

BSWA

Birmingham & Solihull Women's Aid

Places of Safety

Birmingham and Solihull Women's Aid
Home Options Hub Pilot: Independent
Research and Evaluation Project



By Thea Raisbeck, HCRG, University of Birmingham

Introduction by Maureen Connolly, CEO of Birmingham and Solihull Women's Aid

Fundamental to ensuring the safety of women and children living with domestic abuse is an effective and timely housing response. When we began our Housing Options Hub pilot, in partnership with Birmingham City Council, we were well aware of the significance of that “front door” to housing and knew we had to get that right for women and children.

Commissioning a women's and children's domestic abuse Hub set up an expectation that something different would be created, otherwise why do it? This meant thinking not only about what we did, but also about the how. We had almost 40 years of listening to women and developing support services founded on their needs and concerns. How could we make that work for a process driven service, and balance our women-focused approach with navigating the necessary paperwork and systems to secure the right housing option? Crucially, could we understand and then demonstrate the impact of the “how” on women's experiences and outcomes within the service.

This evaluation, then, needed to be embedded within the service, to really understand the full experience of women and children coming into the hub, what they brought with them and what they left with, and all that happened in between. Women's voices had to be heard, interpreted, and understood throughout the evaluation, feeding back into the development of the Hub, and informing future commissioning. It also needed to understand wider systems, and how the hub fitted into, and sometimes exposed, processes designed to focus on housing but not necessarily in the context of domestic abuse.

We believe our Hub model can make a significant difference by providing a ‘space for action’ at a key point in women's decision making about their own future, and that of their children.

We hope this report will be a key contribution to driving the policy and systems changes needed both locally and nationally.

Maureen Connolly
CEO, Birmingham and Solihull Women's Aid



Introduction by Sharon Thompson: Cabinet Member for Homes and Neighbourhoods, Birmingham City Council

The Home Options is the first of its kind in the country and has demonstrated a valuable and much needed initiative, providing a specialist approach and 'pathway' for women and children at risk of, or experiencing homelessness due to domestic abuse.

Domestic abuse is a complex and serious issue, both nationally and locally here in Birmingham, and remains one of the leading causes of statutory homelessness. It has a profound and long-lasting impact upon the safety, health and wider life chances of women, children, and families; which can often lead to further crisis such as homelessness and financial exclusion.

Birmingham already has a strong history of working in partnership to tackle homelessness. The Birmingham Homelessness Prevention Strategy 2017+ and Domestic Abuse Prevention Strategy 2018-2023, recognises the fact that no single organisation can prevent homelessness or tackle domestic abuse alone.

This report helps build up an evidence base to prevent and relieve homelessness for women and children experiencing domestic abuse and demonstrates how preventing homelessness and domestic abuse requires a co-ordinated, whole systems approach, to ensure women and children get the best and safest outcomes. All this is made even more challenging in the midst of a national housing crisis, austerity, and the effects of welfare reform.

The lived experiences of women accessing and being supported by Hub will help to inform any future service delivery, and the wider report will help to contribute to the ongoing discussions in the area of domestic abuse; helping to effect local and national policy and practice change.

During the Covid-19 pandemic, and lockdown in particular, we have seen the detrimental impact this has had on women and children experiencing domestic violence, leading to increased demand on the Hub, which has remained open and continued to provide advice and support for those at risk throughout these unprecedented times.

The importance of staying home to help stop the spread of COVID-19 will have had an adverse impact on a great number of those suffering domestic abuse, with lockdown resulting in victims having to spend more time with perpetrators and fewer opportunities to seek help.

Sharon Thompson



About Birmingham and Solihull Women's Aid

Women and children are at the heart of our vision. We believe that violence against women and children is a violation of human rights and work to ensure that they can live free from violence, abuse, and fear.

We support women and children affected by gender-based abuse including domestic violence, rape, sexual assault, female genital mutilation and forced marriage. We believe that women and children have the right to live free from violence, abuse, and fear. We provide:

- A helpline and webchat facility
- Community-based and central drop-in services
- Safe, emergency accommodation through six refuges
- Home Options Hub
- Outreach support in the community
- Help with criminal and civil legal proceedings
- Counselling
- Family support
- Training for professionals including the Police, Health, Social Care and Education
- Awareness raising work with children and young people

We work in close partnership with agencies such as housing and the police to ensure the best outcomes for women and their children. Our one-to-one, tailored support services deliver long-term, positive outcomes for women and their children by addressing all of their needs including poverty, debt, homelessness, housing, legal issues, health and wellbeing.

We engage strategically and are represented on the Violence Against Women Board, Birmingham Community Safety Partnership and Birmingham Local Safeguarding Children's Board.

About the Author

Thea Raisbeck is an Honorary Research Fellow within the Housing and Communities Research Group at the University of Birmingham and the Research and Best Practice Lead at Spring Housing.

Acknowledgements

Enormous thanks must go to staff at Birmingham and Solihull Women's Aid, who participated in interviews, informal discussions and meetings, and prepared datasets. Thank you especially to Rosanne Astill for facilitating numerous site visits and giving up time to answer my many queries, and for helping to safely facilitate client interviews.

Heartfelt thanks to the 15 women who so generously gave up their time to be interviewed, and for allowing me to share their experiences. I salute your courage and strength and I hope I have done your stories justice.

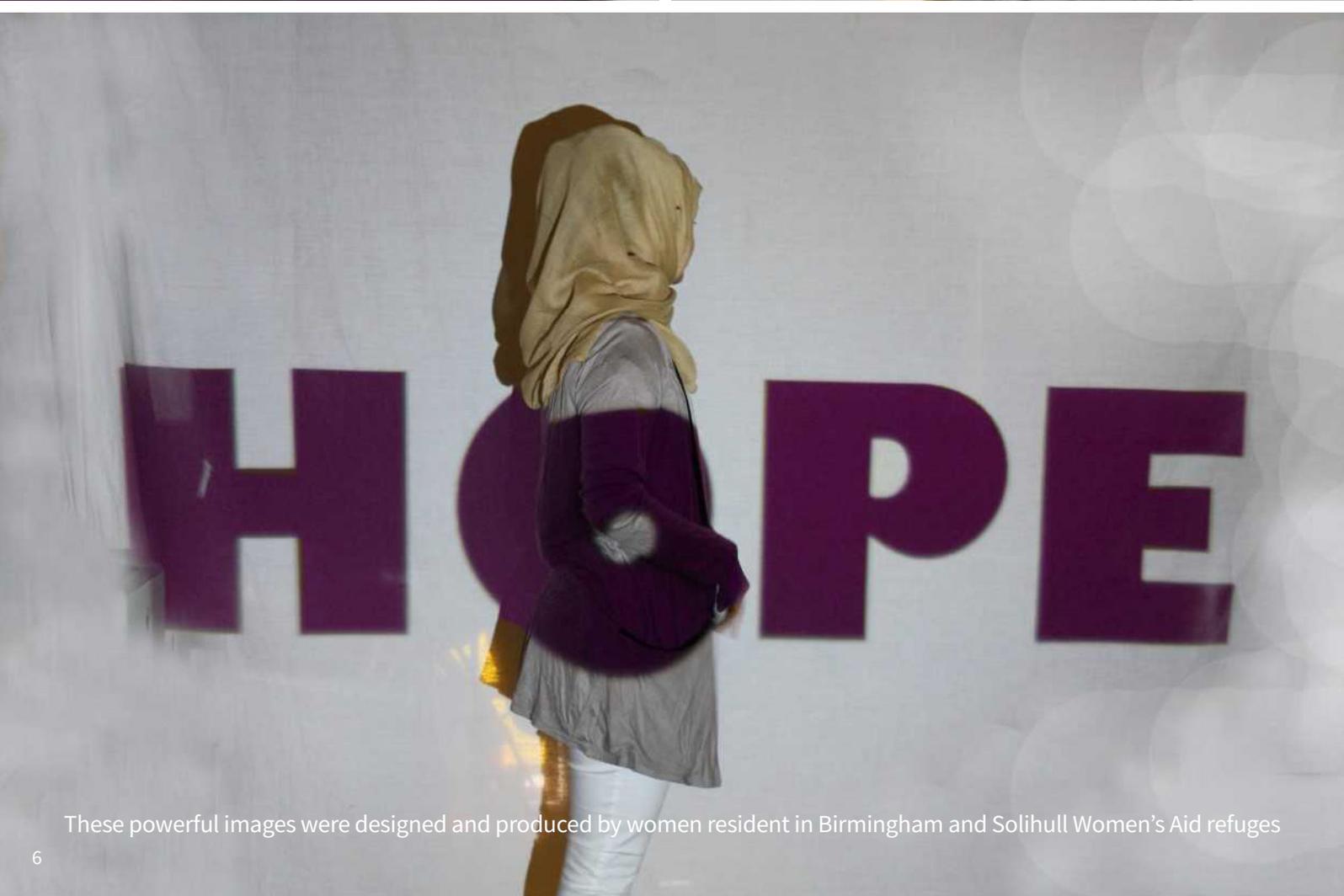
Thank you also to Spring Housing for generously allowing me the time to complete this work and, finally, thank you to Rashid Ikram and Karen Lindsay from Birmingham City Council for help with external data requests.

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August 2020

“I felt like someone
was finally on my side”





These powerful images were designed and produced by women resident in Birmingham and Solihull Women's Aid refuges

Author's Note

The main content of this report covers the period February 2019 – December 2019. Field research and analysis commenced in February 2019 and was completed by February 2020. Write up began shortly before the national 'lockdown' was ordered by the UK government on March 23rd, 2020, in response to the global COVID-19 pandemic. The 'landmark' Domestic Abuse Bill also made its way through all three stages in the House of Commons during the write up of this report.

COVID-19: One of the overall aims of this report was to provide rich, detailed context of the environment within which the Birmingham and Solihull Women's Aid Home Options Hub 'sits'. As this context currently feels paradoxically both suspended and heightened due to Covid-19, it felt necessary to highlight how the model described within the first nine chapters has temporarily changed, and the impact on demand for services thus far.

The report itself does not investigate or analyse any of the emerging effects of the pandemic on domestic abuse survivors, Home Options Hub operations, staff working arrangements, or the experiences of BSWAID as an organisation. Similarly, it does not seek to form any analysis, draw any conclusions, or make any recommendations about domestic abuse and homelessness 'post- lockdown' and, eventually, post-COVID-19. Anything otherwise would be speculative, premature, and so potentially detrimental. However, the likely effects of the national lockdown on the thousands of women and children trapped at home with abusers, and the potential lasting impact on services and resources as we emerge into uncertainty, casts a long shadow.

We will not know the true impacts of COVID-19 on women and children experiencing or escaping domestic abuse for a while to come. However, we do know that, since lockdown, the National Domestic Abuse Helpline, run by the charity Refuge, has received over 40,000 calls and contacts through their 'live chat' service. Refuge also calculated that visits to the National Domestic Abuse Helpline website for June 2020 were 800% higher than pre-lockdown figures. In addition, an initial survivor survey completed by the national charity Women's Aid in April 2020 revealed that 67% of survivors currently experiencing domestic abuse said it had got worse since COVID-19, with 76.1% saying they were having to spend more time with their abuser.¹ In May 2020, the Home Office announced a £2 million fund for domestic abuse charities affected by the coronavirus (COVID-19) pandemic.

Chapter 10: Addendum – COVID-19 provides a brief description of the how the BSWAID integrated model has been operating since March 2020 and key data on demand for services between March – June 2020.

The Domestic Abuse Bill: failed to complete its passage through Parliament before dissolution ahead of the General Election on 12th December 2019. The Bill returned to Parliament for its First Reading in the House of Commons on March 3rd, 2020, and is, at the time of writing, awaiting its Second Reading in the House of Lords. The Bill has been hailed as a 'landmark' piece of legislation with potential to create a step change in national responses to domestic abuse. Some of the key features of the Bill include a new, wider definition of domestic abuse; outlawing of cross-examination of victims by perpetrators in certain circumstances in Family Court; and an amendment of homeless legislation to designate all women homeless due to domestic abuse as in 'priority need'. The Bill also, for the first time, recognises children as victims of domestic abuse. The Domestic Abuse Commissioner, Nicole Jacobs, was appointed in September 2019.

Amendments to the Bill suggested by campaigners and Oppositions MPs² were hard-fought, but not always successful. Most significantly, the proposed amendment to the 'no recourse to public funds' rule in the Immigration and Asylum Act 1999 was voted down in the House of Commons on 6th July 2020. This amendment would have redressed a grave injustice, allowing all women fleeing domestic abuse the option of safety.

This report makes reference to the most recent updates within the DA Bill were relevant and appropriate.

Thea Raisbeck, 23rd July 2020

1. <https://www.womensaid.org.uk/research-and-publications/evidence-briefings-the-impact-of-covid-19-on-survivors-and-services/>2. Most notably, Jess Phillips MP and Harriet Harman MP. The latter successfully campaigned for the 'rough sex' murder defence to be abolished in the provisions of the Bill.

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1: Introduction

This report presents the results of an independent evaluative research project which tracks the initial set up, operation and development of the Domestic Abuse Home Options Hub currently being piloted as a joint partnership between Birmingham and Solihull Women's Aid (BSWAID) and Birmingham City Council (BCC). The research was commissioned by Birmingham and Solihull Women's Aid to run alongside the first 11 months of the Hub's operation (February 2019 to December 2019), in order to provide evidence and guidance for future service development and commissioning; contribute to local and national evidence bases; guide future research agendas and direct local policy focus. In particular, the project is intended to provide narrative, experiential detail of the circumstances facing, and the 'journeys' undertaken, by women and children in Birmingham who are fleeing domestic abuse; the experiences of the specialist practitioners who assist them, and how these may have been impacted by the introduction of the Homelessness Reduction Act and corresponding policy environments.

BACKGROUND: THE DOMESTIC ABUSE HOME OPTIONS HUB

The Home Options Hub has been jointly funded by Birmingham City Council and Birmingham and Solihull Women's Aid and commenced operation on February 4th, 2019. It was conceived and commissioned in recognition of four primary factors:

- The consistent prevalence of domestic abuse as a leading cause of statutory homeless presentations both locally and nationally
- The introduction of the Homelessness Reduction Act 2017
- The corresponding need for a separate and specialist approach and 'pathway' for women and children at risk of or experiencing homelessness due to domestic abuse. This should understand and respond to their additional needs, the particular circumstances of their lives, and the complex trauma with which they are living
- Birmingham's Homelessness Prevention and Domestic Abuse Prevention strategies; both of which champion a shift towards proactive prevention and earlier identification

MORE SPECIFICALLY, THE HUB WAS COMMISSIONED TO:

- Carry out, on behalf of the local authority, the 'Prevention' and 'Relief' duties of the Homelessness Reduction Act for women and children fleeing domestic abuse
- Pilot a 'positive pathway' for women and children affected by domestic abuse and homelessness by delivering specialist housing options support across the City
- Operate from a drop-in and single access point at a central hub site; providing an entry point for women to receive specialist housing, and integrative wrap around, support
- Provide a single, integrated gateway into BSWAID's internal services and to external support pathways
- Provide tailored support to help women and children at risk of homelessness manage their safety and wellbeing
- Help women understand and navigate homelessness and housing systems, providing tailored specialist support and intervention for them and their children when required, to enable them to make informed choices and avoid the cycle of repeat homelessness

The research was developed with these broader aims in mind, alongside data from in-depth discussions with senior BSWAID staff about the principles, ethos and aspirations for the Hub, and its impact on the lives of women and children fleeing domestic abuse. In summary, these were:

Short-term	Medium-term	Long-term
Women experiencing or at risk of homelessness are believed, heard, and accepted	Women and children experiencing domestic abuse are able to maintain or obtain safe, affordable accommodation	Women and children are not forced to 'fit' into existing systems or forced to sacrifice their safety due to ineffective responses
Women are aware of their options within the context of their lives, and are able to prioritise their own choices	Wider stakeholders are better able to understand and respond to women and children fleeing domestic abuse	Women do not experience repeat homelessness
Women and children are supported to maximise safety		Women are able to live their lives, free from violence and abuse

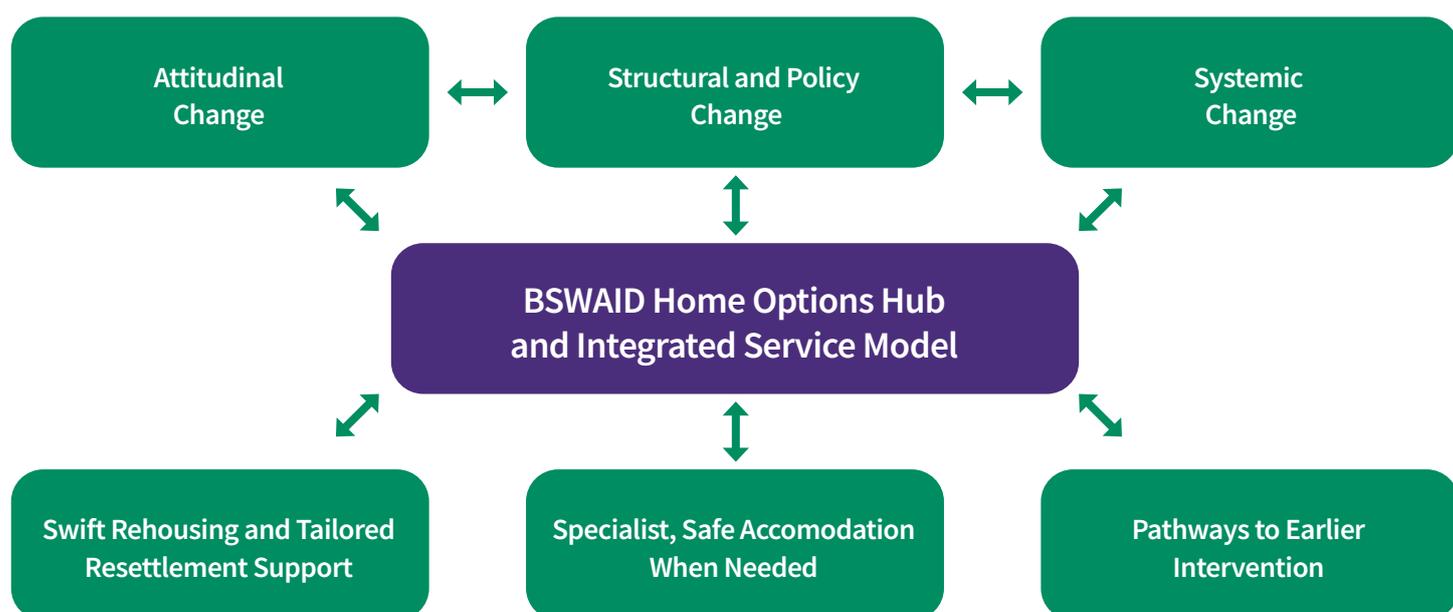


Figure 1: Mechanisms and indicators of change

The Hub's medium and long-term aims in particular focus on what Weiss describes as the 'mechanisms of change' that are produced through operational activity. That is, 'not the program activities per se, but the responses that the activities generate' (1997, 46).

2: Methodology

The research methodology was designed in light of a set of key research aims and questions, which were developed in line with the broader aims of the initial service contract agreement between Birmingham and Solihull Women's Aid (BSWAID) and Birmingham City Council (BCC); in-depth literature and policy reviews and the shorter and longer-term aspirations formulated through discussions with BSWAID senior staff. The key research aims were:

Analyse the set-up, implementation, and operation of the Hub during its first 11 months	Assess the merits of the Hub model and suggest areas for improvement
Capture the experiences and perceptions of both staff and survivors to highlight gaps in practice and policy	Use existing monitoring data to highlight areas for development or policy change
Contribute to the evidence base on women and children experiencing and fleeing domestic abuse and navigating the Homelessness Reduction Act	Increase awareness and understanding of the pathways taken by women and children fleeing domestic abuse, and the potential impacts on safety
Examine the policy, research, and practice contexts within which the Hub operates	Develop realistic, evidence-based suggestions for wider policy and practice change

The Domestic Abuse Home Options Hub is the first initiative of its kind nationally and, for the duration of the research period, continued to operate under its initial pilot phase.³ The pilot contract with the local authority did not stipulate any evidential requirements or frameworks for standardised and statistical 'outcome' reporting; acknowledging, in part, of the 'newness' of the initiative and the corresponding necessity for development and learning to take place concurrently with the pilot phase.

The absence of a mandatory, pre-determined contracted 'outcome' framework, and the current lack of robust research and evidence around the intersections between domestic abuse and the Homelessness Reduction Act necessitated a flexible, iterative, and contextualised approach. Such an approach needed to be able to develop and incorporate a full understanding of the nature of domestic abuse and homelessness, and the experiences of

both the organisation and its clients. In addition, BSWAID's; organisational preference for collective knowledge production and service provision - 'by women for women' - shaped an approach that was grounded in women's experiences, employing a wide range of methodologies in order to amplify marginalised voices and raise the status of traditionally more marginalised forms of knowledge (see Pawson and Tilley 2007). In line with this, the research drew on the frameworks of 'process evaluation'. Process evaluation allows for an investigation of the impact of context on how the intervention works; the effects on participants, organisations and communities, and their potential influence on outcome determination (HM Treasury, 2019). The project also incorporated elements of action research⁴ and maintained regular and ongoing 'feedback loops' between the researcher and senior staff members at BSWAID.

DATA

This study does draw on emerging ‘outcomes’ from case studies and monitoring databases but asserts the necessity in the early stages of a novel intervention for a balance between ‘narratives and numbers’. As the project aimed above all to provide rich detail of the context, experiences and reality of domestic abuse and homelessness, any ‘outcome’ data should be treated as indicative only, and part of an emerging evidence base rather than any measure of ‘success’ or impact. This project commenced at the same time as the Hub service ‘went live’ and part of the project involved working alongside the organisation as they developed monitoring frameworks, as part of the ‘action research’ process.

As such, and as statistical data collection relied largely upon very busy staff members who were new to their roles and juggling competing demands, much of the data from earlier stages of the research period is incomplete. It is far from unusual for practitioners, particularly in such a ‘crisis-led’ role where the immediate safety of women and children is paramount, to perceive data collection for external evaluations as a ‘burden’ that takes away from their substantive role of supporting women and children (See Coy and Kelly, 2011, and Bennett et al, 2004; Hester & Westmarland, 2005; Howarth et al, 2009 in Coy and Kelly 2011).

In addition, Birmingham and Solihull Women’s Aid were not given permission to share databases and systems with Birmingham City Council for the recording of homelessness presentations, which made continuity and consistency of data recording difficult. There was also some miscommunication about which organisation held the responsibility for gathering certain datasets, which has again resulted in omissions. Ordinarily, the local authority’s HCLIC data around presentations under the Homelessness Reduction Act (HRA) would provide substantial data on the circumstances of clients who presented at the Hub and were owed a prevention or relief duty. However, at the time of writing, this data was not available from the local authority.

This is not unusual in the relatively early stages of the new HCLIC system under the HRA, and as Chapter 3 discusses, is not yet a reliable national dataset due in part to partial returns submitted by some local authorities.

Where data is only available for certain time periods, or is indicative, this is made clear throughout the report, with footnotes where relevant to provide supporting context.

3. With formal, open tendering expected at an indeterminate point in the future.
4. “A form of self-reflective enquiry undertaken by participants in social situations in order to improve the rationality and justice of their own practices, their understanding of these practices, and the situations in which the practices are carried out” (Carr and Kemmis 1986: 162).

METHODS

The following methods were used during this project and were conceived and adapted in line with the methodological and ethical complexities, challenges and demands of conducting research within a new, busy service catering for women and children women in crisis, and often at the most traumatic and dangerous time in their lives.

Literature and policy reviews around domestic abuse, housing, and homelessness	Regular meetings with senior BSWAID staff to discuss progress, emerging issues and the shorter and longer term aims of the Hub
In-depth semi-structured interviews with 5 senior BSWAID staff members (with 2 staff members interviewed on 2 occasions)	Regular update meetings with the Hub service manager and CEO
Ethnographic observation at the Hub - 1 full day per fortnight for 6 months, 1 full day per month thereafter	Attendance at 1 frontline staff team meeting And 1 floating support team meeting
Interviews with BCC staff based at the Hub	In-depth semi-structured interviews with 25 external stakeholders
15 in-depth semi-structured interviews with women who had accessed the Hub	A feedback survey completed by 178 women after their initial presentation at the Hub
Close analysis of 75 anonymised client case files, including Personal Housing Plans; internal database recording and case notes	Analysis of five case studies on barriers to safety, prepared by Hub staff
Mapping of other BSWAID services and retrieval of statistical project monitoring data	Retrieval and analysis of external data, through Freedom of Information requests and public records

SCOPE AND LIMITATIONS

“Developing an evidence base is more like building a mosaic: each individual piece does not make the picture, but bit by bit a picture becomes clearer and clearer” (Gugerty and Karlan, 2018).

This research project was small-scale, context-bound, and predominantly qualitative in nature. Caution should be taken when applying or communicating its findings. They should not be taken as representative of all women’s experiences, nor as a definitive summary of the ‘success’ or impact of the Home Options Hub. The report findings provide a rich contextual framework, and a solid basis to continue developing evidence and learning within an under-researched area of policy and practice. **Further details on methodology are in Appendix A of this report.**

3: Domestic Abuse: Key Contexts

Decades of feminist and grassroots organising, the expertise of specialist women-led services, academic research and statistical monitoring have developed and disseminated a wealth of evidence about the nature, impact, and consequences of domestic abuse. What we know and what we have learned about domestic abuse - what it is, who it affects and what might be done to stop it - have seemingly grown in line with the scale and reach of the issue itself. The trajectory to the current 'landmark' Domestic Abuse Bill undoubtedly shows significant, if still in some respects limited, progress.⁵ Domestic abuse has gained greater visibility and prominence; both as a serious abuse of person, liberty, and human rights and as a policy 'problem' with far-reaching criminological, social, economic and health ramifications. However, for society at large it remains in many senses an only partially understood, if no longer entirely 'hidden', issue.

Definitions, conceptualisations, and measurements of domestic abuse are influenced by methodological choice, ideology, and 'visibility' within, particularly, statutory services (Walby, 2017). The range of official statistics and prevalence measures with which we measure and understand domestic abuse can only remain partial and are, if used without additional contextual material, potentially distortive. However, the statistical indicators we currently have reflect what many, intuitively or tangibly know: domestic abuse is one of the most prevalent, persistent, and far-reaching issues facing our society. The grip of domestic abuse is far wider than persistent myths about the nature of victimhood may lead us to believe, and there are few whose lives are not, or have not, in some way been touched by it.

Whilst there remain inevitable gaps and challenges in our ability to ever capture the true extent of domestic abuse, consistencies in data, evidence and decades of specialist provision have helped to capture some key points that frame this report:

Recorded incidents of domestic abuse are increasing

Official crime statistics tell us that there were 1,316,800 domestic abuse-related incidents and crimes recorded by the police in England and Wales in the year ending March 2019: an increase of 118,706 from the previous year.

Domestic abuse is a gendered crime

In 75% of the domestic abuse-related crimes recorded by the police in the year ending March 2019, the victim was female (ONS, 2019). According to the Crime Survey for England and Wales (CSEW), to the year ending March 2019 an estimated

7.5% of women (1.6 million) and 3.8% of men (786,000) experienced domestic abuse.

Both women and men can, and do, experience domestic abuse. However, using the statistics and evidence at our disposal, we know that the majority of those who experience domestic abuse are women, and that most perpetrators are men. The notion of domestic abuse as a gendered crime goes beyond the sex disaggregation of perpetrator and victim, and beyond the evidence that it disproportionately effects women, to understand how domestic abuse is perpetrated and functions, both interpersonally and societally. Current theorisations suggest that, to fully understand domestic abuse, we must understand gender socialisation, norms and expectations, and their links to broader inequality issues within society (Myhill, 2015; Stark, 2020). This influences how violence and abuse are perpetrated and experienced; meaning that women are not only more likely to experience this within, and often throughout, the life course but also suffer disproportionately as a result. The national government strategy, Ending Violence against Women and Girls (2016), emphasises the importance of recognising the gendered nature of domestic abuse. This understanding also frames Birmingham City Council's own Domestic Abuse Prevention Strategy (2018: 6).

Women overwhelmingly suffer the most extreme form of violence: domestic homicide

Not only are women far more likely to experience domestic abuse, but they are also overwhelmingly more likely to experience its ultimate form. There were 366 domestic homicides recorded by the police in England and Wales between April 2016 and March 2018 (ONS, 2019). Within this period, 74% (270) victims of domestic homicide were female, with the suspect in most cases (260) male. In the year to March 2019, 80 women were killed by a partner or ex-partner, an increase of 27% from the previous year (Ibid).

The Femicide Census, which tracks all murders of women by men, counted 149 deaths in 2018; the highest amount since counting began in 2009. 91 of these women (61%) were killed by their current or former male spouse or intimate partner (Long and Harvey, 2019).

⁵ As the Author's Note acknowledges, the Domestic Abuse Bill received its 3rd Reading after this project was completed. Whilst making important inroads into many areas, campaigners and specialists believe the Bill does not go far enough, and has missed vital opportunities to protect, particularly, migrant victims.

Coercive control lies at the heart of domestic abuse

Traditionally, conceptualisations of domestic abuse focus on physical violence and tangible ‘acts’ or ‘incidents’. The term itself, ‘domestic violence’, is still commonly used in practice and legislation. Yet, this terminology fails to understand how domestic abuse is perpetrated and functions in interpersonal relationships and has equally failed to protect women (Stark, 2007). Abuse of power and control has informed feminist understandings of domestic abuse since the 1970s but has recently gained salience in policy discourse as fundamental to an understanding domestic abuse (Robinson et. al., 2018). The term ‘coercive control’ was pioneered by Evan Stark (2007) and describes a pattern of controlling, coercive and abusive behaviour, and a range of strategies employed by perpetrators to dominate, control, exploit, and create dependency. This can include physical violence, but physical violence is not integral to the presence, or an understanding, of coercive control.

One study found that 95 out of 100 domestic abuse survivors reported experiencing coercive control (Kelly, 2014), and coercive control is the most common precursor to domestic homicide (Dobash and Dobash, 2015). A study of 358 domestic homicides in the UK found control was present in 92% of cases (Monckton-Smith et. al., 2017). Those who highlight problems with current methodologies with which the prevalence of domestic abuse is measured suggest that, until we are better able to measure coercive control, the true extent of domestic abuse in society will remain hidden (Myhill, 2015).

Under Section 76 of the Serious Crime Act 2015, coercive control within intimate or family relationships became a crime.

Leaving a relationship – or an abusive home - is often the most dangerous time

The Femicide Census reveals that of the 149 women killed by men in 2018, at least 37 (41%) had separated or taken steps to separate from their partner prior to being killed by them (Long and Harvey, 2019). A 2014 study found that 90% of women surveyed suffered post-separation abuse (Kelly, 2014), and the known risks inherent to leaving, or taking steps to leave, a relationship have long been a cornerstone of frontline practice. In addition, decades of research have consistently shown that housing is a key enabler for women to end abusive relationships, but that a lack of safe, affordable and sustainable accommodation forces many women to remain with, or return to an abusive partner (Hague and Malos, 2016).

Immigration status shapes how migrant women experience and understand domestic abuse

Women subject to immigration control are some of the most ‘hidden’, marginalised, and vulnerable victims of domestic abuse. Immigration status can shape how women experience and understand domestic abuse and determines both their access to resources and to meaningful agency responses (see Voolma, 2018).

Under the Immigration and Asylum Act 1999, those subject to ‘immigration control’ are not able to access publicly funded forms of help, having ‘no recourse to public funds’ (NRPF). This includes welfare benefits, refuge places funded by housing benefit payments, and access to statutory homelessness assistance. In 2018-19, only 5.4% of all refuge vacancies listed in England would consider referrals from women who had no recourse to public funds. This was often also conditional on another agency sourcing funds to cover the costs of her stay (Women’s Aid 2020a). Insecure immigration status is one of the largest barriers to women accessing appropriate services and escaping domestic abuse, leaving women trapped in dangerous situations, or forced into equally as dangerous alternative ones (Women’s Aid, 2019). Many women will face the choice of remaining in a dangerous, abusive situation or facing destitution, and insecure immigration status is often used by perpetrators to further abuse and control a victim (Dudhia, 2020).

Despite the campaigning efforts of specialist charities such as Southall Black Sisters, Latin American Women’s Rights Service and Step Up Migrant Women, alongside mainstream domestic abuse charities and MPs, women with NRPF have so far been denied assistance under the Domestic Abuse Bill. On July 6th, 2020, the new Clause 22 proposed for inclusion in the Bill, which would have effectively lifted the NRPF rules for women experiencing domestic abuse, was defeated in the House of Commons by a majority of 138 votes. The government have instead announced a pilot project, Support for Migrant Victims, which will “invite bids for grants from a £1.5 million pilot fund to cover the cost of support in a refuge or other safe accommodation for migrant victims who are unable to access public funds”. Findings from the pilot will be used to ‘inform future decisions’ about support for migrant victims (Home Office, 2020).

The effects of experiencing domestic abuse are far-reaching

In the year ending 31 March 2017, the cost of domestic abuse was an estimated at £66 billion in England and Wales (Home Office, 2019). The largest component of this was the physical and emotional harms incurred by victims, estimated at £47 billion (ibid). The effects of experiencing domestic abuse are expansive and enduring. This includes a range of mental and physical health problems, suicidality, Post Traumatic Stress Disorder, substance misuse, and chronic health conditions (Safe Lives, 2018; Munro and Aitken, 2020). Recent, emerging evidence has also suggested that there are strong, although currently not fully-understood, links between the experience of domestic abuse and an increased risk of cardiometabolic diseases (Chandan, et. al., 2020). The same study concluded that women who have experienced domestic abuse appear to be more than 40% more likely to die from any cause compared to the general population (ibid).

Children are not just ‘collateral damage’

A report by the Children’s Commissioner in 2019 revealed that 831,000 children live in households that report domestic abuse. There has, in recent years, been a call by advocates and campaigners for children to be viewed in legislation and policy as victims, not just ‘witnesses’, of domestic abuse. This has been accompanied by a call for adequate funding to support children (James, 2020). Following campaigning and intervention by charities and opposition MPs, the Domestic Abuse Bill now recognises children as victims of domestic abuse.

This report uses the term ‘domestic abuse’ in order to recognise the multitude of experiences women and children suffer. It also recognises multiple and intersecting forms of oppression and disadvantage, such as class, nationality, ethnicity, disability, and sexuality, which can make it more difficult for women and children to live within, and escape, abusive homes. This includes an understanding of economic abuse, which can both exacerbate the effects of other forms of structural and economic oppression and form a significant barrier to escape (Sharp-Jeffs, 2018).

HOMELESSNESS

Nationally, domestic abuse remains one of the leading causes of statutory homelessness. In 2017, 6580 households were accepted as homeless by their local authority due to domestic abuse (MHCLG, 2018). Prior to the commencement of the Homelessness Reduction Act in April 2018, domestic abuse was consistently the second highest reason for statutory homelessness, both nationally and in Birmingham, after the end of an Assured Shorthold Tenancy (ibid). However, such statistics remain partial, as they only represent acceptances under the homelessness legislation at that time.

The recording of presentations under the Homelessness Reduction Act, HCLIC, are currently experimental and can include only partial ‘returns’ from some local authorities (MHCLG, 2020). They cannot be compared to previous data and should be presented with caution. However, it is possible to see how domestic abuse remains a prevalent feature of the ‘work’ carried out under homelessness legislation. Between October 2018 and September 2019, 277,660 households were accepted under either the Prevention or Relief duty. Of these, 9% (24660) had domestic abuse as the reason for their homelessness. Emerging data from HCLIC also allows us to see the support needs of those accepted under the Act. During the same time period, 123,770 cases were recorded by local authorities as having support needs, with 24,740 cases (20%) recorded as experiencing or at risk of domestic abuse (ibid).

Beyond these statistics, every year thousands more women and children are made homeless due to domestic abuse, often repeatedly, yet remain unrecorded in national or official statistics. Many women will ‘bypass’ statutory services by entering specialist refuge provision. Other, particularly ‘single’, women may enter more generic non-statutory homelessness services; with decades of studies and surveys cementing the notion that the experience of domestic abuse is ‘near universal’ among this group (Bretherton and Place 2018). Women may also actively avoid statutory services, or their experience of domestic abuse may form part of their situation but be subsumed under a ‘priority need’ category, or recorded as ‘relationship breakdown’ (Moss and Reubens, 2018). Many others are forced to remain in an abusive situation due to a lack of material resources, ineffective criminal justice responses or inadequate housing supply, or make up a significant part of the ‘hidden homeless’ population (Reeve, 2011).

For many such women, homelessness is a direct consequence of abuse; for others, this abuse forms part of a constellation of competing and intersecting forms of disadvantage (Macneish et. al., 2016). Similarly, more recent studies have highlighted the bi-directional relationship between female homelessness and domestic abuse, and the way a woman's experiences of being homeless can often lead to further and new experiences of violence and abuse (Bretherton and Pleace, 2018). This reciprocal connectedness between homelessness, trauma and abuse has most often been articulated through studies of 'single' homeless women accessing non-specialist homeless services, or through a wider lens of 'multiple disadvantage' (see Agenda, 2019). However, more recently, and particularly driven by the explosion in temporary accommodation placements by local authorities, which are viewed as increasingly expensive but unsuitable or inappropriate (see Garvie, 2020), the traditional view that women with children were in some sense 'cushioned' from the sharpest effects of homelessness due to the likelihood of obtaining 'priority need' status looks increasingly shaky. Temporary accommodation used by local authorities, particularly hotel and Bed and Breakfast accommodation, has long been acknowledged as an unsuitable option for, particularly, families (Shelter, 2004; ODPM, 2003). However, as local authorities are now increasingly pressured to use forms of accommodation they may not previously have done, women experiencing domestic abuse are being forced into accommodation that can exacerbate and entrench their trauma, and leave them vulnerable to exploitation (Kelly, 2016; Shelter, 2019). This is coupled with the fact that more permanent, or 'move on' accommodation is an increasingly scarce resource, leaving vulnerable households in vastly inappropriate surroundings for extended periods of time.

'AUSTERITY'

Recent research has highlighted how women are not only disproportionately affected by domestic abuse, and more likely to become homeless because of it, but are now also 'bearing the brunt' of the housing crisis, and the cumulative effects of over a decade of 'austerity measures' (Howard, 2019). Recent research by the Women's Budget Group found that 'no region in England had housing that was affordable for women' (Reis, 2019). Similarly, a 2018 cumulative impact assessment by the Equalities and Human Rights Commission found that women, on average, have lost just under £400 per year, compared to only around £30 lost by men, as a result of overall changes to benefits and direct taxation since 2010 (Portes and Reed, 2018). Women are also much more likely to live in poverty, and have lower incomes relative to men (ONS, 2019). Around 90% of lone parents are women, and in 2019, three-quarters of lone parent families were living below the Minimum Income Standard (Padley and Hirsch, 2019). Women also make up 60% of all Housing Benefit claimants; and 85% of those affected by the benefit cap are single mothers (DWP, 2019). In addition, Universal Credit is paid to one member of a household. This has repeatedly been highlighted as a mechanism through which perpetrators can increase financial control; similarly increasing the financial barriers to leaving an abusive partner (Sharp-Jeffs, 2018).

BAME women are more severely affected by changes to welfare benefits and direct taxation. A report by the Women's Budget Group estimated that, for example, Black and Asian lone mothers, respectively, stand to lose £4,000 and £4,200 a year on average by 2020 from changes since 2010. This is the equivalent of around 15 and 17% of their net income (Hall, et. al, 2017).

Alongside these factors, central government grants to police forces have fallen by 30% in real terms between 2010/11 and 2018/19. The Institute for Government suggests that, as a result, police forces have less officers to respond to crimes, and are “increasingly prioritising responding to more violent or easier-to-solve crimes” (2019). A report for Her Majesty’s Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) in February 2019 found that the number of people being released on bail for domestic abuse crimes had fallen by 65%, concluding that in increasing numbers of cases of domestic abuse, bail conditions were ‘not being used to safeguard victims, with forces opting to release suspects under investigation’, potentially ‘leaving victims feeling unprotected and vulnerable’ (HMICFRS, 2019: 9-10). In 2019, lawyers at the Centre for Women’s Justice (CWJ) submitted a Super-complaint to the police watchdog concerning the ‘systemic failure to protect victims of sexual abuse and domestic violence’ (CWJ, 2019). The complaint addressed four key areas: failure to impose bail conditions; failure to arrest for breach of non-molestation orders; failure to use domestic violence protection notices and orders, and failure to apply for restraining orders. The group stated that various legal measures intended to provide protection to women were ‘not being applied properly on the ground’, representing a ‘systemic failure’ to meet the state’s duty to safeguard a highly vulnerable section of the population (Ibid).

