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Response to Complexity: Survivors of Domestic Abuse with “Complex Needs”

Research Summary Report for Nottinghamshire Office of Police and Crime
Commissioners’ Women’s Safety Reference Group

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1. Evidence Base

The evidence underlying this submission originates from two years of qualitative and quantitative research conducted by Dr Lyndsey Harris.

1.1 Response to Complexity (R2C)

- 1.1.1 This began with a mixed-methods evaluation of a Department of Communities and Local Government (DCLG) 6 month funded project 'Response to Complexity (R2C)' which sought to provide a coordinated response to support survivors of domestic and sexual abuse with complex needs (Defined as: mental ill-health, substance misuse including alcohol and/or dual diagnosis) in Nottingham City. This included the provision of 4 bed spaces in refuge and wrap around service provision which centred on a specialist domestic violence worker who had experience working with survivors with 'complex needs' and dual diagnosis.
- 1.1.2 The research methods for R2C have included: semi-structured interviewing of survivors and service providers; statistical analysis of the demand for service (including the volume of survivors who accessed the service and initial outcomes of the service provided by the project based on information held on Women's Aid Oasis OnTrack system and service providers sharing outcome data); content analysis of refuge referral forms and participant observation of R2C Steering Group meetings.
- 1.1.3 This research was published: Harris, L. (2016) *Evaluation of Response to Complexity (R2C)*. Project Report: [10.13140/RG.2.2.16200.93447](https://doi.org/10.13140/RG.2.2.16200.93447). University of Nottingham, Nottingham.
- 1.1.4 R2C Phase 2: R2C Steering Group were successful in securing additional funding from DCLG to continue R2C work and Harris committed to evaluate the project. The current project funding is due to end March 2018. To date there have been 130 survivors referred into R2C and only 7% have dropped out of service.

1.2 Additional research

- 1.2.1 Qualitative interviews with 4 other local authority recipients of DCLG funding and providers of service for survivors with complex needs.
- 1.2.2 Qualitative interviews with survivors who experience multiple disadvantage (To date n=25).
- 1.2.3 Autoethnography of supporting a survivor with complex needs through the criminal justice system in Cheshire.
- 1.2.4 Working towards an agreed definition/understanding of "complex needs" in relation to survivors in the local area (Harris, 2017: see discussion below).
- 1.2.5 Focus group workshop with Nottingham City employees reporting R2C and exploring barriers and challenges for participants when working with survivors with "complex needs".
- 1.2.6 Publication forthcoming based on the R2C research in Themed Issue on Domestic Violence: New Developments in Policy and Practice in Europe titled 'Responding to Complexity: Improving Service Provision for Survivors of Domestic Abuse with 'Complex Needs' in *Journal of Gender Based Violence* (publication expected 2019).
- 1.2.7 Forthcoming one day workshop event with Equation *Improving Services for Survivors with "Complex Needs"*. 19th June 2018. This will include facilitated workshops with commissioners, survivors, academics, public sector managers and practitioners. An invitation is being sent to Baroness Hilary Armstrong to chair a plenary session.



2. What is “complex needs”?

There remains no consensus in defining what is meant by “complex needs”. This mainly relates to the diversity of needs and the intersectionality of issues that can result in a survivor’s experience being considered complex. Nationally funded projects addressing ‘complex needs’ include efforts to improve support for survivors who have two or more needs (of which domestic abuse might be one) in a variety of contexts including, for example: specialist ‘complex needs’ refuge provision; funding of specialist support workers (often centred on one particular need identified as being required locally e.g. mental health, substance misuse, legal advice); programmes of support within Women’s Centres. The emphasis has been on engaging survivors with services to provide additional support.

2.1 All Party Parliamentary Group (APPG) Complex Needs

DEFINING COMPLEX NEEDS

- A person with ‘complex needs’ is someone with two or more needs affecting their physical, mental, social or financial wellbeing.
 - Such needs typically interact with and exacerbate one another leading to individuals experiencing several problems simultaneously.
 - These needs are often severe and/or long standing, often proving difficult to ascertain, diagnose or treat.
 - Individuals with complex needs are often at, or vulnerable to reaching crisis point and experience barriers to accessing services; usually requiring support from two or more services/agencies.
- Someone described as having complex needs will have (although not limited to) a co-morbidity of two or more of the following:
- Mental health issues
 - Substance misuse issues
 - A dual diagnosis of mental health and substance misuse issues
 - A physical health condition
 - A learning disability
 - A history of offending behaviour
 - A physical disability
 - Employment problems
 - Homelessness or housing issues
- Family or relationship difficulties
 - Domestic violence
 - Social isolation
 - Poverty
 - Trauma (physical, psychological or social)
- These needs are often severe, long-standing, difficult to diagnose and therefore to treat. Ongoing inequalities continue to exist and are only likely to increase as people live longer with a wider range of needs.

