



# MAPPING THE MAZE

Services for women experiencing multiple disadvantage in England and Wales

## EXECUTIVE SUMMARY

## 1. Introduction

Mapping the Maze was established by AVA (Against Violence and Abuse) and Agenda, the alliance for women and girls at risk, and funded by the Barrow Cadbury Trust to map the provision of services for women across the different sectors of substance misuse, mental health, homelessness, offending and complex needs across England and Wales. It complements work done by others mapping services for women experiencing domestic and sexual violence. The focus of this research was on how other sectors respond to women's needs, acknowledging that many women experiencing multiple disadvantage will also have experienced gender based violence.

The report highlights the gaps in provision that exist and proposes a model for good practice in services for women facing multiple disadvantage.

## 2. Methodology

The information for the mapping section report was gathered through Freedom of Information requests, a voluntary sector survey and internet searches including relevant databases. The development of the Mapping the Maze model was informed by the literature review, consultation with women with experience of multiple disadvantage and interviews with a range of relevant professionals.

## 3. Key findings

- In only 19 areas of England and Wales (out of 173) are there services for women that address all of the following issues: substance misuse, mental health, homelessness, offending and complex needs
- All but nine areas of England and Wales had at least one of these services for women
- Most services address single issues (e.g. substance misuse or mental health) which can see women being passed around services and unable to access holistic support addressing the range of needs they have
- There is significant variation in support across England and Wales, with some areas having a wide spectrum of support while others appear to have no support at all for women facing multiple disadvantage. There is wide variation in support across sectors, which is addressed in more detail in the specific sections of this summary
- More than a quarter of all support for women facing multiple disadvantage is for pregnant women or those with a young baby. There are only a tiny number of services specifically for Black and Minority Ethnic women facing multiple disadvantage and none identified specifically for LBTQI, those with disabilities, or for refugees and asylum seekers

## 4. Findings by type of provision

### 4.1 Substance Misuse

- Less than half (49.0%) of all local authorities in England and only five unitary authorities in Wales (22.7%) report substance misuse support specifically for women
- A weekly women's group within a generic service is one of the most common type of substance misuse support found across England and Wales
- An equally common type of support for women affected by substance misuse in England was a substance misuse midwife and this was the most common type of support reported in Wales

### 4.2 Mental Health

- 104 English local authorities and five Welsh unitary authorities provide support for women experiencing mental health problems
- Most mental health support identified (55.1%) is for pregnant women or women who have recently given birth
- There was a notable resistance to taking a gendered approach to mental health services from several clinical commissioning groups. A typical response was: "the CCG works equitably on behalf of its whole population and does not commission services specifically for women". When women who are pregnant or new mothers are excluded, there is very little gender specific support for women experiencing mental health problems

### 4.3 Homelessness

- Refuge provision was the most commonly reported type of homelessness provision for women
- Only 57 local authority areas in England and two unitary authorities in Wales were found to provide accommodation specifically for women that is not a refuge
- Many refuges are either unable to provide support to women experiencing multiple disadvantage or have limited capacity to do so. This leaves women experiencing multiple disadvantage who are homeless with very few women-specific safe options

#### 4.4 Offending

- Services for women involved in the criminal justice system was found in 64.2% of English local authorities and 40.9% of Welsh unitary authorities
- The most common type of support for women in this category for which evidence was found in the study was gender-specific provision for women under probation supervision

#### 4.5 Other Complex Needs Support

- Less than a fifth of services (18.0%) did not fall neatly into the four support domains of substance misuse, mental health, homelessness and offending
- The most common types of 'complex needs' service identified were women's centres and support for women involved in prostitution

## 5. What constitutes a good service for women experiencing multiple disadvantage

The second part of the project focussed on identifying what constitutes a good service for women experiencing multiple disadvantage. This was arrived at through a literature review, a consultation with women using a range of services and interviews with key stakeholders with relevant experience.

The key findings from the literature review were that the values and approaches underpinning service delivery are as important as what is actually delivered. Much of the literature emphasised the benefits of a trauma-informed approach and the need to address the psychological impact of trauma in service delivery. The most effective model of service delivery was found to be that which is holistic, addresses the multiple needs of women and is offered in a women-only space.