Austerity, of course, does not ‘cause’ domestic abuse. However, its impact on both personal and public finances, and the interrelated set of economic, social and policy circumstances that make up our current housing crisis, have both compounded the risks and challenges faced by women and children fleeing abuse and narrowed their options for safety and resettlement. These challenges are increased for women with protected or intersecting characteristics such as disability, ethnicity, nationality, sexuality, and class, which can create multiple forms of disadvantage (see Hall et. al., 2018). This is perhaps most keenly felt by migrant women and those with No Recourse to Public Funds; often viewed as the most vulnerable, marginalised, and hidden group (Voolma, 2018).

It is within this increasingly bleak national climate of rising reports of domestic abuse, increasing homelessness, austerity, the housing crisis, and public funding cuts, that the Home Options Hub currently sits. This report will now look at some local factors around domestic abuse, before investigating the issue of homelessness legislation and domestic abuse in more depth.



THE LOCAL CONTEXT: BIRMINGHAM

1. PREVALENCE:

Domestic abuse is a significant, and growing, issue in Birmingham. Recent calculations suggest that an estimated 41,000 individuals are experiencing domestic abuse in the City, the vast majority of whom are women (Birmingham City Council, 2018).

Data obtained from West Midlands Police for this report indicates that cases (reports and crimes) relating to domestic abuse in the force area rose by 60% between 2017 and 2019 and within the same period in Birmingham by 61%. The vast majority of victims recorded in 2019 were female: 76% across the West Midlands Force area and 77% in Birmingham.

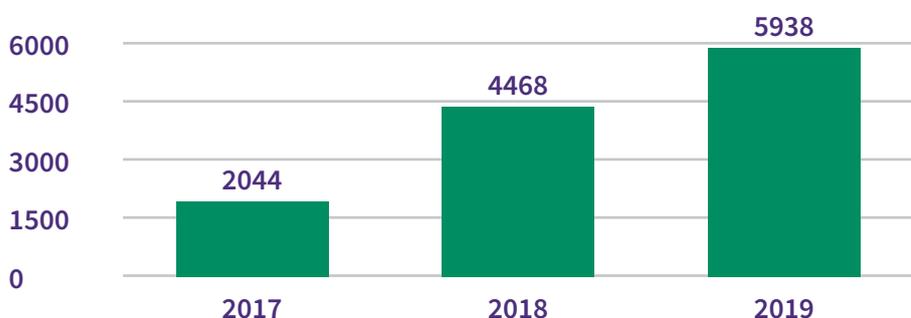
Year	WM Force	Female Victims	Birmingham	Female Victims
2017	24455	19049	10198	7980
2018	31183	24112	12721	9857
2019	39068	29780	16403	12574
Total	94706	72941	39322	30411

Domestic Homicides: West Midlands

In 2018, there were 44 domestic homicides recorded in the West Midlands, with 32 female victims. In 2019, this had risen to 46 homicides, with 36 female victims.

Birmingham and Solihull Women's Aid: Demand for services

Between 2017-2019, BSWAID's helpline received 12450 calls, with an increase of (66%) during this period.



Primary purpose of contact to BSWAID helpline: top two reasons for 2019:

Information about rights and options	964 calls (16%)
Search for refuge space	1311 calls (22%)

Multi Agency Risk Assessment Conference (MARAC)

Between April 2018 and March 2019, BSWAID's MARAC workers supported 1457 women. Between April 2019 – March 2020 this had increased to 2019 women.

In 2018 Birmingham City Council released its Domestic Abuse Prevention Strategy 2018-2023; a multi-agency venture which endorses a layered prevention model, focusing on three key priorities: Safety and Support, Early Identification and Help, and Changing Attitudes (BCC, 2018).

2. HOMELESSNESS:

Domestic abuse is consistently one of the leading reasons for statutory homelessness in Birmingham. Prior to the introduction of the Homelessness Reduction Act (see next section), it was consistently the second highest reason for statutory homelessness in the City. Emerging, but experimental, data from local authority HCLIC returns for October 2018 – September 2019 reveals that 6007 households in Birmingham were owed either a Prevention or Relief Duty, with 12% (719 households) recorded with domestic abuse as the reason for their homelessness (MHCLG, 2020).

Pathways and 'Hub' models

Birmingham has a strong tradition of catering for certain groups deemed to be more at risk of homelessness, and of providing pathways and 'entry points' for such groups to access more specialist and targeted support. In 2018, Birmingham launched its Homelessness Prevention Strategy 2017+, a multi-agency venture with 5 key aims:

- Ensure people are well informed about their housing options
- Prevent people from becoming homeless
- Assist people as soon as possible if they do become homeless so that their homelessness can be relieved by securing sufficient accommodation and support
- Support people to recover from their experience and stay out of homelessness
- Enable people to secure homes that they can afford and maintain.

The strategy employs a 'positive pathway' model, first developed by the youth homelessness charity St Basil's and has led to the commissioning of a series of specialist 'Hubs' within the City.⁶ It is not uncommon, particularly following the Homelessness Act 2002, for local authorities to commission, run or form partnerships to provide targeted services for certain 'non-statutory' groups deemed to be more at risk of homelessness. It is, however, in the early stages of the Homelessness Reduction Act, currently less common for local authorities to contract out particular legislative functions, such as prevention and relief duties. Birmingham, currently, contract out these functions for youth homelessness and domestic abuse. It remains more common for specialist workers to be 'embedded' within Housing Options services, such as in Southwark Council, who have a worker from Solace Women's Aid co-located in their homelessness service.

⁶. Currently under 25s; over 25s; offenders and domestic abuse

NATIONAL POLICY CONTEXT:

Statutory Homelessness and Domestic Abuse:

A Brief History

For over 40 years, local authorities in England have had statutory obligations towards certain groups of people experiencing homelessness. The Housing (Homeless Persons) Act (1977) conferred a duty upon local authorities to rehouse those who fell into three designated ‘priority need’ groups. ⁷ These duties were strengthened and enhanced under Part 7 of the Housing Act (1996); further amended by the Homelessness (Priority Need for Accommodation) (England) Order 2002, and most recently by the Homelessness Reduction Act 2017.

In terms of domestic abuse, the Housing Act 1996 for the first time specifically articulated the risk or probability of ‘domestic violence’ as conferring a status of ‘automatic’ homelessness upon that person, regardless of the availability or legal right to occupy any accommodation. The Homelessness Act 2002 widened the priority need categories of the 1996 Act to include ‘a person who is vulnerable as a result of ceasing to occupy accommodation by reason of violence from another person or threats of violence from another person which are likely to be carried out’. In 2011, *Yemshaw v London Borough of Hounslow* qualified that ‘violence’ within the Housing Act 1996 includes non-physical forms of violence, and includes the likelihood of further harm. ⁸

However, through consecutive amendments of homeless legislation, a constant feature remained for all applicants, not just those experiencing domestic abuse: only those deemed to be in a ‘priority need’ category were owed a ‘main duty’ for rehousing by the local authority, including a duty to provide temporary accommodation. This created a longstanding distinction between those classed as in priority need and those who were not; forging a ‘two-tier provision’ of assistance under which single homeless people were receiving at best an inadequate - and at worst no - response (Crisis, 2014; 2015). It is also possible to suggest that the second ‘test’ for homelessness assistance, eligibility, which particularly affects those with No Recourse to Public Funds, has created a ‘three-tier’ system of homelessness legislation, which remains unaddressed.

The Homelessness Reduction Act 2017

Largely in response to the growing problem of homelessness and the notion that far too many individuals were being ‘turned away’ from a priority need-led system, and incorporating legislative direction and insights from Scotland and Wales, ⁹ The Homelessness Reduction Act 2017 came into force in England on April 3rd 2018. This Act places ‘universal’ duties on authorities in England to prevent and relieve the homelessness of all eligible applicants: ¹⁰

Prevention duty: local authorities must take ‘reasonable steps’ to prevent the homelessness of all eligible applicants who are at risk of becoming homeless within 56 days. This duty applies to anyone seeking assistance, regardless of whether they have a ‘local connection’ to the authority area within which they are applying.

Relief duty: local authorities must take ‘reasonable steps’ to secure accommodation for all eligible applicants who become homeless. The ‘relief period’ lasts for 56 days and, if homelessness has not been relieved during that time period, the case will be assessed for ‘main duty’.

These new duties are seen to be both ‘priority need’ and ‘intentionality’ blind; meaning that they apply to anyone who meets the criteria for assistance, regardless of whether they fall into a priority need category or could be deemed, through act or omission, to have ‘caused’ or contributed to their own homelessness. The Act also introduced:

Personal Housing Plans (PHPs) for all applicants under both prevention and relief duties. All eligible applicants are entitled to an assessment and must be given a PHP, which sets out the steps both the individual and the local authority must take to ensure an applicant can retain, or find suitable alternative, accommodation.

⁷ Applicants with dependent children; pregnant women; those homeless due to an emergency such as fire or flood; and those vulnerable due to old age, mental illness or handicap, physical disability or ‘any other special reason’

⁸ The Domestic Abuse Act, when passed into law, will amend the Housing Act 1996 to use the new, wider definition of domestic abuse

⁹ Scotland abolished priority need in 2012 and since the Housing (Wales) Act 2014, Welsh local authorities have had a statutory duty to prevent homelessness

¹⁰ Broadly, a person subject to immigration control or classed as a ‘person from abroad’

The Duty to Refer, which came into force on October 1st, 2018. This places a duty on certain public authorities ¹¹ to refer, with consent, people to a housing authority if they are homeless, or likely to become so within 56 days.

The duty to provide advisory services. Housing authorities now have a duty to provide or secure the provision of free advice and information about homelessness and the prevention of homelessness. This amended the 1996 Housing Act to stipulate that advisory services must be designed to meet the needs of persons within the authority's district, with the particular needs of certain groups taken into account. ¹²

As the Homelessness Reduction Act is still very much in its infancy, there is little robust evidence of either efficacy or impact, nor of how the new duties are being interpreted and experienced by both local authorities and individuals presenting for assistance. Expert commentary on the principles and early signs of the Act, alongside emerging evidence from recent research suggests that, although there are positive indicators, without significant strategic funding and wider policy reform, the effects of the Act will remain 'largely procedural' (LGIU 2019); limiting any ability to effectively prevent and, particularly, relieve homelessness (Boobis et. al, 2020).

In a Local Government Association survey conducted in 2018, ¹³ 83% of local authorities said they had seen an increase in presentations since April 2018 and 30% stated they had seen a 'significant increase'. 78% of authorities deemed this as directly attributable to the Act (LGA, 2019). Within the same survey, all local authorities who responded indicated that they had seen an increase in presentations from groups not previously represented at Housing Options departments, such as rough sleepers; those without a local connection and individuals with 'complex needs' (ibid). Most recently, the national homelessness charity Crisis released the first report from their three-year study into 'how the Act is working in practice for those facing homelessness' (Boobis et. Al., 2020). This study shows a significant increase in people accessing assistance, with a particular increase in single homeless groups (ibid). On the whole, participants' experiences of approaching local authorities for help were positive, and much more so than pre-HRA studies have indicated (see Gousy, 2016). In addition, initial contact and assessments were, in the main, dealt with swiftly. The report goes on to suggest that in general, those who took part and were at the prevention stage were more likely to have their homelessness resolved,

and to not experience other forms of homelessness. It concluded that much more investment is needed to 'address the structural barriers that currently restrict local authorities from fulfilling the duties placed on them by the Homelessness Reduction Act' (Boobis et. al., 2020: 12;13).

Domestic Abuse and the Homelessness Reduction Act (HRA)

There has, to date, been little work carried out into the experiences, and impact, of the Homelessness Reduction Act on women and children experiencing domestic abuse. Commentators and advocates have raised concerns about the ability of local authorities to adequately deal with the potential increase in demand, alongside an inversely proportionate decrease in specialist provision (HoC, 2019). There has been concern expressed about the ability of local authorities to understand and respond to domestic abuse effectively; the viability of Personal Housing Plans for clients still living with an abuser and a victim's ability to follow or 'co-operate' with a PHP whilst experiencing coercive control (Refuge, 2018).

A recent small-scale survey conducted by Solace Women's Aid into survivors' experiences of homelessness and the HRA in London concluded that the current system is 'still failing to protect women' (2019: 4). The majority of survivors surveyed had negative experiences of approaching local authorities for help, and only 11% felt their PHP was 'realistic and appropriate' (ibid: 16). Most practitioners observed no improvements following the introduction of the HRA, with a significant proportion feeling it has worsened things. The report did identify 'pockets of good practice' but felt the needs of women fleeing abuse were still poorly understood, with journeys to safety becoming 'punishingly long and complex', leading many women to remain in an abusive situations for fear of homelessness (2019: 8).

¹¹. Including prisons and probation services; jobcentres; emergency departments; urgent treatment centres and social authorities

¹². These are: people released from prison or youth detention accommodation; care leavers; former members of the regular armed forces; victims of domestic abuse; people leaving hospital; people suffering from a mental illness or impairment; and any other group that the authority identify as being at particular risk of homelessness in their district

¹³. Online survey with responses from 151 councils: a response rate of 48 per cent.

New legislation, old problems?

Although the Homelessness Reduction Act has placed universal duties on local authorities, seemingly widened access for, particularly, single homeless groups, and potentially enhanced the overall experience of those accessing Housing Options departments, it is difficult, in the absence of solid evidence to the contrary, to ignore consistent research evidence around survivors' experiences at local authority housing departments. Such studies and practice-based evidence has repeatedly asserted that local authorities are often, for a variety of reasons, ill-equipped to deal with women affected by domestic abuse who approach for help. This can be due to the inappropriate physical environments in which to discuss private and traumatic experiences; institutionised attitudes; the perceived element of 'gatekeeping', that local authorities may exhibit, alongside a lack of knowledge and awareness with which to appropriately identify, support and keep safe survivors of domestic abuse (Safe Lives, 2018; Hestia, 2017; Agenda, 2018; Solace, 2015). The aforementioned survey by Solace indicates that, for these women at least, attitudes towards domestic abuse have not, in the short term, miraculously improved. Whilst the Homelessness Reduction Act is designed to minimise potential 'gatekeeping' recent research still suggests that women experiencing abuse may not be obtaining the help and support that they need (Women's Aid, 2019).

It may be that some, and potentially more, women's immediate needs for assistance are being addressed in line with newer legislation, but concern remains that the specialist understanding of domestic abuse necessary to ensure women and children are able to safely and confidently move forward with their lives is still missing from a range of statutory service providers (see Young and Hovarth, 2019). It is also pertinent to note work with local authorities by the Local Government Association (LGA) and the Local Government Information Unit (LGIU) highlighted the perceived difficulties of dealing with increased presentations of single homeless groups and those with more 'complex' or high needs (2019). Similarly, Crisis' recent research suggest that "people who are rough sleeping and sofa surfing were more likely to have negative and more turbulent housing outcomes" (Boobis, et. al, 2020: 11).

This raises the question of whether local authorities are currently equipped to adequately support such client groups; particularly with local authority funding for single homeless people in England falling by 53% between 2008-9 and 2017-18 (Thunder and Rose, 2019). Although domestic abuse might not always feature within the broad brush strokes of 'complex needs' or 'single homelessness', it is often, as one participant in this research remarked, "already in the 'too difficult to deal with box'".

'Vulnerability' and Priority Need

Access to assistance under the HRA prevention and relief duties is now, ostensibly, 'priority need blind'. It is inescapable, though, and as evidence repeatedly shows, that many women and children who flee an abusive situation will be in imminent danger, requiring – either temporarily or permanently – safe accommodation alongside advice, assistance, and ongoing support. However, HRA legislation states that a local authority must only take 'reasonable steps' to prevent homelessness or secure accommodation to relieve homelessness. In addition, 'priority need' categories remain the guiding force for providing interim accommodation and the acceptance, if homelessness is not relieved within 56 days, of further temporary accommodation provision alongside a main duty for housing.

A longstanding concern has been that women homeless due to domestic abuse who do not fall into another priority need category (mainly dependent children or pregnancy) will be forced to 'prove' their 'vulnerability' in order to obtain safe, interim temporary accommodation and a subsequent 'main duty' for rehousing. This has long been criticised as retraumatising women and potentially putting them at further risk at an already very dangerous and disruptive time (HoC, 2019). In May 2020, the government announced that the Domestic Abuse Bill would be amended to ensure that all women homeless due to domestic abuse in England will be in priority need; legislation Wales introduced six years previously.¹⁴ This research report was carried out, and predominantly written, before this long-overdue change in policy was announced. Whilst acknowledging that this may,

in the longer term, positively change the landscape and experiences of many survivors and the practitioners who support them; this report still captures the experiences of working within a priority need system and the attendant difficulties of securing suitable temporary accommodation. The latter, in particular, is likely to remain a key challenge for survivors of domestic abuse (see Chapter 6).

Reflections and Conclusions

This chapter has provided more detailed background on the issues that form part of the broader contextual framework for the conception and development of the Domestic Abuse Home Options Hub. The effects of the Homeless Reduction Act are still largely unknown, and particularly the impacts upon women experiencing abuse who are navigating new systems and processes. Early indications are bearing out the anticipated increases in footfall; the widening of access for some previously under-represented groups and the slow but largely positive ‘culture shifts’ within local authorities. This is coupled with awareness of the structural and systemic impediments to providing meaningful prevention and relief activity, and the harsh realities facing women who are at immediate risk.

¹⁴. See <https://www.gov.uk/government/speeches/communities-secretarys-statement-on-coronavirus-covid-19-2-may-2020--2> for the full text of this announcement by Robert Jenrick.



4: Domestic Abuse: Home Options Hub Model

This Chapter describes the set up and operation of the Home Options Hub, outlining its key features and the context and rationale underpinning them. It also introduces relevant monitoring data alongside themes from interviews, observation, and interaction. The themes discussed in the second part of this Chapter largely centre on staff and professional stakeholder experiences at the operational level. Survivors' experiences of the Hub, both at processual level and the detail of women's pathways and journeys, are touched upon in this Chapter where relevant, but are presented in greater depth later in this report.

The Home Options Hub operates from a central location in Birmingham. The building is set over two floors with office and admin space upstairs, and service provision taking place on the ground floor. The service provision area comprises intercom entry into the initial reception area, which leads into a series of private interview rooms, a clients' area with sofas and TV, a small IT suite, children's play area and a kitchen for use by clients. BSWAID's main offices are located nearby.

The core frontline Hub staffing base comprises a Service Manager, ten staff who conduct face to face appointments and man the phoneline; a receptionist (on a rota basis from the core Hub staffing team); and a creche worker. BSWAID recognises that it is inappropriate, unethical and retraumatising for a woman to have to recount her situation in the presence of her children. The Hub employs the on-site crèche worker to support children whilst their mother, or carer, is in an appointment. Women can take frequent breaks from their private appointment to interact with their children and reassure themselves that they are safe and comfortable. There is also a Housing Independent

Domestic Violence Advocate (IDVA) and the Floating Support team, based upstairs in the building, who cover frontline Hub appointments when necessary.

Birmingham City Council fund the core functions that relate to the Homeless Reduction Act. The remaining costs (including translation services, the creche worker and the integrated drop in and helpline functions) are currently funded by BSWAID.

A small team of housing officers from Birmingham City Council are based upstairs in the Hub. These officers help to assist in determining eligibility for homelessness assistance and make the final decision on eligibility for and allocation of interim temporary accommodation. Birmingham City Council perform formal investigations into 'relief' cases, with a view to making the final decision on 'main duty' if homelessness is not successfully relieved within 56 days.

Women are able to refer themselves into the service or can be signposted by any organisation. The Hub takes referrals and gives advice and assistance via a dedicated telephone line, through pre-booked appointments via a range of sources and, as far as possible, caters for 'walk ins' who have not had any prior contact with the service. Safety is the organising principle governing service operation. As such, the service aims to complete a full homeless application, if required, 'on the day' for any woman who presents with nowhere safe to stay.



‘IN-HOUSE’ SERVICES:

The range of services and interventions the Hub provides for all women and children who are referred or approach because they are at risk of or experiencing homelessness includes:

Advice and assistance to fully explore a full range of housing options and legal rights	Initial assessments and homelessness applications in line with the HRA (‘prevention and relief duties’)
Personal Housing Plans (Prevention and Relief stages)	Access to temporary accommodation via the local authority
Access to refuge accommodation or supported housing within or outside of Birmingham	Advice and support to help women manage risk and maximise safety within their current accommodation
Advice and assistance to explore and obtain legal / civil remedies	Access to welfare benefits advice and support, and advocacy around rights and entitlements
Referrals to Floating Support and other integrated BSWAID services	External referrals to statutory and voluntary services for support and advice, including external local authorities and Children’s Services

BSWAID’s integrated, holistic, specialist and woman-centred approach was deemed necessary to ensure women are:

Given the right response when they first present for advice and assistance	Able to manage risk, and utilise and enhance their strategies for safety planning
Supported to develop self-determination and reduce social, financial and institutional exclusion through empowerment, support and advocacy	Supported alongside their children as a family unit
Given ‘space for action’ (see Kelly, 2003): time to reflect, and to make the autonomous decisions that are often difficult when living with coercive and controlling behaviour	Fully appraised of their options within the context of their own lives; enabling ‘empowerment through knowledge’
Assisted to develop confidence in themselves and in other services	Given specialist wrap around, holistic, support throughout their housing pathway, and assisted to understand and navigate systems and processes; overcoming barriers and ‘institutional indifference’ to their needs
Able to access a service that is strengths-based; that believes, does not judge, and validates what the woman is already doing to keep herself and her children safe and manage her situation	Rather than viewing women’s experiences through the lens of ‘what is wrong with you?’ the service aims to fully and empathetically understand ‘what is happening for you?’ and collaboratively build actions and wrap-around responses to this

‘Not just the Homelessness Reduction Act’

Part of the Hub’s function is to perform, in partnership with the local authority, the ‘Prevention’ and ‘Relief’ duties of the Homelessness Reduction Act, where necessary and appropriate. Staff will triage and assess women, placing them where applicable, in either prevention or relief, and will ‘hold’ the case for the 56 days of either, or both, duties (if they run concurrently). Some women will, if they opt into the service and it is deemed safe and appropriate, be referred to a floating support team member for holistic, flexible and wrap around support, or to a Housing IDVA, who provides similar services on an ‘in-reach’ basis for those in temporary accommodation.

However, the Home Options Hub is not designed to function as merely a separate location for ‘homelessness presentations due to domestic abuse’ to be processed. Nor is it a simple ‘transfer of functions’ from the local authority Housing Options Centre to BSWAID in order to alleviate the projected increase in demand precipitated by the widened duties of the Homelessness Reduction Act. BSWAID’s approach aims to avoid making women and children experiencing domestic abuse ‘fit’ into existing statutory frameworks and systems that are often deemed to be failing to fully address their safety and wellbeing needs. Instead, it is designed to exhibit and promote an integrated model that has a thorough understanding of each woman and child’s perspective and needs as its nexus. The model was conceived to provide a holistic and integrated service that can assist and support women along whatever ‘route’ or ‘pathway’ they feel is right for them at that time.

Some women, after receiving specialist advice and support from the Hub around their situation, may decide they do not want to take any immediate action but have other support and welfare needs which can be catered for by other existing BSWAID or external services; or they may decide to explore and be supported by the Hub with other housing options outside of a more formalised ‘statutory homelessness’ route. The Hub provides comprehensive, specialist and wrap around support from one location, obviating as far as possible the need for vulnerable and at-risk women and children to be ‘shifted’ between locations dependent on what broader ‘function’ their choices or situations might ultimately fall under. This approach was developed to recognise that leaving an abusive situation is a process, not an event. It aims to provide consistency for women who have made a decision to leave their home, or who require help to consider their housing and safety options.

Between February and July 2019, 66% of unique cases at the Hub went on to make a homeless application. This was not always done on first presentation. Some women return to the Hub at a later date to make a formal homeless application, following advice and intervention by BSWAID, and after they have had space to fully consider their rights and options.

Unique Presentations and Homeless Applications, BSWAID Hub February - December 2019

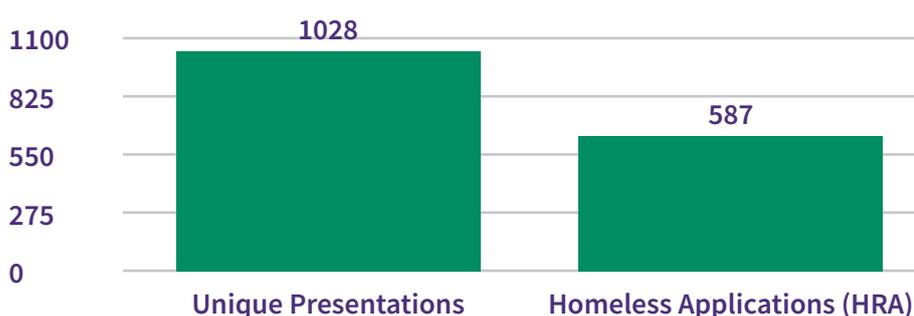


Figure 2: Unique presentations to, and homeless applications made via, the BSWAID Home Options Hub: February to December 2019.

AN INTEGRATED MODEL

The Hub ‘sits’ within an integrated model across the entirety of BSWAID’s service provision, with bi-directional flows between the Hub and other BSWAID services, and with other relevant forms of community and statutory support. This was due to an awareness of the limitations of providing a service in isolation that is, in many senses, part of a ‘statutory route’, and ensuring women have other pathways, choices and sources of support.

This is particularly pertinent for those women who do not traditionally come into contact with ‘homelessness services’. Equally, the integrated design aims to ensure women and children do not ‘fall through the cracks’ of current systems and processes because they have not received an appropriate response, or have not been assessed with a thorough, holistic and specialist understanding of their needs.

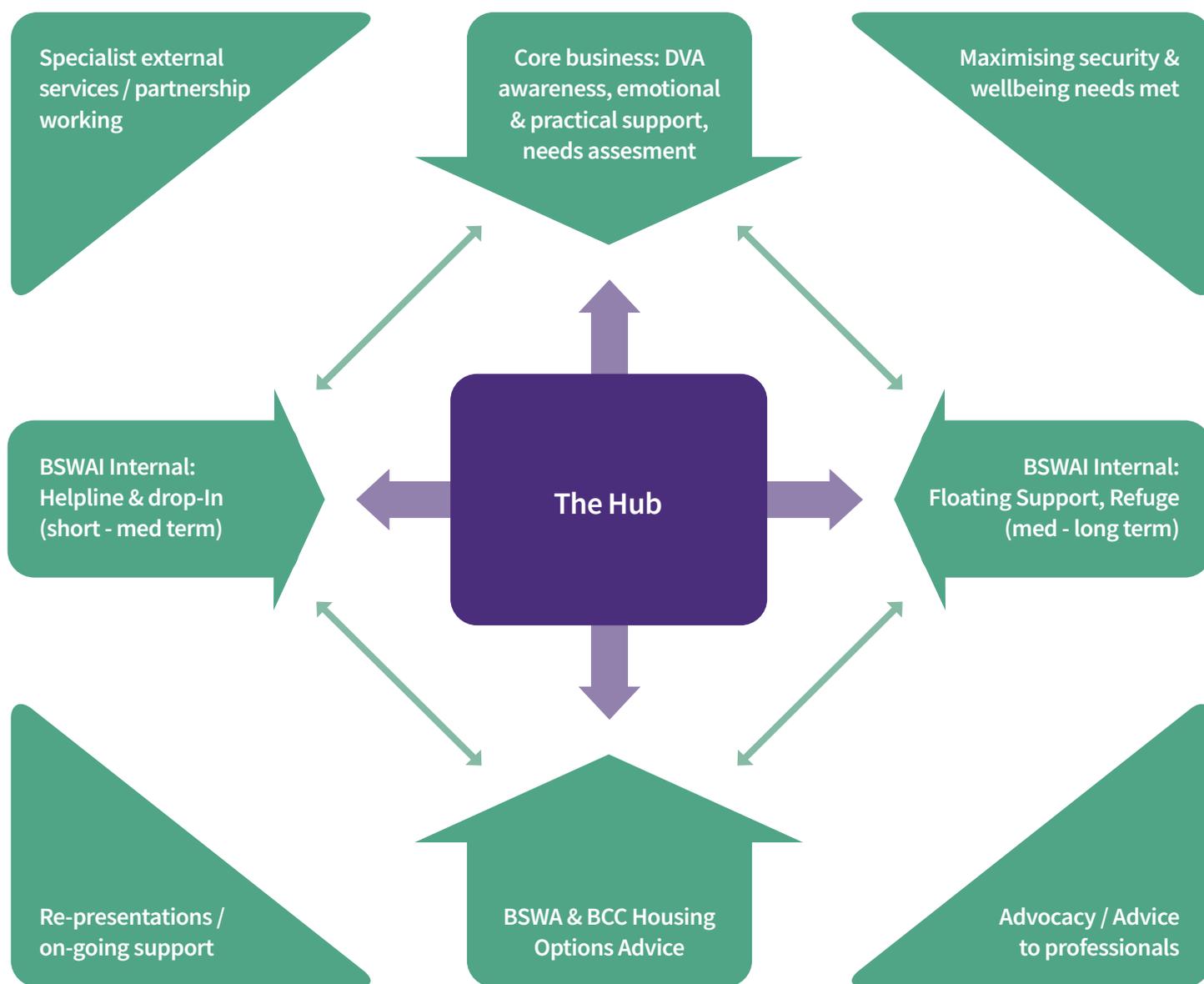


Figure 3: BSWAID’s integrated service model, ©BSWAID 2019 / 2020

CORE SERVICES INTEGRATED INTO THE HUB

Floating Support: Between February and December 2019, 125 women accessed BSWAID’s floating support service via the Hub.

The Housing IDVA Service: Between February and December 2019, 24 women accessed the Housing IDVA service (‘TA in-reach’).

Both services ensure women and children, if they choose to opt into the service, have consistent, flexible, and holistic support with whatever options or pathway they pursue after visiting the Home Options Hub. Referrals are made into both services directly via the Hub. This allows for joint case-working with Hub staff where necessary, and with other BSWAID or external services. Support provided by these services includes:

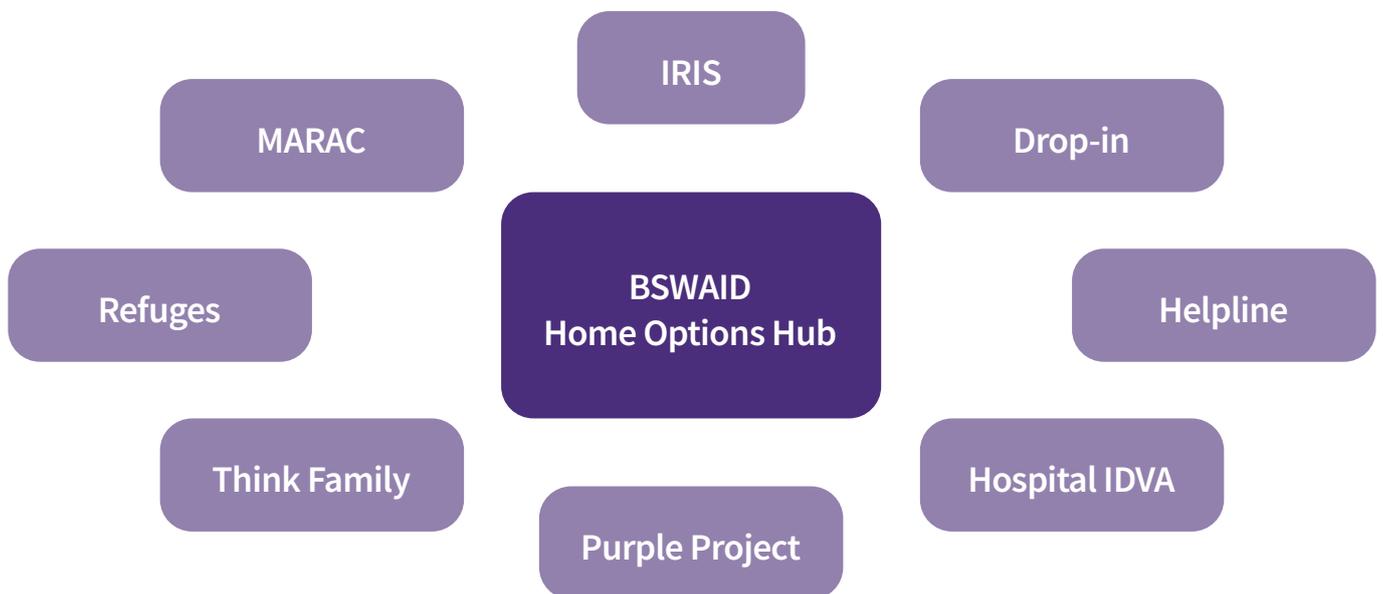
Help to understand and navigate the ongoing processes of the Homelessness Reduction Act	Specialist support to understand and follow Personal Housing Plans
Support to access external support services; including health, welfare benefits and wellbeing	Support to explore a range of legal options and around child contact with the abusive parent
Support to access permanent or more settled accommodation, including help to liaise with landlords and apply for social housing	Help to access community support, or resettle safely in a new area; including help to source alternatives if current accommodation has become unsafe
Ongoing and dynamic risk assessment and safety planning for women and children	Institutional advocacy with other services to ensure women and children’s needs and priorities are heard
Liaison with schools to ensure children are able to attend safely	Wellbeing support to ensure women and children are able to pursue leisure activities, so that their lives ‘are not just about housing and battling the system’



Other BSWAID services of particular relevance that are integrated into the Hub model are:

<p>IRIS: A scheme helping staff in local GP surgeries identify patients affected by domestic abuse, and refer those patients to the practice's BSWAID domestic abuse worker for advice and support</p>	<p>Drop in: BSWAID provides a drop-in service from its main offices to provide advice, advocacy, and guidance; practical help and emotional support</p>
<p>Refuge provision: BSWAID provides specialist refuge provision across Birmingham. It currently has 44 bedspaces in Birmingham with 8 of those within a specialist project for females aged 16-25</p>	<p>The Purple Project: provides tailored support to women over 55 who have experienced domestic abuse</p>
<p>Helpline: a confidential helpline and a webchat facility assists women with advice, support, access to refuge accommodation and signposting or referrals to other agencies</p>	<p>Think Family: is a 'whole family approach' to multiple or complex problems for families that do not require statutory or social work interventions. BSWAID provide support around domestic abuse</p>
<p>Multi Agency Risk Assessments (MARACs): A MARAC is a multi-agency meeting where information is shared on the highest risk domestic abuse cases. It has representatives from local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors. BSWAID has 12 MARAC IDVAs</p>	<p>Hospital Independent Domestic Violence Advisor (IDVA): A new service which provides individual information, support and signposting for women disclosing experiences of domestic abuse in acute hospital settings. The IDVA also provides training and support to professionals in acute hospital and community settings on understanding and responding to domestic abuse</p>

Figure 4: Some of the most relevant services integrated into the Hub model



Chapter 8, 'Prevention and Relief', discusses these services in greater depth.

ELIGIBILITY: NO RECOURSE TO PUBLIC FUNDS (NRPF)

55 women, or 5% of all unique presentations to the Hub, between February and December 2019 were not eligible for statutory homelessness assistance due to having No Recourse to Public Funds (NRPF) under the Immigration and Asylum Act 1999. It is important before progressing to note that this figure does not include EEA migrants who may have restrictions placed on their access to benefits and statutory homelessness assistance due to, for example, not exercising their treaty rights. These cases, although often conflated with ‘no recourse to public funds’ cases, are largely a separate issue – both in policy terms and for BSWAID as an organisation. For BSWAID, such cases represented a very small proportion of presenting women and were often resolved through the use of external advice and advocacy services. As one senior staff member said: “what can often seem like a woman [from an EEA country] who is not eligible for help is often something very different once you get the correct advice and scrutiny on the case”.

The 55 cases who presented at the Hub with NRPF included 61 children. Due to the hidden nature of NRPF victims, this figure of ‘55 women’ is undoubtedly an underrepresentation and should not in any way be taken as an indication of the level of ‘need’ for women in Birmingham with NRPF status and subject to domestic abuse.

The Hub does not merely communicate to women with NRPF that they are ‘ineligible’, but makes every attempt to ensure these women, and any children, are able to access safe accommodation or appropriate services; ensuring women are able to manage their situations and discuss their options in a safe and respectful space. The Hub model, as far as possible, aims to avoid replicating the ‘three tier system’ of statutory homeless legislation (eligibility, priority need, non-priority need). Due to the limited options and available resources for women with NRPF, the Hub is not always able to ensure women and children are adequately catered for in the longer-term, and it is important to remember that current, and proposed, legislation leaves many women and children at risk.

Women subject to NRPF rules are initially directed to the BSWAID drop-in service nearby. Women are then able to receive support for their situation, including:

Access to legal advice and support around the Destitution Domestic Violence Concession (DDV) ¹⁵ for eligible women and help to access subsistence grants	Further advice and assistance on regularising their status or accessing appropriate immigration-related advice and support through BSWAID’s partnership with the Central England Law Centre
Liaison with children’s services for accommodation support where appropriate	Access to accommodation via BSWAID’s links with a network of refuge and accommodation providers, and hosting schemes, who cater for this client group

Hub clients with NRPF who accessed drop in: support provided, February – December 2019: ¹⁵

Immigration (any need)	55
DDVC application	24
Support regularising status	45
Support with clarifying status	25

¹⁵. Women often present with more than one support need, and so the 55 women have 94 support reasons recorded between them.

Case Study: Jemima

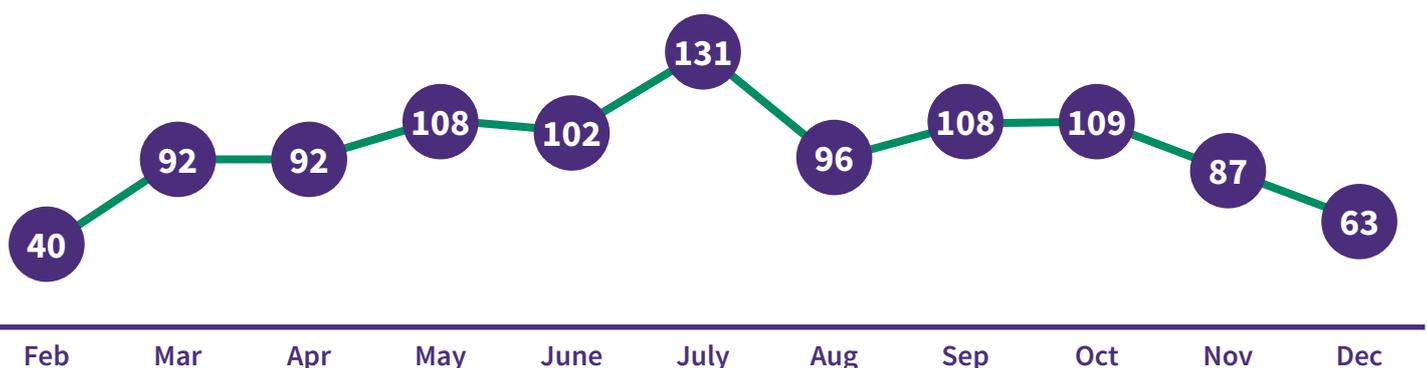
Jemima was experiencing violence and abuse from her husband and had reached out to a local community faith organisation for help. She was referred to the Hub by this organisation. Jemima was on a spousal visa and had no recourse to public funds, so was ineligible for assistance under the Homelessness Reduction Act. She was accompanied to the nearby BSWAID drop-in service by a member of staff and placed with a hosting scheme. Jemima was also allocated a floating support worker from

BSWAID for ongoing support. BSWAID were able to secure sixteen weeks' funding for Jemima from a specialist domestic abuse charity to cover accommodation costs and subsistence. BSWAID supported Jemima to secure the Destitute Domestic Violence Concession and to apply for Universal Credit. Six months on, Jemima was still living with her host, who she has a positive relationship with, and had recently been able to make an appointment with the Hub to complete a homeless application.