http://www.turning-point.co.uk/media/636823/appg_factsheet_1_-_june_2014.pdf)

2.2 Reluctance using terminology “complex needs”

There is understandable resistance in some sectors to labelling survivors who experience multiple disadvantage as having “complex needs”. This relates to a variety of factors including:

- a) Wishing to avoid creating a ‘hierarchy of needs’ that might result in funding for essential services being directed towards *some* rather than *all* survivors.
- b) Contributing to victim blaming discourse by focusing on victim precipitation i.e. unintentionally facilitating the labelling of survivors with complex needs as being ‘problematic’.



c) Lack of utility in the terminology for service providers in multi-agency partnership working as the intersectionality of needs could be far reaching i.e. different interpretations of complexity across services.

2.3 Complex Needs and Intersectionality

- 2.3.1 R2C revealed that there was different understanding of the term ‘complex needs’ across the statutory and voluntary sector. This often meant that some services which would be suitable for survivors with multiple disadvantage are inaccessible due to a defined criteria of eligibility.
- 2.3.2 This led to efforts to reconsider “complex needs” in the context of protected characteristics and issues that intersect to disadvantage survivors/victims. It is argued that when discussing victims/survivors with complex needs this should be understood as:
‘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).
- 2.3.3 This definition is not gender specific as the focus is on the terminology ‘complex needs’. However, the emphasis on a person-centred approach supports the requirement for a gendered approach to understanding and responding to domestic and sexual violence and abuse. It draws upon the need to identify how protected characteristics¹ (Equality Act 2010) and issues² intersect to create additional barriers for survivors. This intersectionality needs to be considered in the commissioning and implementation of service provision for survivors of domestic violence and abuse.
- 2.3.4 It was reported that “complex needs” better reflects the nature of the barriers survivors were experiencing and was certainly preferable to the stigmatizing language of “toxic trio”. Additionally, understanding complex needs in relation to intersectionality of issues and protected characteristics facilitates a movement away from a medicalised model of recovery and enables survivors’ agency.
- 2.3.5 Multiple disadvantage captures the number of things which are working against a survivor. Complex needs encapsulates and emphasizes the responsibility on commissioners, service providers and multi-agency partnerships to recognize how their services might facilitate a person centred approach to address any wider barriers to essential services. It is recognised this is a difficult task (is *complex*) for service providers as service provision in one area may unintentionally have a negative impact upon the survivor in other areas of their life.

¹ Age; Disability; Mental health; sexual orientation; marriage/civil partnership (employment); pregnancy; race; religion; sex

² Issues identified within research include: substance misuse; forced marriage; female genital mutilation (FGM); social care; socio-economic status; no recourse to public funds; “honour” based violence (HBV); English as a second language



3. R2C Update

Additional funding for R2C was obtained from the Department for Communities and Local Government (DCLG). Funding ends in March 2018.