These principles were also highlighted by the women who took part in the project. They felt that caring people and relationships were at the heart of the best services.

They also emphasised the importance of having ongoing access to services and longer term, flexible support as a safety net for the future. A typical comment was:

*"It's really frightening, like where do you go from here [after the support ends]?"*

Also highlighted was the importance of being heard and understood. Women spoke about how supportive it was to be around women who had been through similar situations. Women also emphasised getting the balance right between advocacy when it is needed and being empowered to build their own voice.

*"[My keyworker] genuinely gave a shit about your life. She knew what you were doing, what you are interested in. She took the time to get to know you as a person and not just a case."*

*"Sometimes you don't like to ask for help, so sometimes someone making a suggestion, not being told...it helps, a gentle push, your voice can be heard. So it's easier to ask now."*

The interviews with professionals echoed many of the themes emerging from the literature review and the consultation with women. They emphasised that accessibility is key - both in terms of location (going to the women rather than expecting them to come to you) but also immediacy (i.e. not operating waiting lists). Alongside this is an understanding of the long-term, fluid nature of intervention and recovery for this group of women and having the scope and capacity to "support someone gently when they bob in and out".

A strengths-based approach was seen as important, supporting women to recognise their own resilience in persevering despite all the difficulties life has thrown at them. Some interviewees felt that services and practitioners still needed to move further to shift their approach from being "fixers" to being "catalysts", focussing on abilities rather than problems.

The difficulties identified in delivering good and effective services were overwhelmingly structural in nature, with funding cuts and contract requirements being the most commonly discussed issues. Local authority commissioners' poor understanding of what women experiencing multiple disadvantage want and need was highlighted in particular.

Three overriding points came out across all three areas of study:

- The unanimous belief amongst the women consulted that specialist women's services are the best way to meet their needs
- That it is not easy to pinpoint exactly what makes women's services better - and that for the best services it is often about the culture of the service and the staff rather than any one specific element of service design
- That specialist services for women experiencing any sort of disadvantage are woefully underresourced

## 6. The Mapping the Maze Model

The Mapping the Maze model is a framework of good practice for developing interventions and services for women experiencing multiple disadvantage. It draws on the evidence of the literature review, as tested in consultation with women with lived experience and professional stakeholders.

**Organisational ethos:** commitment to delivering gender-responsive services and interventions. This means:

- having specialist knowledge of women's lives and experiences
- recognising multiple disadvantage, including diversity issues
- understanding inter-related needs requiring individual holistic care
- recognising the impact of trauma, particularly in terms of violence and victimisation
- accepting women - viewing behaviour as adaptation and resilience rather than symptoms and pathology

**Safe and enabling environment:** provision of support in places where women feel safe and welcome. This means:

- women-only spaces
- physical safety, particularly when women may be affected by violence and abuse
- prioritising emotional safety that minimises the risk of re-traumatisation
- an environment that promotes dignity, self-respect and wellbeing

**Approach to working:** how interventions are delivered is as critical as what support is facilitated. This means:

- safety, respect and acceptance are paramount
- trust is a key priority, built through consistent relationships
- working with the individual, including being culturally competent
- building on strengths and ways of coping
- enabling choice and control, which in turn builds self-efficacy
- collaboration - building a plan with a service user not for, and working with other agencies
- offering time and flexibility

**Organisational practice:** structures are in place to enable gender-responsive interventions. This means:

- recognising challenges of working with women experiencing multiple disadvantage
- providing sufficient staff support - informal and line management/clinical supervision
- continued staff development
- engaging with partners to develop integrated multi-agency responses
- challenging and working to eliminate causes of women's multiple disadvantage
- being aware of the need to develop cultural competence and address issues relating to intersectionality

## 7. Conclusion

All of the evidence from Mapping the Maze points to a need for significantly improved support for women. Women experience multiple disadvantage in different ways to men. In particular they are more likely to have experienced extensive abuse and violence, with the trauma impacting across their lives. The absence of well-resourced and easily accessible services that are joined up leaves the women delivering and using support services exhausted, burnt out, fed up and unsure of the future. Without a clear commitment from central government to lead change across the board, the message will keep being sent that the responsibility for women to successfully navigate their way into, through and out of the bewildering maze of services lies with the women themselves.