PRESENTATIONS

Between February 2019 and December 2019, there were 1028 unique presentations at the Home options Hub. Discounting the month of February 2019, which did not reflect a 'full and open' service as all cases were via pre-booked appointment from the local authority housing options centre, there were 988 unique presentations. This averages at 99 unique presentations per month. This data does not include calls and advice work carried out via the dedicated telephone line which, at the time of this research, were not logged and monitored for adequate statistical representation. 1567 children were included as part of the households that presented to the Hub during this period (see Chapter 9 for more detail).

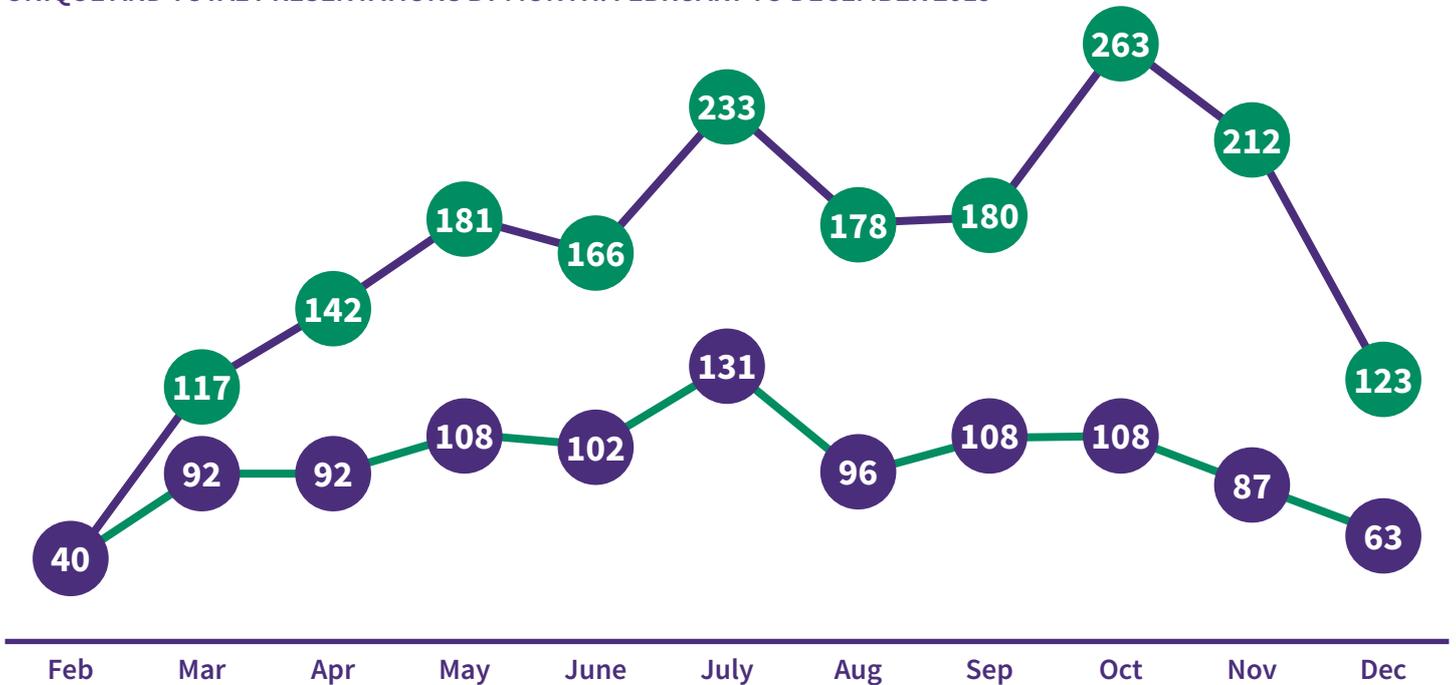
UNIQUE PRESENTATIONS: FEBRUARY - DECEMBER 2019



REPEAT PRESENTATIONS

Between February and December 2019, there were 1848 total presentations to the Home Options Hub. 820 (44%) of these were repeat presentations. The Hub aims to provide a central point for women to access, and return to, if they require additional help, support, or follow up activity. The service is not designed as a ‘drop in’ for women to receive ongoing case management. However, BWAID believe it is important that the Hub is flexible and responsive to women’s safety and wellbeing needs and provides this service when necessary. This was seen as particularly important when women are presenting in very difficult circumstances and are unable, due to high levels of distress, time constraints, or other commitments (such as childcare, schooling or employment) to complete all necessary elements of an appointment at the first presentation.

UNIQUE AND TOTAL PRESENTATIONS BY MONTH: FEBRUARY TO DECEMBER 2019



Decontextualised appraisals of client ‘repeats’ or returns to a service can be viewed as an indicator of organisational or systemic failure (Sullivan, 2011). However, this does not consider the reality of women’s lives and the realities of providing a holistic service. Due to the dynamic and processual nature of domestic abuse, its inherent risks to women and children, and the often uncontrollable and unpredictable nature of perpetrator behaviour and risk, women’s situations can change rapidly. The Hub has had to adapt and evolve to ensure these factors can be catered for in a timely manner.

There are often multiple and intersecting reasons why women return to the Hub. Whilst many were planned or pre-booked returns, others were reactive and a response to the unpredictable and difficult situations women and children are living within.

Reasons for presentations

Due to the often multiple and intersecting reasons women will present at the Hub, staff can record up to three reasons for that presentation.

Between July and December 2019, the most recorded reasons for all presentations to the Home Options Hub are presented below. ¹⁶

THE THREE MOST COMMONLY RECORDED REASONS FOR ALL PRESENTATIONS TO THE HUB: JULY - DECEMBER 2019



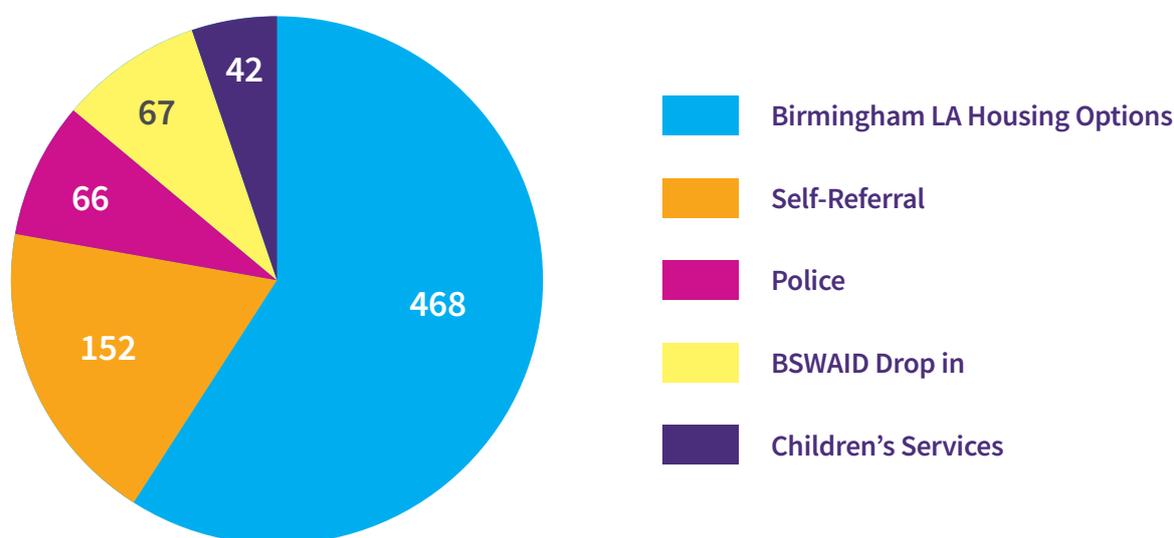
Other recorded reasons for presentation were: 'attended the Hub previously (no further reason recorded) 6% (n=64); 'need to finish homeless application' 5% (n=58); 'assistance to complete Part 6 (housing) application 4% (n=49); 'advocacy due to TA being unsafe due to domestic abuse 1% (n=14); 'advocacy due to TA being uninhabitable 1% (n=11); and 'help with Housing Benefit application' 1% (n=8).

This data could never fully capture the depth and breadth of work carried out by Home Options Hub staff to support and advocate for women and children who present, but indicates some of its key, and common, features. However, this data does highlight how the majority of women presenting to the Hub through July – December 2019 had nowhere safe to stay, or return to, that day. This confirms existing research and evidence bases, which suggest that most women seek intervention from a formal agency when the situation has reached 'crisis point' (Horne and Radford, 2008; Moe 2007; Wilcox 2006).

[See Appendix C for further commentary on repeat presentations.](#)

¹⁶. This data contains all reasons so will include data on first presentations and any repeat presentations by that same woman. Recording measures by BSWAID at the time of the research did not allow for accurate, separate, analyses of unique and repeat presentations. All percentages are rounded up or down to the nearest percent so total over 100%

TOP 5 REFERRAL POINTS: FEBRUARY - DECEMBER 2019



The five other most common referral sources were: refuge (not BSWAID) n=22; BSWAID Helpline n=21; Birmingham City Council Housing department n=19; Friends/Family n=16; IRIS n=9.

This data does not allow for an understanding of the pathways or experiences that led to the initial referral and it is difficult to make any additional commentary or draw meaning from referral data, particularly during the initial months of a new service. Due to the nature of the Hub service, and the established pathway to statutory routes to support, it is unsurprising that, during the first 11 months of the Hub's operation, most women were referred from the Housing Options Centre. ¹⁷

¹⁷. The Duty to Refer under the Homeless Reduction Act was not part of BSWAD's internal recording systems and staff felt this 'never seemed to take off' during the research period under examination. Responses from the local authority to data requests on the Duty to Refer for domestic abuse victims suggest such referrals were very minimal.

Referrals out:

Between February and December 2019, 32 referrals to MARAC and 32 referrals to Children's safeguarding were made directly via the Home Options Hub. This does not represent the level of 'safety work' that is carried out by staff in conjunction with women who access the Hub, as many assessments and safety planning sessions will mitigate the need for a formal referral.

Other onward referrals are not always recorded in a way that yields accurate statistics, as they often form part of casework and are often recorded narratively. However, the main referrals out of the Hub service besides MARAC and Children's Services were to internal BSWAID services and refuges, externally run refuge provision, supported accommodation, and external floating support and community-based services.

PROGRESS AND CHALLENGES:

This section introduces and discusses key themes that arose from interviews with staff, stakeholders, and survivors, alongside analysis of monitoring data, ethnographic observation, and evidence from case files. It centres on key challenges and key strengths, largely at the operational level.

The key themes were:

The 'Housing Crisis' and Austerity	Navigating the Homelessness Reduction Act
Understandings of Domestic Abuse	'Buffering' and 'Battling'
'Abrupt Severance of Support'	Barriers to Safety
Prevention and Relief	The Forgotten Victims: Children

These themes intersect, but those **highlighted in purple** were the most prevalent. This was due to both their significance within research interviews and their links to wider evaluative notions of context and impact. These themes: **barriers to safety; prevention and relief; and children** are given their own Chapters (6; 8 and 9 respectively).

Key challenges impacted upon staff's perceived ability to:

- Maximise and facilitate safety
- Influence longer-term outcomes for women and children
- Feel they were able to 'do enough' for women and children around their safety and housing circumstances

Key strengths exhibited through perceived the ability to:

- Give women and children the 'right response' (and 'undo some of the perpetrator's work')
- Centralise safety
- Advocate; challenging systems, attitudes, and services (even if not to immediate effect)
- Support women holistically, through 'confusing, alienating and traumatic' processes
- Despite the extant circumstances impeding desired overall medium and longer-term objectives, ensure women achieved more meaningful outcomes and responses than they may otherwise have done through a statutory service

KEY ACHIEVEMENTS, FEBRUARY 2019 – DECEMBER 2019:

1028 women and 1567 children were supported to maximise their safety and provided with specialist, holistic advice, and support	90% of women surveyed after initial presentation said the service fully met their needs
97% of women rated their Hub worker a full '5' for effectiveness during initial appointment	55 women with No Recourse to Public Funds who presented for homelessness assistance were able to access support
32 Referrals were made to a Multi Agency Risk Assessment Committee (MARAC)	32 Referrals were made to help safeguard children
712 women received ongoing emotional support	644 women received ongoing safety planning support
383 women were supported to improve their finances	359 women received support around their mental health

The Housing Crisis / Austerity

Broader awareness of the national 'housing crisis', 'austerity' and the interrelated cuts to statutory and voluntary services and social security benefits permeated many discussions and interactions with staff, wider stakeholders and, to a lesser extent, service users. This informed concerns about how such factors negatively impacted upon the safety of women and children, their longer-term housing and support options and their ability to navigate and access vital services for additional support, redress, or mitigation. Staff also commented on the overall levels of poverty and destitution faced by women and children who presented at the Hub. Many were arriving with 'absolutely nothing'; and often had not eaten for several days.

The 'housing crisis' also informed concerns about what the Hub could 'do' for women and children and the wider perceptions of the 'success' of the Hub, if divorced from necessary contexts. This theme will be examined in further depth in Chapter 8, but it is important to state here that it overarches and inflects the entire piece.

‘NAVIGATING THE HRA’

“I’ve always said, I think the idea of [the Act] is good, it’s personalised, meant to be more supportive. I think that’s only a good thing but in practice that’s not really happening I don’t think, due to not enough staff [in all services] and not enough resources to implement the support that potentially individuals would get around that Personal Housing Plan, and still so little there at the end of it anyway...it doesn’t magically solve the problems in this country”.

Staff perceptions of the Homelessness Reduction Act were cautiously optimistic in terms of its overall, theoretical, principles (‘more supportive’, ‘less restrictive’). It appeared, however, that for those working ‘with’ the Act it was impossible for overall perceptions to not be informed by the realities of day to day operation and surrounding socio-economic contexts.

In terms of the Act’s impact upon women and children experiencing domestic abuse, there was a strong suggestion that homeless ‘prevention’ was ‘not the same for women experiencing domestic abuse’, and that relief options were stymied by the ‘housing crisis’ and additional safety concerns. The concepts of prevention and relief are discussed in depth in Chapter 8. However, it is important here to note that staff asserted they, as far as possible, tried not to be directed by pre-determined HRA categories, whilst adhering to any legislative responsibilities. The approach taken by BSWAID, despite significant barriers, was to “get women started on their journey in the most effective way possible”, and not merely become an ‘arm of the system’. Taking a trauma-informed, specialist approach towards women and children experiencing homelessness through domestic abuse was strongly viewed as necessitating a centring of the woman’s experience and needs, rather than any legislation.

This ensures staff do not replicate coercive or controlling behaviour or adopt a directive or judgemental stance; inadvertently ‘colluding with the abuser’. There was an acute awareness that years of advocacy and specialist intervention and support meant they knew ‘sometimes women feel worse after going to other agencies than if they hadn’t even bothered’ and so instead aimed to ensure women get the ‘right response’ the first time they access the service for help with housing needs; at the point of entry and consistently as required along their individual ‘pathway’.

In the intended spirit of the HRA, BSWAID staff were also firm that they do not take a ‘priority need’ led approach or place more emphasis on certain ‘types’ of case or precipitating ‘incidents’.¹⁸ All cases were seen to be dealt with holistically and intensively to ensure women feel safe, believed, respected, and empowered. This ensured as far as possible that women are given suitable time to talk about their experiences; reflect and make decisions for themselves and their children based on accurate, tailored, and comprehensive information.

Appointments

Staff frequently commented upon the length of time appointments were taking, the challenges of managing this within their workloads, whilst also ensuring women received a service guided by the overall principles, aims and ethos of the Hub. Staff were conscious of potential external perceptions of appointment length, and the worry that they would be pressured to ‘cut down’ on appointment lengths to fit more women in, or would subconsciously start ‘shutting women down’ for fear of what they might disclose and how much additional time that may then entail:

“We don’t shut down women for fear of what they might disclose [that] would totally defeat the object of having a specialist service for women by women”.

Each appointment was seen to take up a considerable amount of staff time and Hub resources. Those pre-booked through the Local authority Housing Options Centre (at the time of research, at 9 per week) were averaging around 2-3 hours. Usually, in these cases, a client has been triaged and safely, albeit often temporarily on otherwise unsuitably, accommodated and was attending the Hub to complete a homelessness application. The remainder and majority of cases, where women had ‘dropped in’ or been referred from another service without prior triage or assessment, ranged from 2 – 6 hours.

¹⁸. This is not to suggest that safety and risk are not prioritised, and that ‘high risk’ cases are not given the necessary time, resources and specialist input. However, all women are dealt with to the level of detail and time necessary to ensure they are as safe and as well-informed as possible.

Some women were waiting at the Hub all day for a temporary accommodation (TA) placement, suitable supported housing, necessary external agency referrals, or refuge accommodation. In addition, BSWAID's attempts to ensure all women are able to access adequate assistance means that they provide translation services for all women who require this. Between February and December 2019, BSWAID Home Options Hub and integrated services made 1596 calls to interpretation services in order to adequately assist service users. This equated to 286 hours overall, and an average of 11 hours per week. Around 20% of Hub appointments require translation services and typically last around 5 hours. Between July and December 2019, the total costs to BSWAID's integrated services for translation services totalled £972.75.

Reasons for Presentation data (see Chapter 4) has shown that most women not already pre-booked for a homeless application currently present at the Hub because they do not feel safe to stay in, or return to, their current accommodation. Staff felt that the nature of domestic abuse means that the majority of women and children are presenting with very difficult, risky, traumatic, and stressful experiences, which could not be 'rushed'.

See Appendix C for further information on staff's understandings of why appointments can take a long time.

Staff were unsure how appointment lengths could realistically be reduced, and many felt that 'splitting up' appointments was not a feasible option. The 'blending' of a specialist service and statutory functions was seen to engender a necessarily long process. BSWAID staff also had no real control over the local authority's paperwork and processes.

"For me, I don't know how you'd get around that, if you are mixing together a homelessness application and a specialist DV service where a woman is telling you about certain risks and certain safeguarding issues, for me it is not safe to let that wait so I will do a full risk assessment there and then...so if I'm hearing risk and I'm hearing safeguarding I will want to pick that up then otherwise I couldn't sleep at night".

It is important to note that few women referenced the length of the appointments in interviews and surveys and, when they did, this was a seemingly neutral reference to the fact the process was 'long-winded' or 'took time' rather

than in more normative terms. Those who did comment in greater length about the timespan of appointments expressed appreciation that they were 'given time to cry, take breaks', or said they understood why it took so long, as their situation was 'so complex'. Those external stakeholders with mutual clients said that some women had commented that the appointment took a long time, but that they, as practitioners, understood why, and that it 'was the same for everyone'.

Staff felt that the early introduction of an 'office day', away from frontline appointments, greatly enhanced their ability to manage their roles. However, staff were clearly under pressure and sometimes overwhelmed by the scale of demand for the service. All frontline staff commented positively on how extensive training and induction periods were, but several commented on how difficult it was to help women when there were so few options. The constant 'battling' through systems, along with 'back to back' appointments were, at times, emotionally difficult, and equally as difficult to prepare for.

Personal Housing Plans

Strongly linked to the length of appointments and the 'housing crisis' was the issue of Personal Housing Plans (PHPs). Staff were aware that the PHP should be 'personalised', with a danger that in the wrong hands it could become like a 'claimant commitment' when it 'needs to be personalised around a person's life, not just her housing needs'. This was characterised as a collaborative process led by the woman, allowing for self-determination but also sensitively reflective of both her own circumstances and perceived extant 'reality' of existing options and service provision.

There was a corresponding concern, although currently untested through any local or publicised national legal challenges, that failure to follow or 'comply' with a PHP may form part of a local authority's decision to deny assistance to an applicant, or be 'used against' a woman. This led to an acute awareness of the importance of, wherever possible, completing the document within a suitable time and space. This was seen to allow PHPs to become a 'live' instrument that fosters help-seeking and progression along a homelessness 'pathway' or 'journey', ensuring it does not become a 'box ticking' exercise that may inadvertently disadvantage women in the future.

However, staff were concerned that, due to the length of the appointment, some women 'aren't in a place to engage with [the PHP]'. Others felt that the bureaucratic processes of the HRA are 'information overload'. Women were often perceived to be under such stress and in very dangerous and difficult situations; primarily focused on their immediate needs for safety and survival, meaning that full engagement with a PHP at the first point of contact was often unlikely:

“Say, they’ve been brought in by the police and are at crisis point, trying to process what has happened to them, are they gonna be homeless with their kids tonight? It’s not really the best time to sit and do it”.

This was echoed by stakeholders, with one professional who spoke of the complex realities of homelessness suggesting that 'in a way you are going through a bureaucratic exercise to get to a point they are not ready for. Is it achieving anything? Not sure'. A smaller minority of stakeholders were more dismissive of PHPs, suggesting the concept is 'meaningless' or that clients never refer to them again. There was a corresponding sense that, if PHPs were not carefully managed and contextualised, they could inadvertently become coercive, and unfairly disadvantage women:

“These are vulnerable, desperate women who just want to be housed, they want to be safe so if they think saying ‘yes’ [to the steps on a PHP] will get them that accommodation faster it makes sense they’ll say yes”.

BSWAID staff who provided ongoing support to women felt that some found the PHPs helpful, particularly if they had no prior experience or knowledge of housing systems and processes, whereas others could find them difficult to use and refer back to, particularly those with English as a second language or with additional literacy needs. Floating support staff were often having to 'keep explaining and reiterating' processes, timescales, and the feasibility of certain options. There was also a concern that some women were not sure what they had signed, and without additional direction, may not understand what to 'do' with their PHP. A perceived advantage of integrated floating support, for those women who utilised it, was that staff could work proactively and reactively with a woman on her PHP. There was a corresponding concern that women without additional forms of support "could be left not actually doing much".

There was some support for the option of 'splitting up' an appointment and doing the PHP at different time, when women were more focused or 'stable'. However, frontline staff were more cautious about this option, feeling that, in theory, it was a useful option but in reality ensuring a woman came back could be problematic, and that the PHP is a statutory requirement that needs to be fulfilled. In addition, attempting to fit additional appointments into an already burdened and busy 'crisis' service which prioritises the immediate safety needs of women and children would be difficult to manage.

When asked about their PHP, the 15 women interviewed for this research had mixed responses. Several could not recall it, two talked at some length about how useful it was, and some had clearly taken on board key messages and principles without formally designating this as their 'Plan'. However, PHPs did not form a significant reference point within their current 'journey', or articulation of experiences and challenges (see Chapter 8).

PHP: Housing Options:

‘I think staff feel powerless and they don’t necessarily have faith in the housing system so we are asking women to do these PHPs but we know at the end they are not necessarily gonna get a property or at least for a very, very long time so it is disheartening to them’ (Senior BSWAID staff member).

The limited housing options for clients meant that the housing element of the PHPs could feel somewhat 'done by rote', with an appreciation of attempting to be constructive and realistic but knowing available options were so limited: **“it’s like, asking a woman with severe and complex needs to look for private rented every day isn’t realistic, but then what else are the options? You can’t put nothing on there!”.**

There was a notion that the local authority would 'expect' private renting to be entered as an option but that it needed to be carefully articulated if this did not 'fit' with the context of a woman's life. This was particularly pertinent for those still living with a perpetrator, or who were placed in temporary accommodation outside of the City and could not feasibly travel back and forth to view properties and engage with landlords. There was sense that, if PHPs were created by organisations without specialist understanding, the process could consume the purpose: defeating the object of a PHP.

There was some evidence of positive joint working on PHPs between BSWAID and external support organisations, which could help women to progress, and ensure Plans were ‘live documents’; updated if circumstances changed.

Personal Housing Plans: Good practice example

One (at the time of fieldwork research) commissioned domestic abuse support service commented on the benefits of joint-working with the Hub on a mutual client’s Plan:

“I was actually named in the PHP, it was very good, very personalised and I did have contact with the Hub worker, we stayed in touch and we kind of

worked out who was responsible for each bit and kept feeding back and so I was responsible for the PHP as she still lived with the perp and it wasn’t safe as he didn’t know she was planning an exit route. We updated things and documented the conversations so if there was any comeback it was on there that it was deemed by professionals not to be appropriate”

Analysis of 75 anonymised Personal Housing Plans:

External stakeholders who worked in homelessness services and had experience of working with PHPs expressed that they knew what a ‘bad’ PHP was, but had less sense of what a good one should look like, with those who had seen PHPs completed by local authorities feeling that much seemed ‘copied and pasted’:

“Honestly, we see exactly the same wording on countless plans: loads on the bit for the client to do, and on the council bit, just ‘we have given you a PHP, we have told you, you can go and do this or that’, nothing concrete that the council will do. It does feel like box ticking”.

Analysis by the author of 75 randomly selected, anonymised PHPs completed by BSWAID Hub staff revealed that the ‘what you will do’ section, which largely centred around housing options, contained elements of ‘standardisation’. However, options were, generally, clearly explained, often with accompanying guidance around financial viability. The ‘what we will do’ section, however, was much more personalised and holistic, focused on safety and additional concerns. Analysis of this small sample suggests that this is where the strength, currently, of PHPs within the Hub model lies. Although designated a ‘Personal Housing Plan’, BSWAID ensure the Plan goes beyond housing and is integrated with the safety needs and ‘whole contexts’ of women’s lives.

The only interviewee, Layla ¹⁹, who spoke at length about her PHP similarly spoke of the benefits she found from the coherent and holistic approach:

¹⁹. All survivor interviewee names through this report are pseudonyms.

“It is useful to have the plan to see where I am in the process and then everything we discussed was broken down into this chart and it shows the support, safety, emotional support. [Hub worker] has broken it down into sections and I can reflect, and she has said if anything needs to be changed, I can come back”.

AGENCY UNDERSTANDINGS OF DOMESTIC ABUSE

A key challenge that BSWAID staff faced whilst performing the functions of the Homelessness Reduction Act and liaising with a range of, mainly, statutory services, was navigating the varying understandings and conceptualisations of domestic abuse, and the associated attitudes towards the potential and actual risks facing women and children. This was seen to impact upon women and children at the point of access, and on staff’s ability to get clients ‘over the threshold’ for various additional forms of support and protection. It also formed part of ongoing attempts to ensure women’s temporary or current housing circumstances were safe and appropriate.

The key issues were:

- Being viewed as ‘homeless’ under housing legislation (property ‘reasonable to continue to occupy’)
- Being eligible for interim temporary accommodation provided by the local authority
- Section 17 support for children and families ²⁰
- Adult Safeguarding referrals
- Ensuring statutory agencies understood the risks of current or proposed / available temporary accommodation

In opposition to BSWAID's specialist understanding and approach to the dynamics of domestic abuse and associated notions of risk and safety, there was a strong overall perception that many other services either:

- Understood domestic abuse as 'mainly physical violence'
- Took an 'incident-based' or temporal approach to domestic abuse and risk, enquiring as to 'how long since the last incident'
- Required 'evidence', proof or corroborating information, most often in the form of a crime number
- Lacked awareness of risk indicators; of escalating risk, and of likelihood of further harm

It is not possible to quantify how many cases were subject to such evidence-focused or incident-based understandings, as many were resolved through BSWAID staff advocacy, as a natural element of their role. However, staff said it was a recurring and consistent theme, although seemingly inconsistently applied:

“I know we have to adapt the way we work, as we are very women-centred and put the service users at the forefront of everything, and rightly so, we understand they [the local authority] have to follow legislation but the inconsistency is the issue”.

There was a perception that evidence and incident-based approaches to DA were 'heavily ingrained' within a range of statutory and non-specialist organisations and that many were coming from an 'automatic position of disbelief', in direct tension with BSWAID's ethos of 'unconditional belief'. The imperative of not 'colluding with the abuser' and avoiding reaffirming the perpetrator's 'no one will believe you' narrative was very important to the ethos and aims of the frontline service. This could feel in direct tension with statutory modes of working:

“It compromises us as we don't question women to that degree. We understand why a woman doesn't want to report something. We understand emotional abuse is just as severe as physical or something that leaves bruises”.

External stakeholders involved in supporting survivors of domestic abuse also commented on the seeming ubiquitous requirement of 'proof': "It's a theme we get all the time, in general, women fleeing violence: have you got proof? Have you phoned the police?"

Women accessing the Hub, often with no prior police involvement in their situation, were often asked by services to 'get a crime number' or asked at the outset whether 'the police had been involved'. This was particularly prevalent when women were attempting to move from their current TA as it was deemed to have become a risk, or to access assistance through Section 17 support for children.

Perceptions of 'Risk' and 'Safety'

Empowerment and safety planning has long-established roots in women-centred third sector responses to domestic abuse (see Coy and Kelly, 2013) and BSWAID staff work to find an appropriate balance between more 'procedural', statutory or formalised measures of risk, and a woman and child centred approach to safety planning and self-determination. Hub staff perform active and dynamic risk assessments, formally and intuitively, throughout the interview processes. This was also seen as a 'continual process' throughout ongoing casework or floating support, in line with the understanding of the evolving, processual and often unpredictable nature of domestic abuse.

In terms of ensuring external services understood the risks and severity of abuse for the 'meeting of thresholds', or the risks to women when placed in non-specialist temporary accommodation, external services were often perceived to take an 'incident-based' approach. This often involved questioning how recently a (usually violent) incident had taken place to determine if they were safe to stay in their current home, or whether temporary forms of accommodation were, or would remain, safe. Staff suggested this was often accompanied by an ethos of 'sit tight and wait for something to happen'. The organisation recounted several instances where action was only taken by a statutory agency after actual incidents of harm had occurred, despite repeated previous advocacy by BSWAID.

Similarly, the risk of coercive control and stalking and harassment was not necessarily well-understood in homelessness or accommodation-related contexts and, if a civil order was in place, even if the woman was adamant the perpetrator would not adhere to it, they could be deemed to be safe to 'continue to occupy' their accommodation.

20. Under section 17 of the Children Act 1989, social services have a general duty to safeguard and promote the welfare of children in need in their area. Section 17 can be used to assist homeless children together with their families. Social services can provide accommodation for a whole family under section 17.

‘BUFFERING’ AND ‘BATTLING’

Ensuring staff do not adopt an ‘evidence-based approach’ or structure their appointments or ongoing support interactions under such a framework was often seen to be in tension with local authority and other statutory routes of assistance. It was seen to require significant skill and time on the part of staff to ensure they are able to collect, and begin to anticipate, all necessary information in the forms in which it is required, by external agencies, for all points along a woman’s housing ‘pathway’ or ‘journey’. This was compounded by the need to communicate this to women in a way that is not detrimental to relationships, trust-building and confidence; and in ways that do not replicate or validate the abuse to which they have been subjected:

“We’re not here to gather evidence: it’s advocacy: preparing the ground for further down the line, evidence that can help your case is different from at the outset being evidence focused”.

It is important to note that the women interviewed in-depth about their experiences, and the women who were surveyed about their initial experiences of the Hub, did not comment upon being asked or ‘probed’ for ‘evidence’ in relation to their current experiences (see Chapter 7). However, those women who had been ‘help-seeking’ for longer referenced negative experiences of previous help, and particularly the lack of help for non-violent forms of abuse. This could be perceived as a testament to both the proficiency and determination of staff to balance the competing priorities of a statutory function and a specialist domestic abuse service, and the role that has seemingly developed for the Hub to act as a ‘buffer’ between statutory services and women. This chimes with external stakeholder perceptions of the strength of specialist services:

“And when [women are] trying to make that big step, the first step, and doing all the things right to try and be safe and then things like [being asked for proof] makes them think ‘why bother’? ...That’s why having a specialist service, if you give it to the experts, it’s not as lonely for her, not having to face that on your own....”

“Systemic Battling”

“We do have a housing crisis, but other services are letting us down”. (BSWAID senior staff member)

Alongside the work BSWAID staff do to ensure women are, as far as possible, not adversely affected by ingrained and detrimental attitudes of services and pathways, there was a notion that overall pressures on services were causing greater work for staff, and larger obstacles for women and children to overcome, ‘just to get the basics’: “Everyone is pressured, everyone’s caseloads are going through the roof...police can’t even respond to incidents”

This linked to a notion that services, when resource and time-pressured, will consciously or unconsciously put barriers in place for women: a form of gatekeeping not necessarily borne from a lack of desire or inclination to help, but quite often because they do not have the financial or staffing resources. Linked to this was the notion that many services avoid discussing or ‘opening up the box’ of domestic abuse as they lack the confidence and knowledge to adequately deal with disclosures:

“It’s like a lot of services will test and test and make a woman wait and wait in order to determine who is ‘genuine’, genuinely in need of what little provision or funds they have”.

Pressures on budgets and resources meant staff felt it could sometimes be harder to ‘make the case’ for interim temporary accommodation for those women who were presenting from another local authority area, despite the code of guidance which states that local connection does not apply to women who are at risk of violence in their area of connection. (MHCLG, 2018). 63 women were recorded as having a local authority of origin outside of Birmingham between February and December 2019; a small but not insignificant number. Local authority stakeholders suggested it could be difficult to get another local authority to accept cases that were owed a main housing duty, where the referral conditions had been met (‘Section 198 referrals’). Both such instances exhibit the pressures on all local authorities, and the substantial amount of administration and advocacy that can be required to ensure survivors of domestic abuse receive their entitlements under existing legislation.

Larger families, in particular, were often seen to be the most sharply affected by a lack of resources and temporary accommodation options, with staff sometimes facing no other option than to send women and children to a local police station for assistance. This factor was not formally recorded until October 2019, when it was clear this was a recurring, and significant, issue. Between October 2019 – December 2019, BSWAID staff recorded 15 cases where this occurred. 13 of these women had children as part of their household.

It seems inescapable that a lack of resources, which often serve to entrench existing and ingrained attitudes toward domestic abuse, mean that women and children are being failed. Senior BSWAID staff in particular acknowledged that pressures on statutory services were largely due to inadequate funding at national government level. However, when ‘battling’ for the immediate safety of women and children, it was often difficult for this distinction to be useful.

‘A separation of powers’

BSWAID and Birmingham City Council staff were aware that an integration between organisations was important for the effective running of the Hub service; and that differences in organisational cultures and ways of working would take time to work through. However, from BSWAID’s perspective, a separation of organisations was also seen as important to maintain. This was largely articulated as a wish to ensure women who accessed the service could maintain levels of trust and build consistent relationships with BSWAID, despite potential negative decisions or actions by statutory agencies. BSWAID staff suggested that they try to ensure women clearly understand who has responsibility for certain functions, and what the organisation’s role was within the broader statutory framework. Staff were also concerned that BSWAID’s reputation could suffer the deleterious effects of, particularly, inappropriate accommodation placements made by the local authority. Where this had occurred, staff worked hard to ensure relevant stakeholders were aware of the role of BSWAID and the ‘power’ (or lack of) that they had in certain contexts.

‘THE ABRUPT SEVERANCE OF SUPPORT’

There was a suggestion that the service provided by BSWAID was affording women and children a high level of specialist, wrap around support through prevention and relief periods ²¹, but that after the case was handed over to the local authority for main duty decisions, staff were often left ‘not seeing the end results’. This was both in the sense that, for a variety of reasons, women’s homelessness could not be ‘ended’ during the relief period (see Chapter 8) but also that they were not being informed of ‘main duty’ decisions; often finding out ‘by chance’, if at all, that women had received a negative decision. ²²

Staff said that, in light of this, they aimed to prepare women early on for this process; informing them that the local authority would be contacting them for more information and making any final decisions, whilst also encouraging them to make re-make contact if they were not happy with any decisions, or are confused by the process. Staff also perform further safety and wellbeing checks and reiterate the additional BSWAID services that are available. However, there was the undeniable sense that women will have specialist support and guidance through the relief period, and for those cases with floating support for six months, but that, due to contracting length, this support could end when women are still in difficult and uncertain situations.

Statutory processes were often seen to be lengthy, with delays in decisions, and women were often ‘let down’ and left ‘in limbo’ by external structures and systems after such an ‘incredibly positive and beneficial start’ from BSWAID. This was coupled by the sense that ‘it’s never just domestic abuse’ and that there were intersecting issues and forms of disadvantage facing women that would not be immediately ‘resolved’ even if their immediate housing situation could. Part of Hub’s design is to link women in with other forms of support and advice, both within and outside of the organisation, in order to ensure they receive more holistic, bespoke, and longer-term support with their situation.

²¹. 56 days for Prevention or Relief periods, or 112 days if a case moves through both Prevention and Relief duties.

²². As described in Chapter 3, data on homeless applications, including outcomes, from Hub cases was not available from the local authority at the time of writing.

However, what might be termed this ‘abrupt severance of support’ was seen to be a trend in commissioning and funding models for domestic abuse related services overall, with most funding and commissioning regimes generally lasting six months.²³ In previous years, this was seen to have posed less of a problem as, particularly, housing options had been more readily available. In line with this, other commissioned (at the time of fieldwork) domestic abuse support agencies stated that, previously, they would see changes and improvements for their clients within the six-month support period. However, more recently, because settled housing was harder to achieve, and services were slower and resource-poor, they were not seeing even material improvements for women and children:

“A few years ago, we would at the end of our six months with a client have them in settled housing but now, we are lucky if we get to see a client achieve that in the six months whilst we are supporting them, often we don’t get to see what happens at the end for them, we have to lose the case”.

“She only gets six months with us and so the gatekeeping, the waiting lists, and the waiting for decisions eats into a lot of that time period [it] means it is frustrating for us as support workers cos then we are very near case closure”.

Commissioning contracts for domestic abuse services within the local authority changed in December 2019; with most support contracts indicating notional duration of support lengths of up to one year. However, it is unclear how far, if at all, this may alter these experiences and concerns.

²³. Note that commissioned support contracts changed in December 2019, subsequent to the fieldwork for this report being carried out.

Reflections and Conclusions

This chapter has shown how service design, frontline delivery, and responses to the immediate needs of women and children are strongly shaped by contextual factors. These wider contexts have a reciprocal function: a contextualised, specialist, women-centred understanding of domestic abuse informs design and delivery, whilst competing external perceptions, structures and systems can impact upon the Hub’s ability to effectively achieve its short to longer term aims.

The evidence presented in this section shows that the Hub model is clearly a positive step in sensitively and holistically addressing the immediate and, often ongoing, needs of women and children who reach out for help at what is often the most dangerous time in their lives.

The values and ethos that underpin the design and approach of the Hub: attendance to risk and safety, unconditional belief, and non-judgement, assist in ensuring women ‘get the right response the first time’. This imperative links to a wealth of existing evidence: that if women do not receive an appropriate response when they first seek help, they may return to a dangerous situation or delay seeking help again for an extended period of time; and that poor previous experiences of help-seeking can prove a barrier to further disclosure (Fugate et al., 2005). At a point when a survivor seeks help, the abuse is likely to be increasing in either frequency or severity, and one recent study suggested that 85% of victims sought help from professionals an average of 5 times in the year before they received effective help (Safe Lives, 2018). A first interaction at the Hub can in no way redress or reverse the effects of the ongoing and complex abuse women and children have experienced. However, BSWAID’s approach is consistent throughout its services and the integrated ‘positive pathway’ model, ensuring that women are able to navigate their individual pathway within a relational response that builds a strong – and the right – foundation for the long and often difficult process to recovery and safety. Without more longitudinal methods, and evidence gathered from counterfactual experiences, it is not possible to robustly measure the effects of the Hub’s approach. However, existing evidence suggests the approach and model may prevent women from making repeated presentations to a range of services. It may also prevent women from remaining in an abusive situation for a longer period, which can increase risk (Robinson, et. al., 2018).

It is perhaps unsurprising that initial appointments lengthy processes. The Homelessness Reduction Act has undoubtedly placed additional bureaucratic and administrative burdens and time pressures on all local authorities and agencies contracted to carry out related functions on behalf of a local authority (HoC, 2019). Studies suggest that survivors' methods of disclosure can be 'emotional, contradictory and fragmented' (Herman 1997), in contrast to the 'more logical coherent narratives expected from many service providers' (Pain et al, 2019). BSWAID Hub staff are specialists in domestic abuse and its traumatic affects. They are acutely aware that, to allow a woman time to speak and reflect, and to adequately assess risk, comprehensively plan for safety and assess suitable options, an open and flexible approach is required.

National evidence on the operation of the HRA has also suggested that the most significant change has been an increase in contact time with clients in initial appointments, but largely without a corresponding increase in options or positive outcomes (HoC, 2019). This chimes with Crisis' concerns about the 'front-loading' nature of the HRA, and how useful and more intensive forms of assistance at first presentation are not carried through into longer term forms of assistance (Boobis et. al. 2020). The integrated floating support provision, and bidirectional referral pathways between BSWAID services, are an undoubted strength of the Hub model for ensuring support extends beyond initial presentation; although currently finite resources. In addition, the longer-term effects of the perceived 'abrupt severance of support' for women who access the Hub were beyond the scope of this initial research period but raise similar concerns.