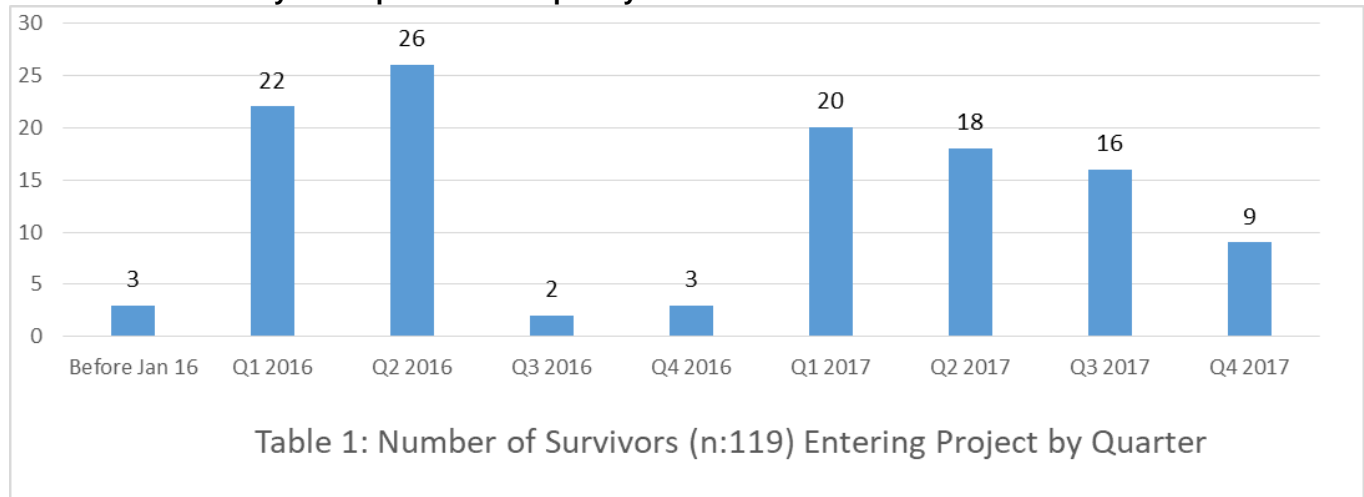
3.1 Response to Complexity Latest Data

3.1.1 Currently working with a combined dataset of 130 survivors covering both phases of R2C from January 2016 – February 2018.



This includes original R2C evaluation data provided from OnTrack and NCWA data.

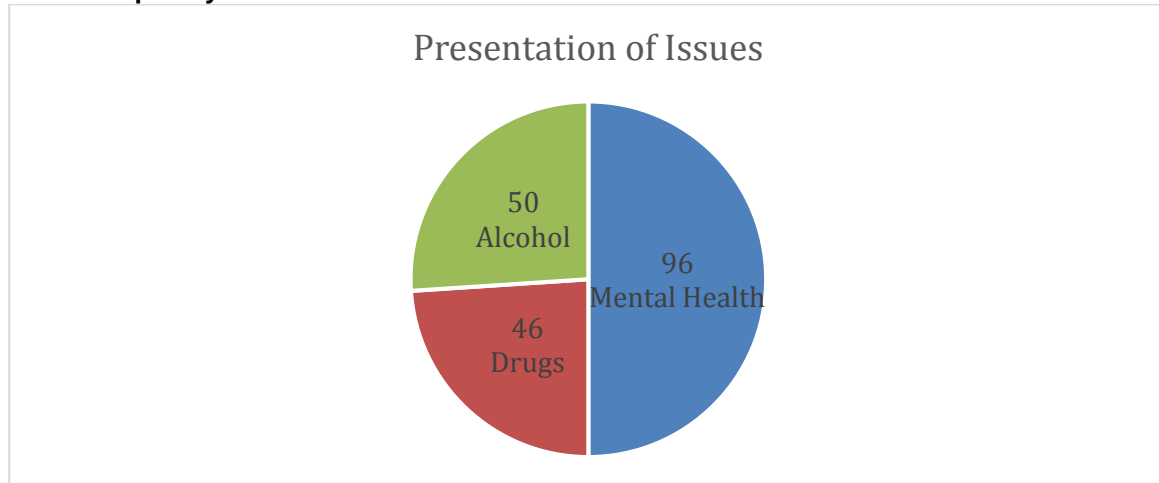
3.1.2 Survivor Entry in Response to Complexity:



Q2 and Q3 reflect the uncertainty of funding and continuation of the project.



3.1.3 Complexity of Issues

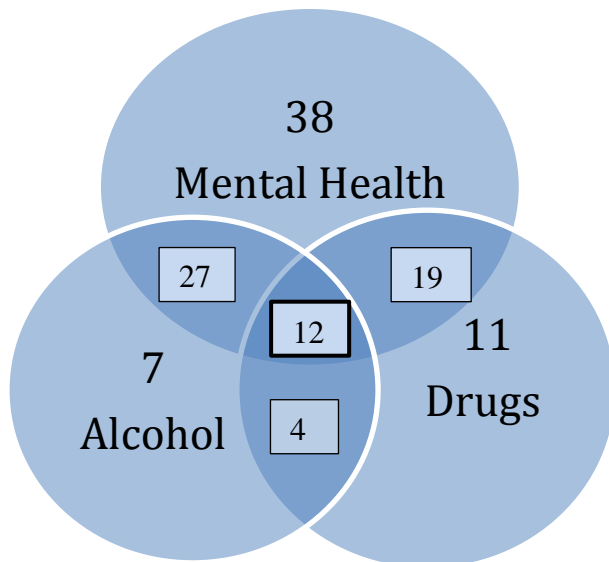


The above chart shows how many *issues* survivors presented with not the number of survivors.

