uncontactable or unwillingness to leave perpetrator and request refuge. Of note, 2 survivors dropped out of service due to a lack of refuge bed space at a time of crisis (1 was unwilling to move out of area so returned back to the perpetrator and the location of the other survivor is now unknown).

As illustrated in Figure 5. This project has already produced significant results in engaging hard to reach, often most marginalized groups in society in a very short period of time (6 months).
Table 3: Duration and Outcome of Cases Closed by WAIS Rise Complex Needs Case Worker (January – July 2016)

The shortest duration of any closed case was 43 days.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Number of Cases</th>
<th>Average Case Length (days)</th>
<th>Min (days)</th>
<th>Max (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Settled accommodation</td>
<td>5</td>
<td>129</td>
<td>43</td>
<td>216</td>
</tr>
<tr>
<td>Non Engagement</td>
<td>6</td>
<td>86</td>
<td>64</td>
<td>111</td>
</tr>
<tr>
<td>Non Engaged but tracked</td>
<td>3</td>
<td>81</td>
<td>56</td>
<td>123</td>
</tr>
</tbody>
</table>

Some of the ongoing cases will take significantly longer to conclude than the cases highlighted above. Current length of open cases are on average 100 days with a significant increase in the number of days when the survivor has been provided refuge accommodation (Current maximum 437 days).

“One of the most important aspects of this project is being able to work in a way that is flexible to meet the needs of the woman as opposed to the woman needs to meet the needs of the service.”
WAIS, 26/04/2016

Multi-Agency Working: Performance and Achievements

During the duration of the project partner service providers were experiencing their own organizational changes due to pressures relating to austerity. Organizational change did not appear to hamper inter-agency cooperation at the Steering Group level. Indeed service providers reported the following success of the project:

- Availability and access to specialist domestic violence support for both survivor and service providers.
- Increased awareness of the roles and responsibilities of each agency and respect for constraints facing partner agencies and had a shared vision to increase quality of wrap around support to complex needs survivors.
- Access to additional training that enhanced ability to provide support to survivors including specialist drugs awareness and a workshop raising awareness of the impact of trauma on survivors of domestic and sexual abuse and self-harm.

“Ways of accessing these women for services generically is quite difficult because unless you are working on a ground level they are invisible in other services. So having [Rise Complex Needs Worker] was a huge difference because what it meant was that she could go to the services where the women were presenting and just be there and available at times that we wouldn’t be able to get Womens Aid to come in the past.”
Health Shop, 09/06/2016
• The Steering Group increased understanding and co-operation between agencies. Consequently this has resulted in improved access to support for survivors with complex needs.
• A reduction in the number of inappropriate referrals between agencies and the number of times a survivor has to ‘tell their story’.
• Survivors have also expressed the feeling that they were no longer being “passed from pillar to post” without getting anywhere.
• Increased reporting to multi-agency groups where required from both Rise Complex Needs Worker and Opportunity Nottingham.

EARLY RECOMMENDATIONS

To date the project clearly demonstrates, in a short period of time, the positive impact this multi-agency approach can have in engaging survivors with complex needs and providing good quality wrap around service. Early indication of possible improvements that could be made:

• Building on the STRIDE St Ann’s pilot project, funded by the Police Innovation Fund and Priority Families to provide specialist agency support from Womens Aid (survivor) and Equation (perpetrator) to Social Care and Family Support Teams. Experiences of service providers in R2C project suggests further relationship building and agency awareness is needed to ensure wrap around care for survivors with agencies not included in the Steering Group:
  o Social Workers—a reported need to increase recognition of the professional services being provided to survivors. **R2C project is a good example of a successful multi-agency partnership that may help the local region in implementing recommendations of the Wood Review (2016) and increase safeguarding of children and survivors.**
  o Consultation with IRIS Lead and GPs in area to raise awareness of the project and the roles of the various project support service providers. There have been some key issues with GP practices supporting survivors with complex needs. Which the multi-agency Steering Group is keen to address with the Clinical Commissioning Group.

• Effective monitoring and tracking of survivors could be improved. There was some dissatisfaction expressed with the referral forms used (amount of detail) and the statistical analysis for this evaluation has also highlighted the need to cross reference between Rise Complex Needs Worker and Central Refuge to avoid any gaps between services.
  o Greater understanding of the support service provided by Rise Complex Needs Worker and Central Refuge.
  o A decision needs to be made whether the Rise Complex Needs Worker should be alerted to all complex needs cases housed in Central Refuge.