A project that operates at the intersections of housing, homelessness, domestic abuse, and social security systems exists in a fluid space. Internal and external environments are changeable, and the Hub has shown flexibility and adaptiveness as the service has developed, whilst retaining women's needs and safety as its focal point. However, it is clear there are some constants in the extant environment, and possibly none more so than the variety of external understandings and approaches to domestic abuse. The evidence and incident-based nature of many understandings of domestic abuse, societally and particularly within statutory services, is a longstanding and consistent theme in research, and practice-based evidence and knowledge (see Women's Aid, 2019; 34; Bretherton and Pleace 2018). BSWAID's entire service

provision is based on strong principles and values, informed by decades of practice-based knowledge, expertise, and research. However, it is clear that external notions of, 'proof' and physical or incident-based conceptualisations of domestic abuse were, if not always in opposition, variably applied and often problematic. Similarly, the imperative by some statutory organisations for women to contact the police of obtain a crime number before action would be taken fundamentally ignores the nature of many women's experiences of abuse. Many women do not report to the police for a variety of reasons and are statistically one of the groups least likely to report their victimisation to the police (Zykowski, 2015; Smith, 2017). In addition, research evidence suggests that migrant women and women from BAME communities are far less likely to trust, or wish to have contact with, police (Gill, 2004; Gangoli et. al., 2019). Restricted resources and deeply ingrained ways of working make requests for crime numbers or police contact in some senses inevitable if not always, for specialists, 'understandable'. It also leaves an unanswered question of how women who do not access BSWAID's service will be affected, particularly those with protected characteristics.

In summary, these elements exhibit the challenges and tensions of balancing the competing priorities of a statutory function and a specialist domestic abuse service. They also illuminate the current role of the Hub to act as a 'buffer' between statutory services and clients. This advocacy role within a homelessness context exhibits how BSWAID's 'space for advocacy' is continually constrained, not just by ingrained attitudes to domestic abuse, but also by the 'pragmatic' rather than 'ideological' gatekeeping borne from insufficient and diminishing resources. A longer-term aim of the Hub model is to change attitudes and cultures within services and communities around domestic abuse and homelessness. In the shorter term, the absence of comments from women who sought help about the need for 'proof' shows how the personal and institutional advocacy performed by BSWAID staff is largely performing a protective function: 'shielding [women] from' rather than producing a 'shifting of' attitudes. Nonetheless, to affect the longer-term 'shifting' of attitudes, a form of 'collective battling' between organisations is needed. Systemic change requires cultural change within services and organisations, and open and honest conversations within the City about the prevailing issues and the, often unintended, consequences.

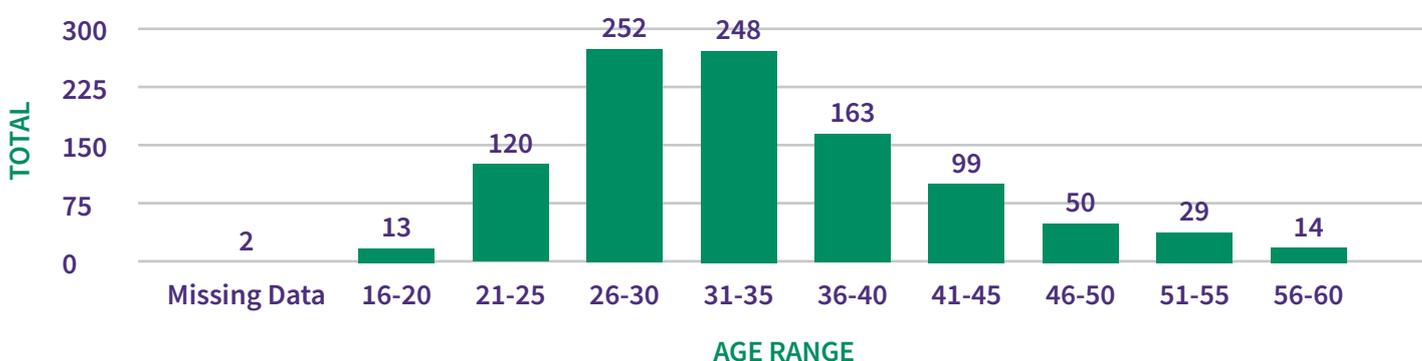
5: Service User Profiles

This chapter provides data on the profiles of women who accessed the BSWAID Hub between February – December 2019.

AGE:

The majority (51%) of women presenting at the Hub were between 26-35 years of age.

Age Ranges of Presenting Clients February - December 2019

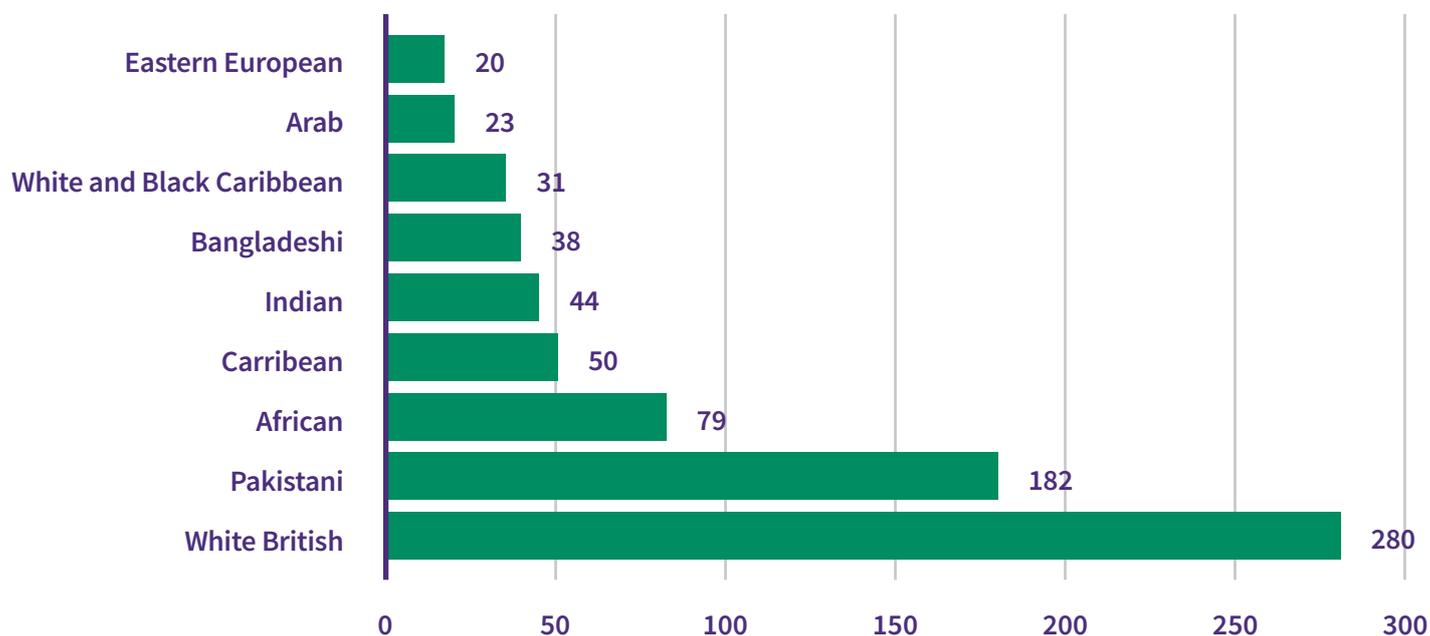


ETHNICITY: 24

The largest ethnic group presenting at the Hub were White British (280 or 29%), followed by Pakistani (182 or 19%), and African (79 or 8%). The least represented groups were Gypsy or Irish Traveller (2) Mixed White and Indian (1); and Chinese (1).

24. All of these categories were fixed, and came from BSWAID's existing monitoring system, On Track. Not all data was recorded so totals will be less than the 1028 unique presentations for this period.

Ethnicity of Clients Presenting to the Hub: Largest Groups



Appendix E presents the full dataset of client ethnicity for February – December 2019

Nationality: The highest percentage (71%, or 710) were recorded as British. The second highest nationality was Pakistani at 4.6% (46); with Indian at (1.8%); Bangladeshi at (1.2%); Polish at (0.8%); Sudanese at (0.7%); and at Moroccan (0.7%); Somali (0.6%) making up the other six most represented nationalities.

Disability: 221 women (22%) were recorded as having a disability, with 61 women (6%) recorded as having more than one disability.

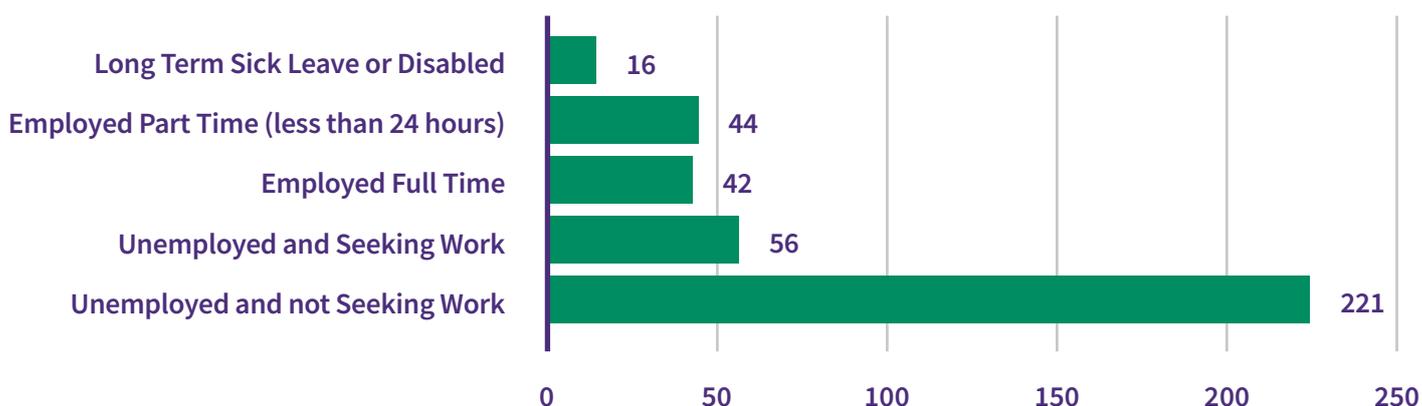
Sexuality: Of those who answered this question, 817 (82%) identified as heterosexual; 8 (0.8%) as Bisexual; 2 (0.2%) as Gay; and 2 (0.2%) as Lesbian. 165 (17%) did not disclose, or this was not known.

Household size Women with dependents made up 68% (674) presentations to the Hub; with single women making up the remaining 32% (320).

Employment status:

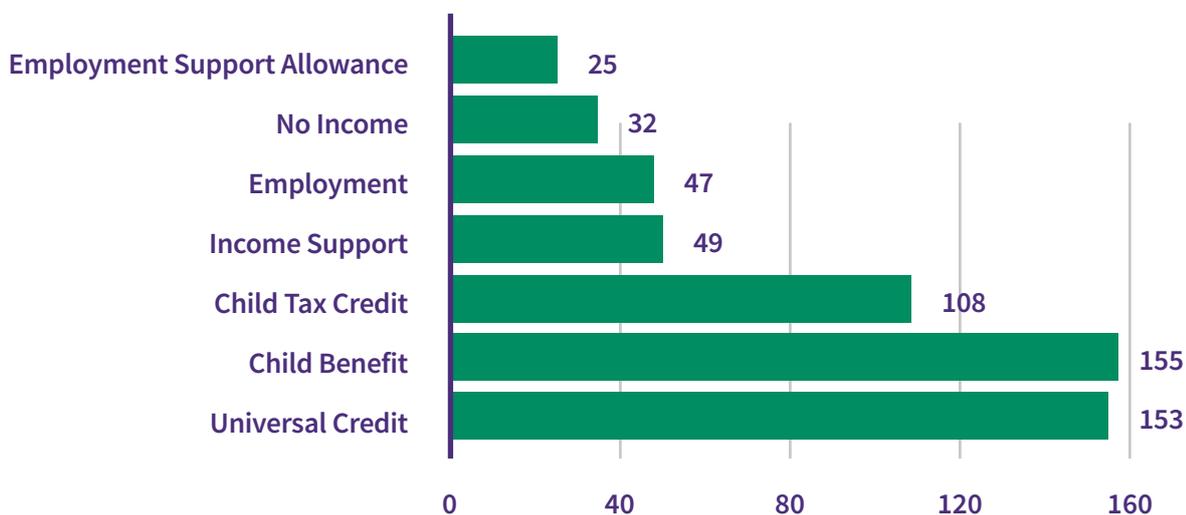
Where employment status was recorded, 221 women were unemployed and not seeking work, with a much smaller number, 56, unemployed but seeking work. 86 women were recorded as employed either full or part-time.

Employment Status: Main Five Types



INCOME ²⁵

Child benefit and Universal Credit were the main income sources for women accessing the Hub:



²⁵. As all income sources are recorded, this adds up to over 100%.

KEY VULNERABILITIES IDENTIFIED:

Mental Health	303
Physical health	106
Drugs	28
Alcohol	17
Offending	15
Immigration Issues	133
Dual diagnosis (mental health/drugs or alcohol)	29
More one vulnerability identified	138

SAFETY NEEDS AT ASSESSMENT:

Support keeping children safe	211
Support keeping safe at home	246
Support keeping safe on phone and online	178
Support keeping safe out and about	276
Support preparing to leave	109

OTHER KEY NEEDS IDENTIFIED AT ASSESSMENT:

Accessing Mental Health Support	118
Suicidal thoughts	44
Self-harm	18
Accessing Benefits	246
Debt	88
Immigration Issues	74
Criminal and Civil Justice issues	195
Support with Injunctions	93
Support with Criminal Justice System Processes	73
Court support	44
Support around Children	300
Child contact	133

COMMENTARY

As referral data in Chapter 4 has shown, the majority of referrals to the Hub were, during the research period, coming from the local authority Housing Options centre. During the early period of a new service, particularly one taking on statutory functions, it is unsurprising that most women presenting will have been referred via established pathways and routes. As such it is not useful to compare service user profile data with overall trends and patterns of women who access specialist domestic abuse services, as these cohorts can be quite different. However, staff remarked that referrals from voluntary and community sector groups, the police, and self-referrals had increased after the first six months of the Hub's operation; arguably due to the growth in 'visibility' of the Hub's service. It is unclear at this stage how, and if, this may alter service user profiles and, potentially, increase representation from more minority groups, such as LGBT populations or women with disabilities.

Birmingham has the highest resident ethnic minority population per UK postcode area (ONS, 2011). At the 2011 Census, Birmingham had the highest proportion of citizens who identified as British Pakistani (15% of the total UK population from this group). In this way, the fact British Pakistani women were recorded as the second highest nationality in BSWAID's presentation data is perhaps unsurprising. Research has suggested women from BAME groups who are experiencing domestic abuse are often better catered for by community-based services, rather than statutory or centralised provision (Gill, 2004). Again, it is unclear whether representation from other minority ethnic groups will increase as visibility of the Hub increases, or whether the Hub will mirror trends seen in statutory homelessness services.

In general, women who access both statutory homelessness services and specialist domestic abuse services are statistically more likely to be on a lower income, or from lower socio-economic groups, and women with no or little disposable income or few informal support networks are more likely to seek assistance from formal agencies (Fugate, et. al. 2005). The income data collected by BSWAID seems to bear out this point. Conversely, research has suggested that women with better informal support networks and financial resources often find it harder to obtain help (Evans, et. al., 2015). Both factors can skew our understanding of 'who' experiences domestic abuse; illuminating instead how socio-economic factors can affect presentation at

formalised agencies. In addition, as Chapter 6 expands upon, women in employment can also face additional barriers to obtaining temporary accommodation.

The vulnerabilities and needs identified at assessment evidence the range of complex and intersecting issues women homeless or at risk of homelessness due to domestic abuse are experiencing. The Hub's model ensures women are, as far as possible and as far as wanted, able to access ongoing, holistic support with these needs. The fact 118 women disclosed that they required mental health support at initial assessment, but that 359 women were ultimately supported around their mental health surely evidences the strength of the relational, holistic, and trust-building approach the Hub has developed. This is counter to some concerns about the Homelessness Reduction Act's ability to cater for or address the needs identified by local authority housing options centres. However, it is undeniable that not all women will be able to access external forms of support in a timely manner, and this data goes towards cementing the notion that women experiencing homelessness due to domestic abuse will often have enduring issues that stretch beyond the basic provision of a 'roof'. This has implications for our notions of homelessness prevention and relief: an issue that is explored further in Chapter 8.

Ultimately, the BSWAID Home Options Hub is attempting to establish a new pathway for women experiencing or at risk of homelessness; something that will take a considerable amount of time to 'bed in'. Currently, women are arguably much more likely to use their existing modes of informal or formal help-seeking; and this is particularly pertinent for groups that may avoid what are perceived to be statutory services or women subject to high levels of control. For example, to say that LGBT groups or those from older age groups are not accessing the Hub in significant numbers is an insufficient, decontextualised, analysis. Further work into the 'help-seeking' pathways and behaviours of more marginalised groups within the City, and those with protected characteristics, is required. This will help policy-makers and service providers understand alternative pathways and whether the Hub is, or can be, the 'right' service for such groups. However, the integrated Hub model, which includes a drop in service and a helpline, allows women to 'enter' the service from a range of points and provides support and guidance for all women; including those who would not necessarily present at a 'statutory' type service in the first instance.

6: 'Places of Safety'

BSWAID's integrated, 'whole service' model is focused on all aspects and elements of women's needs and experiences. However, the Hub's frontline function is, by nature, currently largely centred around the immediacy of homelessness, and working predominately within a 'crisis space'. This Chapter introduces and discusses what is currently the key issue governing both the day to day operation of the Hub; its shorter and medium term aims, and its aspirations for longer-term change. This aspect is also a defining feature in the lives of the women and children who access the service: finding – and maintaining - a place of safety.

It is important to note before continuing that this Chapter does not focus on the safety needs and ongoing experiences of women and children who choose, or feel forced, to remain in their own homes; the often-interrelated concept of 'homelessness prevention', or on the journey through longer-term resettlement and 'recovery'. These are discussed in Chapter 8. In addition, and whilst it casts a long shadow over all preventative, reactive and holistic modes of support around housing for women and children experiencing abuse, this Chapter does not discuss the issue of 'punishing' or 'holding the perpetrator to account'; an issue which also has its own space in Chapter 8. These decisions were made so as not to detract from the immediate and difficult nature of safe spaces as it currently exists 'on the ground'.

The feminist movement and the associated development of grassroots organising and specialist refuge provision from the 1970s onward has recognised the primary need for safe, emergency accommodation. Such movements were predicated upon, and have continued to develop with, the assumption that for women to feel safe, and to begin the long process of 'recovery', they require safe spaces away from the often ongoing threat of male violence (Dobash and Dobash, 1992). In addition, decades of research and practice-based evidence tell us that leaving a relationship is often the most dangerous time for a woman, and this concept has become a cornerstone of specialist responses and practice. As such, the imperative for safe spaces and safety planning is a foundational principle of any specialist, women-led domestic abuse service. Such approaches foreground women's choices and options, assisting them to develop or consolidate the tools with which to manage their safety: within abusive relationships; at the point of, and subsequent to, leaving.

Although leaving or considering ending a relationship is known to be one of the 'riskiest' times for women, the Hub does not prioritise externally imposed notions of a 'high risk case'.²⁶ BSWAID view all women as potentially 'at risk' and understand that women often know more than any professional the risk a perpetrator poses. This is despite the fact other services may use a risk-led model to 'ration' increasingly diminishing resources (Turner et. al, 2019). Staff were aware 'safety work' (Kelly, 2011) can be time and resource consuming, and does not constitute one discrete 'event', but that it can be 'impossible' to do any other work with women if they are unsafe. This is particularly pertinent in terms of the function of the Hub, and one of the aims of this research: to establish how the Homeless Reduction Act (HRA) and homelessness systems can work best for women and children. If anything beyond the initial appointment is to bear meaning, and especially if the HRA is to 'work' for women fleeing violence in the longer term, maximising, and as far as possible ensuring, a place of safety is paramount.

The concept of 'safety' for BSWAID goes beyond finding a safe physical space away from the perpetrator and ensuring a swift and appropriate response if the perpetrator finds a survivor, or the risk escalates. It also incorporates the notion of psychological or ontological safety and security; beyond the basic provision of a 'roof'. Research on female experiences of homelessness and abuse has consistently found the notion of 'safe spaces' to be a key theme (WRC, 2007; 2018). This is often articulated by survivors as safe spaces to deal with the impact of gender-based violence and to develop trust and foster relationship building (Ibid; 35). However, within the context of this research, 'safe spaces' reaches beyond the prospect of women being forced to share with men. It also incorporates cultural factors and appropriate spaces for women with protected characteristics; particularly those from BAME communities or backgrounds. In addition, 'safe spaces' attends to the effects of living in spaces that are loud, disruptive, threatening or isolating; and with staff who do not adequately understand domestic abuse.

All such factors can reduce levels control or autonomy over the environment; compound or exacerbate feelings of trauma and entrench existing issues; often leaving women and children vulnerable to new experiences of intimidation, harassment, and violence. In this way, 'safety' and 'appropriateness', for BSWAID, are interlinked.

²⁶ Mainly, the Domestic Abuse Stalking and Honour-based violence risk identification, assessment and management model (DASH). Again, this is not to suggest that safety and risk are not prioritised, and that 'high risk' cases are not given the necessary time, resources and specialist input. However, all women are dealt with to the level of detail and time necessary to ensure they are as safe and as well-informed as possible.

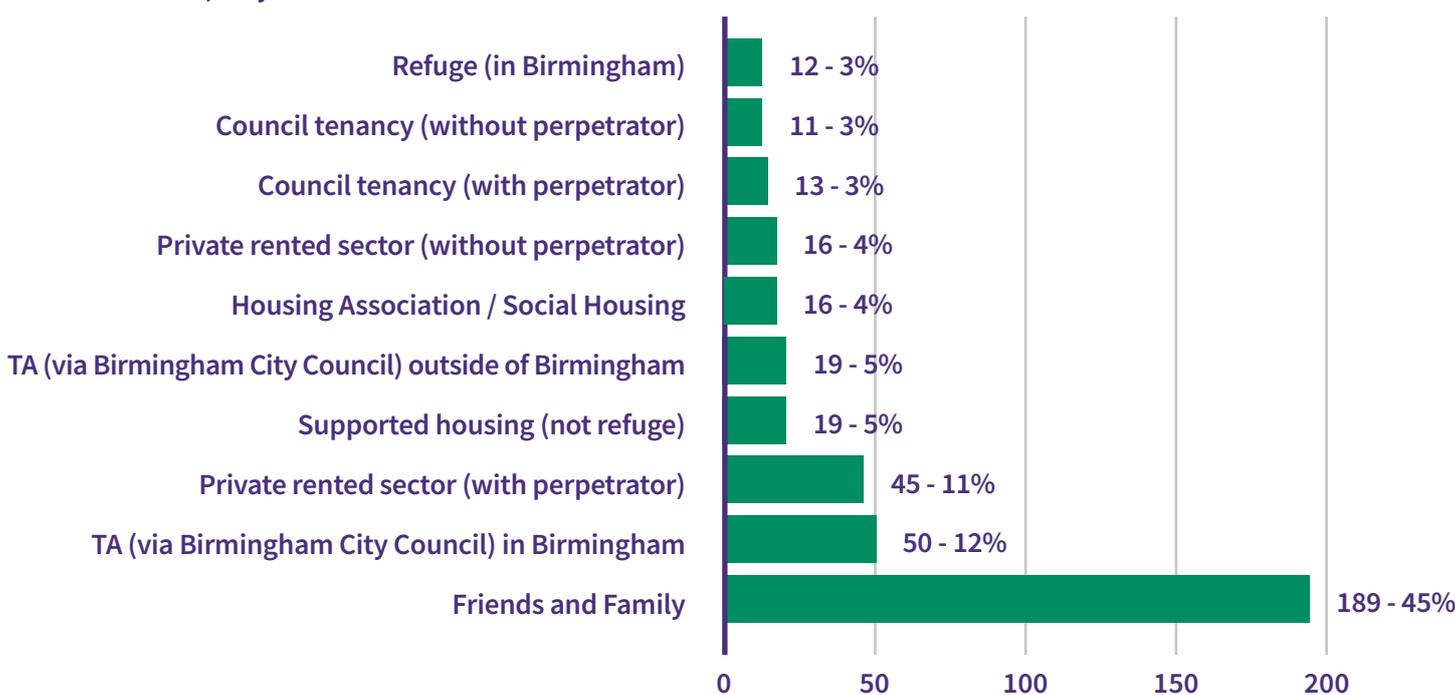
Women presenting with ‘nowhere safe to stay’

Ensuring, facilitating, and maximising safety are governing features of the work carried out by the Home Options Hub. Data within Chapter 4 on ‘reasons for presentation’ has highlighted how having nowhere safe to stay was the most recorded reason (42%) for all presentations at the Home Options Hub between July and December 2019.

Women presenting at the Hub with ‘nowhere safe to stay’ were living in a range of housing situations. Of the 547 recorded total presentations by women (and any children) with ‘nowhere safe to stay’ (see chapter 4),

421 presentations by women (and any children) with ‘nowhere safe to stay’ had their housing circumstances recorded at that presentation.²⁷ Of these, the most recorded situations were living with friends and family at 45%; temporary accommodation (TA) in Birmingham at 12%; private rented sector tenancy (with perpetrator) at 11%; supported housing (not refuge) at 5%; TA outside of Birmingham at 5%; Housing association at 4%; council tenancy with perpetrator at 3% and council tenancy without perpetrator at 3%.

Housing circumstances of all presentations to the Hub with ‘nowhere safe to stay’, where recorded, July - December 2019



Other circumstances recorded were: hostel 2% (n=7); rough sleeping (alone) 1% (n=5); refuge outside Birmingham 1% (n=4); BSWAID refuge 1% (n=4); owner occupier 1% (n=3); council (unsure whether with perpetrator) 1% (n=3) and rough sleeping with perpetrator 0.5% (n=2). There was one instance of a woman presenting from hospital; one from a police station and one from Section 17 temporary accommodation (provided through children’s social care).

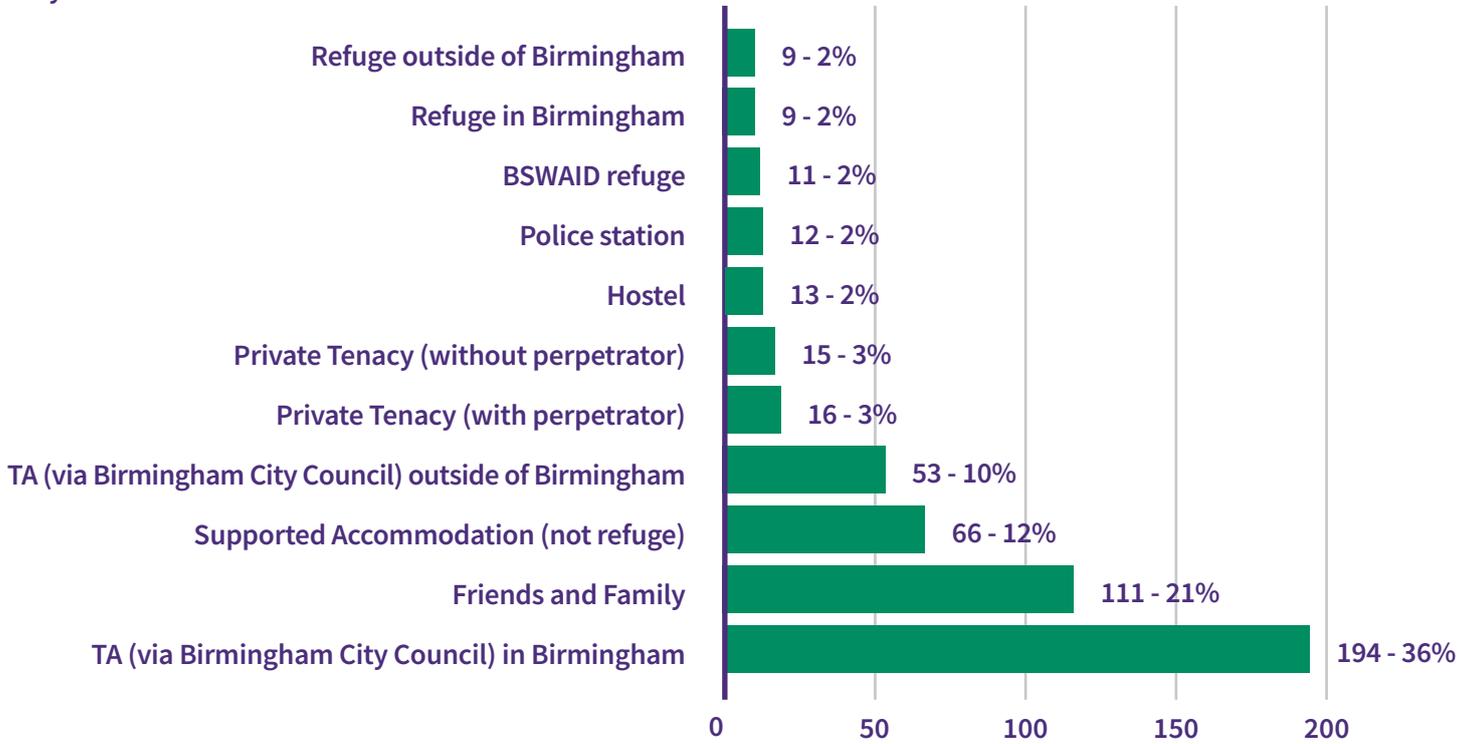
Due to the nature of the service, it was not feasible, or particularly illuminating to record the housing circumstances after Hub intervention for all presentations

between July – December 2019. Many will return to the Hub, for example, to complete additional paperwork and be safely accommodated, or may have already been placed in TA by the local authority before they present at the Hub. As such, the housing circumstances after Hub intervention for all presentations with ‘nowhere safe to stay’ only are presented below.

Of the 547 recorded presentations with nowhere safe to stay between July and December 2019 (see Chapter 4), 534 women’s housing circumstances were recorded after interventions by the Home Options Hub.

²⁷. Percentages are rounded up or down to the nearest full percentage, so the total does not amount to 100%.

**All presentations recorded with ‘nowhere safe to stay’: circumstances after Hub Interventions
July - December 2019**



Other circumstances recorded were Housing Association / social housing 28 1% (n=6); Council tenancy (with perpetrator) 1% (n=4); Council tenancy without perpetrator 1% (n=4); ‘Hotel’ 1% (n=3). 2 women slept rough (without the perpetrator); 2 women went to the private rented sector (no information on perpetrator status); 2 were recorded as ‘LA general needs’; 1 ‘owner occupier’ and 1 to hospital.

The following sections of this Chapter are based on existing evidence and research, the experiences of Hub staff, monitoring data and cases studies drawn from interviews with survivors, along with analysis of anonymised case files. It covers four key areas deemed to be the most salient to the Hub’s operation: refuge space, temporary accommodation, ‘single’ women, and employment.

28. This category merges ‘Registered Social Landlord General Needs’; ‘Social Housing’ and ‘Housing Association’ categories.

REFUGE ACCOMMODATION

Over the past ten years, specialist refuge spaces have rapidly diminished. Research by Women’s Aid in 2019 revealed that there has been 65% reduction in funding for refuges in real terms since 2010 across local authority areas. Overall spending on refuges fell by almost 1 million in the 12 months to March 2018 and by the same amount to the 12 months to March 2019 (Agenda, 2019; Reis; 2019). Nationally, 59.7% referrals to refuge were declined in 2017-2018 – equivalent to 405 referrals every week (Women’s Aid, 2019). In 2019, Refuge bedspaces in England fell short of the Council of Europe’s minimum recommendation by 1,684 (Women’s Aid, 2020; 28).

Alongside the overall deficit in refuge spaces to meet demand, there are certain groups of women that will find it much harder to obtain a suitable refuge space. In 2019 in England, there were only 32 organisations providing specialist refuge accommodation for BME groups, with half in London (Women’s Aid 2019; 25). Only 3 organisations provided specialist refuge provision for women with complex needs, and just 2 had specialist provision for women with learning disabilities (ibid). Larger families are also much harder to accommodate. Less than half of the refuge vacancies posted on the daily vacancy site Routes to Support from April 2018 to March 2019 could accommodate a woman with two children, and less than one in five could accommodate a woman with three children (Women’s Aid, 2020: 20).

This has been accompanied by a concern, led by specialist services, that commissioning practices and funding contracts have led to a ‘watering down’ effect, diverting provision away from its original principles (Kelly, 2016; Women’s Aid, 2019). The allocation of refuge spaces is thus seen to be governed by a ‘postcode lottery’. This is both in terms of some areas having no refuge provision at all, and that the current funding approach has created a postcode lottery in terms of sustainability and quality of service (Women’s Aid, 2020). In an attempt to redress this issue, a duty for local authorities to assess need and provide accommodation and support to those fleeing domestic abuse is contained within the Domestic Abuse Bill.

Hub Contexts:

BSWAID staff were appreciative that not all women would want to take up refuge as an option and, whilst reiterating that no option guaranteed absolute safety, specialist refuges are set up to understand domestic abuse, and could be the best option for many. However, staff did not ‘push’ refuge as the default option. It is also inescapable that many women could not access refuge at the first point of contact with the Hub; often making several attempts before accessing a space, if they were able to at all.

Some of the main barriers to refuge access aside from the overall lack of availability are:

- Women with ‘complex needs’
- Larger families
- Women with older boys
- Women with disabilities or disabled children
- Women with children with learning or developmental needs
- Women in full-time employment
- Women with No Recourse to Public Funds

Birmingham City Council commissioned long-term supported accommodation contracts for those at risk of homelessness due to domestic abuse at the close of 2019, following the period of fieldwork for this report. These are ‘envisaged’ to be individual tenancies within the community, with the option for occupants to ‘stay put’ if they wish to. This provision is intended for groups who may find it harder to access refuge provision, such as larger families or families with more complex needs, or ‘historically under-represented groups’ such as older people, LGBT communities and male victims.

Case Study: The journey to refuge – Saifa

Saifa fled an abusive relationship in another city and initially stayed with a family member. She was referred to the BSWAID Hub by a social worker.

Saifa wanted to access refuge provision for her and her child but there was nowhere available after her first and second visits to the Hub. The thought of TA ‘frightened’ her and she felt she would not be able to protect her child adequately in such an environment.

The situation at her family member’s home subsequently became difficult and she negotiated a move to a closer relative, although here she had to sleep on a hard-wood floor with her child. The Hub kept in close contact with Saifa and several weeks later she entered a BSWAID refuge, where she was receiving holistic support, and said for the first time in many years she felt ‘clean, safe and cared for’.

BSWAID will use their own network of refuges and other local and national resources, largely through Routes to Support. This service is funded by the MHCLG and provides a central, daily source of information on the availability of bed spaces across the country (Women’s Aid, 2019). However, a barrier for staff in ensuring, as far as possible, that women were able to access safe and appropriate forms of refuge provision was the lack of confidence and trust in all agencies or organisations that were, ostensibly, claiming to provide ‘refuges’ or ‘cater for women experiencing domestic abuse’, both within and outside of Routes to Support. Such increasingly divergent concepts included some ‘refuges’ not operating on an emergency basis or having early ‘cut off’ times for acceptance. Others claimed to ‘cater’ for domestic abuse survivors, without any clarity of what this meant in practice, and whether the skill base and infrastructure of such organisations was adequate. This was a particularly pertinent issue for ‘single homeless’ women, due in large

part to the rise of ‘exempt accommodation’ in Birmingham (see section 3). These concerns chime with evidence submitted by Women’s Aid to the first iteration of the Domestic Abuse Bill:

‘The current funding approach is not working: A range of Government departments devolve short-term funding pots to local authorities and Police and Crime Commissioners, to then commission in line with the non-statutory National Statement of Expectations (NSE) for Violence Against Women and Girls services. There is no accountability mechanism for ensuring that local areas meet the NSE. Service provision therefore differs significantly across the country’. (HoC, 2018)

It is also important to note that non-commissioned services operating as ‘refuge’ provision were causing further instances of rooflessness and homelessness due to their unsuitability for this purpose:

Case Study: Addie

Addie, a pregnant forced marriage survivor, was living in shared ‘exempt’ accommodation, referred to as a ‘private refuge’. Addie had been served an eviction notice, ostensibly due to falling behind on her service charge payments. However, Addie told Hub staff that neighbours near the property from her

community were threatening to tell her family where she was living, and her landlords were ignoring her pleas for help; stating it was ‘bringing trouble’ to the property. The Hub assisted Addie to make a homeless application and she was able to access specialist refuge accommodation in the interim.

ACCESSING REFUGE

Between July and December 2019, 29 women were recorded as accessing a refuge space through the Home Options Hub. 29 51 women were recorded as wanting to access refuge but not able to do so. The table below presents recorded reasons for why these women were not able to access refuge:

Lack of space in refuge to accommodate	8
Not safe for the woman (to stay in Birmingham)	1
No refuge spaces outside of woman’s risk area(s)	17
No refuge spaces in Birmingham	16
Refuge providers ‘cut off’ for referral too early	1
No reason recorded	8

29. This data is indicative due to gaps in data recording but is presented here as emerging data to give a snapshot of the issues surrounding refuge access.

Where these women and children went instead:

Friends and Family	14
Temporary accommodation (via Birmingham City Council) outside Birmingham	7
Temporary accommodation (via Birmingham City Council) within Birmingham	6
Supported accommodation (not refuge)	6
Council property (with perpetrator)	6
Council property (without perpetrator)	1
Hostel	1
Private rented sector tenancy	1
Not recorded	2

All women unable to access refuge were offered support, guidance, and empowerment strategies to keep safe, and BSWAID continue to work with them to gain somewhere more suitable; whilst shadowed by the knowledge women may remain at risk.

The No Woman Turned Away project (NwTA), run by Women's Aid, has been funded by the MHCLG since January 2016. It provides 'dedicated support to women who face barriers in accessing a refuge space' and conducts detailed monitoring and analysis (Women's Aid, 2019). Of the 309 women who accessed the service in 2018, 145 (46.9%) contacted a housing team after being unable to access refuge but at least 49 (33.8%) were prevented from making a valid housing application. The main reasons were that local authorities 'ignored' local connection rules for domestic abuse victims, suggested women return to the perpetrator, or advised women to call the National Domestic Violence Helpline instead (2019; 32). Many of these women experienced further violence and abuse whilst in a variety of temporary situations such as sofa surfing or rough sleeping (ibid).

A distinct benefit of the integrated Hub model is that can help to avoid such local authority 'gatekeeping' and provides ongoing contact and support to the woman and any children through the often long and punishing journey to safe accommodation. However, it is possible to suggest that this data indicates that a lack of refuge spaces and lack of clarity and assurance over 'refuge' providers' is potentially causing both a push into local authority temporary accommodation and unsuitable 'supported housing'. This may often exacerbate or entrench women's problems, creating further instability, repeated moves and overall disjuncture.

Birmingham City Council now spends around £1.6 million per year on refuge provision.³⁰ However, as refuges are viewed as a 'national resource' by advocates (Bowstead, 2015; Kelly, 2016), and women will enter refuge from a wide variety of 'origin points', it is likely to remain the case that women accessing the Hub will often be unable to access refuge at the point of crisis.

³⁰. This includes longer-term, dispersed units of accommodation. An equivalence of bedspaces was not available at the time of request.

LOCAL AUTHORITY SOURCED TEMPORARY ACCOMMODATION ('TA')

“[The TA] was awful, really awful. I felt like I’d done something wrong” (Survey respondent)

“TA just enhances a lot of the risk factors for women really” (BSWAID staff member)

Temporary accommodation provided by a local authority (in this context through the ‘interim duty to accommodate’) can take many forms but includes hotels, Bed and Breakfast accommodation, private lets and ‘dispersed’ forms of accommodation. Chapter 4 discussed some of the challenges facing Hub staff when attempting to manage the issues of risk and safety in TA. This section expands on this to look in more depth at how women might be experiencing TA; the increasing pressures on local authorities and the overall scarcity of adequate risk assessment and planning for women and children in TA.

Chapter 4 has already established that problems with existing TA is a common reason why women return to the Hub. Managing women’s overall experiences of TA and the administrative, logistical, and emotional burdens that this can place upon women and children can absorb a significant amount of staff time. Women’s problems within TA encompass a wide range of issues, beyond physical security and safety. This includes isolation, a lack of any cooking facilities, living in chaotic and intimidating surroundings, disconnection from existing support networks when placed out of area, and children’s schooling. This is often also accompanied by feelings of boredom, loneliness, anxiety, and a need to stay out of unsuitable accommodation all day but lacking the financial resources to do this.

