Response to Complexity

Improving Services for Survivors

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To take a coordinated 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 then evaluate it for needs assessment.
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:

- a) Access to specialist complex needs domestic violence support worker;
- b) Additional language translation and interpretation services;
- c) Health and welfare advice;
- d) Post-accommodation support after refuge in the community.
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

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

**PHASE 1**
R2C: 3 Phases (2016-2020)

1. Substance Misuse; Mental ill-health, English not a primary language

2. Emphasis on additional mental health provision/improving pathway

3. Additional partners: Deaf Society (Awareness Raising Outputs); Nottingham Women’s Centre (Therapeutic counselling service); Muslim Women’s Network (Bi-Lingual Freedom Programme).
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 DSVA 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.
Research & Methodological Challenges

**Mixed Methods**

- **Statistical Analysis** of demand for service and initial outcomes
- **Semi-Structured Interviews:**
  - Service Providers
    - Experience of practitioners
  - Service Users (Survivors)
    - Needs of survivors
    - Experience of accessing services and any barriers to engagement past & present
- **Content Analysis of Referral Forms**
- Participant Observation of R2C Steering Group Meetings

**Challenges & limitations**

- **Staff time**
- Tracking survivors across services / Avoiding double counted cases / Baseline
- Start of journey Vs outcome issues - Semi-structured interviews rather than survey.
- DBS Certificate - time.
- Flexibility in interviews
- Key worker presence
- Negotiating consent
- Data storage
- Transcription
- Thematic analysis
Indicators of R2C Success?

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.
Wrap Around Care

1. Services meet needs of survivors.
2. Survivor Voice is heard.
3. Improved Multi-agency working

IMPACTS (Info provision)
- Understand survivor experiences
- Empower Agencies
- Manage expectations
- Increase confidence & inter-agency understanding

IMPACTS (Advocacy, H&W, Financial)
- Efficient service delivery for survivor
- Survivor story telling reduced
- Widening service access
- Increase trust in services
- Awareness of welfare entitlements
- Settled accommodation support
- Ending unsuitable housing for survivors

Information Provision
Advocacy
Financial Support
Health and Wellbeing
KEY FINDINGS
R2C 1&2: Key Findings - Demand

**Support Type Provided to Survivors in R2C**

- **Refuge**: 25
- **Survivor Declined R2C Support**: 13
- **No contact made yet**: 16
- **Indirect contact**: 11
- **Direct contact**: 59

**Response to Complexity**

- **130**: Total Number of Referrals to R2C
- **124**: Total Number of Survivors accepted into R2C
- **119**: Total Number of Survivors Supported by R2C

*FEB 2018*
R2C: Overlap of Needs (Jan 2016-Feb 2018)
PHASE 1 & 2: Meeting Survivor’s Needs

- 82% of survivors referred into R2C have engaged with services
- 9 out of 17 survivors housed in Central Refuge now in settled accommodation
- 7% did not engage with services

R2C data continues to highlight the importance of commissioning appropriate time for services to work with survivors with complex needs.

<table>
<thead>
<tr>
<th>Length of time in R2C</th>
<th>Days</th>
<th>Days (outliers removed)</th>
<th>Working Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>169</td>
<td>161</td>
<td>32</td>
</tr>
<tr>
<td>Min</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Max</td>
<td>951*</td>
<td>498</td>
<td>100</td>
</tr>
</tbody>
</table>

*This includes one survivor who was in refuge prior to R2C start date but entered into the project.

With outliers removed the average length of time a survivor with complex needs was engaged with services was 7 months.
“A lot of the time in the past one of the big reasons why I would return because it felt safer when I was with [perpetrator]. He just took control of my food and everything like that it just felt kind of life was better when I was with him rather than being in the cycle of the eating and vomiting. So, when that started to happen and staff at the refuge felt that I was ready to move on, I knew I wasn’t and I thought if I get a flat in Nottingham and I didn’t know where I wanted to live, I still had so many like… I just wasn’t ready. I knew I wasn’t ready. I didn’t feel I was being heard. I thought that if I get a flat in this state plus I had made the decision so I didn’t know whether I wanted to return or be nearer [family and home town]. It just felt too much at that time. I still occasionally do have like ideas that, “well maybe it could work out” but then I discuss these issues with [RCNW]…like yesterday I was worried sick he might have killed himself because family told me someone was looking for me and I thought it was because of a card I’d sent saying that I couldn’t have any contact at all anymore for my own recovery.”
So, mostly, even if people drop out of the project once they’ve been referred to [RCNW], they’ve not gone completely because the wrap around is still there and eventually we do think that certain people, because now it’s there, they are almost a success because they know Isha now, they know that she’ll talk to us. They know. It’s kind of a semi-success because they have been engaged and they are highlighted (HHT, July 2016)
R2C Multi-Agency Working: Achievements

- WAIS Rise DSVA Complex Needs Specialist/ Within Refuge
- Increased awareness of roles & responsibilities of each agency
- Fostered respect for operational constraints
- Shared vision of survivor focussed service provision
- Skills & knowledge increase
  - Trauma Training: Prof. Steve Regal, Director of the Centre for Trauma, Resilience and Growth
  - Self-Harm: Dr Sarah Fairbank - Clinical Psychologist in the CATS team
  - Drugs Awareness: Eg. Naloxone, a drug that reverse opiate overdoses
- Reduction in number of inappropriate referrals / Survivor story telling
R2C Multi-Agency Working: Barriers

**Issues overcome during project**
- Negotiating access to survivors in refuge to provide HHT service
- Referral forms
- Identification of skills and knowledge gaps
- Emergency prescriptions for management of substance use.