• Steering Group could have a **standard agenda item to include specific case by case update.** This may help improve referral follow up and journey mapping.

• Due to restructuring and changes in staffing, **Housing Aid** was unable to participate in Steering Group activity as much as they would have liked. All support workers expressed concern with the apparent lack of understanding of complex needs survivors conveyed by Housing Aid Staff. Although they recognized the commitment to the project from The Prevention and Assessment Manager and from the Head of Service who supported the original bid to DCLG.
• It is recommended that:
  o Housing Aid employees receive specialist DVSA training, especially in relation to complex needs survivors. (Equation / R2C would be able to provide this free of charge)
The Steering Group would benefit from the knowledge and experience that Housing Aid could offer for future Steering Group/Multi-agency Meetings and would welcome Housing Aid participation in resolving issues for the complex survivors.

Gaps in provision relating to equality and diversity:

- Survivor and service provider interviews have revealed there are currently **gaps in the service for survivors whom English is not their first language.**
- Access to some healthcare services, such as **smear tests**, which the Homeless Health Care Team identified as a need for complex needs survivors as a result of the R2C Project. However, The Homeless Health team have been unable to provide the service due funding issues relating to funds already being provided to GP surgeries for this activity. Lack of support for implementing a smear test service demonstrates either a lack of awareness of the specific needs and risk for survivors with complex needs on behalf of funding commissioners or the lack of a joined up approach between GPs and the project needs.
CASE STUDIES

A detailed analysis of survivor experiences and survivor case studies will be presented once a thorough thematic analysis of the data has been completed. Below are 3 case studies illustrating the variety of complexities and levels of wrap around support provided.

CASE 1: IRREGULAR ENGAGEMENT:

Tina is a disabled women who had lost sight in one eye due to previous experience of domestic abuse. Tina was previously known to WAIS but had failed to engage in the past (number of missed appointments and had declined service to go back to perpetrator. Tina has experienced multiple perpetrators. Perpetrator 1 was in prison. Referred to project through Health Shop following attendance there and experience with Perpetrator 2. The Rise Complex Needs Worker (RCNW) contacted survivor's complex needs worker at Emmanuel House (EH) [Housing for homeless and vulnerable adults]. Rise Complex Needs Worker had number of phone conversations with survivor including:

1) Was to re-establish contact; ensure woman knew who RCNW was and service that could be provided; explore what needs she might have for support; arrange a face to face meeting.

2) Refuge query – aggressive when heard from RCNW saying she was an alcoholic and why does anyone want to support her?

3) Woman called RCNW back the next day, oblivious to call previous day.

In addition to phone support RCNW also engaged with the survivor face to face. This included:

1) With Emmanuel House complex needs worker went to Tina’s property but woman wasn’t home and property was damaged. RCNW then advised EH worker of steps needed to ensure woman’s safety. EH rang Tina but there was no answer. RCNW advised EH to text and tell Tina that if she didn’t answer they would have to call the Police to do a safe and well check on her property as they didn't know where she was and her house was smashed up. Tina responded straight away to EH worker and established contact and confirmed perpetrator was responsible for damage to the property and Nottingham City Homes knew about it.

2) Re-arranged to meet woman again. Went to property again and woman in but perpetrator home. Did a safety check. EH worker arranged to meet her again.

RCNW followed up with a phone call to check how Tina was and Tina confirmed she wanted support. However, she was reluctant to leave perpetrator. The issues were that she wanted to move but Nottingham City Homes would only move her but on the condition that it was without perpetrator due to anti-social behaviour and complaints from neighbours about noise. Risk for NCH was too high. Tina unhappy with information provided by Nottingham Homes. EH worker continued to be supported by RCNW. EH was due to end support due to restrictions on allocated case times so a multi-agency meeting was called including: Opportunity Nottingham (ON), Tina, RCNW and Adult Safeguarding Perpetrator 1 was in prison and RCNW managed to speak to probation and ensure license conditions to ensure he was not allowed anywhere near her address or certain parts of area or contact her directly or indirectly. If he broke conditions would be recalled back to prison.
Safeguarding said that Tina needed to live in a property that was adapted to her needs including support with handrails and safety etc but at this time Tina and perpetrator 2 were experiencing breakdown of relationship with neighbours due to noise caused by both domestic arguing and domestic abuse. Neighbours threatened Tina and damaged property. Police were called. Tina rang to say too frightened to stay in property. Left with perpetrator 2 and stayed with friends elsewhere. At Multi-agency meeting support workers discussed support that could be put in place – this centred on need for Tina to leave perpetrator to access alternative housing with NCH but RCNW explored with Housing Aid other possibilities including the offer of refuge (refused by Tina as not fleeing perpetrator but neighbours). RCNW spoke to ON due to EH closure of case (time limit) and the need to ensure survivor remained engaged. Safeguarding said once Tina settled they would come back and make adaptations to her property. Tina was reluctant to leave at this point.