Households entering TA via the Hub: February - December 2019



TA, as with refuge accommodation, is not considered the ‘default’ option for women and families presenting at the Hub. It is in no sense considered an ‘easy’ or ‘preferred’ option but is presented within a suite of options. However, it is undeniable that some women at risk will be unable to enter TA, often through legislative criteria or personal circumstances precluding this as a viable option. Others are forced into TA through a lack of adequate refuge, adequate supported housing, and insufficient systems and policies which assist women to safely stay in their own homes. TA was seen as a ‘really difficult option for anyone’, but women and children experiencing abuse were seen to have the added concern that, by its very nature, most TA was not set up to effectively assist women to manage risk and to live with any semblance of peace and security. Staff felt it was ‘down to individual women if they think they can handle TA’ and all that it entails. The curfews, monitoring and checks in some establishments were also seen to replicate the monitoring and surveillance of coercive control.

Overall staff felt it was hard to challenge the suitability of TA placements for issues beyond immediate risk, as all households were facing similar problems; making it difficult for them to stand out as a ‘solid case’.

However, the reality was that ‘some women just can’t face the thought of TA’. Other prohibiting factors for women included having children with development needs or disabilities, schooling, and specialist services for children:

“I didn’t really want to take [my daughter] to a homeless place, somewhere I didn’t know where she might not be safe, so we went to my mum’s. It’s really overcrowded but it’s the best option”.
(Layla)

“I spent literally years getting him [my son] the right special school. I can’t risk him losing that, and there’s no way we could manage it with the places they offered me”.
(Rupi)

Case Study: Elisha

Elisha first visited the Hub in early April

2019. After her first visit, Elisha was granted TA overnight with her child as she was deemed to be at immediate risk and had nowhere safe to stay that night. She had left her housing association tenancy several months' previously to live with family.

However, the perpetrator had recently found her, and was harassing and threatening both her and her family. Elisha initially wanted to leave the City and find refuge accommodation, and so returned to the Hub the following day. However, no spaces were available on the day. Elisha returned to her TA placement and, after some thought, realised she needed to stay close to the City due to her child's severe needs and specialist schooling. Elisha was subsequently moved to several different TA

sites within and outside of the City, which caused disruption with her son's schooling, affected her mental health and her self-perceived ability as a parent. Elisha felt she had 'too much going on' to be able to engage effectively with floating support, but kept in close contact with Hub workers.

At the end of the 'relief period' of the HRA, Elisha and her child were still in TA, and had moved a total of 5 times. Elisha's financial assets precluded her from joining the housing register, but she was actively searching for private rented sector accommodation and awaiting a 'main duty' homelessness decision. Elisha was struggling to get landlords to agree to house her due to her debts and unstable income, and was in the process of trying to find a suitable Guarantor.

Case Study: Bronwyn

Bronwyn was hospitalised after being attacked

by the perpetrator whilst living in mixed-sex hostel accommodation. After being released from hospital, Bronwyn was directed to the Hub by the local authority. She was placed in TA out of area. However, the perpetrator managed to contact her and said he 'knew where she was'. Bronwyn fled and slept rough for two days before returning to the Hub. After extensive advocacy by the Hub, Bronwyn was placed in more suitable TA where she was stabilising and managing well.

However, after several weeks she was moved into more communal TA. She called the Hub for support and said the new TA was impacting greatly on her mental health and she hated 'all the men around', banging doors and congregating outside, and she was constantly worried one of them might know her perpetrator and disclose her address. Bronwyn was referred to a Housing IDVA who provided support and advocacy, helping her to move into self-contained TA after a few weeks, where she currently feels more settled.

At first presentation and allocation, BSWAID had a stronger advocacy and guidance role to ensure women were not placed in an area where they would be at risk. However, there were examples of women being placed into a 'risk area' after initial placement, which could be difficult for Hub to control, and of risk escalating whilst women were in TA. It is important to note that the issues of risk and appropriateness go beyond environmental factors and proximity away from the perpetrator to incorporate women of non-white backgrounds being placed out of their community and experiencing racism; something that staff felt was not adequately considered prior to placements.

Several women and BSWAID staff received what they felt to be unhelpful or at times indifferent responses from out of hours staff, with BSWAID staff often struggling to get through and advocate via telephone. In a short space of time the Hub staff had one case of attempted suicide as the TA placement and staff response to the woman's risk and trauma was ineffective, and 2 women who were suicidal, where BSWAID staff were forced to call paramedics.

Nonetheless, floating support staff in particular suggested there was some improvement in TA provision, with a new purpose-built local authority initiative garnering positive responses from clients. BSWAID staff felt the support staff in this unit were very open to partnership working and were of great assistance around, particularly, brokering access to the private rented sector for mutual clients. However, there was still a concern that more 'generic' temporary accommodation was not set up to cater effectively for the additional risks facing women and children fleeing abuse, particularly in reference to the aforementioned new scheme, which had been heavily promoted in local media and could thus be easily located by perpetrators.

EMPLOYMENT

“People seem completely trapped if they're working and that can't be right”. (Hub worker)

The journey to shorter term safety and appropriateness was a struggle for all women who accessed the hub, but one barrier was possibly less anticipated, but much more intractable, for staff and women accessing the service: employment.

Most temporary or transitional forms of accommodation are, by their nature, expensive to run, involving correspondingly high rental charges. Women who are earning above Housing Benefit or Universal Credit thresholds could be left to manage rents of over £200 per week themselves. Even if they were able, in the short term, to manage this, it was seen to damage longer-term housing prospects as it precluded the ability to save money. The barriers to temporary forms of accommodation for employed individuals is something of a 'known issue', particularly in practice-based contexts (see Raisbeck 2018; 2019). Birmingham, at the time of writing, no longer commissions refuge services for employed women.

Most supported or 'exempt' housing providers within the City, of the small pool that BSWAID had confidence in, would usually decline employed women. Those supported housing providers in the city who had schemes for employed people usually could not cater for women with dependents. Refuges, though in reality rarely available were often, after being explored with the woman, similarly deemed unfeasible. In addition to the financial barriers of accessing temporary or transitional forms of accommodation, various forms of temporary accommodation were uncondusive to a woman maintaining her employment. This was particularly the case for forms of temporary accommodation with 'curfews', which precluded women who did shift work or night work from being able to adhere to any 'curfew'.

Staff were firm that they would never suggest to a woman that she must give up her job, although they would discuss the safety aspects of maintaining employment, but expressed that 'really difficult' conversations were had with women around what would be the best option for them at that time:

“There's a real gap [for employed women] and we have to start the conversation of saying, should they leave their job as they won't get help otherwise and that is just dreadful to do. Why should they give that up on top of everything else? They might have been through financial control too and the legacy of that...can't save for a deposit and they can't go into refuge as it's too expensive, can't get legal aid, can't get TA. It's unbelievably horrendous”.

One interviewee, Debbie, spoke at length about this issue, and why giving up her job would be both unfeasible and unfair:

“I can’t give up my job. I have responsibilities. I have a guarantor loan and if I screw my mum over she would, it would ruin so many more relationships than have already been ruined but if someone turned around and said ‘give up your job until we find you somewhere’, I could be waiting another six months or more, so I’d get into more debt after the last 12 years of debt. I’ve got CCJs and stuff so the last thing I want is bailiffs turning up or why should I? Why should I not do something I enjoy doing, see people, have something a bit like a social life at work? What employer will hold a job open for six to twelve months whilst you wait to be housed? And some employers now require a credit check and if you fail that, I lose my car, my independence, my freedom, lose being able to see my dad through his cancer. How much more of my life should I have to put on hold?”.

There appeared to be a lack of clarity, particularly for women accessing, or wanting to access, TA about whether they would be entitled to any benefits towards the costs of accommodation, and what the potential ramifications may be for future housing options if they were to fall into debt. Case studies suggest some women ‘took a chance’ in the hope they would receive some benefits or decided they would cover the costs themselves. However, external domestic abuse support services gave examples of women who had accessed temporary accommodation in the past (not through the Hub) and had been advised they would, or ‘might’, get housing benefit towards their TA costs but had subsequently discovered they had no, or little, entitlement. These women were left with large debts which impeded their ability to obtain settled accommodation.

‘SINGLE’ WOMEN

This section sets in context and discusses the issue of safety and appropriateness for ‘single’ women accessing the Home Options Hub. Ensuring appropriateness for single women who accessed the Hub centred on three separate, but often intersecting, issues: priority need; multiple and complex needs and exempt accommodation.

Whilst domestic abuse is the leading cause of homelessness for women within statutory presentations, the majority of whom have dependents, research evidence tells us that violence and abuse are a pervading feature of the experiences of single homeless women, many of whom will be ‘hidden’ from official recording measures. This is not to suggest that domestic abuse or violence is always a direct cause of homelessness, but the experience of domestic abuse is considered to be ‘near universal’ amongst single women who become homeless (Bretherton and Pleace, 2018). These relationships are often also bi-directional, with domestic abuse featuring as both a factor in, and consequence of, women’s homelessness. Gender-blind data collection and more mainstream conceptualisations of homelessness are often viewed as distorting the presence of women and their separate experiences (Ava and Agenda, 2019). Despite the progress made by certain women-led organisations and feminist academics to explore and highlight this issue, the overall lack of investment into research on ‘single’ women’s experiences of homelessness and multiple disadvantage can both hide need, stymie progress, and form a barrier to appropriate service provision.

Chapter 2 has already discussed the legislative elements of the Homelessness Reduction Act and statutory homelessness: that single women were often facing the ‘double burden’ of ‘proving’ domestic abuse, but also proving ‘vulnerability’. Although HRA prevention and relief stages are ‘priority need blind’, the issue of priority need and interim accommodation was important, at the time of this research, for women fleeing domestic abuse due to the imperative to find a safe space to stay.

Rough Sleeping

Rough sleeping is typically viewed as the ‘sharpest’ and most visible aspect of homelessness. Nationally, in 2019, there were 3,534 men (83 % of the total) and 614 women (14 %) sleeping rough. Gender was ‘Not known’ for 118 people (3 %). In Birmingham there were 8 women (15%), 41 men (79%) and 3 (6%) ‘not known’ counted on one evening in November 2019. ‘Official’ rough sleeper counts have only disaggregated statistics by sex since 2016, and they are widely viewed to represent an underestimate, within a flawed methodology (Greenfield, 2019).

The government’s current rough sleeping strategy itself acknowledges the gaps in our understanding about the needs and experiences of women, and a recent comprehensive review of research and practice around female experiences of rough sleeping similarly stated that the evidence we have is ‘patchy’ and often small scale (MHCLG 2018; Bretherton and Pleace, 2018; 13). Those studies that have focused on the experiences of female rough sleepers have highlighted the constant threat and presence of violence and abuse. A study by Moss and Singh in 2016 found that 62% of survey respondents were worried about violence on the street, with 31% having been ‘grabbed’ or raped. Similarly, a survey by the charity Porchlight in 2019 revealed that 73% of women rough sleeping who were surveyed experienced violence and abuse or sexual assault. Although violence and insecurity are devastatingly common experiences for many who are rough sleeping (see Sanders and Albanese, 2016) it is difficult to ignore that this has a gendered element, and that women are far more vulnerable to sexual abuse and rape.

Along with the notion that women tend to exhaust informal options before they will consider sleeping rough, there is a sense that women sleep rough differently from men. Due to their vulnerability, they may seek out spaces that are less visible to the public and are thus far less likely to be ‘counted’ or engaged with by outreach services. Women are less likely to be “sleeping, about to bed down...or actually bedded down” within the current counting methodology (MHCLG, 2010) and will often ride on in buses, walk the streets, or stay in 24 hour areas such as hospitals or fast food establishments (St. Mungos, 2019). Women’s experiences of sleeping rough have also often been shown to have strong links to prostitution, or ‘transactional’ sex (Macneish and Scott, 2014).

Homelessness Services

Repeated studies have suggested that women can be ‘invisible’ in more generic homelessness provision, as they will actively avoid services that appear designed, and dominated by, the needs of men (Macneish and Scott 2017; Agenda 2019). This may be particularly pronounced for the many women who have experienced male violence (Bretherton and Pleace, 2018). Aligned with this are the experiences of women placed into mixed-sex homelessness accommodation. Available evidence consistently reveals that mixed-sex provision can be retraumatising for women and expose them to further incidences of violence and abuse. (Young and Hovarth, 2019; Women’s Aid, 2019). Repeated studies into female experiences of accessing homelessness services have also revealed that women tend to enter such services at a later stage than men and are likely to have problems that are more entrenched, or have escalated significantly. This can mean such women are less ‘ready’ to begin any journeys to safety, recovery, and stability (St Mungo’s, 2019).

All of this can mean that staff are underequipped to deal with the particular experiences and trauma of these women, as specialist knowledge of their separate and intersecting needs is lacking. In addition, important distinctions between ‘women only’ services and ‘specialist women only services’ have been drawn, suggesting that to provide effective services for such women, understanding must go beyond ‘sex segregation’ to include gender socialisation and relational theory (Agenda 2019).

‘Multiple Disadvantage’

In the last few years, policy-focused work on women experiencing ‘severe and multiple disadvantage’ has increased. This has revealed that women often experience a ‘constellation of disadvantage’, incorporating the trauma of abuse, involvement in prostitution, mental health issues, having children removed from their care, and substance misuse, among others. Such research has also revealed that women with extensive experience of violence and abuse are much more likely to experience disadvantage in other areas of their lives (AVA and Agenda, 2019). The 2015 report, **Hard Edges**, is viewed a landmark publication on multiple disadvantage (‘complex needs’).

This study concluded that 80% of those experiencing multiple disadvantage were men. A follow up report by three of the original authors in 2020, **Gender Matters**, sought to investigate this issue further by considering how ‘disadvantage might cluster differently in the lives of women’, to ensure that the ‘**Hard Edges**’ definition of severe and multiple disadvantage did not inadvertently become known as the ‘only definition’. The commonly used primary domains of homelessness, offending and substance misuse were changed to poor mental health, experiences of interpersonal violence and abuse, homelessness, and substance misuse. By using an alternative definition of multiple disadvantage and different data sources from **Hard Edges**, **Gender Matters** concluded that 70% of those experiencing multiple disadvantage were women (Sosenko et. al, 2020).

Although the HRA may be changing the demographics of those who present for statutory homelessness assistance, single homeless women still less typically present at statutory homelessness services than those with children. Similarly, those women experiencing multiple disadvantage are far less likely to access specialist domestic abuse or sexual violence services, and provision of refuge spaces for women with ‘complex needs’ is scarce (Ava and Agenda 2019). Drawing on the contextual framework above, the following sections consider how the Hub is currently managing ‘safety and appropriateness’ for this group.

‘Priority need’

Staff suggested that, on the whole, as time had gone on, it had become ‘less difficult’ to obtain interim temporary accommodation through the local authority for single homeless women, but that this could vary depending on the local authority staff member, and that the authority ‘expected’ BSWAID to look for other forms of provision in the first instance, such a refuge or supported housing:

“If it’s quite high risk and you push that they will place in TA, but they do ask us to look for supported housing in the first instance. We’ve had a couple refused but on the whole, it has improved [8 months in]”.

“We do push for TA for single women if it’s absolutely needed and we have done that, but we should be looking at other options”.

This appeared to be both through a perception by the local authority that these options were readily available and more ‘suitable’ for single women than TA, and through a sense that even if a single woman was granted interim temporary accommodation, they were far less likely to be given a formal ‘priority need’ and thus ‘main duty’ decision if their homelessness was not relieved within 56 days. This meant they were seen as ‘better off’ in supported accommodation, and this would, under legislation, also serve to prevent or relieve their homelessness:

“We shouldn’t really need to use TA for single women as there are plenty of other options like HMOs and supported housing. And then they have that accommodation so are unlikely to reach the point of main duty”. (Local authority stakeholder)

“If the single person is quite able, we would rather identify a housing option like shared housing, private rented sharing, supported accommodation if it’s appropriate so I kind of have to weigh it up – do they need they accommodation? We look at refuge, things like that before we use our resources to place them”. (Local authority stakeholder)

It is certainly the case that staff did not use TA as the ‘default option’ for single women, but alternative – and safe – options were scarce. As already discussed at length, refuge spaces are in increasingly short supply. A local proliferation of commissioned hostels and supported housing, divorced from context, suggests that this is a ‘realistic’ option for many women. However, ‘availability’ was not seen as equivalent to ‘safety or appropriateness’, due to the additional and intersecting factors that needed to be considered for women experiencing abuse.

‘Multiple and Complex Needs’

A major theme from staff interviews and interaction was around the issue of single women presenting at the Hub who had ‘multiple and complex needs’. This both impacted on staff’s ability to effectively engage women in necessary organisational or statutory processes, and to find somewhere safe, suitable and that would accept her perceived ‘high needs’:

“[It can be] difficult to get the information you need, women aren’t in the right place to follow the processes, or they are too intoxicated, or anxious and can become frustrated and aggressive”.

“Women with a history of non-engagement, substance misuse, mental health issues, [they] don’t want to tell their story to a stranger all over again. They just want somewhere safe to be”.

Managing the presenting needs of, and effectively engaging, these women was also seen to be difficult to do within necessary timescales. This was especially when trying to secure TA:

“We’re under such a tight timescale if we want to access TA on the day for them, and it is sometimes difficult to get the info needed to get them safe TA and it just becomes impossible if it goes into the Out Of Hours service”.

As with the discussion of Personal Housing Plans in Chapter 4, there was some support for ‘breaking up’ appointments into two parts, but most staff felt it would be unlikely that the woman would return the next day, due to competing priorities and the overall ‘chaotic’ nature of their lives . It was also the case that accessing scarce appropriate supported accommodation often necessitated several return visits to the Hub and women sometimes did not come back. This aligns with research into the needs of this cohort; that ‘women experiencing complex trauma will often have trouble maintaining stable relationships, engaging in support and navigating non-clinical services’(Young and Hovarth, 2019).

Many women who presented had histories of exclusion from commissioned services or were presenting with severe substance misuse or apparent mental health issues; both of which served as an additional barrier. An external stakeholder involved in the criminal justice system suggested that accessing refuge or supported accommodation for women who had experienced abuse and multiple disadvantage was a difficult process to navigate:

“As soon as you mention mental health they [refuges or supported housing providers] shut down – also a lot of women have almost self-assigned diagnoses and will tell agencies this even when there’s been no diagnosis which immediately shuts down that option”.

There was also a sense felt by staff that women were being directed to the Hub as no other service had been able to manage their presenting needs, with many evidently deeply traumatised, anxious, and exhibiting behaviour that informed their current experiences of multiple exclusion:

“Sometimes these women have completely, fundamentally, exhausted all other options and they don’t necessarily want a Women’s Aid service, they just want somewhere safe to stay”.

As this emerged as such a salient issue, and without the ability within this project to carry out any qualitative or engagement work with this group of women, the decision was made to analyse 20 case files of women that could be identified as rough sleeping at point of access, in conjunction with follow up conversations with staff. 10 profiles of these women are first presented below, along with analysis of the domains of disadvantage their presenting needs fell under, using the criteria developed by Sosenko et. al. (2020) as a framework. These domains are: Homelessness; Violence and Abuse; Mental Health and Substance Misuse.

Homelessness	10 women (100%)
Violence and Abuse	10 women (100%)
Mental Health (including one or a combination of PTSD; self-harm, anxiety, depression, paranoia, schizophrenia, OCD and ADHD)	9 women (90%)
Substance Misuse (mainly heroin, some crack cocaine use, chronic alcoholism and 1 heavy ‘mamba’ user)	5 (50%)

In addition, one woman had chronic and severe health issues (HIV and bronchial conditions) and one had a history of persistent offending.

REFERRAL POINTS

Local authority housing options	5
Police	2
Self-referral	1
Substance misuse charity	1
External commissioned domestic abuse service	1

Key barriers to accessing accommodation:

- Histories of exclusion from commissioned services
- Heavy drug use (particularly heroin and mamba)
- Severe mental health issues (formally diagnosed or not)
- Cannot / will not live with men
- Inability to keep women engaged for the length of the appointment as they were distressed or intoxicated

Key Themes from 20 case files and follow up discussions with BSWAID staff:

A significant proportion of ‘single homeless’ women accessing the BSWAID Home Options Hub had histories of repeated presentation at, and engagement with, more ‘generic’ homelessness services and provision within the City. It appears many women with, particularly, histories of rough sleeping who presented at the Hub had attempted to find safe and suitable accommodation on numerous occasions but had been unable to secure this, or had been placed repeatedly in accommodation that was manifestly unsuitable to their needs and histories

Women were displaying severe signs of trauma, with possibly undiagnosed mental health issues, but were repeatedly ‘underneath’ the threshold for Adult Safeguarding, and had often been excluded from many other non-accommodation based support services, or were not currently in a position to engage with them in any meaningful way. The separation of (often very unsuitable) housing from forms of more specialist holistic and wrap around support, means these women have been ‘falling through the cracks’; with their support needs remaining unmet and their housing circumstances merely serving to entrench and amplify their existing issues.

Staff were often unable to retain women for the length of the appointment, or lost contact with the woman shortly after the initial appointment: Women were often anxious, unsettled, and desperate for their situation to be ‘resolved’. Several ‘popped to the shops’ or for a cigarette part-way through an appointment and never returned that same day, if at all, despite repeated attempts to re-engage. Some women made several visits to the Hub without prior arrangement before staff were able to effectively engage with them to begin any work.

Violence and abuse are often both a cause and a consequence of women’s’ ongoing experiences of homelessness and multiple disadvantage: Women were experiencing new incidences of violence, often through non-specialist, mixed sex accommodation they had been placed in after fleeing a previous violent relationship. Women with additional needs, that were often a consequence of living with prolonged trauma and abuse were often eventually excluded from commissioned, and often non-commissioned, services, due to their ‘behaviour’, including in some cases from specialist refuge provision. This had forced all women to sleep rough for periods of time, often leading to further experiences of abuse. Devastatingly, around a third [of 20] disclosed to Hub staff that they had recently been sexually assaulted, raped or otherwise abused as a consequence of their rough sleeping. Several women had formed new, abusive relationships whilst living in non-specialist accommodation.

A pervading theme for both staff and women accessing the Hub and linked to this final theme was exempt accommodation: both finding suitable providers that would understand and respond to women fleeing domestic abuse of with histories of abuse and trauma, and that would not re-traumatise them, or lead to new instances of abuse or harm.

LOCAL CHALLENGES: EXEMPT ACCOMMODATION

'Exempt accommodation', as understood by stakeholders for this research and the City, refers to shared accommodation that is not commissioned under local authority homelessness or social care funding, or under specialised supported housing (SSH) arrangements, and which utilises the 'exempt' provisions of current Housing Benefit and Universal Credit Regulations. In such accommodation, rental levels far in excess of private sector Local Housing Allowance Rates can be yielded, merely by such providers meeting a loose regulatory requirement to provide a level of 'care, support or supervision' to claimants. The 'exempt' provisions of Housing Benefit have been in place since 1996 and are an established mechanism of funding, primarily, the housing-related costs of a wide range of supported housing schemes, including specialist refuge provision. However, in Birmingham, there has been a particular growth in, predominantly, residential conversions into multiply occupied housing leased from the private rented sector; either to Registered Providers of Social Housing or to charitable bodies, and which utilise the exempt regulations of Housing Benefit to accommodate a wide cross-section of often multiply excluded and disadvantaged groups (Raisbeck, 2018; 2019).

Two previous studies by this author for Spring Housing have looked in depth at this issue in Birmingham. These were the first published studies to look in detail at the form and function of this specific type of accommodation and the potential impact on residents accessing and living within it (Raisbeck, 2018; 2019). This research revealed that Birmingham has a high concentration of this type of accommodation – at the time of this research far in excess of 14,000 bedspaces. Provision in terms of quality and proficiency was patchy and the entire sub-sector was significantly under if not wholly unregulated. This research concluded that this form of provision suffers from a series of 'risk gaps', sitting within an overall 'accountability deficit', which is causing harm to residents. Of particular salience in both reports was the concept of 'risky mixes': the proficiency of providers to manage support needs; and to identify and respond to actual or emerging issues of harm within small, lightly monitored shared units of accommodation. (Raisbeck, 2018; 2019).

Despite the fact Birmingham Safeguarding Adults commissioned the first report due to Adult Safeguarding concerns and evidence from local Domestic Homicide Reviews, and whilst the needs and experiences of women were incorporated into both publications, the issue has not previously been analysed in depth as a 'separate' issue.

Staff Perceptions:

Exempt accommodation was viewed as a potential 'option' for single women, but heavily caveated by an awareness of poor practice within the sector. The lack of mapping and transparency about service provision led to distinct feelings of caution around utilising exempt accommodation, with a corresponding awareness that there were often few, in any, alternatives. Staff were attuned to the concept of 'risky mixes' and ensuring women were not placed at risk of further harm. They were also concerned that they had little confidence, or any transparent method of assuring, that providers understood and could effectively respond to issues around domestic abuse.

Staff cited examples of exempt providers contacting perpetrators, evicting women out who were in violent relationships as a consequence of being in inadequately supervised mixed-sex provision or of landlords potentially replicating controlling and abusive behaviours. External stakeholders commented on the issue of exempt accommodation and the lack of alternative options that could leave women in unsafe circumstances:

“Women with complex needs – do they go somewhere dreadful or back to the perp? This is the reality for a lot of them. Look at the only accommodation we have available [exempt]. Dreadful. There is nowhere else they'll be safe, and nowhere they could be safe that will accept them”. (Criminal Justice Stakeholder)

The Hub had, however, developed an effective working relationship with one female-only supported accommodation provider, and have carried out additional work with them around identifying risk. This organisation has also requested additional domestic abuse training from BSWAID for their staff.

Case Study: Siobhan

Siobhan was previously rough sleeping and placed in an exempt accommodation provider by a local homeless support agency. Siobhan first returned to that homeless support agency when she began having problems in her accommodation. This agency referred her to a commissioned domestic abuse floating support service, who made Siobhan an appointment at the BSWAID Hub. Siobhan disclosed that she currently has two perpetrators of abuse; one who also lives in the exempt accommodation with her, and one who is her ex-partner, who recently raped her. Staff from the exempt accommodation drove Siobhan to the Hub appointment, stating they could keep her within the current accommodation but thought it was 'too risky' for her to stay there for any length of time. Hub staff carried out extensive safety planning

and emotional support but were unable to find any other accommodation for her on that day due to her 'very high needs'. Siobhan has been excluded from most commissioned accommodation providers and other non-commissioned providers were either unable to accept her or, more prevalently, were not deemed to be safe for Siobhan. Refuge was not deemed appropriate or desired by Siobhan. Siobhan was referred to MARAC and supported through this process after her case was heard. Extensive safety planning was carried out and Siobhan remained in her exempt accommodation temporarily but spent periods of time with a friend. Over 55s supported accommodation was subsequently secured for Siobhan, along with ongoing support via MARAC.

Case Study: Michelle

Michelle had been living in shared exempt accommodation (female-only property).

Michelle was placed in this accommodation by a local homelessness support agency after leaving a very abusive relationship and 'living on the streets' and on 'people's sofas' for several weeks. Michelle fled this accommodation and attended the Hub (via the local authority) for assistance. Michelle advised Hub staff she did not feel at immediate risk of domestic abuse from an intimate partner, but disclosed that her landlords were abusive towards her; have told her she is 'too outspoken for a woman' and make her feel controlled and uncomfortable. She also stated that another housemate's boyfriend stayed over regularly and

physically assaults the housemate. Michelle had complained to the landlord, but stated they say she 'makes too much fuss' and they would evict both women if she did not stop complaining. Michelle said this was exacerbating her past trauma and affecting her mental health and relationship with alcohol. Hub staff provided emotional support and assessed Michelle's housing and support needs. No accommodation providers who had space were able to house on that day and would need to do a 'full assessment' due to alcohol and mental health issues. Options were discussed and Michelle said she would return the next day. Contact with Michelle was lost and the Hub, despite repeated attempts, were unable to re-establish contact.

REFLECTIONS AND CONCLUSIONS:

Taking all of the evidence and experience from this chapter on Places of Safety, it is unsurprising that attempting to source safe, temporary or alternative accommodation for women who present at the Hub 'in crisis' can often take Hub staff all day. Due to the risks involved, and the staff's in-depth understanding of women's needs and circumstances, including multiple and intersecting forms of disadvantage, they are, arguably, less likely to 'settle' for an inappropriate housing option for their client. However, it is undeniable that, due to the lack of safe, appropriate and specialist accommodation, single women and women with children are often being forced into inappropriate situations. Devastatingly, due to inadequate statutory resources and responses, safety is not always fully achieved at first contact.

An undoubted benefit of the Hub model, and the positive, trusting relationships established between staff and clients, is that if clients are placed somewhere that is not suitable, or their existing accommodation becomes unsafe, they are able to return to the Hub or maintain contact with their caseworker or floating support worker, pursuing other routes or 'pathways' as required. In other contexts, or models, if women do not feel able to accept temporary accommodation, or do not meet thresholds for statutory support, they may be left with little alternative but to 'make do'. BSWAID's service aim to assist with, and form part of the 'what next?' for women and children. The 'what next' for the organisation, in this context, appears to include a push for change within statutory service responses, extant funding environments and regulation of exempt accommodation.

Particularly for those experiencing multiple disadvantage, the small-scale review into women presenting at the Hub aligns with existing evidence bases and theories. Specialist provision set up to understand, and respond to, the intersecting and cyclical nature of women's experiences of homelessness and abuse is a vital, but scarce resource. The notion that more 'mainstream' services are often entrenching rather than alleviating existing issues and framing women as those 'no one [else] can help' has, arguably, led some external agencies to view the BSWAID Hub as a 'solution' to more intractable cases. Due to the lack of adequate service provision and investment in the needs of this cohort of women, it is arguable how far many of them are currently 'shielded' from punishing and rigid external systems. These are often iniquitous, punishing systems that BSWAID do not, currently, always have the ability to shield women from, let alone 'shift' the narrative towards effective change.

In essence, this chapter indicates that systems and services are re-traumatising, and in some cases further endangering, women and children. Depleted statutory and voluntary sector resources; an insufficient gendered understanding of trauma and abuse, and a lack of sensitive appreciation of the need for gender and culturally-specific services can mean that the system itself inadvertently becomes a perpetrator of harm. The question remains: if a safe space (whatever that means for each case) cannot be found, women and children cannot begin to safely engage with specialist support to untangle the knot of abuse, trauma and disadvantage that may have marked their lives for many years.

7: Women's Experiences of the Home Options Hub

This Chapter presents the findings from an anonymous feedback survey completed by 178 women who accessed the Home Options Hub between February and December 2019 and introduces relevant key themes from in-depth interviews with 15 women who were engaged with the Hub service.

Feedback surveys focused on first impressions of the Hub, through short reflections on initial contact and appointments. In line with the overall aims of this research project, the surveys were intended to collect information on women's initial responses to the Hub's set up and the approach of staff. Whilst not able, or intended, to evaluate the Hub's overall impact on any longer-term 'outcomes' for women, this feedback is a vital part of BSWAID's ongoing process of ensuring the design and delivery of this service is meeting women's needs, and links to their shorter term aims and objectives: to get women 'started on their journey' in the best way possible. The in-depth interviews were focused largely on women's overall experiences of homelessness and domestic abuse, and their pathways and journeys towards safety and security. As a natural part of these conversations, women discussed their attitudes towards the Hub's approach, and elements of the service design that they felt were important or best assisted them. Interview data goes far beyond themes around first contact, but those presented in this Chapter are as far as possible restricted to Hub elements, as it was deemed important to capture these alongside the feedback surveys.

FIRST IMPRESSIONS: SURVEY / FEEDBACK DATA:

Women were asked to rate elements of their experience from 1 (not at all) to 5 (completely), with space to qualify or expand on their responses. The results of the 178 completed surveys are presented in the table below:

	1	2	3	4	5
Did you find the venue accessible?	0%	2%	4%	8%	86%
Did the Service meet your needs?	0%	0%	2%	8%	90%
How effective was your Hub worker?	0%	0%	0%	3%	97%
Do you now feel more confident to cope with your situation?	1%	2%	7%	23%	67%

Those who rated accessibility lower than 4 and who qualified this rating said that the location was difficult to find when driving. One woman commented that it took her a long time to get from the Local Authority Housing Options Centre, who directed her to the Hub, as she did not know the City very well.

Those who felt the service did not fully meet their presenting needs at first contact were asked to comment. Those that did acknowledged that the complexity of their situation prohibited this, or that they were unable to obtain accommodation that was suitable for them at first presentation. 'Complexity' was, in these respondents, most often linked to their full time employment status, which Chapter 6 has shown was a key barrier for the Hub in, particularly, obtaining short term accommodation.

“There wasn’t much more the service could have done. My situation was complicated, with my job and wages, and I could see they tried everything but there just wasn’t anything that could help me”.

“There was no accommodation available for me. I will stop with a friend until Thursday and then a different friend to crash with them and keep in touch”.

“They did everything they could for me. There’s just not many options for me in my situation as I work”.

“I wanted accommodation nearer and they couldn’t find that for me today”.

The survey asked respondents whether they had previously approached a council or other statutory service for help with housing or because they were homeless due to domestic abuse. They were then asked if they could compare this experience with their experience at BSWAID (note that this question did not ask respondents to specify in which part of the country that experience took place). 29 women (16%) of women responded to this question. The main themes were:

BSWAID much more helpful and understanding around domestic abuse	More respectful and took genuine care and interest in my safety and choices
More privacy, confidentiality, and a safer environment	Gave clearer information and took more time to help

Illustrative quotes included:

“Compared to the homeless centres in [the South] and [North] where I have experience in making part 7 [homelessness application], my experience at BSWA is outstanding in so many ways, i.e. facility, support by staff, high quality service, child-friendly environment. I am so happy with the service received today”.

“More understanding, helpful and can direct in the right direction where councils just give forms that leave you a little overwhelmed. Better outcome today than I had there [at a local authority]”.

“The council refused [me before] but Women’s Aid did everything they could and did not give up on me”.

“BSWA seem like they actually care, whereas the council act like they do not”.

Only one woman suggested there was no difference in her experiences, stating that she had **‘always found BSWAID and the council pleasant’.**



What did you like about the service?

All women entered comments in this box. The main themes were:

Non-judgemental attitudes of staff and their understanding of domestic abuse	Staff's professionalism and tenacity
Staff listened and showed kindness, patience and understanding	Realising they were not to blame
Women did not feel rushed and felt like they 'mattered'	Children's area and creche worker really helpful
The safe, women-only space, which was confidential and private	Comprehensiveness of advice reduced anxiety and increased awareness
Afforded a sense of hope	Translation services appreciated

Illustrative quotes:

“Welcoming on arrival, caring, helpful and compassionate staff. They listened attentively and was very supportive throughout the whole experience. So caring for my welfare, allowed me to take breaks when I felt overwhelmed. “[The staff member] went into detail about things I didn't understand, and I never felt judged about anything”.

“She listened to me attentively and was patient and understanding. I felt supported throughout despite the sensitivity and what was being disclosed. She went through all the options with me and after everything that's happened to us, I felt like someone was finally on my side”.

“I liked the fact I could speak up about my abusive partner and [other services] mentally abusing me. The emotional support I received to make me aware it's not my fault that this abuse is happening to me and that I'm getting housing support”.

“Staff are so friendly and warm and understanding of domestic violence. I could explain how I felt, and I felt understood. Everything was explained to me... They really listen to your needs and concerns”.

“I finally feel like I've made a massive step in the right direction and I can soon leave all the terrible experiences in the past to move on to a new life. This service is supportive and life-changing. Awesome sense of relief”.

“I'm so glad I came here today. I now know I'm not the one with the problem and going forward I'm doing the right thing for myself and my children. Thank you”.

Anything you didn't like or would change?

There was a very low response rate to this question, with 5% (n=10) of women entering text into the comment box. The main responses were that the process was a 'bit long-winded', or 'took a long time' and requesting a kettle in the service user kitchen rather than the urn that is currently in place.

IN-DEPTH INTERVIEWS

All women who took part in interviews were overwhelmingly positive when describing their experience of accessing and being supported by the Hub. This included the set up and environment, BSWAID's overall approach, interactions with staff, the level of advice and information given, and ongoing forms of interaction and support. Interviewees were considerably less positive when speaking of previous, or sometimes concurrent, experiences of help-seeking or intervention, particularly when in comparison to their experience with BSWAID. Similarly, there was distinct acknowledgement from the majority of interviewees that BSWAID provided an incredibly beneficial service, but that external systems and processes were limiting their longer-term progress.

The Hub: Building and set up

Women spoke of their appreciation for the confidentiality and privacy within the building, referencing the private interview rooms, intercom door entry and anonymity of the building's frontage. This appeared to help women to feel secure, gave them the confidence to speak freely, and enhanced confidence in the service itself to handle their situation and information sensitively and appropriately.

“Never been nowhere like this before so when I came, I found it very confidential, for me, the outside, it's not somewhere anyone would know. Inside it's very private, very calm. You can be open. I found it very calming and basically, it's what I needed”.

“I like the buzz in system and that. I notice the staff, when you come in, they take you to one side, like not loud like you're on the tannoy in ASDA or speaking really loudly like at [the council] and they are good: well-trained and calm”.

Around half of interviewees directly cited the fact the service and building were 'women only' as something that enhanced their feelings of safety and comfort. Several felt this gave a sense of mutual support and collectivity, which was important to their sense of feeling at ease, and that this meant all women could feel safe no matter what their circumstances:

It is good that it is a women-only place cos I felt, you don't know what each woman has been through when they come in. I came in last time and there was a woman and she was sobbing and its not to say you are going to have a full blown conversation but you can say 'are you alright?'.

and I think it is nice for women to connect, not full blown, but it is nice to be women, it is women empowerment”.

“I think women keep in a lot and probably can't speak to their family and the family might agree with the partner but coming here where people don't know you, it's women centred and you can talk freely. There's that sense everyone gets it”.

The décor in the Hub was also referenced as positively contributing to this sense of mutuality and collectivity, and 'added to the positive vibe'. One woman said the artwork was 'like, it feels like, women can do anything. We're all in this together even if we're not going through exactly the same thing'.

Those with children commented on how grateful they were that they were not expected to talk about traumatising and sensitive situations in front of children, as some had been forced to do in the past, but could be confident their children were being well cared for. It was a relief that their children could have a break and play or watch television 'just be themselves and play for a bit, like kids should be doing...not facing all this'. One woman commented that it was really heartening that children were laughing and making noise and playing freely whereas 'in most places...kids are seen as a burden; they're barely even acknowledged and, if they are, it's because they're causing someone a nuisance'. Interviewees also acknowledged the flexibility of the appointment structure, which enabled them to take breaks: checking on, interacting with, or feeding, their children. This was seen as a reflection of BSWAID's ability to see them as a 'family unit', understanding the needs and pressures facing parents in crisis situations.

Overall, women expressed surprise but gratitude that a service such as the Home Options Hub existed, with many saying, on reflection, it seemed obvious it is needed but they had never expected to be able to access somewhere of this nature when they became homeless.

Interpersonal Aspects

The interpersonal skills of BSWAID staff, their ability to relate to women's experiences and their comprehensive understanding of domestic abuse engendered feelings of trust, safety, and confidence, whilst reducing attendant feelings of shame or blame. One study of women's experiences of seeking support suggested that 'Female survivors of IPV who seek advocacy support report high

levels of anxiety and depression when they first contact services, higher than the general population' (Ferrari et al., 2016: 2). Staff's skills in listening to and discussing women's experiences reduced such anxiety, prompted the early stages of realisation around their situations and began the process of 'shifting' blame away from them.

'Non-judgement'

Staff's overall affect, and ability to react to women in a way that did not replicate or confirm their internalised feelings, or those exhibited by professionals or informal networks through previous experiences of disclosure, came out strongly as women recounted their interactions with staff:

"I talked about my mental health issues because of him [perpetrator] and she never batted an eyelid. Her attitude didn't change, her body language didn't change, whereas other places were just like 'yeah, she's a weirdo', 'not taking her meds again'. Even my own family would be 'she's off her meds'".

"If I couldn't come here, I'd be at some housing office having to defend myself".

"I wouldn't accept help for a long time, I was so ashamed, just me but that's how I coped with it...never felt one bit of shame with them [at the Hub]".