Mental health continues to be the highest presenting issue although it should be noted that it is recognised this is a very broad category. In the published evaluation (Harris 2016:14) the breakdown of issues was very similar (Mental Health 38; Drugs 16 and Alcohol 20).

3.1.4 Overlap of Needs

The overlap of needs continues to highlight the complexity of survivors who have been referred into R2C.



N = 118



3.1.5 Early Indication of Outcomes³

There is a high level of success in engaging survivors with service provision:

- a) 82% of survivors [n = 117] referred into R2C have been engaged with services (regular and irregular⁴)
b) 9 out of 17 survivors who were housed in Nottingham Central Womens Refuge were now in settled accommodation.
c) 7% [n=117] of survivors did not engage with services.
d) There remain a small number of survivors who are deemed "too complex" for refuge and are unable to be supported in this way through R2C.

3.1.6 Length of time

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

Table with 4 columns: Length of time in R2C, Days, Days (outliers removed), Working Weeks. Rows include Average, Min, and Max values.

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

With outliers removed⁵ the average length of time a survivor with complex needs was engaged with services was 7 months.

3.2 Future for R2C

- 3.2.1 It is important to note that the number of survivors entered into R2C does not reflect overall demand for service from survivors with complex needs. The R2C Steering Group is currently examining data for Nottingham.
3.2.2 R2C Steering Group are now exit planning.

4. What Works Well?

4.1. Practices

4.1.2 Effective Multi-agency partnership working

Research has highlighted that when there is a coordinated approach to service provision for survivors with complex needs this improves the quality of service provided. In the R2C project led by a steering group the results have included:

- a) Increased cooperation and awareness of constraints of partner agencies.

3 The agreed outcome measures for R2C included survivor in settled accommodation and/or engaged with services on a regular or irregular basis.

4 Regular engagement included direct contact with the survivor on a regular basis (face to face or telephone); irregular engagement included support provided to survivor when survivor was in crisis and contacted support worker for assistance.

5 Outliers removed included survivors who were unable to stay in refuge or area due to location of perpetrator so moved out of area in the same day and the survivor who had been in refuge prior to the project start date.



b) Ability to highlight training needs and provide access to additional training for all stakeholder partners.

c) A reduction in the number of inappropriate referrals between agencies and the number of times a survivor has to 'tell their story'.

d) Survivors reported that they were no longer being "passed from pillar to post" without getting anywhere.

4.1.3 **Hearing Survivors' Voices**

A significant finding across all of the body of research is the willingness of survivors to discuss their experiences and be at the centre of improving services. This means that service providers who are responsive to survivors' voices are able to ensure a service meets their need rather than the woman being made to meet the needs of the service.

4.1.4 **Independent Academic Evaluations**

Whilst the direct effect on improving services for survivors with multiple disadvantage is minimal, the indirect impact of independent academic evaluations is that such evaluations provide high quality research and an evidence base, which can assist the decision making.

4.2 Services

4.2.1 **Dedicated complex needs specialist support workers**

Where there are dedicated specialist support workers that can offer support to survivors (in refuge or as part of wrap around care) this results in a more positive experience of services and survivors are more likely to remain engaged in service. These are survivors who by the nature of their multiple disadvantage may have previously remained invisible to services or unable to engage.

4.2.2 **Specialist support workers also have an important multi-agency partnership function**

The use of specialist workers allows others agencies who may need to work with the survivor to benefit from specialist knowledge (Harris, 2016).

4.2.3 **Refuge Provision**

There is a demand for increased bed space for survivors with complex needs (Harris, 2016). In addition, there is no agreement in different local authority areas what that provision should look like (shared accommodation or single units). However, what is clear is that where refuge is provided survivors are more likely to engage and have access to valuable services.

4.2.4 **No (or increased) time limit to service provision**

As outlined in 3.1.6 above R2C illustrates what can be achieved when time limited provision is reconsidered. This was also reported in other local authority areas.

4.2.5 **Services that are person centred**

As outlined above and in Harris (2016) where services meet the need of the survivor and include innovative ways of working, survivors report increased confidence and empowerment.

4.3 Structures

Steering groups or commissioning groups that have extensive knowledge of available services in the area can facilitate the coordination of an effective approach to improving service provision for survivors. This prevents 'reinventing the wheel' and reduces competition for funds.