## 8. Recommendations

There needs to be step change in how we support women experiencing multiple disadvantage across the piece, from central government to local service deliverers, to ensure that women get the support they need and deserve.

### National Governments

From the governments of England and Wales, we call for:

#### 1. A cross-government approach to women experiencing multiple disadvantage

A high level of political will from across government departments is required to ensure that the specific needs of women are addressed in relevant areas of policy and funding programmes. There is a clear need for a national champion on this issue and for there to be a minister at cabinet level responsible for driving forward cross-departmental work.

#### 2. Central government funding streams that are gender- and trauma-aware

A significant amount of funding for services that women would benefit from originates with central government. Central government should, in its tendering and bid documents, do far more to actively encourage bidders to show that they have taken into account the need for trauma-informed and gender-responsive services.

#### 3. A cross-departmental funding stream for services to support women experiencing multiple disadvantage

We are calling for a cross-departmental funding pot for services supporting women experiencing multiple disadvantage. This would help to overcome some of the silos created by current funding streams and incentivise the development of joined-up, holistic, gender-informed services.

### Commissioners

We call on commissioners at a local level to:

#### 4. Adopt the Mapping the Maze model

The model offers a framework for how services should be delivered and could be incorporated into the tendering process with bidders being asked to evidence how they would meet each of the points in the model.

#### 5. Be gender aware

It is clear that specialist women's services are generally better placed to meet the needs of women than generic providers. All commissioners should also be aware that the provision of services designed specifically for women does not breach the Equality Act 2010.

#### 6. Promote trauma-informed services

Services being trauma-informed was found in this project to be as important as being gender-sensitive. Commissioners are encouraged to adopt the principles set out in the Mapping the Maze model as this is both trauma-informed and gender-sensitive.

#### 7. Commission for quality

Commissioners must recognise that reducing salaries and increasing staff workloads impedes valued support and ultimately costs the state more as services are less likely to be effective. Commissioning practices must not drive this counterproductive race to the bottom.

#### 8. Enable long-term support options

Complex lives need flexible solutions. Tenders need to build in flexibility to allow successful providers to deliver the right support for service users even when it does not fit neatly with short-term targets.

#### 9. Empower women to participate in the commissioning cycle

Engaging with women in developing the specification for commissioned services is absolutely key. This enables commissioners to be sure that the tender that scores the highest will be the one that best meets the needs of service users.

#### 10. Practice joint commissioning

Joint commissioning is essential for enabling holistic service provision. Beyond this, commissioning across localities would enable the provision of services in areas that otherwise may not have sufficient demand for a specific service.

#### 11. Improve access to services

Commissioners need to consider how they can build ease of access into the design of tenders, e.g through the creation of posts aimed specifically at helping women navigate the system or asking bidders to show how they will ensure ease of access to services.

### Service Providers

We call on service providers to:

#### 12. Adopt the Mapping the Maze model

Service providers are encouraged to take time to understand what being gender-responsive and trauma-informed means and to reflect on the extent to which their organisation and the services they provide are as informed as they could be.

#### 13. Speak to women directly

Involvement of women with lived experience is key in developing services. Women want to be listened to not only in terms of their own individual support but in order to improve services for other women.

#### 14. Create a trauma-informed culture

This research clearly points to the importance of an organisation's culture being trauma-informed. A whole organisation approach can deliver significant improvements for women as well as enhancing the skills of staff.

#### 16. Commit to providing holistic women-only support

Where commissioning does not incentivise the provision of holistic women-only support, service providers should still seek to deliver this. This may involve thinking creatively about how to carve out a genuinely women-only space within an otherwise mixed-gender service or how to allocate staff to provide a women-only service.

#### 17. Build strong partnerships

Service providers should seek to form more partnerships across disciplines to enable more woman-centred, joined-up working even where this means going to multiple funders to fund the service.



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AVA, Fourth Floor, Development House, 56 - 64 Leonard Street, London, EC2A 4LT

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[www.avaproject.org.uk](http://www.avaproject.org.uk) @avaproject

Agenda, 18 Victoria Park Square, Bethnal Green, London, E2 9PF

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