Validation: 'Undoing the perpetrator's work':

The honesty and tenacity of staff, alongside the clear sense that they were dedicated to helping women overcome barriers, even when this did not result in a swiftly positive 'outcome', validated women's own strategies of help-seeking. In some women it counteracted previous messages they had received from perpetrators, that had consolidated feelings of entrapment and helplessness:

"Women's Aid are the only place that has given me honest advice, they're open and you can see they are trying everything to help and I mean the woman I saw, you could see she was trying everything but couldn't get any solutions for me straight away and to be honest she tried all the things I had tried as I tried all of this a year ago. She was getting the knock backs that I was and in a way that was good as it showed I had done the right things and it wasn't me. I guess, I felt validated in a way?"

"It made me see there is stuff I can do, it's not gonna happen right now, but all I've ever got [from the perpetrator] is 'no one will help you', nothing out there for people like me. You really believe that. It's always my fault. [Hub worker] the stuff she did for me, I know now, it's not me".

It may seem counterintuitive to suggest that initial advocacy and 'options work' that does not swiftly result in a tangible 'outcome' can be a formative experience for some women. However, women have often lived with years of coercive control and isolation; worn down by repeated messages from the perpetrator, which can form a barrier to help-seeking, or escape (Evans and Feder, 2015). Feelings of blame and self-blame are common in women experiencing abuse, with socially isolated women in particular often losing sight of what is 'normal' (ibid). By exhibiting openness, honesty and clear explanations to women, BSWAID staff are beginning the process of, as they view it, 'undoing the perpetrator's work', whilst acknowledging the complex barriers to help can, for some women, work to confirm previous messages.

Understandings of domestic abuse and trauma:

Women particularly highlighted BSWAID's knowledge and understanding of domestic abuse in all of its forms, particularly those who had not experienced physical violence, and commented on BSWAID's preventative approach in opposition to the wider ethos of 'sit tight and wait for something to happen' (see also Chapter 4).

"They have been really good, they have listened. A lot of mine was emotional and financial. He put his hands on me years and years ago but a lot of it is text messages and stuff but I went to solicitor once and the solicitor said 'well that's not good enough', so I didn't even go down that route in the end. But the message I got from [BSWAID] was you don't need to wait for something to actually happen. What is happening is bad enough".

"If there is violence, more people are inclined to help you...so I have seen how quick it CAN be when it's physically, and I am not saying it shouldn't be, but if this support was there for me [before] I wouldn't have stayed in this situation. There is a lack of understanding about types of abuse outside of here [BSWAID]".

There was also a notion that other agencies expect women to disclose their experiences quickly and that this was impossible to do, and stopped them from getting what they needed:

"[Hub worker], she was there and took time offered me water, offered me tea, went through everything that happened in my own time, and being in the long term relationship that I was in, no one should expect you to just tell it quickly. But they do".

"I was there ALL day. But I needed that, you know?"

Responses to Safety Planning

Women interviewed responded positively to safety planning and felt it helped them to actively manage their own situation, validating the ‘safety work’ they were already doing; which increased both self-confidence and confidence in the service. All had developed their own strategies over time, as the body of existing evidence tells us they will have. Nonetheless, having conversations that structured this, incorporated it into both their lives, situations and Personal Housing Plans, was seen as beneficial. Safety planning was personalised and afforded them autonomy and control:

“[Hub worker] was so nice and she did all this work around safety, and the planning and making sure that whatever I did with the housing would help me to feel safe and be able to make that decision and that is not something at all I had ever really thought about, I mean you do things all the time but to have someone who understands and to help me work out what I wanted to do and to make sure I had someone looking out for me in that way and I mean I don’t normally accept help – my health isn’t good and I keep myself to myself and just try to deal with it, you know?”.

“I haven’t had any contact from my ex now and I’ve blocked him on everything. The Hub suggested I could do that and to change my numbers and be careful on Facebook as he was making up random profiles and adding me. Gave me such good – just being aware - and advice and I do have the awareness of that now and protecting myself and I’m really grateful for that support”.

Women with children commented on how if children were incorporated into discussions around safety, they were supported as a unit, rather than as the mother as a potential perpetrator of harm herself. ³¹

“It wasn’t about “why aren’t you keeping them [children] safe?” No accusation, they knew that was my priority and it was about helping me to balance all of that”.

“Yeah, we went through the whole safety thing and it changed down the line, and the Hub were there to help me with that. I mean, I stupidly gave him [the perpetrator] a chance to see our daughter and wash her coat as it is so difficult to use the washing machine where I am so I gave him contact with her then and he actually grabbed me, it got nasty at that point,

and it’s about how do I now keep her safe from seeing that and him not blaming her, it being her fault for not wanting anything to do with him. It was really helpful to talk all that through”.

One woman, Molly, who had been referred to MARAC, said she was ‘amazed’ that the Hub had ‘picked up on things’ so swiftly and that it had made her realise what had been ‘missed’ by many other agencies she had been in contact with before.

Proactive and Holistic Support

The most striking element to women about the support they received from the Hub was the proactive nature of both Hub workers and floating support workers, and how holistic the support packages and options they were given were. This helped women to feel less ‘forgotten’, less alone, and assisted with focus and direction around housing, resettlement, and longer-term options:

“They talk to you like a person, an individual, they keep in touch with you. Which, I mean, it sounds so silly, I am not asking for a daily phone call but they make it known they know you are there, you exist, you are not just the number, with everyone else it is out of sight out of mind”.

“They check up on me and did some really good follow up work and that is really important. They reached out to me, just checking in on me and that was so nice”.

Those who elected not to access floating support via the Hub felt they were well-placed and focused on ‘what needed to be done’ and/or had external assistance from family or informal networks. However, they appreciated the relational constant and certainty engendered by the knowledge they could contact the Hub for ad-hoc advice or assistance if needed. Although some had not yet felt the need to do this, it appeared the knowledge the Hub was ‘there’, sufficed, decreasing feelings of anxiety, and enhancing those of safety.

Those who accessed floating support, in the main, expressed that they valued this as they did not want to speak to their family, felt no one else understood or had the knowledge required, or had previous negative experiences of discussing with informal networks. The fact floating support could be about ‘more than just housing’ or homelessness processes was valued, giving women a chance to ‘offload’ to someone objective:

“I speak to my support worker and I can contact her whenever when I need something and so a few weeks ago I was really struggling, having a meltdown, ready to give up my job, it was not a good day and, fair play to her, she managed to get me in that same day for an hour and we talked it through and generally she will message every couple of weeks and we meet up but if I need to speak to her in the meantime I can contact her”.

“There are things I don’t want to – can’t – talk about with my [adult] kids and I’ve had to keep that in. I mean the kids are great support and help but it is amazing to have someone to talk about those things with. My mental health is better, [I’m] more positive, definitely”.

The thoroughness of the Hub’s approach and the joined-up nature of their work led women to recognise the coordinating, or steering, role the organisation took:

“It’s like the Hub got everything organised and in motion and everyone else is falling into line behind them”.

“They’ve given me the best start, linked me up with other places and there’s just so much out there that I didn’t know about and having them make those links was what I needed because I don’t trust people and I couldn’t stand another knock back from somewhere myself”.

External Services:

Overall, interviewees suggested prior, or concurrent, experiences of accessing help had been negative and unsuccessful; with them either being turned away, treated without respect, or made to feel shame.

“I’ve been to police and council and hospital. As soon as I mentioned DV to the council it seemed like they shut down. Police weren’t much better. [The hospital] did try but now I’ve seen what BSWAID did, it makes me realise what they should have done then...like MARAC. Never heard of it before but they were on it straight away and got me referred, and no one else has even mentioned it [before]”.

“Everywhere I went if mentioned domestic violence it was like I had leprosy...same as with mental health. [But] not Women’s Aid”.

Those who were accessing other housing-related services concurrently with BSWAID’s Hub service suggested that, in comparison to BSWAID’s approach, other services left them feeling disappointed and as if they were still ‘just a number’ or a ‘burden’:

“At the moment it’s [council]: shocking. [Housing Association]: shocking. [BSWAID]: fantastic but there is only so much they can do!! Can’t do those people’s jobs for them!”.

“It’s such a difference, like polar opposites. [A statutory service] don’t even know I exist, I hear nothing, they only contact if it’s to check when I’ve filled something out wrong. You’re just a number. Not even a number, like a speck of dust”.

Clients’ Suggestions for Improvement:

Those interviewed had few suggestions for how the Hub could be improved, with one woman suggesting more intensive support and guidance by a ‘specialist in private renting’ would have helped her personally. Another suggested that as she had ‘so much stuff going on and to deal with’ that, ideally, she would like more services under one roof, as travel could be expensive and sometimes induced anxiety around her safety. All suggested that BSWAID evidently do all that they can for their clients and, in many cases, go far beyond what they would have expected. This was with a recognition that barriers to their onward journeys were due to deep-rooted systemic problems that were often largely beyond the control of the Hub:

“[BSWAID] are fantastic, all the support has been great, can’t fault them. It’s the system that is the problem”.

“They supported me so much, got me where I need to be. Got me further than I ever thought I’d be but, now, it’s like, so much is out of our control. They can’t change the way everything is set up”.

31. See Buchanan (2020); Kelly (1996) and Humphreys and Absler (2011) for useful discussions on discourses of ‘mother-blaming’; protecting children through protecting mothers, and oppressive, distortive notions of a ‘failure to protect’ children.

REFLECTIONS AND CONCLUSIONS:

Although employing relatively small sample sizes, this Chapter indicates that the Hub's model and approach is meeting its initial aims and objectives. It is important, though, to note that the women interviewed all felt ready, and able, to engage with the process. Similarly, as the section on 'single' women revealed, those facing multiple and intersecting barriers and forms of disadvantage may not necessarily respond to the core elements of the Hub in the same way due to the severity of their current situation. As such, whilst care must be taken with any 'claims-making' for overall success or efficacy at this stage, women's experiences of the Hub align with research and evidence bases around what women need – and what is perceived often to be missing – from services.

However, there are as yet untested potential side-effects of such positive, intensive, and holistic support at the early stages of women's often protracted journeys to safety and settled housing. Due to the extant circumstances surrounding housing, homelessness and domestic abuse, women's overall 'journeys' have the potential to become increasingly long and difficult. The previously discussed short-term nature of funding for many support initiatives around domestic abuse, here termed the 'abrupt severance of support', has the potential to work negatively when viewed in conjunction with the prolonged waiting periods for housing, or main duty decisions, after the relief stages of the Homelessness Reduction Act (HRA). This serves to bolster emerging wider notions about the 'front-ending' nature of the HRA (Boobis et al, 2020), and that women's attitudes and experiences may become more negative if, or when, specialist support or provision diminishes or reduces.

The client feedback surveys were designed to provide a snapshot of initial attitudes toward the Hub's approach and rationale. Most women interviewed in-depth were still within their 'relief period', or this had elapsed, but they were waiting for a 'main duty' decision. All such experiences and feedback are in some senses refracted through a 'point in time' effect. It is difficult to gauge how women will articulate their experiences and attitudes if their circumstances continue unchanged for extended periods of time; if support 'drops off', or the anxiety and frustration of systemic battling and 'waiting in Relief' sets in. Similarly, if other services take over as the lead agency for women's situations or 'cases', there may be a sharp contrast in attitudes and modes of interaction, which women's comparative experiences in this chapter seem to suggest is likely. In order to move beyond the speculative, these issues clearly require more longitudinal research work with survivors accessing homelessness services.

8: Prevention and Relief

A key function of the Home Options Hub is the Prevention and Relief duties that fall within the Homeless Reduction Act (HRA). This report has so far addressed some of the potential operational and systemic challenges of ‘blending’ a statutory homelessness service with a specialist domestic abuse service. It has also made clear that, although adhering, where relevant, to its legislative and procedural functions, the Hub’s ethos, aims, and activities are not rigidly focused on, or directed by, the Homelessness Reduction Act. The service provides interventions and services that fall outside of this tighter rubric. The organisation is clear it is directed by what is best for each individual woman, employing a holistic approach embedded in both a specialist understanding of domestic abuse and an awareness of the multitude of experiences that this can incorporate. Nonetheless, understanding what is meant by prevention and relief, both within and outside of the HRA, is a necessary part of understanding the Hub’s current capacity to successfully carry out these functions. It also forms part of the longer term aims of both the Hub model, and of this research project: to consider what the Hub can achieve within current contexts, and what more needs to be done to affect necessary structural, systemic, and policy change.

Homelessness itself is a wide and multi-faceted issue, with competing notions and understandings of causal factors and potential ‘solutions’. Within this, there are competing conceptualisations of what constitutes homelessness ‘prevention’ and ‘relief’, and a wide range of potential barriers to realising these aims (see Pleace, 2019). Combining the ‘issue’ of homelessness with such a broad and encompassing one such as domestic abuse has revealed a high level of complexity for the organisation to navigate. This was not limited to the overarching fact that domestic abuse is concerned with the perpetrator’s behaviour which only the perpetrator, ultimately, could control.

This chapter will investigate notions of prevention and relief within the HRA and wider notions and conceptualisations of, particularly, ‘homelessness prevention’. These will be informed by BSWAID’s perspective; women’s broader experiences of domestic abuse, their ‘journeys’ through help-seeking, the Homeless Reduction Act and towards achieving housing security and stability.

PREVENTION

It is important first to understand ‘prevention’ within the HRA, in order to examine how this might be functioning for women experiencing domestic abuse, and how it is in turn influenced by wider notions and contexts at policy and practice levels.

“Homelessness prevention is about helping those at risk of homelessness to avoid their situation turning into a homelessness crisis...this means either helping them to stay in their current accommodation or helping them to find a new place to live (MHCLG, 2019). Under the HRA, successful fulfilment of the prevention duty is ‘where the Local Housing Authority is satisfied that suitable accommodation has been secured where there is a reasonable prospect of that accommodation being retained for at least six months’ (MHCLG, 2018).

Such legislation and guidance are, of course, often refracted through interpretation, often at individual officer level (see Alden, 2015; Lipsky, 1980).

The vast majority of cases recorded under the Homelessness Reduction Act through the Home Options Hub between February and December 2019 were placed into the ‘Relief’ category on first presentation.³² The small minority that were initially placed in Prevention, with some exceptions, subsequently transitioned into the relief period as the ‘prevention’ option became unsustainable. Hub data on initial presentations confirms the enduring notion in both research literature and the practice-based evidence of specialist services: that most women seek intervention from a formal agency when their situation has reached ‘crisis point’ (Horne and Radford, 2008; Evans and Feder, 2015). This, in practice, often means that such women have nowhere safe to stay or feel unable to safely return home. Although every situation is different, it is difficult to escape the notion that realistic chances to ‘prevent’ homelessness may have already passed; particularly if ‘options work’ is anchored in safety, empowerment, and non-coercion.

32. As previously mentioned, due to issues with HCLIC data recording, this information was not felt to be accessible from the local authority at the time of research. However, BSWAID’s own recording mechanisms revealed this to be ‘very minimal’.

What is Prevention?: Wider Contexts

Over the past two decades, there has been a steady move within UK contexts towards what Fitzpatrick et. al. deems the ‘prevention turn’ in homelessness policy (2019: 2). This gathered momentum through the Housing Options model in early 2000s, which provided prevention advice and assistance for ‘non-statutory’ cases, with an accompanying legislative requirement for local authorities to publish 5-yearly homeless strategies. This ‘turn’ has more recently culminated in the Homeless Reduction Act, and the contemporaneous campaigning and research around homelessness.

The most commonly employed model of ‘homelessness prevention’ is the ‘primary / secondary / tertiary’ model (see Crisis, 2019; Pleace 2019, Fitzpatrick et al. 2019).

Primary: is concerned with structural and national policy issues, such as education, increasing housing supply or alleviating poverty.

Secondary: involves ‘targeted’ action to prevent future homelessness in ‘high risk groups’, something a recent enquiry has asserted ‘remains generally weak across the UK’ (Fitzpatrick et al., 2019), **Tertiary:** involves ‘rapid rehousing’ or resettlement for those already homeless – often referred to as ‘relief’ – where Fitzpatrick et al. suggests ‘most effort has been expended in recent years’ (ibid).

Birmingham City Council’s Homelessness Prevention Strategy 2017+ adapted St Basil’s youth positive pathway model and incorporates the five domains of Universal Prevention; Targeted Prevention; Crisis Prevention and Relief; Homeless Recovery and Sustainable Housing. This model is similar to Fitzpatrick et al.’s suggestion that universal, targeted, crisis, emergency and recovery prevention modes provide a more useful way of understanding how prevention currently functions (2019: 3).

The strategy states that “The Positive Pathway radically changes the way we respond to homelessness in Birmingham; shifting the balance from a reactive crisis response to proactively addressing homelessness in all of its forms throughout a person’s or family’s journey”.

This local strategic context recognises that the majority of focus and resources are currently on ‘crisis’ (prevention and relief), necessitating a systemic and cultural shift towards targeted and universal prevention, with the knowledge that interventions and housing ‘solutions’ should be personalised and sustainable. The Hub, within this context, largely ‘sits’ at the targeted prevention and crisis prevention and relief levels; with longer-term aspirations towards ‘recovery’ and ‘sustainable housing’.

Despite the legislative ‘Prevention’ duties under the HRA, and the City’s Homelessness Prevention Strategy, operational conceptualisations of ‘prevention’ within the City and wider sectors were felt by stakeholders involved in this research project to be unclear, often ambiguous, and defined and operationalised in a variety of ways. Interventions and options provided by a range of local services may, broadly, fit into existing prevention models. However, the perceived lack of clarity and potential lack of sustainability (the ‘quick fix’), alongside concerns about what was ‘driving’ prevention options offered to individuals suggested ‘prevention’ was in danger of directing agendas and practice yet remaining a somewhat empty term. This chimes with academic commentary around the concept of ‘homelessness prevention’ and, particularly, how it is often employed in both statutory and service contexts. Such concerns include that prevention may be used as a gatekeeping tool by, particularly, statutory services or provides merely a ‘sticking plaster,’ when sustainability and appropriateness of prevention options are not fully explored and realised, leaving people in a ‘half homeless’ state (Pleace, 2019).

A recent comprehensive review of international evidence on homelessness prevention by Nicholas Pleace highlighted that critics of prevention work are concerned that “Prevention is largely motivated by an agenda to reduce total expenditure by keeping people away from more expensive services” and concludes that “trying to use prevention as a means to cut spending on other homeless services is unlikely to be a successful strategy” (2019: 8) This is particularly pertinent to, and reveals the possible tensions for, a specialist voluntary sector organisation with statutory homelessness functions embedded within it.

WHAT DOES 'HOMELESSNESS PREVENTION' MEAN FOR DOMESTIC ABUSE?

Aside from the broader problems with defining 'prevention' and the activities that may fall under its rubric within a variety of homelessness contexts, staff attitudes and existing knowledge and literature tell us it is important to ensure distinctions around 'prevention' within a domestic abuse context remain in place; and that 'prevention' (within whatever definition) under homelessness policy is not assumed to mean 'prevention' of domestic abuse. Although a consistent theme, it bears repeating: leaving an abusive home or ending an abusive relationship does not necessarily end the abuse. The Femicide Census revealed that women were most at risk of being killed in the first month post-separation and 89% of women were murdered during first year of separation (Long and Harvey, 2019). It appears, then, that achieving 'prevention' of homelessness can, conversely, exacerbate the risk and levels of abuse. Similarly, as we have seen in Chapter 6, 'preventing' homelessness through, for example, entering exempt accommodation, may 'prevent' rooflessness, but can exacerbate trauma and isolation. In addition, a lack of investment in research and service provision means we do not know enough about women's journeys to safety and resettlement in the longer-term, which is surely needed to adequately assess the sustainability of any 'prevention' options.

There is also, theoretically, a danger that 'prevention'; particularly when unclear in definition and divorced from clear and realistic targets, can be used by services as a 'gatekeeping tool', with women persuaded to return to a property that is unsafe, and diverted from making a homelessness application. A terminology of 'homelessness presentations avoided' used in some contexts by local authority stakeholders in Birmingham requires clarification as it has some concerning, although possibly unintended, connotations. Similarly, the evidence in figure 1 of this report showing that around a third of unique cases do not make a homeless application through the Hub should be taken with caution, and not, without context, conflated with 'prevention' in any meaningful sense.

This is, arguably, more exhibitively of the advice and guidance function that that Hub provides in conjunction with current contracted statutory service functions. This forms part of its attempts to provide a holistic service, ensuring women who present are not turned away, or shoehorned into narrowly designed systems.

The evidence base for 'homelessness prevention' within a domestic abuse context is currently weak. There are some common approaches, but as Crisis indicate in their Plan to End Homelessness 'no identified programmes with a strong evidence base' (2018: 118). BSWAID are firm that 'prevention' must be personalised and viewed as far as possible through a lens of individual autonomy, safety, and sustainability. As Chapter 4 evidenced, staff's overall perceptions of the HRA in particular, and their experiences of women presenting, was that 'prevention' was rarely a 'realistic' option in current contexts. It was seen, if anything, to have a 'prolonging effect', often merely "prolonging the inevitable. It can give us more time to work with a woman – but the risk is always there". This was accompanied by a perception that local authorities might favour placing people in prevention 'as that means there's longer to try and solve things before it gets to main duty'.

Similarly, a senior local authority Housing Officer's view chimes with BSWAID staff's sense that the concept of 'prevention' could be 'quite dangerous':

"This is a crisis service at the end of the day... prevention will take a very long time to be embedded across all homeless services, and especially with domestic abuse as it's not really the same thing. It's not something you can hold off or solve, they aren't here because they've got rent arrears, they're here because they are in danger".

Before examining how 'prevention' is, or could be, operationalised in the context of the Hub, it is first important to examine the potential preventative function of BSWAID's integrated service provision for higher needs or targeted groups.

ADDITIONAL HUB SERVICES: AN INTEGRATED MODEL

Chapter 4 introduced and described the integrated nature of BSWAID's services, and where the Hub 'sits' within this. This section looks in more depth at some of these services and how they may be performing a 'preventative' function in a homelessness context. There are fluid, bi-directional pathways between the Hub and BSWAID's other key services, dependent on a woman and any children's circumstances, safety, and choices.

IRIS: a scheme helping staff in local GP surgeries to identify patients affected by domestic abuse and refer those patients to the practice's domestic violence worker for advice and support. In 2019, BSWAID IRIS workers received 761 referrals into the service and supported women around issues such as housing, physical and mental health, civil and criminal justice options, safety planning and parenting. In 2019, 14 women were supported to have the perpetrator removed from the property, and 8 were supported to access social housing.

The IRIS project had a higher proportion of women over 55 and in employment than in other schemes, including the Hub, with 21% of women accessing the service over 50 years of age.

Think Family Housing Outcomes

Almost all families were identified as having needs around housing, with 34 (27%) needing support to maintain a tenancy; 57 (45%) needing resettlement support and 65 (52%) requiring support around home security. The following housing-related outcomes were recorded for 2019:

Accessed Crisis Accommodation	20
Avoided Eviction Through Support	5
Found Suitable Social Housing	22
Perpetrator removed from survivor property	21
Resettled Through Support	34
Improvements to Security / Sanctuary	8

Drop in: BSWAID provides a drop-in service from its main offices to provide advice, advocacy, and guidance, practical help, and emotional support. During 2019, the drop in had 1,425 presentations from women, including 178 women with No Recourse to Public Funds, 55 who were referred by the Hub. The main areas of support for women who accessed the drop in were emotional support 43% (n=614); housing 41% (n=585); safety 36% (n=507); children 28% (n=393); finances 25% (n=350); and family law 13% (n=181).

Helpline: a confidential helpline and a webchat facility assist women with advice, support, access to refuge accommodation and signposting or referrals to other agencies. In 2019, the Helpline logged 5,938 calls. The majority of calls were for advice around rights and options, information on local services, searching for refuge or accessing refuge space.

Think Family: is a 'whole family approach' to multiple or complex problems for families that do not require statutory or social work interventions. BSWAID provide support for domestic abuse within this programme. There were 125 referrals into the service in 2019, 97 of which were from Children's Services.

The Purple Project: supports women over 55 who require have experienced domestic abuse. The project began in September 2018 and there have been 25 referrals to up to February 2020: 23 from the IRIS project. Of those, 18 women received ongoing support, with the majority (7) owner occupiers. So far, 2 women have been supported to find suitable social housing and 3 were supported to have the perpetrator removed from the property.

Refuge provision: BSWAID provides specialist refuge provision across Birmingham. Women can self-refer, and referrals are accepted by any external agency. It currently has 44 bedspaces in Birmingham with 8 of those within a specialist project for females aged 16-25.

Multi Agency Risk Assessments (MARACs): A MARAC is a multi-agency meeting where information is shared on the highest risk domestic abuse cases. It has representatives from local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors. Between April 2018 – March 2019 there were 1457 cases supported by BSWAID’s MARAC workers. Housing related outcomes for this period were:

Accessed Crisis Accommodation	38
Avoided Eviction Through Support	9
Found Suitable Social Housing	34
Perpetrator removed from survivor property	31
Resettled Through Support	50
Improvements to Security / Sanctuary	16

These additional BSWAID services enable women to receive integrative support from a variety of community settings, and to receive impartial and confidential advice through a range of channels. It is arguable whether many of the women within these projects who were assisted to remain in their home, to access safe accommodation or resettle elsewhere would have come into contact with a statutory homelessness service at all, or at a time before their situation became a ‘crisis’. This reveals how homeless ‘prevention’ work is quite often occurring within integrated services, but that these interventions are possibly less likely to be formally designated as ‘prevention’ activity as they sit outside of a statutory framework of understanding.

As with a ‘whole systems’ or ‘whole housing’ approach, the Hub’s ‘whole service’ model provides choice, earlier help and a range of service models to ensure as many women as possible are able to access an appropriate pathway.

OPERATIONAL DEFINITIONS AND CURRENT OPTIONS

If prevention is to be meaningful – as a concept, as a measure of a service or intervention’s ‘success’, and for the individuals involved, it must be accompanied by operational definitions (see Pleace, 2019). This next section reviews some possible prevention options for women and children presenting at the Hub:

Civil Remedies

Under Part VI of the Family Law Act 1996 (as amended by the Domestic Violence Crime and Victims Act 2004) are two injunctions designed to help protect women experiencing domestic abuse, which are often used in a housing context. These, granted in Family Court, are Occupation Orders and Non-molestation Orders. These are often used together. ³³

Occupation Orders regulate who can live in the family home. They can be used to temporarily exclude an abuser from the home and surrounding area, giving the victim the right to enter or remain in the property. They can have powers of arrest attached for a breach of the Order.

Non-molestation Orders aim to prevent an abuser from using or threatening violence, intimidating, harassing, or otherwise pestering the victim and any children. Non-molestation orders are time-limited, and breach of the Order is a criminal offence.

In 2019, there were 518 reported breaches of a non-molestation order to Birmingham police forces. Just 21% (110 breaches) resulted in a summons or charge. 41% of breaches (213 cases) were marked as ‘named suspect identified: victim support but evidential difficulties prevent further action’. In 25% (131 cases) the named suspect was identified but evidential difficulties prevented further action with the victim not supporting, or withdrawing, support from police action. ³⁴

A more recent initiative aimed at giving those experiencing domestic abuse time, space, and support to consider their options away from the perpetrator (‘space for action’) are **Domestic Violence Protection Orders (DVPOs)**. These were piloted in three police force areas for 15 months in 2011/12 and rolled out across England and Wales in 2014.

DVPOs are designed to provide victims with immediate protection following an incident attended by the police and where ‘there are no other enforceable restrictions that can be placed upon the perpetrator’ (Home Office, 2013). A DVPO can be applied for within 48 hours of an incident ³⁵ and can ban a perpetrator from returning to the home or having any contact with the victim. DVPOs can last up to 28 days and a breach is not currently considered a criminal offence, but a civil contempt of court, which can result in a maximum £5k fine or two months’ imprisonment (Home Office, 2015). This will change when the Domestic Abuse Bill is passed into Law. The new Domestic Abuse Protection Orders contained within the Bill strengthen the existing legislation and include provision for other persons as specified in regulations made by the Secretary of State to be able to apply.

Staff’s understandings:

DVPOs were viewed as containing great potential to help prevent homelessness and protect women and children, but were viewed as, currently, almost exclusively a ‘police function’, with underexplored potential to link them in with specialist services and provide sustainable outcomes. Other civil remedies which can, arguably, contribute towards homelessness ‘prevention’ in some cases were certainly explored and discussed by Hub staff with women as appropriate. However, this came with an awareness that this was not the ‘default’ option, but part of a suite of options that a woman may wish to consider, with the knowledge that women know the risks their abuser presents better than anyone else. Staff asserted that they would be guided by her decision, based on the information and advice presented to her:

“We should be listening to women if they say sanctuary or a non-mol won’t work. We’re specialists so we pick up on and listen to those risks early on”.

³³. Although less specifically focused on ‘Domestic Violence’, two explicit offences of stalking were added to the Protection from Harassment Act 1997 in 2012 .

³⁴. Freedom of Information Request to West Midlands Police, March 2020

³⁵. Following the issuing of a Domestic Violence Protection Notice immediately after an ‘incident’.

This was accompanied by a perception that such options are largely dependent on both police capacity to enforce any breaches and the perpetrator’s fear of being arrested. It was also acknowledged that in some cases civil remedies could escalate risk. Straightened budgets and resources meant the ‘sit tight and wait for something to happen’ framework could mean ‘preventative’ civil remedies instead functioned reactively:

“Non-molestation orders often don’t work – the police don’t have the resources to monitor and a lot of perps, it’s not a barrier for them. We had one woman where the perp had broken it three times, but it wasn’t recognised that she was at risk staying in her home. He wasn’t arrested and on the third time he raped her...so we’re saying ‘once you get seriously hurt, that’s when services will do something’”.

There was also a strong sense that decontextualised notions of ‘prevention’ could be dangerous:

“If women are saying ‘it’s not going to work’, we should be listening to the woman quite frankly, as they know the risk this person poses to them better than any professional out there. It could be quite dangerous to focus so closely on prevention”.

It is also important to note that not all women who wish to pursue a civil remedy will be able to access this if they are not entitled to Legal Aid. This is particularly, but not only, the case for women with no recourse to public funds; women in employment and those with capital assets (Richardson and Speed, 2019).

SANCTUARY SCHEMES:

A Sanctuary Scheme is a multi-agency victim centred initiative which aims to enable households at risk of violence to remain safely in their own homes by installing a ‘Sanctuary’ in the home and through the provision of support to the household. This can include a panic room, additional security measures and specialist support (MHCLG, 2010).

BIRMINGHAM’S SANCTUARY SCHEME. REFERRALS FROM ALL SOURCES: 36

Year	Number of referrals	Referrals which had property measures carried out
2017 - 2018	76	55
2018 - 2019	104	61

BIRMINGHAM SANCTUARY SCHEME: REFERRALS FROM BIRMINGHAM AND SOLIHULL WOMEN’S AID: 37

Year	Number of referrals	Referrals with children in household	All referrals which had property measures carried out
February – December 2019	21	20	16

36. All Sanctuary data supplied by Birmingham City Council at the author’s request.

37. The local authority does not breakdown organisational referrals by area of remit within that organisation.

Staff, in the main, as with civil remedies, were ambivalent about the longer-term sustainability of sanctuary schemes and their likelihood to, ultimately, prevent homelessness and ongoing abuse. However, they were, when appropriate, explored with women:

“For sanctuary there is a small budget anyway and again that just keeps you safe in the house, psychologically he still knows where you live and I had a case where the non-mol was just not to go near her property so he’d drive around the area. He couldn’t go to her door, but he could still see her, but I guess the idea is she won’t be murdered as he can’t actually touch her or go into her house? But I mean, he could breach the order and she’s constantly reminded of that she can still be stalking her in ways he can get away with and I mean, that’s no way to live, is it?”

With all of the above potentially ‘preventative’ options, staff were wrestling with the perception that these were sometimes seen as the ‘default options’ for local authority domestic abuse workers: ‘the go to is still getting [their tenants] to stay in the property’...‘[this might be so] women don’t need to make a homeless application because they can get this instead?’

Birmingham City Council have a team of domestic abuse officers to support any of their tenants who are experiencing abuse or at risk of having to leave their tenancy. This was viewed by BSWAID as a positive initiative in many respects. However, there appeared to be some disjuncture between BSWAID and local authority officers’ perceptions of prevention options and ‘remedies’.

Whereas the local authority were seen to take a ‘pragmatic perspective’ to ‘prevention’ in the form of civil remedies or sanctuary schemes, BSWAID focused on prioritising above all, safety, a woman’s perception of risk, and her autonomy, rather than ‘staying put’ as the primary option. In 2019, 425 tenants were referred to this service; a decrease from the 694 referrals received in 2018. ³⁶

Overall, it was viewed as potentially dangerous and ethically problematic for any service to push for ‘remaining in the home’ as the prevailing ‘prevention’ option without the holistic, relational and specialist approach taken by the Hub. This was particularly as data shows that non-molestation orders are frequently broken, and that police forces are vastly under-resourced and so often unable to sufficiently hold perpetrators to account. Similarly, the evidence base on the efficacy of sanctuary schemes as a sustainable homelessness prevention measure are relatively weak (Crisis, 2019). In this way, whilst sanctuary schemes and civil remedies can prevent a woman from having to leave her home, there is an important, but unanswered, question of whether they are able to address the longer-term issues around abuse which can lead to repeated risk of homelessness (see Netto et. al., 2009).

³⁶. Freedom of Information Request by the author, April 2020.



Case Study: Homelessness Prevention: Molly's 'journey':

Molly, after accessing support from the BSWAID Hub was able to return to her tenancy with an occupation order, a non-molestation order and sanctuary scheme measures. She was also referred to MARAC via the Home Options Hub. Molly's journey from first fleeing abuse to returning to her property was just over seven months. When Molly first presented, she had been living in a shared 'exempt' accommodation property for several weeks, after staying for a week with her son at his supported housing scheme. At first, and although she 'desperately' wanted to, Molly did not feel she would be able to return to her property at all as she had received little previous help or understanding from any agency she had approached:

"I tried everywhere, and everyone just shut the door. The hub was my last resort – if they hadn't helped me, I would have been dead. It was Women's Aid that got me the occupation order, they got me the solicitor, who did everything for me in court. Without them, I wouldn't be here anymore. I was desperate. Destitute. The hub gave me food and are helping me apply for PIP [Personal Independence Payment]; they already got my ESA [Employment Support Allowance] sorted. And so, I have this non-molestation order in place, but I get very nervous when I am out of that exclusion zone. I am terrified but with the combination of the doctors and the Hub I know now I have a support network in place so now I am back in my old place, but I am sick and don't sleep when I have to go out – well and truly out of my comfort zone. Is he gonna be there? I am so frightened, it's like liquid inside. It'll take a long time".

THE ROLE OF HOUSING PROVIDERS

A key area for earlier identification of women at risk of homelessness due to domestic abuse identified by stakeholders, and consolidated by emerging evidence and good practice, is the role of housing providers. Housing providers are, in theory, often well-placed to identify domestic abuse earlier and keep survivors safe in their own homes, but often do not have effective systems and policies in place to detect and provide earlier interventions.

As the Chapter 6 showed, 48 or 11% women who presented at the Hub with 'nowhere safe to stay', and had their housing circumstances recorded, were living in social housing at the point of presentation

(either council managed or Registered Providers of social housing). A further 61 or 15% of women who presented with 'nowhere safe to stay', and had their housing circumstances recorded, were living in a private rented sector tenancy prior to presentation at the Hub. These figures are undoubtedly underestimates, as many women who presented as, for example, 'living with friends and family' (189 or 45% of recorded circumstances) may have an existing social or private sector property that they had left some time prior to the circumstances they were in when they presented at the Hub. Nonetheless, even by these indicative figures, 26% of women who presented with nowhere safe to stay, and had their housing circumstances recorded, had been living in some form of ostensibly 'secure' housing.

Any form of liaison or ‘preventative’ work with private sector landlords (PRS) was seen to be much more difficult, and aside from the potential for Sanctuary Schemes within the private rented sector, there appeared to be no existing strategies or schemes within the City to effectively work with the PRS around domestic abuse. This was not limited to the fact that landlords were seen, overall, as an ‘unknown entity’ and there was no way of establishing whether liaison with a landlord could put a woman at further risk. ³⁷

Whilst pockets of good practice meant some Housing Association staff were identified as being supportive and proactive, there was a sense that this was underdeveloped, and that by the time women were presenting, risk had escalated and the option seemed almost ‘closed off’. ³⁸ External stakeholders also suggested that the social housing sector could be ‘doing more’, and that many social housing providers were aware of this, but that co-ordinated progress had so far been limited.

There was also a perception that Housing Associations and Local Authorities were not managing their stock effectively enough to provide swifter options for women to avoid homelessness (a form of ‘rapid rehousing’):

“[The council] their stock isn’t fluid, some women have kept going back and back and asked for a move and eventually the perp came back, another incidence of violence...we do have contact with other housing associations but a lot of the time the easiest and most obvious solution is to move them, but they are not getting that offer from their landlord so it’s easier to say to come to us, go down the homeless route, apply for council or social housing and that can take years and it’s costly to us, to them if they have a void from a business perspective to me it makes sense to move them”.

Another strategic stakeholder suggested that housing associations needed to improve their stock management, stating “I think we can justify this being a priority due to the high rates of domestic violence within the City”, but acknowledged this would require extensive oversight and resources.

‘Rapid Rehousing’

Rapid rehousing, can, in some definitions, be classed as a sustainable ‘prevention’ option but, due to the wider structural constraints and shortage of secure accommodation, this is rarely if at all an option currently open to women and children in Birmingham, and will remain so unless investment is made to develop this area. Alongside the lack of a housing reciprocal, there is a lack of specific schemes for affected women and families to move quickly. At the time of fieldwork for this project, the local authority had commissioned some ‘longer term’ accommodation for households experiencing domestic abuse, but it remained unclear how far this would benefit BSWAID’s client group. BSWAID had received an offer of several longer-term family homes from a local housing charity but there had been no other core ‘offers’ from housing associations or charities in the locality.

However, as domestic abuse is statistically likely to continue or escalate once a woman leaves an abusive household, rapidly sourcing alternative secure accommodation may ‘prevent’ homelessness in material terms but does not necessarily prevent ongoing risk and abuse. Any such options, as Solace’s model shows, must come with sustainable investment in ongoing specialist support and partnership work.

³⁷. This is also something that was noted by local authority housing officers when investigating homeless cases for ‘main duty’

³⁸. It was not possible to obtain through a Freedom of Information Request the number of Birmingham City Council tenancies that were ended due to domestic abuse, as this data was not recorded. Housing associations / Registered Providers (RPs) are exempt from Freedom of Information Requests. The timescale of this research project precluded any attempts to generate sufficient information on a voluntary basis from RPs to provide an accurate picture of the scale of tenancies in the City that are ended due to domestic abuse.

Good Practice: The Domestic Abuse Housing Alliance (DAHA)

DAHA is a partnership between the housing associations Peabody (London) and Gentoo (Sunderland), and London-based charity Standing Together Against Domestic Violence.

It recognises that housing providers are ‘ideally placed’ to detect and respond to domestic abuse as a first point of contact. DAHA’s mission is to “improve the housing sector’s response to domestic abuse through the introduction and adoption of an established set of standards and an accreditation process”. Accreditation for landlords is based on 8 priority areas: policies and procedures, case management, risk management, inclusivity and accessibility, perpetrator management, partnership working and training.

The DAHA ‘whole housing approach’ aims to improve the housing options and outcomes for people experiencing domestic abuse. The key aims of the approach are to: create earlier identification and intervention for domestic abuse through mobilising social and private landlords and key institutions involved in private ownership; reduce the number of people who are made homeless as a result of domestic abuse; increase tenancy sustainment options so that people experiencing domestic abuse can remain safely in their home when it is their choice to do so or do not lose their tenancy status if they relocate. This includes social housing landlords taking action to remove perpetrators from properties through enforcement and positive engagement activities

See: <https://www.dahalliance.org.uk/> for more details

Good Practice: Safer London’s Pan London Housing Reciprocal

This scheme facilitates moves between Boroughs, and between social housing providers, for those needing to leave a social housing tenancy due to violence. The scheme works as a ‘central pot’ rather than a direct swap. If an applicant is successfully rehoused, their landlord will owe a property to the scheme and the landlord who rehoused them will be owed a property. Safer London advise against direct swaps due to the risks associated such as perpetrators harassing the new tenants, or the previous address being disclosed.

See: <https://saferlondon.org.uk/places-housing-and-communities/> for more information.