3-4 weeks later RCNW received a call from ON worker saying Tina was now ready to flee and was seeking refuge. Checked refuge – space at Umuada. Postcode check revealed that woman was fleeing same area perpetrator was from and refuge refused. Tina was adamant did not want to leave Nottingham – specialist refuge in Northampton was offered but wouldn’t go and Central did not have any spaces.

Tina then retracted refuge request and then said she’d still like support due to trouble with neighbours. RCNW reiterated that problems with neighbours was harassment and not DV so not eligible for refuge but they could go to Housing Aid without progression.

Remains supported by Opportunity Nottingham and staying with friends but has occasional contact with RCNW when needed.
CASE 2: SUCCESSFUL REGULAR ENGAGEMENT

Katie has a long history of drug misuse and historic alcohol misuse. Katie had been a victim of multi perpetrators in past. She was also previously engaged in sex work. She presented through R2C referral with a personality disorder and PTSD from trauma experienced in life. Married 4-5 years to perpetrator with 1 child. Child currently on child protection so social services involved. Perpetrator charged with bail conditions in place not to approach Katie’s home or her. However, but when Katie was on holiday there was evidence to suggested perpetrator had broken in. Katie is described as “Very complex and chaotic”. She was previously known to RISE in the past for resettlement support. Following referral from Recovery in Nottingham (RiN) Rise Complex Needs Worker (RCNW) took on Katie’s case for further support. Regular support. Historical sex abuse has been disclosed and now under police investigation. Belief is perpetrator arranged her rape while she was at usual place for acquiring drugs.

RCNW has attended all multi agency meetings and over 12 meetings with other support agencies. Katie has additional support from: Edge of care worker; Social Worker; child’s School; Housing Aid and RiN. She was incorrectly referred to MARAC on basis of the manager of social services saying that a firm recommendation of housing wouldn’t take place until the woman had been to MARAC. However RCNW highlights that MARAC was not necessary as there were too many workers involved and there had to be a recent incident or safety concerns. MARAC stated it wouldn’t be considered after seeing RCNW notes that it wasn’t necessary.

Before RCNW was involved in Katie’s case it was agreed a firm recommendation was going to be made for housing. Agreed beginning of year and still not completed first week in July. Since RCNW involvement Katie has been offered refuge although took 4-5 weeks to get her into refuge 4 different refuges claimed that Katie was too high needs and they were already housing at least one complex needs survivor and Central had no space. RCNW explained refuges that support demands for refuge staff would be reduced as Katie just needed a place of safety and the wrap around care put in place as a result of the project would support Katie and Housing Aid were already involved. Currently housed in refuge outside of area. Survivor’s dog unfortunately ended up in care of perpetrator. Although RCNW referred case to pets fostering through Helpline Katie was unable to confirm the breed of the dog and ensure safety of pet workers. Perpetrator’s sister, who had previously supported Katie, said she would feed dog but then gave dog to perpetrator. RCNW has ensured Katie’s property is not sitexed and her belongings secure. Housing have confirmed that a firm recommendation will be made following discussion with social worker and something should be in place by end of the week so in 2-3 weeks should Katie can expect a direct offer of suitable housing. Support continue with service providers.
CASE 3: CLOSED CASE BY RISE COMPLEX NEEDS WORKER

Referred through helpline. Housed in Central refuge. RISE Complex Needs Worker (RCNW) could not establish regular phone contact and relied on information sharing from Central Refuge. Baljit had support from Recovery in Nottingham (RiN) as she had no prescription when she arrived. Drugs worker came and RCNW accompanied her to RiN and met worker there for assessment for a script and began support. RCNW maintained RiN contact. RCNW maintained fortnightly attendance at Central Refuge in early stage of project. RCSNW said she looked at board to see if Central had any vacancies and noticed Baljit’s name was no longer there so she asked where woman was and was then informed that she had been evicted. RCNW lost contact for a while but recently received phone call from woman to confirm she was homeless in the county (Meaning RCNW couldn’t support) and had returned to perpetrator. RCNW provided Helpline number for county team for additional help. RCNW RCNW believes Baljit was lost ‘for too long’. Returned to perpetrator but still in contact with Opportunity Nottingham.