**Increasing referrals into the project**
- Restructuring at Housing Aid
- Only 1 RCNW and caseload concerns
- Utilising Opportunity Nottingham

**Gaps in partnership working (agencies not in project)**
- Attitudes to survivors “non-compliant”
- Accessing GP services
- Lack of project visibility
- Limited acceptance of professional role being played by service providers (esp. with interactions with social workers)

“I think the main challenges are around how this client group are perceived by other services. I think there is still the concept of deserving and undeserving victims. Even within services that you think that shouldn’t be the case”. (Opportunity Nottingham, June 2016)
CONTINUED BARRIERS TO SERVICE (Service Providers)

- Austerity and organisational change
  - Limited capacity for creative engagement with survivors
  - Case load
  - Not lack of awareness but service role focus

- Project invisibility
  - Linked to reluctance due to project end

- Scope to increase # of referral agencies

- Need for greater involvement of secondary mental health services

- Hard to reach & managing risk of “pushing too hard”

- Continuous change in service landscape (Eg needle exchange services)
CONTINUED BARRIERS TO SERVICE (Survivors)

- Victim blaming / Experiences Minimised / Trauma misunderstood
- Gaps in provision relating to equality & diversity
  - Health: e.g. Cervical Screening
  - Disabilities
  - Mental Health support
  - English as second language - identification of additional barriers
- Refuge Space / Lack of Availability of Suitable Accommodation
- Not enough Women specific services
SUMMARY - Positive Outcomes of R2C

- **R2C Steering Group** - Leadership, Capacity and Influence
- **RCNW** - Professional skills aided survivors and service providers
- **Refuge space** - Central staff and physical space
- **Responsiveness to survivors’ needs** - HHT, trauma informed, needs based increased wellbeing of survivors.
Understanding “Complex Needs”

Victims/Survivors who experience multiple disadvantage and require a person-centred, trauma-informed approach *but experience barriers and challenges in accessing essential services*, which would enhance their safety, well-being and quality of life (Harris, 2017)*

<table>
<thead>
<tr>
<th>Protected Characteristics</th>
<th>Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Pregnancy</td>
</tr>
<tr>
<td>Disability</td>
<td>Race</td>
</tr>
<tr>
<td>Mental Ill Health</td>
<td>Religion</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>Sex</td>
</tr>
<tr>
<td>Marriage/Civil partnership (employment)</td>
<td></td>
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</table>

Complexity rests with service provision
IMPROVING SERVICE PROVISION FOR SURVIVORS OF DOMESTIC VIOLENCE WITH COMPLEX NEEDS

Economic & Social Research Council (ESRC)

University of Nottingham

If that abuse really happened, he would have been charged

You must go to church, they will help you

You are making me feel uncomfortable I don’t want you interpreting

If the refuge is full, you can come to our refuge but you must not drink!

But why did you go back to him?!

I don’t want to offer her support because of funding cuts

ALIVE: A LIFELINE

I feel healthier. I feel well. I’m no longer passed from pillar to post.

I know who I can trust, my key worker introduces me

It wasn’t always like this

They respond to me as a person Finally I am being listened to

VOICE: ENABLED

The value of a Steering Group approach: co-ordinated, multi-agency

Survivors not having to repeat their story & not falling through the net

Responsiveness to Complexity (R2C)

Complexity of barriers, services & needs

Understanding survivor experience

Partners gain knowledge of each other’s skills & responsibilities along with increased understanding & empathy relating to challenges

A platform for survivor voice & action

Reduction in inappropriate referrals

Improved access to health services

Quality engagement: survivors & staff

Women more visible: with better lives

TRUST

Trust

Equation

You can come to our refuge but you must not drink!
What works well?

Practice

- Effective Multi-Agency Partnership Working
- Hearing Survivor Voices
- Independent Academic Evaluations

Services

- Dedicated domestic abuse complex needs specialist support workers
- Refuge Provision
- No (or increased) time limit to service provision
- Person centred: innovative ways of working

Structures

- Steering or commissioning groups that have extensive knowledge of available services in the area.
- Prevention of “re-inventing the wheel”
Suggested Improvements (2018)

- Support for R2C model
- Co-located services to foster attitude survivors are everyone’s responsibility/Foster institutional empathy
- Implementation of national/good practice guidelines with flexibility to be tweaked locally
- Improve Commissioner’s understanding of trauma informed approaches
- Swap training for free between services/secondments
- Integrate DSVA into all other commissioning
- Flexibility for service provision
- Preventative work resourced
- Focus on perpetrators
- Dedicated specialist workers
- Increase partnerships (through training & respect of specialisms)
- Have realistic outcomes for survivors who have experienced multiple disadvantage
- Avoid labelling by utilising staff knowledge to fill gaps in services
R2C Policy Relevance

- VAWG
  - ‘...working toward new forms of services for victims with the most complex needs as too often they are turned away from services. We want to see innovation and creativity to ensure these vulnerable women get the help they need’ (HM Gov., 2016:32)

- PCC Strategic Priorities “targeted provision is available, effective and focused on those most vulnerable to victimisation and offending”.

- Placing R2C in national context.