Good Practice: The Rhea Project

Rhea is a partnership between the action learning charity Commonweal Housing, Solace Women’s Aid and Southwark Housing Department. The project provides dispersed, self-contained accommodation with floating support to women and their children. Solace works closely with Southwark housing department to ensure referrals and move on are timely and appropriate. The project met a ‘gap’ in pre-existing provision by being able to cater for women with, particularly, older male children who are not able to access other forms of residential refuge provision.

“HOLDING THE PERPETRATOR TO ACCOUNT”

“I have given up so many years of my life for this idiot, fourteen years, I lost all my friends, the only time I get to be me is at work. I’m a mother fulltime but it is nice to be me too. I don’t go out partying. I smoke but don’t do anything else so why am I the one giving up everything?”

It is undeniable that, culturally and systemically, many services and ‘pathways’ are set up with the default that women and children want to, or must, leave their home to escape abuse. This sense of women being ‘doubly punished’ by both abuse and homelessness, rather than housing services and systems responding with solutions in which the perpetrator is held to account is an ongoing theme in, particularly, campaigning and advocacy work. For example, a survey by Scottish Women’s Aid in 2015 revealed that 52% of housing staff said they were not confident about taking any action against a domestic abuse perpetrator. Recent work led by the Drive project, which provides intensive intervention work with high-harm and serial perpetrators of domestic abuse, has called for the government to provide national guidance, funding, and a strategy for perpetrators of abuse in order to keep victims safe. This particularly focuses on the provision of national funding to provide alternative accommodation solutions for perpetrators of abuse who are removed from the family home (Drive Project, 2020).

The point about housing systems ‘taking action’ against perpetrators was also frequently referenced by internal and external stakeholders interviewed for this project as an under-utilised but seemingly ‘obvious’ preventative option. This theme was summarised well by one external stakeholder:

“As part of prevention, why don’t we move the perpetrator? That would cut out a load of homelessness, stop kids leaving schools, moving people away from their safe networks. I don’t think we mean to but the way we are set up, we punish the victim not the perpetrator, so I think for the HRA, are we moving the right person?”

It is important to note that, in the review of BSWAID’s integrated service provision earlier in this chapter, ‘supported to remove the perpetrator from the property’ was a key housing outcome for survivors engaged with several of the projects. This possibly indicates two things. Firstly, that when a wide range of integrated services are provided in a range of community settings, early opportunities to realistically utilise this ‘prevention’

option are made available. Secondly, the specialist knowledge and support provided by BSWAID staff is able to more effectively ‘open up’ an option that in the wider housing sectors seems under-utilised.

PATHWAYS AND ‘EARLIER HELP’

Beyond operationalised concepts of what homelessness prevention may look like, particularly within housing-related contexts, it is also important to consider the notion of earlier intervention and help, and more responsive earlier help. This may reduce risk and prevent a more far-reaching homelessness ‘crisis’. BSWAID’s integrated service model has identified how an organisational model can form part of the earlier or alternative help function, but that an effective earlier help pathway must function within a ‘whole systems’ approach. For this to occur, a better understanding of when, how, and why women seek help for domestic abuse and homelessness must be developed. This must incorporate insights into where women seek help from, and how those responses may form part of a broader ‘homeless prevention’ narrative.

This report has already explored the notion that unhelpful or ill-informed responses can lead women to avoid services, or delay seeking help again. Evidence also tells us that access to formal services is much more likely to occur following a crisis, but also, contrary to some more outdated perceptions, that women do actively seek out earlier help but often institutions do not meet their needs (see Evans and Feder, 2015). However, the current literature does not offer a good understanding of why and how women seek help, their pathways to support, and the efficacy of services approached (see Postmus et al 2009). There is an emerging focus on women’s patterns of help-seeking, but this is currently not sufficient to understand how this can be utilised more effectively, particularly within a homelessness context. In conjunction with this, research knowledge of informal support and the role of social networks in women’s pathways is minimal in comparison to that of formal support networks. This is despite as Hyden, 2015 suggests: “most women marshal as much, possibly more, support over the long term from informal networks than from formal services”. Similarly, National Institute for Health and Care Excellence (NICE) guidelines suggest that research into domestic abuse needs to include interventions directly targeting ‘informal supporters’ of survivors (2014).

THE ROLE OF 'ACTIVE' OR 'ROUTINE' ENQUIRY

Routine or proactive enquiry can provide opportunities for women to disclose their situations and obtain earlier help from a range of, usually public non-specialist services.

This is particularly but not limited to those non-specialist agencies women experiencing domestic abuse are likely to have most contact with, such as health services.

Routine enquiry involves certain agencies asking service users about domestic abuse as standard practice. A more 'active' enquiry is not mandatory, but involves staff being trained and thus attuned to women's experiences; asking about and responding to disclosures of domestic abuse when indicators are present. A report and subsequent campaign by Agenda, Ask and Take Action, examined the use of routine enquiry around domestic abuse in, particularly, mental health settings. Despite NICE guidelines stating that staff in mental health organisations should be asking all women about domestic abuse, Agenda's research found that many Mental Health Trusts did not have a policy on routine enquiry. In the Citizen's Advice ASK programme, lone clients seen in face to face confidential advice settings are asked a routine question about whether they are, or have in the past, experienced gender-based forms of violence and abuse.

Local branches are trained and equipped to provide appropriate support and advice following any disclosures. An evaluation of the scheme revealed that 1 in 5 clients had disclosed following routine enquiry. (Balderston, 2018).

However, for effective implementation of these modes of enquiry, it is important to understand how constantly changing service delivery landscapes can impede some professionals' ability to know 'what is out there' for survivors, and the ensuing notion that there might not be anywhere to refer that person to if a disclosure is made. Research on this issue has suggested that confidence and knowledge of services is a barrier to routine enquiry (Agenda, 2019; Rose et. al., 2011), despite research suggesting 'women wanted to be asked about their experiences of abuse and could not understand why there is so little professional curiosity'. (Agenda 2019, 7). Similarly, disinvestment in specialist support services and accommodation means that any drive to train staff in enquiring about domestic abuse must come with concomitant, and sustainable, investment from government.

Pathfinder

Pathfinder is a pilot project that ran from 2017 to 2020. It was led by Standing Together Against Domestic Violence (STADV) as part of a consortium of expert partners which also included SafeLives, Imkaan, Against Violence and Abuse (AVA) and Identification and Referral to Improve Safety (IRISi). The project engaged nine clinical commissioning groups (CCGs) and 18 NHS Trusts across England to implement sustainable interventions in eight local areas.

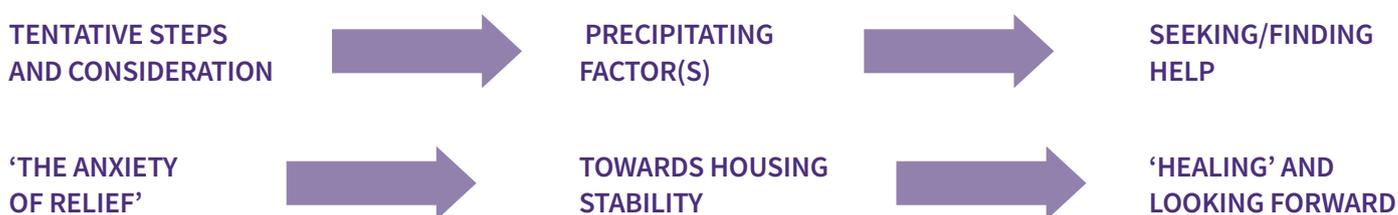
Findings of the Pathfinder pilot informed The Whole Health Model and accompanying Pathfinder Toolkit. This model aims to "transform healthcare's response to domestic abuse by ensuring a coordinated and consistent approach across the health system including acute, mental health and primary care services. The model supports health services to work with the local domestic abuse specialist services to commission integrated care pathways and build the capacity of all health staff to respond safely to survivors of domestic abuse".

See: <https://safelives.org.uk/health-pathfinder> for more information

WOMEN'S PATHWAYS TO HELP: INTERVIEWS

Chapter 7 introduced the theme of prior, or concurrent, contact by Hub clients with other services, largely in a comparative context. This section expands on this by examining women's experiences and journeys in further depth, in order to situate, contextualise and frame their pathways.

Analysis of in-depth interviews with 15 women led to the development of six key themes which characterised their 'journeys' and experiences. Whilst women's pathways are never linear, and presenting them as such can be somewhat distortive, by conceptualising women's experiences in this way, this section attempts to provide a framework of understanding. The Six Themes were:



This section discusses the first 3 themes, as they link most closely to the concept of 'homeless prevention'.

All women interviewed had not had any prior contact with BSWAID. The most common contacts immediately prior or in the months leading up to presentation were with the police or a local authority; followed by GPs, who often treated psychological symptoms. A precipitating incident was often accompanied by an 'enabler' into BSWAID's service. This was most often the police, or the local authority.

All women were in 'relief' at the point of interview. 13 of the 15 women interviewed had previously sought help from other agencies about their housing situation and abuse and had found them either unhelpful or ineffective and often years had passed before their recent involvement with the Hub. Intersecting factors such as mental health, immigration status and disabilities had made it harder for many women to access help. Two women characterised their barriers as housing-related, rather than the perceived inability of services to respond effectively. The majority of women had previously sought out practical options around housing or considered legal remedies 'off their own back', rather than via specialist or statutory homelessness agencies.

Debbie recounted a long journey of almost two years in which she attempted to find her own accommodation away from the abuser, but encountered significant systemic barriers due to her employment status and the debts she had accrued as a result of her relationship:

"I think if the options had been there when I realised and when my daughter started being affected [but] I felt trapped and it was only when he threw me and my daughter onto the streets – thinking I'd come crawling back and he could say 'I told you no one could help' - that I came here [to the Hub]"

Debbie had previously applied to go on the local authority housing register, and was still waiting many months later for that to be processed when she became homeless:

"I did try a few years ago when things were bad, but nothing came of it. They didn't accept me through [a local housing association home finding service]. I was adamant I was leaving, trying everything possible, trying to save, and saving is impossible with him, but I must have applied for so many places, trying to get help with a deposit and I even put DV on there. People start saying 'it can't be that bad' otherwise you'd leave, but where are the options'? I even went to my MP and said, 'why is there nothing for working people...look at the stats on domestic abuse, why is there nothing?' The response was basically 'what do you want us to do about it?' I did a lot of research myself, kept hitting dead ends, so did some more research and thought I'd try BSWAID"

One woman, Saifa, was on a spousal visa, and had No Recourse to Public Funds throughout her time with the abuser. She felt pressured by family expectations, the shame of divorce, and the fear of being destitute and it was only when 'I knew he was going to kill me' that she escaped with her child to family in Birmingham.

Two women with few support networks or friends had never told anyone before the crisis led them to flee. One woman, Olivia, had endured two consecutive abusive

relationships and said that she had never sought help before her involvement with the Hub due to the isolation caused by her disability and the effects of coercive control.

Safia

Saifa was living with the perpetrator and their child in another City. She moved to the UK for an arranged marriage four years previously. Her husband was controlling, violent and psychologically abusive. Saifa was on a spousal visa throughout her time with the perpetrator.

Tentative steps and consideration: “I told my GP before that he hits me. [The GP] gave me medication and I think, he is how Social Services were involved for my child. But the social worker, they didn’t help with anything. My in-laws knew, they knew I was always in danger with their son. They asked me not to say anything to the police. The neighbours called them a few times and they were nice, they would help me, but I was so worried about divorce and having nothing”

Precipitating factor: “He imprisoned me in a room in the house for three days. I was going to die. I realised he was going to kill me. I was able to call my brother to get me”

Seeking help / Getting to BSWAID: “When I got here [Birmingham] I called my social worker for help. She told me she could not help me now I had moved. She told me to ring Women’s Aid [national helpline]. I had never heard of them before”.

Alicia

Alicia was living in a privately rented property with the perpetrator and their child. The tenancy was in his name. She described her abuse as ‘mainly verbal’ and she was heavily monitored and ‘not really allowed to see friends’.

Tentative steps and consideration: “A year or so ago, I signed up to [a local home-finding website] but got nowhere. I felt really stuck. can’t afford a deposit as he made me pay so much to the bills. I didn’t speak to friends or family before because everyone has their opinions on him, that makes it hard. I just go to church and pray, pray to god, and hope it would sort itself out: that’s what we do in my community”.

Precipitating factor(s): “He actually kicked us out, he’s done it before, as a way to punish us, but this time it was different, and I knew it had to stop”

Seeking help / Getting to BSWAID: “Actually, I called council tax to say I was no longer living in the property, they asked about the situation and got someone from [housing options] to call me, and they put me in touch with the Hub. I didn’t know stuff like this [Women’s Aid]” was around. If it wasn’t for council tax’s help I’d be Googling and still asking my friends - I wouldn’t have known what to do. I don’t think I realised it WAS abusive until I came to Women’s Aid”.

Natalie

Natalie experienced severe levels of harassment, violence, threats and abuse from her husband and son after she told him she wanted to end their relationship.

Tentative steps: “I spoke to my niece and it was like: ‘get rid of him’. When my ex threatened me with a shot gun I told the doctor here how scared I was, and she suggested I go to the police but I knew if I went to the police I would be going out in a body bag and the thought of leaving the kids behind was too much – it’s not that I didn’t want to but I couldn’t. The anticipation of death is worse than death itself, and that is what keeps you there, it’s the what if I do this, this is going to happen, the what ifs are thought thieves and you’re left picking everything up but when you try to speak to the police or whoever about it...they see a woman shaking but no blood no cuts, he said he’s not done anything. ... the police telling me I needed to calm down ‘it’s not as bad as you think it is’”.

Precipitating Factor: “It’s like I left him 10 years ago in my head and was waiting for him to catch up. I told him there is no one else...the feelings are not there anymore. It wasn’t until I asked for the divorce that things happened. My youngest son took his dad’s side, then convinced his dad I was having an affair which I am not at all. Then the aggression and violence and intimidation snowballed. Like a Ferrari, 0 – a million miles an hour in two hundredth of a second”.

Seeking help / Getting to BSWAID: “I realised he was going to kill me. Had to go to the police and council. As soon as I mentioned DV to the council, it seemed like they shut down, so I was actually homeless, destitute. Didn’t seem like they wanted to help, the environment was awful. Stayed with [my son] in his supported housing for one night. I tried everywhere before that and everyone just shut the door. The Hub was my last resort – if they hadn’t helped me, I would have been dead. They were my last port of call. The Hub didn’t shut the door in my face, but honestly, it was my intention to kill myself if they didn’t help me. The council, the police, didn’t seem to have any of the knowledge [BSWAID] have”.

This review of homeless prevention options and individual ‘pathways’ to initial assistance from the Hub affirms that women’s thematic ‘journeys’ were often long, complex, marked by ambivalence and with various previous attempts to improve their circumstances. That previous attempts to seek help were often directly housing-related chimes with Walby’s suggestion that investment in better housing responses is possibly more important than criminal justice responses to domestic abuse (2017). Whilst prior awareness of BSWAID was low, and a precipitating factor was often accompanied by an ‘enabler’ to receive help, all women suggested that they had been considering or taking steps to end a relationship or flee an abusive home for protracted periods of time; in one case for over 20 years. A ‘precipitating incident’ is not, necessarily, a tangible event, but can be a realisation, or the culmination of a long period of ‘weighing up’ what was best. This section has also shown how for a domestic abuse and a homelessness function to be effectively integrated, any prevention options must be non-directive, considered in the light of safety, and the whole context of women’s lives.

REFLECTIONS AND CONCLUSIONS

Examining homelessness prevention as a concept, and within the Hub’s current contexts, reveals that notions of what constitutes ‘prevention’ can be guided by competing understandings of domestic abuse. This is also refracted through organisational priorities and remits and, arguably, the driving factors behind an intervention being designated, or recorded, as ‘prevention’. Competing notions of prevention, and externally imposed concepts of what constitutes homelessness prevention for domestic abuse survivors are potentially problematic areas for BSWAID to navigate.

The ‘crisis’ and risk of domestic abuse is ongoing, changeable, and often unpredictable. Homelessness ‘prevention’ can, in many cases, risk exacerbating, or facilitating, further forms of abuse. BSWAID promote practice embedded within these notions. The challenge for the organisation is to avoid compromising their position and ethos when reacting to any externally imposed pressures to employ ‘prevention’ in an unsustainable way. The organisation must remain clear that homelessness ‘prevention’, within the Hub’s context and similar provision within the City, currently, often means ‘crisis prevention and relief’ (avoiding rough sleeping or rooflessness); not ‘preventing someone from having to leave their home’ or ‘rapidly accessing secure and suitable alternative housing’. An undoubted benefit of having specialist BSWAID staff assessing options with clients is that coercive, ambiguous, or misguided operationalising of ‘prevention’ will be reduced. The Hub can lead the process of beginning to develop a clear framework and evidence base around homelessness prevention for women experiencing domestic abuse, in line with their longer-term aims. This, at a minimum, must incorporate ‘likelihood of future harm’ as a key factor governing the application of preventative options.

It may seem an obvious point, but one that bears repeating: the Hub cannot provide any form of ‘prevention’ alone. Other BSWAID programmes that are integrated into the ‘whole service’ model do perform this function, but more clearly needs to be done within a strategic, integrated, ‘whole housing’, ‘whole systems’ Citywide approach.

However, as Nicholas Pleace astutely suggests: “no amount of preventative activity, no matter how well-designed and delivered, can stop homelessness if there are not enough homes for people to live in” (2019: 65). This Chapter now turns to the concept of relief, and of finding suitable, longer-term forms of accommodation.

RELIEF

The Hub was not conceived and does not aim, in the shorter or medium term, to ‘relieve’ or otherwise ‘end’ the homelessness of all women who present at the service. Chapter 4 introduced the cross-cutting theme of the ‘housing crisis’ and the attendant ‘systemic battling’ that often accompanies attempts to achieve housing stability and safety. It also introduced a similar theme from research into the Homelessness Reduction Act, which has suggested that without significant strategic funding to improve housing outcomes, ‘the systems in place under HRA will remain procedural’ (LGiU, 2019). An acute awareness by both stakeholders and, to a lesser extent, clients, of this overarching context shaped current notions of what the Hub alone was realistically able to achieve for women and children.

It is important, first, to note that the existence of a specialist Home Options Hub for women and children does not automatically eradicate structural impediments, nor the barriers created by austerity and welfare reform. It would be distortive to suggest that a specialist domestic abuse Hub can, particularly in the early stages of development and without the additional resources required, achieve what few, if any, service currently seems capable of doing. BSWAID staff are working within the same broad system as all other homeless services, despite the undeniable benefits to women’s safety, dignity, and wellbeing that the Hub provides. However, it is inescapable that a significant part of the current operation of the Hub is carried out within the ‘relief space’. Part of the aims of the Hub’s initial period of operation, and of this accompanying research project, are to set out and articulate the barriers to ‘ending’ homelessness within the relief period, and to consider the question: how can the Hub work more effectively within this space?

What is ‘relief’?

‘Relief’, in practice, was perceived by BSWAID as significantly less problematic a concept than ‘prevention’, although with an awareness that there was some natural elision between the two terms. This was accompanied, as it was with ‘prevention’, by an awareness of the significant barriers to safely and sustainably ‘relieving’ homelessness, within the 56 days of the Homeless Reduction Act and beyond. There was a sense that the socio-economic contexts within which any homelessness service sits

meant that a ‘relief’ period could, in many cases, merely signify a prolongment of the period of homelessness. Similarly, the uncertainty and potential inadequacy of certain ‘relief’ measures could also serve to prolong periods of transience and instability – the ‘half-homeless state’. This could mean homelessness was ‘relieved’ under statutory and operational definitions but the threat, and ongoing impacts of, abuse were not similarly ‘relieved’. As one senior staff member suggested, “are we looking to get someone off our books or actually help them with their lives?”

These feelings of uncertainty and prolongment, which were also echoed by many of the women interviewed for this project, has led to a paradoxical conceptualisation of this period as ‘the anxiety of relief’.

The Homelessness Reduction Act (HRA): Relief

Relief is “action taken to help resolve homelessness. Where, for example, an eligible applicant has sought help from the local housing authority (LHA) when they are already homeless or if homelessness prevention work has not been successful, they will be owed the relief duty. The relief duty requires LHAs to take reasonable steps to help secure accommodation for any eligible person who is homeless. This help could be, for example, the provision of a rent deposit or debt advice. Those who have a priority need (for example they have dependent children or are vulnerable in some way) will be provided with interim accommodation whilst the LHA carries out the reasonable steps”. (MHCLG, 2018).

Under the HRA, BSWAID ‘hold’ the case for the relief period and, if homelessness has not been relieved within 56 days under the meaning of the Act, cases are assessed for ‘main duty’ by the local housing authority. If women and any children are in temporary accommodation (TA), the interim duty to accommodate will continue until a ‘main duty’ decision is made and has been discharged.

Chapter 4 discussed the issue of ‘evidence’ potentially required to support a case for ‘main duty’, and staff’s skills in sensitively balancing this for clients and ‘preparing the ground’ for any such decisions. Whilst this is a necessary part of the statutory process, the separation of these functions was seen to, potentially, cause women to have to ‘tell their story’ all over again, as a local authority senior housing officer would begin the ‘main duty’ investigations and potentially ‘ask the same or more questions’.

This could be performed without the trusting relationship Hub staff had built with that woman. Staff prepared women for this scenario and could support women around it, but worried that it could be retraumatising and involved a perhaps irreconcilable level of duplication. This was also something (at the time) commissioned domestic abuse support services commented upon in relation to statutory processes in general:

“We need a quick and consistent approach, rather than mom having to jump through hoops, retraumatising, then stuck in limbo for ages”.

Only two women interviewed had experienced contact and further investigation by the local authority, as all others in relief were ‘still waiting to hear’ about any follow up or progress. Neither woman expressed any particular distress about this, with one saying: “they were all absolutely golden, [name] at the council was lovely and helped me get it sorted quickly”. Debbie felt the process was ‘annoying’ and disjointed, but that she appreciated having a floating support worker to help her navigate and respond effectively.

For women still homeless at the end of the 56 days’ relief period between February – December 2019, only 49 cases were recorded by BSWAID with a decision by the local authority on main duty. 15 cases were given a full homeless duty, and 34 were given no further duty. The vast majority of decisions on full duty were made after case closure by BSWAID and there appeared to, often, be lengthy delays until a woman received a ‘main duty’ decision.

Where is ‘relief’?

Women and children who have nowhere safe to stay – or return to – when they present at the Hub were living in a variety of circumstances. Some come to the Hub already in this situation, others are placed in or seek out such places after initial assessment and intervention by the Hub.

The main circumstances of women placed in relief were **refuge, TA, with family or friends, sofa surfing or hostels**, with some remaining in their current property for the time being. These situations did not always remain static. Women could move from, for example, family or friends to a refuge if circumstances changed or a space became available.

As the section on ‘prevention’ has noted, rapid rehousing options are rarely available to adequately relieve homelessness, women can remain in these, or a combination of these, situations for extended periods of time. As a significant proportion of women often have not ‘ended’ their homelessness during the relief duty, the next section looks at some of the barriers to ‘ending’ relief.

‘BARRIERS TO RELIEF’

The national ‘housing crisis’ currently facing this country has been well-documented in research, practice-based and strategic concepts. This wealth of structural, economic and systemic barriers that currently inhibit access to secure or longer-term forms of accommodation were consistently referenced by staff, and to a lesser extent, clients as a prevailing barrier to achieving safe, affordable and sustainable forms of accommodation to successfully end the ‘relief period’. A necessary attendance to the separate and intersecting factors facing women and children fleeing or experiencing domestic abuse was seen to place additional demands upon a service which aims to keep women and children as safe as possible. This often meant navigating the dual challenges of the availability of accommodation, but also availability in the right places, with landlords who were trusted and would not exploit or put women at further risk. In addition, localised factors affecting housing access and availability, alongside the gendered effects of the housing crisis and austerity (see chapter 2) are vital contexts within which to examine the notion of ‘relief’. These factors are well-documented elsewhere and effect to varying degrees all those attempting to access secure and affordable accommodation. ³⁹ The following factors outline areas where there are additional localised considerations, and for those experiencing domestic abuse:

Growing local authority housing waiting lists without the ability for supply to meet need. A study in 2019 by the National Housing Federation revealed that, for every social home built in England, eight families were accepted as homeless by their local authority. By February 2020, Birmingham had 13,732 households on its housing waiting list.

³⁹. See, for example, Preece and Bimpson (2019) for a good overview of these issues.

The shortage of family homes, particularly for larger families. In Birmingham, there is a particular shortage of social lettings for families on the waiting list requiring properties of four bedrooms or more. The average notional waiting times to secure properties in 2017/18 were as follows: ⁴⁰

1 bed property	2 bed property	3 bed property	4 bed property	5 bed property
1.4 years	2.4 years	3.0 years	15.1 years	74.2 years

In the private rented sector, there is a specific issue in the locality which has, potentially, impacted upon the availability of family homes. Over the past few years, there has been an increasing growth in the shared, ‘exempt’ accommodation sector in the City (Raisbeck, 2018; 2019). This sector predominantly utilises private homes for use, or change of use, into houses in multiple occupation (HMOs) As a significant proportion of these ‘changes in use’ from family homes to HMOs fall under ‘permitted development’ ⁴¹ It has not been possible for the local authority to sufficiently track, influence, or control this. However, there were at the time of writing, far in excess of 14000 bedspaces of this type in the city. The local authority has acknowledged this as an issue and is bringing in additional planning legislation, known as an Article 4 Declaration, in an attempt to track and control such conversions.

Social housing allocations systems, particularly following the Localism Act 2011, which often exclude or disadvantage certain groups, such as those without a ‘local connection’ or with histories of offending, rent arrears or antisocial behaviour (Rowe and Wagstaff, 2017). This has been particularly noted to adversely affect those with offending histories or a ‘local connection’. However, women who have experienced domestic abuse are often likely to have financial problems and may have accrued previous rent arrears (Henderson, 2016). Equally, any abuse in the household may have been mis-managed by a landlord as antisocial behaviour, with the woman’s previous tenancy ended or impacted due to behaviour of the perpetrator (ibid).

⁴⁰. Calculations and data provided to the author by Birmingham City Council.

⁴¹. Permitted development rights are set out in the Town and Country Planning (General Permitted Development) (England) Order 2015. They allow certain types of building work and changes of use to be carried out without the need to make a planning application.

More stringent tenancy checks and pre-tenancy assessments in general needs social housing, including more robust financial assessments and behavioural concepts of ‘suitability’ (Scanlon, et. al., 2017; Crisis, 2019). This can often disadvantage, particularly, those on Universal Credit and young people. Less attention has been paid to how it might disadvantage women who have experienced domestic abuse. However, as with housing waiting list exclusions, women’s experiences of abuse may have resulted in rent arrears, debts and poor ‘tenancy histories’, and it is currently unclear how Housing Associations are accounting for this. It is also unclear how social housing providers are accounting for the benefit cap, and the fact this is much more likely to affect, and thus disadvantage, female-headed single parent households.

Staff at BSWAID commented on the fact that several housing associations were asking for either a week or a months’ ‘rent in advance’ from prospective tenants which was, in some instances, forming a barrier to access.

Private Sector landlords being increasingly unwilling, or unable, to let their properties to benefit claimants due to concerns around benefit administration; affordability, or a more long-standing and pervasive stigmatisation of benefit claimants, alongside the exclusionary conditions of certain Buy to Let mortgage arrangements (Walmsley, 2017; Shelter, 2018). Staff supporting women to access private sector accommodation in particular consistently expressed how Universal Credit was a significant barrier to their clients accessing this sector and could be a disheartening and distressing experience for women to continually face ‘knock backs’ from landlords that they contacted.

The private rented sector was viewed as more precarious and not the 'preferred option' for some women, with the additional concern that women needed assurance that the landlord was trusted, reliable and would not put the woman at further risk, although many women were considering this, or actively seeking it out. However, even if women were able to find a landlord to accept them, deposits and rent in advance were another barrier. The process of getting funding from the local authority for a deposit could be a long process, and the documentation required by the local authority posed a barrier to securing a property if a landlord could not produce these swiftly. This meant women were missing out as landlord would not wait. Women on low wages or with debts also struggled with affordability issues and credit checks.

BSWAID received additional funding from the Ministry of Housing, Communities and Local Government (MHCLG) towards the close of the fieldwork for this research. This will fund the costs of an additional worker to focus exclusively on widening housing access and developing relationships with landlords.

THE 'ANXIETY OF RELIEF': HOW ARE WOMEN INTERVIEWED EXPERIENCING THE HRA?

This section looks at the second three themes from the 'pathways' or 'journey' frameworks for women interviewed in-depth: 'The anxiety of relief'; Towards housing stability; Healing and looking forward.

The majority of women interviewed were within the 'relief period' of the HRA, or this period had elapsed under the statutory framework, but they were waiting for council decisions whilst continuing to explore longer-term housing options and solutions. All women had some level of awareness of the processes within which their case was situated and spoke at length about the difficulties of living in their current temporary circumstances. Women were focused on 'what they needed to do' in order to secure accommodation, but spoke of the barriers and problems this entailed – both in terms of processes and availability, but also of ensuring they made the right choice that was appropriate for them in the context of their lives and experiences. This was a particularly strong factor for those that had young children. Women also spoke

of their thoughts for the future, and the impossibility of dealing with their own emotions and trauma whilst living in uncertain and disruptive surroundings. The two women who had 'ended' their homelessness (by, respectively, retaining and swiftly securing new settled accommodation) discussed how the legacy of abuse remained a constant presence in their life. They discussed the gradual and sometimes painful process to rebuild their lives, materially and psychologically.

Women spoke positively about their engagement with the Hub but suggested that the extended waiting periods for decisions to be made, or communication from the local authority to materialise, were frustrating and alienating. There were repeated references to legislative time periods and all women had a sense of where they 'were' within statutory processes. However, all expressed real uncertainty and anxiety about not knowing what would happen next:

“The council haven't bothered with me since [the homeless application was made]. The 56 days or whatever were definitely up March, beginning of April and still nothing (now early June)”.

“It's been up for a while, the 56 days for BCC to review... I dunno basically what they are gonna say, but in the meantime, I am still looking for somewhere suitable”.

Women also remarked on how the waiting periods caused anxiety and that a lack of clarification or communication from the local authority lessened any feelings of control and rendered decision-making a fraught process:

“The 56 days, it's like they keep people in suspense. I mean I know the call will come eventually but if there was a system you could have online where you could see what is going on and what stage you've got to and what's next, like I need to know why, and the reasons for each stage. If it's a 'no', and how I move forward”.

“It's just a long wait. Had to wait six weeks for my housing password and I've got to wait now [for a decision]. I'm focused on what I need to do but if I do one thing, and then the decision from the council comes back, did I make the wrong decision? Should I have waited?”.

“My priority is getting out of my sisters and I am nervous about how long it will take to get housed, they say maybe a long time, when will they call me? Lots of waiting and not knowing and the main thing is I am sleeping on a floor and I have bites all over me”.

BSWAID staff, as previously discussed, were clear that they ensure women are well-informed about processes, time periods and the ‘reality’ of the current socio-economic environment. However, clearly this support can only extend so far, and that women are often in some senses forced to relinquish control to an anxiety-inducing statutory system that does not always appear logical, or coherent.

LIVING IN RELIEF

Women’s current temporary living environments were characterised as having a profound impact on mental health and feelings of control, and impeding their ability to move forward. Particularly those women living with friends and family spoke of the impact on their mental health and finances, and the feeling of instability that came with ‘living under another person’s roof’. Women felt it was hard to plan, or to feel stable enough to do the work needed, to find solutions to their housing situation.

Most women interviewed stayed with family and friends for the additional support; because TA or refuge would be too traumatising for their children, or because employment status rendered any other temporary options unfeasible. However, all spoke at length of the difficulties within such households:

“I’m struggling because I am not actually in a room, cos there is five of us, and my mum and my daughter so my daughter sleeps with my mom and I’m in the living room but I think, if I was somewhere else, would I be happy? It’s nice to have my family around me, it is an overcrowded property. [The Hub] are aware and is supporting me but...if there was somewhere else, one I probably couldn’t afford it so she did give me the options of hostels and that but because I work it would cost a lot and trying to provide for my daughter and attend work, which is definitely the best thing for me at the moment”.

“Me and my son are sleeping on a floor [at my sister’s]. They have a disabled son and a 22 year old daughter and the one disabled boy is genderist and you can’t stare at him a lot and one day my son was there and he was trying to hit my son so I had to leave [for the day]. They have children and are finding it hard dealing with my boy. I want to be in a refuge, but I am still waiting for a room to come up”.

Women living with friends and family also spoke of how their living environments and the dynamics that developed whilst living in cramped circumstances exacerbated, or re-introduced feelings of loneliness and self-blame. Women also spoke of the threat of continued harassment or abuse and how this could impact on already precarious living situations:

“It’s not stopped, even though I’m not there, he is keeping my daughter’s hospital letters, my friend, it was only meant to be a temporary thing so she doesn’t want to be affected by doing me a favour if it kicks off”.

“I am just trying to get certainty and I am going to have to leave my friend’s soon, it is getting tense. We try to stay out as much as possible until her child has gone to bed, so there’s less arguments, cos that’s fairer for my child as well and on the weekend, I try to stay out”.

All women were struggling with a sense of, as one woman put it, feeling ‘completely in limbo’ with both their homelessness application and housing circumstances. There was also a distinct sense that women were experiencing a ‘double bind’. This was because their temporary housing circumstances made it psychologically and practically difficult to ‘put in the work’ to secure accommodation but, until they had a settled space, they could not begin to deal with the psychological and material impacts of their experiences:

“We go out for dinner as I can’t cook as it’s not my space, or there are certain things I cook that I know my friend wouldn’t even like the smell of so a lot is going for dinner and the park. Not a very healthy diet. I’m not saving anything towards a deposit cos of this, too”.

“How am I supposed to do anything when I spend most of my time getting my son to school and back [from out of area TA]? No time to think about anything at all”.

“Being on my own, it just reminds me of the time when I was alone with my son, I would just sit in the park to get away. Horrible. This place [TA] it just reminds me of that time and what is happening with me”.

‘Systemic Battling’

Women were focused on looking for alternative options concurrently with waiting to hear about their homeless application. Only one woman directly referenced her Personal Housing Plan (PHP):

“I’ve got this [personal housing plan] so we did a housing needs assessment, to see if I am eligible and I had to sign a form to say what I would do to help myself [the PHP] and she said what she would do. So, it’s basically, it is an action plan and on one form it actually said how long it will take and we went through different things I can do to get housing, we keep in touch regularly and because it says [on my plan] it’s something I have to do: if I want help from them, I have to do my bit”.

Although no other women directly referenced the PHP when discussing their ‘journey’ towards more settled accommodation, all had a firm theoretical sense of what they ‘needed to do’, although not always fully understanding how this would be translated into practice. There was an awareness of the barriers to finding settled housing, and how difficult it could be both battling the system and ensuring they were able to make decisions that were completely right for them.

In opposition to some perceptions of households going through statutory homelessness processes refusing, or not wanting, to seek out alternative forms of accommodation and, merely, ‘wait’ to be given a council house, women often felt this might be their ‘preferred option’, but were aware this could be a very long process. They were very clear and focused that any accommodation offer had to be right for them and their children and this was characterised as depending on overall circumstances rather than solely on tenure.

One woman felt that some might just wait but that she wanted to be proactive and ensure she had some control:

“Sometimes you can get overly dependent and some people probably are just waiting for a council to call but for me, I know where I am isn’t right for my daughter

and I know exactly what me and my daughter need so if I was offered something, I will say ‘thank you very much but, no’ if it’s not right for me, and so, the council stuff is cheaper but it is whatever comes up”.

With all women, this sense of ensuring whatever decision they made was right for them and their children was paramount:

“It would be nice to get council housing but it depends on what is suitable cos I wanted to stay in the area near where the babby is at school cos I just don’t want to take him out of school again now, it’s like I don’t know, it’s what will work best”.

“Closer to work or my daughter’s nursery or in the middle as my job is important to me...I have an eye disease so a high rise, no, so ground floor and where my daughter is safe, so it’s all about her for me, suitable, in an area that is safe for us, and after everything we’ve been through, moving forward it needs to be...ideal well, I need to get everything in place”.

Debbie articulated how balancing competing priorities, and the lack of resources with which to adequately prepare for a move, left her feeling paralysed:

“The timing needs to be right because I literally have nothing so, do I want to move into somewhere that is completely empty? How will that be any better for my daughter? You get so many doors slammed in your face and I wasted so many years of my life [with the perpetrator] and now I’m just wasting more time because there’s nothing out there to help people. Get one thing, not the other. It’s a Catch 22, isn’t it?”.

Towards housing stability

The interviewees still in the relief period characterised housing stability as something they needed to get ‘right’, and that they were weary from repeated moves and uncertainty, so wanted their next step to be ‘permanent’. This was particularly the case for women with children.

Two women interviewed, Olivia and Molly, had been able to retain, or secure housing during the 'relief space'. The Hub had assisted Olivia to move from a private rented property into a council property with no intervening period of homelessness. She spoke of the lack of resources to enable her to furnish the 'empty shell' she had moved into, and said that she felt unable to take some of her personal items with her as they 'contained too many awful memories'. Olivia praised the Hub for assisting her with a grant for a washing machine and said she was 'slowly building things back up'. She also suggested that she felt much more secure in a council tenancy than in a private tenancy, but that it would take her a long time before it felt like 'home'.

Molly who, after a period of homelessness was able to move back into her property with a sanctuary scheme; non-molestation order and occupation order in place, similarly expressed that certain items within a house where she had been physically and emotionally abused held too mainly painful memories for her. In addition, her former partner had destroyed many of her possessions and furniture with a hammer before he was removed from the property. Molly was beginning the process of replacing these with support from BSWAID but expressed her feelings of ambivalence towards dispensing with familiarity by replacing items and whether, ultimately, she had made the right choice in doing so.

'Healing' and looking forward

The majority of women touched upon forward planning and future focuses, but articulated very clearly how it was impossible to in any way process what had happened to them whilst still 'in limbo':

"I have no security, no space, no nothing, so I can't even begin to process and deal with my emotions whilst dealing with my daughter's as she has to come first, and I can't process anything. I'm confined to one room there is nothing".

"I am trying to make myself strong because I have to if I'm going to get out of here [TA]".

Women felt the Hub had in some ways helped them to look forward, but that until they had obtained housing, there was little way for this to move beyond vague conceptualisations of the future:

"They [the Hub] asked what I would like, too, moving forward and it was quite future facing and I could think about my long-term goals and a property for me and my daughter. I've got to get all this [finding housing] sorted first, but it was nice to be asked that".

"I am focused on what I need to do...it's the housing really that'll help me move forward that's the main thing first, yeah".

The two women interviewed who had achieved settled housing articulated ongoing feelings of trauma; expressing how the impact of their situation had in no way been eradicated, or even particularly mitigated, by 'housing stability'. They were, in many ways, still in the grip, or under the control, or abusive histories:

"I still have a case ongoing with them [the courts] around my ex and what he was doing and the police have taken all the electrical evidence and are going through it all to get the evidence of the threats to kill me and my kids that was going on".

(Olivia)

Molly, who had endured a long and difficult journey back to her own tenancy, suggested that civil remedies had enabled her to regain material stability, but that she was still, effectively, 'in crisis mode' and was far from achieving her own emotional and psychological stability:

"When I am outside, I feel like cannon fodder, very exposed, very vulnerable and I resent that as he is still in control of my life by the way he is making me feel....

I wear my day clothes at night, a hoodie and leggings and trainers on as I am used to being ready to run so I still do that. If I see people that look like them [the perpetrators], I can't cope and there are certain smells, if I smell that, it triggers everything off...it's like it freezes me in time and I can't do anything. It's like I wanna be around people but I don't want the company. I feel invisible at the moment".

REFLECTIONS AND CONCLUSIONS

“In western countries, cultural expectations are that survivors will undergo a metamorphosis from the pariah figure of weak and helpless victim into a heroic survivor, with little to no contextualisation of the historical and socio-political forces that underpin their experience’ (Carter 2015).

The experiences of women discussed within this section link with the earlier notion articulated by BSWAID staff: that women and children experiencing domestic abuse face a range of additional barriers that mean sourcing appropriate, safe, longer-term accommodation can be an extensive and time-consuming task. This can be impeded by both the practicalities and psychological impacts of living in precarious housing situations, for often unknown amounts of time.