5. What is not working well?

5.1 Funding

5.1.1 Lack of long term secured funding

R2C highlights the challenges that many of the local authorities identified when interviewed: the short term funding of projects like R2C or specialist support workers provides a lack of certainty. This means that when funding for a project is near to an end services are reluctant to refer survivors or key individuals are no longer able to work specifically with survivors in a person centered, needs based approach and they are pulled back into the mainstream standard ways of working. This is evidenced by the survivor entry into R2C in quarter 3 and quarter 4 of the project the number of referrals dramatically reduced as an extension to funding was not guaranteed. Many refuges are particularly affected by this as they have employed specialist workers on fixed term contracts so to facilitate any further work they must find additional funding for these posts. This affects: job security of support workers; threatens to undo the good work achieved in encouraging survivors with complex needs to engage with services (often through word of mouth); creates uncertainty in the local area of available service provision.

5.1.2 Commissioning Processes

There is a gap in the evidence regarding how commissioning decisions are made. It was reported by interviewees that due to austerity some specialist services are unable to compete for service contracts and generic support services are winning contracts.

5.2 Services

5.2.1 Postcode Lottery

Survivors reported being uncertain of support available in areas or, indeed, confirmed that there was no service provision for survivors with complexity of needs (particularly mental health and substance misuse). Some survivors with visual impairment and physical disabilities were required to travel via train from towns to access services in their area in larger cities.

5.2.2 Witness care and criminal justice

There is insufficient support for survivors with complex needs within the criminal justice system. In the autoethnographic study one survivor who had a visual impairment was not given sufficient time to have her witness statement read to her before giving evidence in magistrates.

5.2.3 Reporting Crime

Additionally, more training is required with policing relating to gathering evidence with survivors with additional mental health needs and multiple disadvantage (especially English as a second language). Far too many survivors I have interviewed disclosed that when they felt able to report their case (once in refuge or out of area) to the local police force they were advised to go back to the area they had fled to report the abuse. This is not correct policing procedure.

5.2.4 Lack of suitable mental health services

There is a significant lack of available services for survivors with dual diagnosis (Harris, 2016:24).

5.2.5 Victim blaming within services

Research to-date has confirmed there continues to be a lack of understanding of the trauma experienced by survivors of domestic abuse. This often results in the survivors with multiple disadvantage being labelled as a “non-compliant individual” when they cannot engage with service providers (Harris, 2016:23). Additional training is required.



5.2.6 **Too Complex**

It remains the case that even with refuge space to house survivors with complex needs some survivors are more disadvantaged than others in being able to access services. This is particularly true of survivors who have a criminal record for arson. Housing remains an issue.

5.2.7 **Availability of suitable accommodation**

Survivors who experience dual diagnosis will often be placed in unsuitable (often hostel) accommodation where they will be exposed to further abuse due to their substance use or mental health.

5.2.8 **Accessing GP/Healthcare Services**

Survivors with complex needs who enter refuge in a new geographical area have reported struggling to find a GP who will prescribe mental health or substance related medication to a survivor without receiving the survivor's medical history. This can dramatically impact on the health and wellbeing of survivors.

5.2.9 **Time limited services/Services not meeting the needs of the woman.**

As illustrated above survivors with multiple disadvantage may require a longer time within service to facilitate engagement, to build up trust and to work on the complexity of issues presented. Too many services are time limited across England and Wales.

5.2.10 **Need for a common language**

Research across different local authorities and as a part of the R2C project reveals there are different understandings of the term "complex needs" across the statutory and voluntary sector. This often means that some services that would be suitable for survivors with multiple disadvantage are inaccessible due to defined criterion of eligibility.

6. Future Research

6.1. **Longitudinal Study**

There are significant gaps in data available but it would be useful to have a sustained longitudinal study of service provision for survivors with complex needs. This would enable a national and international comparative approach to improving services for survivors with multiple disadvantage. At a local level I remain committed to research in this area and will continue with R2C evaluation and associated projects. This will include survivor experiences and additional research regarding barriers and challenges facing services who are working with survivors with multiple disadvantage (For example: austerity, Brexit, local governance).

6.1.2 **Criminal Justice and Victim Support for Survivors with Complex Needs**

There is a gap in research exploring the experiences of the criminal justice system for survivors with complex needs. If the Home Office's VAWG strategy of increasing reports and decreasing repeat reports is to be realised then attention must be given to how survivors with complex needs are supported in reporting criminal offences.