This section has also shown that women’s experiences of finding ‘relief’ of, or a ‘solution’ to their housing circumstances can be long and complex processes; intricately bound up with ‘dual burden’ of the ongoing effects of trauma and abuse and the protracted ‘systemic battling’ required to affect housing stability. It appears that, for women homeless due to domestic abuse, existing systems and structures can prolong the period of housing instability and uncertainty, whilst also prolonging or entrenching trauma and loss of control. The BSWAID Hub undoubtedly assists in ensuring women are better supported through these experiences, providing more understanding and purposeful responses. However, as overarching housing systems and policies are more ‘punishing’ than ‘understanding’, women are waiting for protracted periods, suspended within ‘the anxiety of ‘relief’; unable to move forward and process their experiences until they have a safe home of their own.

Recent work by Liz Kelly has expanded her original concept of a ‘space for action’, where women are able to begin to make choices and develop autonomy away from experiences of abuse and coercive control. Her 2016 research into women’s experiences of resettlement after escaping domestic abuse suggested that the increasing impediments caused by austerity meant that women’s

‘space for action’ tailed off after leaving, as they spent ‘considerable time and effort battling the system’ (2016: 5). This notion bears out in the experiences of the women interviewed for this report. However, the additional framework of navigating the HRA has shown that it is not just the system that can limit space for action and lessen feelings of control and autonomy: the temporary accommodation environments women are forced into can also serve to constrain feelings of control and ability to ‘act’.

It is important to highlight that achieving housing stability is often just the beginning of a woman’s journey to overall stability and ‘healing’. Women’s longer-term needs around security, autonomy and psychological wellbeing must be acknowledged by housing providers and homelessness systems.

BSWAID staff undoubtedly take a great deal of time and care to get the best – and safest – ‘relief’ outcomes for their clients; the same careful consideration that was expressed by women when describing their own exploration of their housing options. It is important, though, that alongside investment in increasing the capacity for the Hub to use its specialist approach to widen these housing options, messaging to stakeholders reiterates the early indicators of the benefits of the Hub model, whilst continuing to assert that the socio-economic and national policy environment still precludes swift access to settled housing for many women and children. This must be accompanied by an acknowledgement that the current funding environment for domestic abuse support services is not conducive to meeting longer-term support and resettlement needs of many women and children. In many senses, the funding infrastructure of domestic abuse services is currently ‘front-ended’ in a housing and resettlement context.

All of these elements undoubtedly require continual partnership working and investment at local, and campaigning at national, levels.

9: ‘The Forgotten Victims’: Children

This Chapter examines the legislative, policy, research and practice contexts that surround the often-neglected issue of children who experience domestic abuse within the home. Despite many thousands of children being affected by and living with domestic abuse in England every year, they are increasingly viewed as the ‘forgotten’ or most ‘hidden’ victims. The drive for prominence of children’s experiences, and a shifting of perception from children as ‘witnesses’ to ‘victims’ of domestic abuse has been led largely by the specialist women’s sector and children’s charities. Earlier iterations of the Domestic Abuse Bill saw the most recent articulation of the policy and legislative gap around children. Through the early stages of the Bill’s first transition through Parliament in 2019, it was criticised for remaining ‘mostly silent on the plight of children’ (HoC, 2019). Several specialist domestic abuse organisations recommended the Bill be amended to recognise the status of children as victims of domestic abuse that occurs in the household, in alignment with the Istanbul Convention, which asserts that children may be victims of domestic abuse by witnessing it. This was also strongly recommended in recent reports by Barnardos (2020) and Action for Children (2019). In July 2020 the Domestic Abuse Bill was amended to explicitly acknowledge children who see, hear or experience the effects of domestic abuse as ‘victims’.

This research project did not want to replicate the ‘silence’ surrounding children by representing the 1567 young lives who ‘came through’ the Hub between February and December 2019 as merely a footnote, or an additional consideration to some of the wider themes and contexts. Primary research with children was not undertaken for ethical reasons, and the current form and function of the Hub does not lend itself to robust monitoring or outcome data for children, particularly as the majority of cases are only ‘held’ by the service for a relatively short period of time. However, it is important to draw on the current national and local contexts; the experiences of specialist BSWAID staff, and interviews with 15 women, 12 of whom had children.

Scale of the Issue

Analysis of statistics from Social Care Children in Need assessments for this report shows that, for 2017-2018 domestic abuse ‘significantly outweighed’ other concerns, with 252,580 (50.6%) of cases capturing domestic abuse as an issue at the end of assessment ⁴², the equivalent of 692 per day. In 2018/19 the number of reports about children witnessing domestic abuse that were referred to the police or local authorities by the NSPCC helpline rose to 6,642: a 25% increase from 5,322 the previous year.

In addition, children make up around half of the residents nationally in refuges at any one time (HoC 2019). Between February and December 2019, 124 children were resident in BSWAID’s network of refuges.

⁴². When issues in addition to the primary need are captured at the end of assessments, domestic abuse significantly outweighs other concerns. This data was not captured until 2014.

BIRMINGHAM: STATUTORY SERVICES

Analysis for this report of the latest statistics from social care Children in Need assessments in Birmingham show that for 2017-2018, 6190 (71.1% of cases) captured domestic abuse as an issue at the end of assessment, significantly higher than the national figure of 252,580 (50.6% of cases) and equivalent to 17 children per day. Additional analysis by Birmingham City Council estimates that, by the time they reach adulthood, more than 1 in 5 children in the city will have experienced domestic abuse at home (BCC, 2018).

Of those cases dealt with by West Midlands Police during 2017 and 2018, 7432 occurred with children present, with an increase of 15% from 2017 – 2018. ⁴³

Year	West Midlands Force	Birmingham
2017	8435	3413
2018	9974	4019
Total	19360	7796

Number of police notifications to Birmingham Children's Services with respect to domestic abuse. ⁴⁴

Year	Number of referrals
2017	1734
2018	1676

All such datasets are underestimates, as many children will not come to the attention of social care, police, or specialist provision. Similarly, the 1567 children who 'came through' the BSWAID Hub between February and December 2019 only incorporate those whose mother was directed towards, or chose to seek, assistance for homelessness. However, it is important to reiterate the points made earlier in this report: the larger the household size, the more difficult it can be to find safe temporary or longer-term accommodation.

⁴³. Full information was not available for 2019 at the time of the Freedom of Information Request.

⁴⁴. Freedom of Information Request to Birmingham Children's Trust, March 2020. Data for 2019 was only available to September of that year, so is not included in the above statistics. The Trust changed their case management system in October 2019, and the information for the period October 2019 to December 2019 is not recorded in a readily accessible format, taking it beyond the scope of an FOI request in terms of an appropriate limit of time spent to retrieve the data.

Impacts

Some of the effects on children from living in a household with domestic abuse include: post-traumatic stress disorder, flashbacks, self-blame, nightmares, chronic physical pains or complaints, eating disorders, depression and anxiety, problems in school or trouble learning, exhibiting anti-social behaviour and becoming socially withdrawn (James, 2020; CAADA, 2014). Children are also often harmed or retraumatised during contact with the abusive parent through informal or formalised contact arrangements (Coy et. al. 2012). Between January 2005 and August 2015, 19 children in 12 families were killed by male perpetrators of domestic abuse. All of the perpetrators had access to their children through formal or informal child contact arrangements (Women's Aid, 2016).

Existing evidence shows that specialist services and environments for children who have experienced domestic abuse, either directly or vicariously through adult relationships, are vital. A report published by CAADA (now Safe Lives) presented findings from over 900 cases of children who have been exposed to domestic violence; showing that children's health and well-being improves significantly after interventions and support from specialist services (2014).

However, within a homelessness context, domestic abuse goes far beyond a child's traumatic experience of witnessing or being subjected to violence, or of being subject to coercive and controlling behaviour. It includes the impacts of repeated moves; staying in refuges or temporary accommodation far away from home and friends: often living with other traumatised children. It can also incorporate living in cramped conditions with no cooking facilities or recreational space; or staying with family members in overcrowded environments, which can cause conflict with children permanently resident in the household.

A Funding Gap

Despite evidence of growing need, research and evidence bases on the devastating and far-reaching effects of growing up with abuse, and indicators of the benefits of specialist support provision for children, there is currently no dedicated national funding system for children experiencing domestic abuse. Most specialist charities receive no statutory funding for children's workers in

refuge accommodation, and the Women's Aid survey of providers in 2019 revealed that 27.4% of respondents were running a specialist service for Children and Young People without any dedicated funding (2020: 45). Children in Need has become the main funder for this purpose, with many specialist organisations having to rely on voluntary donations and reserves to provide any service at all (Action for Children, 2019). Indeed, BSWAID itself utilises Children in Need funding and reserves to fund its own children's services.

A recent report by Action for Children, termed the first 'deep dive' into the level of support on offer specifically for children who have experienced domestic abuse termed current provision 'patchy, piecemeal and precarious' (2019: 4). The same study revealed that of the 30 local authorities engaged with, 4 had no support services for children at all. 19 of the 30 local authorities had time limited funding and in 20 authorities, access to children's services was dependent on the parent (usually the mother's) engagement (Ibid).

Birmingham itself does not fund children's workers for domestic abuse service provision, as part of commissioned domestic abuse contracts, or through Children's Services.

In addition, recent research from the Education Policy Institute has shown that, while nationally, the average median waiting time to begin treatment through Child and Adult Mental Health Services (CAMHS) has fallen by 11 days since 2015, in 2018-19 children still waited an average of two months (56 days) to begin treatment in 2019. This is double the government's four-week target (Crenna-Jennings and Hutchinson, 2020: 8). The same study found that approximately 25% of children and young people referred to specialist mental health services, including those who have eating disorders, and those who have experienced abuse, were not accepted into treatment. The study concludes that "despite the £1.4bn of extra spending over five years announced in 2015, the proportion of rejected referrals has not changed since we started collecting this information four years ago" (ibid).

In April 2020, the Home Office announced a £3.1 million funding pot that will 'go to specialist services for children who have both been directly and indirectly affected

by domestic abuse' (Home Office, 2020). The funding can include one-to-one and group counselling sessions to improve the mental health of children and 'early intervention schemes'. The funding will be shared by local authorities, children's charities and Police and Crime Commissioners in England and Wales. However, this funding is unlikely reach all areas of need, and remains a time-limited 'pot' of funding, rather than a stable, consistent, and long-term strategy.

Legislation and Policy

As well as funding shortfalls and absences, provision of, and access to, specialist services for children can be

hampered by a lack of legislative direction that asserts how children are victims, not just 'witnesses' of abuse within a household. This includes the definition of harm within the Children Act 1989; which does not sufficiently account for the harms caused by coercive control (see James, 2020).

It remains unclear as yet how the new definition of children as 'victims' of domestic abuse contained within the Bill will operate in practice, and how it will affect, particularly, current Safeguarding and children's social care arrangements.

THE HUB'S WORK WITH CHILDREN:

The BSWAID Hub provides support for both women and children as part of a holistic approach, with the integrated floating support service and Housing IDVA service providing ongoing support for women and children within temporary accommodation, their own home, or other forms of housing circumstance. This ensures women and children's needs are assessed and catered for separately as required, but also as a unit. The approach allows for continual and dynamic safety and risk management, including Safeguarding assessments, with an awareness that the nature of risk can change rapidly and that, for example, children can be used by abusers to facilitate further abuse and control to the non-abusing parent through child contact arrangements (Coy et al., 2012; Morrison, 2015).

The following table shows how the 1567 children who accessed the Hub between February – December 2019 were made up into 676 family units:

Number of Children	Number of Cases
1 child	207 (30.5%)
2 children	211 (31%)
3 children	144 (21%)
4 children	74 (11%)
5 children	23 (3%)
6 children	10 (2%)
7 children	5 (1%)

88% (1385) children were under 16 years old. 600 (43%) of those were between 0-5 years; 470 (30%) were between 6-10 years, and 315 (23%) were between 11-15 years.

98 cases who accessed and were supported by the Hub had child services involvement. 211 (31%) women were identified as having specific needs around keeping children safe and 498 women (74%) had ongoing support around their children after initial assessment and first presentation. ⁴⁵

Support accessed / advised around	Number of women
General support	330 (66%)
Parenting support	30 (6%)
Child contact	133 (27%)
Specialist support for children	59 (12%)

STAFF EXPERIENCES: ‘CHILDREN ARE NEVER PART OF THE CONVERSATION’:

BSWAID staff felt that children’s needs were largely ignored within, particularly, statutory service provision. The experiences of children in temporary accommodation were particularly highlighted as a concern; with several cases of children feeling suicidal due to their circumstances, or displaying problematic behaviour, often towards the non-abusive parent.

Floating support and Housing IDVA staff suggested that they try to widen the experiences of children and enable them to take part in more ‘light-hearted’ and leisure activities with their mother, so that their lives were not ‘just about housing and council processes’. This was accompanied by the notion that, in particular, specialist mental health support for children was a scarce resource, with children on waiting lists for extended periods of time.

Staff also mentioned frequent cases where Children’s Services had suggested they would, under Section 17 duties, house children ‘but not the mother’ and that they could often be dealing with such cases ‘all day’. This was particularly the case for women with No Recourse to Public Funds, but not limited to this scenario.

Similarly, statutory organisations largely conceptualised abuse in a child’s household as ‘violence’ and, as Chapter 4 previously illuminated, often asked for evidence of police contact.

Interviews with Women:

For the 13 women interviewed who had children, awareness of the impact of abuse on any children was almost always cited as forming part of their eventual decision to leave, or not return to, the abusive home but that keeping their children safe was a considered process and had to be done ‘at the right time’, so as not to increase risk. Other key issues for women who had children were:

- Asserting that they needed to obtain psychological support for their children before themselves
- Appreciating that children were taken into account within the Hub environment and floating support services and that their children were cared for by BSWAID whilst they were in private appointments
- Feeling like a ‘bad parent’; something they had often been told by the perpetrator. This was to some women seemingly confirmed by their inability to achieve a swift housing solution for themselves and their children

⁴⁵. Some had needs in more than one category, so the total is more than 100%.

- Ongoing problems around child contact; and feeling torn between an ‘obligation’ to let any children see their father and safety concerns
- The effects of disrupted schooling and frequent moves
- The behaviour of permanently resident children if living temporarily with family or friends, which could sometimes replicate abusive strategies and make their children upset, or re-traumatised
- Feeling like a ‘bad parent’ as they were trapped somewhere ‘awful’, and did not have sufficient resources to take children out and provide them with more positive and ‘fun’ experiences
- A sense that services, and sometimes informal support networks, had often previously failed to believe the abuse was ‘that bad’ because they had not swiftly removed their children from the situation, or could not ‘prove’ what was happening
- The imperative to ensure children would be safe, happy, and comfortable drove all priorities and strategies around obtaining more settled accommodation

REFLECTIONS AND CONCLUSIONS

Whilst only giving a snapshot into the vast and detrimental experiences of the thousands of children facing homelessness and domestic abuse every year, this Chapter has highlighted the need for stronger, sustainable national and local government direction, and funding, into specialist services for children. This is particularly pertinent for Birmingham, which has higher than the national average of Children in Need assessments with domestic abuse as an issue. However, provision must go beyond existing statutory services such as social care and mental health, to incorporate effective support for children in a range of unsuitable accommodation environments. In essence, it is surely difficult to understand what services and approaches will work best for children until provision, and thus practice-based evidence, can be increased.

10: Addendum: COVID-19

AMENDMENTS TO HOME OPTIONS HUB AND KEY INTEGRATED SERVICE: COVID-19

Home Options Hub: Assessments will only be completed for women who need emergency accommodation on the day. Women can ring or drop into the Hub for this service. For women who turn up at the Home Options Hub building, service will be delivered on site but with staff speaking to the woman seated in a separate private room via telephone.

If a woman does not require emergency accommodation but wants to complete homelessness application, she can book this through the BSWAID triage number.

Helpline: Now digital and now operating on weekends and bank holidays.

Webchat: introduced post COVID-19 lockdown. This service is available from 10am to 4pm Monday to Friday.

Floating Support / Lead Workers: This service remains the same, but support is being provided remotely instead of face to face.

As perhaps anticipated, calls to the helpline, requests for refuge, and presentations to the Home Options Hub saw declines in March and April 2020, before rising again from May 2020.

DEMAND FOR SERVICES:

Home Options Hub:

Month	2019	2020
March	117	129
April	142	87
May	181	114
June	166	137
Total	606	467

Helpline Calls:

Month	2019	2020
March	522	496
April	595	399
May	528	587
June	515	945
Total	2160	2421

Refuge Requests through Helpline:

Month	2019	2020
March	89	62
April	121	65
May	118	168
June	112	180
Total	440	475

Total Hub presentations between March - June 2020 were lower than for the same period in 2019, with a total decline of 23%, although month by month declines and subsequent increases were not as marked as for other key BSWAID services. Calls to the Helpline and requests for refuge declined in March and April 2020, before increasing rapidly through May and June 2020. Helpline calls in June 2020 had risen by 91% from March 2020 figures. Helpline calls in June 2020 were also 83% higher than in June 2019. Refuge requests in June 2020 had increased by 190% from the March 2020 figures. Refuge requests in June 2020 were 61% higher than in June 2019.



Service data on BSWAID's integrated model key services: 16th March 2020 – 12th July 2020:

Week Commencing	Number of helpline calls	Number of webchats	No of Hub triage calls	Appointments on the day through triage	Pre-booked appointments completed	No. of women physically attending the Hub	Total	Number of refuge requests (Helpline and Hub)	No. of children through the Hub	No. MARAC Referrals
16/3/2020	84	n/a	2	26	5	26	143	33	17	26
23/3/2020	86	n/a	28	18	6	2	140	53	13	28
30/3/2020	75	n/a	62	11	9	1	172	81	52	31
06/4/2020	63	n/a	53	13	8	2	160	77	20	26
13/4/2020	92	n/a	55	10	8	0	182	79	19	46
20/4/2020	94	n/a	47	11	5	3	178	59	30	36
27/4/2020	138	10	59	11	5	3	250	85	28	38
04/5/2020	147	3	67	16	4	3	291	121	32	25
11/5/2020	130	7	103	34	7	6	324	142	29	33
18/5/2020	144	6	93	21	2	8	274	144	42	47
25/5/2020	121	3	112	21	7	6	270	129	44	30
01/6/2020	241	18	105	21	7	5	397	137	45	38
08/6/2020	208	8	110	21	10	3	360	152	60	39
15/6/2020	196	9	139	21	13	9	399	106	50	64
22/6/2020	211	13	133	16	8	9	390	160	61	38
29/6/2020	230	16	105	33	4	13	401	154	55	
06/07/2020	250	15	120	35	6	16	442	192	86	20

Increased and changing demands on specialist domestic abuse services clearly require close monitoring and rapid financial and strategic responses from both national and local government.

11: Conclusions and Recommendations

This report has provided evidence and analysis of the processes within, and the contexts surrounding, the domestic abuse Home Options Hub. It has framed operational processes and ‘on the ground’ experiences within a purposefully deep and broad contextual framework. This was in order to show the reciprocal connectedness between policies, systems and structures, and the Hub’s operational activity; particularly how the Hub’s ‘space for impact’ can be constrained by the existence, and any understandings of, such factors. The Hub’s approach is clearly providing, for many women and children, a necessary haven within a punishing and complex set of systems; in this way effectively meeting its shorter-term aims. In order to move towards its medium and longer term aims of systemic and cultural change – the effective transition through a ‘shielding from’ to a ‘shifting of’ attitudes – BSWAID must continue their institutional advocacy role whilst also promoting practice-based evidence.

The Hub has, early on, had to incorporate flexibility and adaptiveness into its operation in order to attend to both the needs of women and children, emerging issues, and fluid local policy and practice environments. The principles and rationale of Hub model form the foundations of its aims and aspirations and are consolidated by a wealth of practice-based and research knowledge. Whilst we do not have contemporaneous ‘counterfactual’ experiences of women and children accessing statutory support for homelessness within Birmingham, existing research evidence, and that provided by survivors within this report, suggests that they would be unlikely to receive such a flexible, holistic, person-centred and specialised approach elsewhere.

However, this report has shown how flexibility of approach, alongside localised factors, can affect the development of standardised outcome measures and notions of the perceived ‘success’ or feasible ‘replicability’ of a model. This is especially the case for a service that prioritises safety within an understanding of the continual and processual nature of domestic abuse. The availability of affordable

housing; the financial resources of local authorities; the availability of local service provision and commissioning practices can all affect a project’s ability to meet external notions of ‘impact’. This is also particularly the case in a homelessness or housing context. ‘Preventing’ or ‘ending’ a household’s homelessness is currently the prevalent mechanism with which to attempt to gauge the efficacy or impact of an intervention; but seemingly often without attendance to measures of sustainability. This report has shown how such concepts are also often divorced from a broader contextual understanding of domestic abuse; and that it is the ‘how’ of the Hub’s approach, not the ‘what’ it achieves in terms of ‘housing outcomes’ that is currently the most salient measure of efficacy and replicability. This coheres with the notion that the ‘best practice’ model of transferring whole projects into different contexts is a less suitable approach than the transfer of principles (see, for example, Parmar and Simpson 2007).

Nonetheless, it is important to reiterate that the ‘blending’ of a statutory homelessness function with a specialist domestic abuse service is not without its challenges. Centring safety and unequivocal belief within systems that often appear to centre financial pragmatism and ‘evidence’ is not always easily achieved. BSWAID staff have had to develop adaptive and responsive ways of effectively navigating these sometimes-competing priorities in ways that do not adversely impact upon survivors. However, to effect the longer-term cultural and systemic change that is required to ensure women and children get the best, and safest, outcomes, these tensions require open and honest ‘working through’ at local level. This requires strategic leadership, integration within existing Domestic Abuse and Homelessness Prevention Strategies and the development of ‘whole housing’ and ‘whole systems’ approaches.

For many women and children experiencing domestic abuse, the Homelessness Reduction Act (HRA) often appears to signal merely a prolongment of the uncertainty and trauma of homelessness. This ‘anxiety of relief’ is particularly pertinent when local authorities are so pressured, and unable to make swift decisions, and when feasible longer-term housing options are so narrow. A key challenge for the organisation will be ensuring more rapid rehousing options for women and children feeling abuse are prioritised within the City when levels of homelessness are so high, and within a crowded field of organisations and services promoting the needs of their own client groups.

The Hub’s approach to the HRA and its relational, holistic, and person-centred modes of working are clearly of great benefit to many households at an often incredibly risky and uncertain time. Within this, there must be recognition of the advice and guidance function that is integrated into the Hub’s model, and the model’s ability to provide access points, options and pathways for women and children at all stages of their actual, or potential ‘journey’. However, the protracted nature of many women and children’s experiences of finding settled accommodation indicates the need for increased longer-term modes of support, both within temporary and settled forms of accommodation and within the processes of the Homelessness Reduction Act.

The Hub’s integrated, holistic and specialist approach to women and children experiencing domestic abuse and at risk of homelessness is clearly providing a level of support and assistance that has previously been lacking, and displays in its early stages the benefits of such an integrated ‘whole service’ approach. However, such a new pathway for women and children experiencing homelessness through domestic abuse needs time to ‘bed in’. The confidence of other stakeholders and survivors can be weakened when service delivery landscapes are constantly changing; correspondingly reducing the options for earlier, or more effective help.

The Hub’s integrated model thus requires consistent and longer-term funding to enable this pathway to be sufficiently embedded within existing systems, and to develop the trust and consistency required to give women and children the right – and most effective – avenues of help.

RECOMMENDATIONS:

The Home Options Hub: Operation

- **The Domestic Abuse Home Options Hub must be sustainably funded by Birmingham City Council. This includes commissioning the integrated service model**, which has clear benefits for both successful earlier intervention and ‘prevention’ activity and the sustainability of safer, longer-term positive outcomes for women and children.
- **At the least, a Helpline and Drop in service should be funded by the local authority as key elements of the Home Options Hub model.**
- **The costs of translation services to the Hub should be accounted for and factored into future commissioning contracts.**
- **The creche provision and creche worker post should be incorporated into, and funded through, future commissioning contracts.** This provides a vital service to ensure women do not have to recount traumatic experiences in front of their children, and was a design feature that was most often commented upon positively by service users.
- **The Hub’s frontline staffing base should be funded to include a specialist finance worker.** This will help to properly assess the financial viability of temporary and longer-term accommodation options for women and children.
- **The Hub must, in conjunction with the local authority, carry out a review of the paperwork and processes currently being used to fulfil the Prevention and Relief duties under the Homelessness Reduction Act.** This should include an impact assessment on certain harder to engage groups, such as women experiencing multiple disadvantage and those with English as a second language.
- **The local authority and the Hub should produce clear, accessible, visualised information** for clients and stakeholders about the function, processes, and remit of the Home Options Hub.

- **The Hub should be alerted, or informed, about ‘main duty’ decisions by the local authority subsequent to the close of the ‘relief’ period.** This mechanism should be developed collaboratively between the local authority and the Home Options Hub.

LOCAL POLICY AND PROVISION

Temporary and short-term accommodation:

- **The supply of specialist, women-only provision for those experiencing or at risk of homelessness must be increased.** This provision should understand and cater for the multiple and intersecting needs of women. This includes appropriate spaces for women from BAME backgrounds, and those women who have been repeatedly excluded from other forms of provision.
- **A comprehensive mapping and assessment of commissioned and non-commissioned refuge provision should be carried out.** This will help to ensure equality of access to provision; measure appropriateness, quality, and safety, and add clarity and assurances to current pathways and access.
- **There must be stronger, agreed, quality standards within the non-commissioned ‘exempt accommodation’ sector that are specifically tailored towards women experiencing or at risk of domestic abuse.** This will help to reduce risk, reduce referrals to inappropriate provision, and avoid cases of repeat homelessness and repeat and new incidences of domestic abuse.
- **Temporary, women-only forms of housing provision for those who are employed, and fleeing abuse, must be increased.**
- **Additional, specialist in-reach support should be made available for women and children living in temporary accommodation who have experienced domestic abuse.**
- **Adequate training on risk awareness and coercive control must be made available to local authority staff who are allocating, or providing an out of hours response to, women in temporary accommodation who have experienced domestic abuse.** This should include both an understanding of the risk from any perpetrators, but also the risk to women and children from

environmental and community-based factors, particularly for those women and children with protected characteristics.

Settled Housing

- **A proportion of local authority housing register lettings should be reserved each year for domestic abuse survivors. At least two thirds of this provision should be family homes.**
- **Housing Associations and the local authority in Birmingham should provide ‘direct lets’ of family homes to the integrated Home Options Hub.** These lettings should prioritise women and children who are living in refuge accommodation and ready to move on, in order to ‘free up’ vital, life-saving refuge spaces for women and children in crisis.
- **All applicants who are homeless due to domestic abuse should receive the highest priority banding within the local authority housing register.**
- **The West Midlands combined authority area should develop a housing reciprocal, similar to that co-ordinated by Safer London.** This would enable current social housing tenants who are fleeing abuse to transfer to another local authority or housing association property rather than lose their home. This would require the co-operation and involvement of all relevant local authority areas and should be co-ordinated at Regional level.
- **The Domestic Abuse Housing Alliance (DAHA) accreditation programme should be encouraged and endorsed within the City for all social housing providers.** This will include a directive for providers to carry out impact assessments on their allocations policies and pre-tenancy assessments to ensure that, particularly, women and children fleeing abuse are not adversely or disproportionately affected.

Homelessness ‘Prevention’:

- **Training on domestic abuse, particularly coercive control, should be provided to all public service workers so that they can effectively identify, respond to and signpost those who disclose experiences of abuse.**

- **There must be a comprehensive, West Midlands wide review of current responses to and outcomes around domestic abuse within the criminal justice system. This should include at minimum, assessment of police responses and related activity within Civil and Family courts.** The criminal justice system can act as both a preventative and protective mechanism for women and children experiencing domestic abuse. However, these options are often underutilised or under-enforced, leading to a loss of protection, faith and trust from both victims and service providers. A review will help to understand the barriers, challenges, and gaps within this area.
- **Independent Domestic Violence Advisors (IDVAs) should be funded to work specifically with women who have Domestic Abuse Protection Orders in place. These IDVAs should be integrated into the Hub model and court systems.** There are currently few formalised opportunities for specialist support and intervention for women who have these orders in place. This initiative would strengthen their potential for prevention and protection.
- **Any homelessness ‘prevention’ activity that includes removing a perpetrator from a household must not be carried out in isolation. This must be accompanied by a programme of specialist advice, risk management and ongoing support for the victim and any children.** Housing providers must be also be trained adequately to understand the potential risks that may come from pursuing this option, and ensure they are able to incorporate this into a full and holistic understanding of a woman and any children’s needs.

Children:

- **Sustainable funding must be made available for children’s workers in commissioned refuge accommodation and in temporary accommodation** provided to families fleeing abuse under the Homelessness Reduction Act.
- **Specialist support for women and children who have experienced domestic abuse should be integrated into Child and Adult Mental Health Services,** with design input from specialist domestic abuse services.

- **Specialist support and pathways for those who have experienced domestic abuse, including within health, housing, and homelessness sectors, should be co-ordinated and integrated to recognise all effected children as victims of domestic abuse.**

Partnerships and Strategy:

- **Birmingham should adopt DAHA’s ‘whole housing approach’ to domestic abuse** and incorporate this into its Domestic Abuse Prevention Strategy, Homelessness Prevention Strategy, and any subsequent Housing strategies.
- **The ‘whole housing approach’ should include a local strategy for safely and temporarily accommodating perpetrators who are removed from a property due to domestic abuse.**
- **A strategic needs assessment of women-only homelessness provision should be carried out. This should develop an agreed definition of, and minimum standards for, ‘specialist women-only services’.** This should be aligned with an equality impact assessment which takes account of the multiple and intersecting needs of women at risk of homelessness. This should work to alleviate barriers to access and sustainability whilst ensuring women’s safety is not compromised.
- **Birmingham City Council must collaboratively develop a protocol and guidance for agencies who are receiving presentations for assistance from women with No Recourse to Public Funds who are fleeing domestic abuse.** This should make distinctions between EEA migrants and women subject to immigration control and ensure appropriate pathways and mechanisms are developed for both groups.
- **Funding should be made available for specialist immigration advisors to assist women with No Recourse to Public Funds who are experiencing domestic abuse.** These advisors should be linked to the Home Options Hub and to other specialist domestic abuse services in the City.
- **Birmingham should implement a prevention-based, whole-system approach to health, wellbeing, and domestic abuse as piloted by the Health Pathfinder project.**

- The experience and evidence gathered by the BSWAID Home Options Hub should be used to develop clear models, frameworks, and guidance for ‘homelessness prevention’. This should be incorporated into the Domestic Abuse Prevention Strategy and linked to the existing Homelessness Prevention Strategy. This will help to develop a stronger evidence base around successful interventions and ensure ‘prevention’ options are offered by agencies only when accompanied by a full, holistic understanding of the dynamics of domestic abuse.
- The newly appointed Domestic Abuse Commissioner should be invited to contribute to, and help review, the ongoing implementation of the City’s Domestic Abuse Prevention Strategy. This will include engagement with the associated activities of the Violence Against Women and Children’s Steering Group and Shadow Domestic Abuse Board.

NATIONAL-LEVEL CHANGE:

The Homeless Reduction Act:

- Sustainable funding must be made available to local authorities to help provide longer-term specialist support for survivors of domestic abuse who are accessing help through the Homelessness Reduction Act.
- The Code of Guidance for the Homelessness Reduction Act must be strengthened to clarify what ‘reasonable steps’ means in the fulfillment of prevention and relief duties for those fleeing domestic abuse.

No Recourse to Public Funds:

- The No Recourse to Public Funds rule must be lifted for women fleeing domestic abuse. This remains a grave injustice that traps women and children in lives of violence and abuse.
- The No Recourse to Public Funds rules should be lifted for the duration of the recently announced £1.5 million ‘Support for Migrant Victims’ pilot. Under current legislation, many women and children will remain at severe risk during this pilot period. It is vital immediate help is provided alongside longer term ‘evidence gathering’ projects.

Refuges and temporary accommodation

- Specialist refuges must be sustainably funded long-term and must adequately cater for the needs of women and children seeking help; including adequate provision for women with protected characteristics.
- New regulatory service standards for refuge accommodation must replace the current National Statement of Expectation.
- Grant funding should be made available to local authorities to ensure women in low-paid employment are able to access temporary and emergency accommodation when fleeing domestic abuse.

Resettlement

- Women moving homes or relocating after fleeing domestic abuse should receive non-repayable grants to help with resettlement.
- Women fleeing domestic abuse and accessing temporary and permanent accommodation should be exempt from benefit caps for at least 2 years.
- The government must adopt the target of building 90,000 new social homes by 2031, as set out in research by Crisis and the National Housing Federation.
- More longitudinal research on the needs and experiences of women and children resettling after leaving abusive homes must be commissioned.

Perpetrators:

- Local authorities must be given national guidance and funding to provide risk-managed temporary accommodation options for perpetrators who are removed from a property due to domestic abuse.
- The government should fund and develop a National Perpetrator Strategy, which holds perpetrators to account and protects victims. This has recently been called for by the Drive Project, and endorsed by over 70 signatories.

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Appendix A: Methodology

The methodology was developed with the aim of combining evidence and understanding; interpreting how and why the Hub operates as it does and considering the potential influence of local and national policy contexts on wider notions of ‘impact’. The research commenced at the beginning of the Hub ‘going live’ and sought to remain close to the ‘on the ground’ realities for both frontline staff and survivors. In dialogue with Birmingham’s Domestic Abuse Prevention Strategy, which asserts the aim of ensuring ‘the strength of local, practice-based evidence is recognised and considered alongside evidence-based practice’ (2018: 22), the research methods aimed to elevate practice-based and experiential knowledge, drawing out salient themes to better understand and depict complex realities.

Research Questions:

How and why is the hub operating and adapting the way it is?	What is the Hub able to achieve in its current form?	What are the barriers to achieving short, medium, and longer-term aspirations?
What are the most salient themes emerging from the experiences of staff and survivors and what can be done to address these?	How is the organisation able to balance the competing aims, understandings, and perceptions of stakeholders?	What are the potential challenges to meeting externally imposed or directed notions of impact and ‘success’?

KEY METHODS:

Statistical Data Collection: The pilot contract between Birmingham City Council (BCC) and Birmingham and Solihull Women’s Aid (BSWAID) did not stipulate any mandatory recording or monitoring frameworks. The process of creating a framework for monitoring and outcome reporting was iterative, developed and revised as the service became operational. This process was led by BSWAID in ongoing consultation with the report author. The pilot service contract from BCC and the independent research project did not come with funding to develop or purchase any software to create and record bespoke datasets.

In addition, BSWAID were not able to share any recording systems with BCC which impacted upon consistency and reliability. There are well-documented national issues with the recording of statutory homeless presentations

under the new HCLIC system; not least the requirement for local authorities to record onto new systems whilst simultaneously coping with the burdens of new – and increased - legislative requirements. This meant that reliable data on the outcomes of homeless applications made was not available for inclusion in this report.

The key aims of internal statistical data monitoring were to:

- Record basic demographic details for all clients
- Record unique and repeat presentations to the Hub
- Record homeless applications made through the Hub
- Record temporary accommodation (TA) placements through the Hub
- Record any settled housing outcomes before the end of the ‘prevention’ or ‘relief’ periods

- Develop an understanding of why women presented to the Hub
- Develop an understanding of where women who had nowhere safe to stay were fleeing from
- Develop an understanding of where women who had nowhere safe to stay went after intervention from the Hub
- Develop an understanding of barriers to accessing safe spaces (including refuge and temporary accommodation)

Demographic data was collected via the 'On Track' case management system that is used by all organisations operating under the Women's Aid Federation of England and Wales. This database is not set up to allow organisations to add bespoke monitoring categories. As such, additional data had to be recorded separately by the organisation. This was achieved through the use of spreadsheets and case files that were accessed and recorded by operational Hub staff. Full datasets were not always available, due to the competing demands on a new, pressured service with a natural turnover of staff during the first year of operation. However, presented in this report are the datasets that were either fully completed, or completed sufficiently to give sufficient indication or representation of activity during the period February to December 2019.

Interviews followed a process of informed consent and confidentiality. All interviews were digitally recorded and stored securely by the researcher, with a coding system used to hide individual identities. Participants' names were anonymised and any potentially identifying features have been omitted from the final report. Participants were made aware of their right to withdraw from the study and were advised that there were no penalties for deciding not to participate.

Interview data was transcribed verbatim and analysed thematically (see Braun and Clarke, 2006).

Interviews: BSWAID staff: All staff were fully briefed by their line manager about the research and were advised that participation was not mandatory, and that records would be kept on who was interviewed only by the

researcher in an anonymised coding system, for analytic and follow up purposes. The researcher also attended a team meeting to discuss the research and to reassure staff about participation, confidentiality, and the right to withdraw. All frontline staff elected to be interviewed during the first tranche of interviews. During the second tranche, personnel had changed. Around 50% of staff were interviewed during the first and second tranche. The remaining staff, who had either left before the second tranche or joined the organisation after the first tranche, were interviewed once. Three frontline staff members who had joined the organisation after the first tranche elected not to participate in the second tranche of interviews.

Interviews: BSWAID clients: Fifteen semi-structured, one to one, interviews were carried out with women who had accessed the Home Options Hub. It was not possible for all women who accessed the Hub to be informed of the research and invited to participate, as many were presenting in very difficult, dangerous situations and this would be unethical. Due to the multiple ways women access the Home Options Hub, and due to the need to ensure clear safety protocols were followed when arranging interviews, it was not possible during this project to 'advertise' the research and request women contact if they were interested in participating. Instead, frontline staff were given participant information sheets and confidentiality details and were asked to inform women, where appropriate, of the research whilst they were working on a one to one basis with them. Potential participants were informed that participation was not obligatory, that all information would be confidential, and that they could withdraw at any point.

Once a woman expressed a wish to participate, an interview date was arranged and the researcher contacted the woman to ensure they were fully briefed, and to make sure that they still wanted to participate and felt emotionally equipped to do so. Protocols around risk and safety were adhered to when contacting women, in close partnership with frontline BSWAID staff. Thirteen interviews were carried out at the Home Options Hub, one was conducted over the telephone due to the woman's disability, and one was carried out in a private room at a local medical practice due to travel issues. After each interview, the researcher spent

time 'debriefing' with the woman, to ensure she felt safe and comfortable after discussing her experiences, and ensured she was clear on who to contact if she felt she required any further support with her situation following the discussion.

All participants received a £15 supermarket voucher as a thank you for their time and expertise.

Interviews: Stakeholders: Stakeholders were identified following a mapping exercise in collaboration with BSWAID. This aimed to draw on the experiences of other organisations within the City who were operating a 'Hub' model and working with the Homeless Reduction Act, the experiences of commissioned domestic abuse organisations and key organisations that are involved in sourcing accommodation for women who have experienced or are at risk of domestic abuse. Identified stakeholders were contacted directly by the researcher and were fully briefed on the aims of the research and confidentiality. A process of informed consent was also adhered to for this part of the research. Data and insights from these interviews serve in this report as contextual and supporting information. Not all organisations contacted responded to the request, although the participation rate was around 80%.

Interview data was recorded and analysed using the methods described above.

Case studies: These were mainly derived from in-depth interviews with clients. Frontline Hub staff also completed anonymised case studies on issues they felt were salient during the course of their role. In addition, further key areas of concern for BSWAID staff were identified through one to one and group discussions. The area deemed most significant by frontline staff was around 'single women with more complex needs'. The lifetime of the research project precluded in-depth research activity with this cohort of women, and so a random sample of anonymised case files was provided to the researcher to analyse for inclusion in this report.

Ethnographic Observation: Overt ethnographic observation was carried out twice a month for the first six months of operation, and then once a month for the remaining five months of the research period. This method aimed to

gain a rich understanding of the operating environment of the Hub, and the interactions between and pressures upon staff. This also served to build familiarity and rapport between staff and the researcher and aided understanding to contribute to the development of realistic and achievable monitoring systems. Frontline staff were clearly briefed on the reasons for the researcher's presence at the Hub and that they were not being 'monitored' or 'evaluated' on their behaviour. Staff were free to ask questions of the researcher. No interactions between clients and staff were observed, and a confidentiality agreement was agreed between BSWAID and the researcher regarding any conversations or interactions that were observed.

Client Surveys: These were designed to be clear and user-friendly. After interviews, all clients were advised that there were feedback forms on reception and that they were welcome to fill one out anonymously and place it in a sealed box, but that there was no obligation to do so.

Appendix B: Full Table of Recorded Reasons for Presentation July-Dec 2019

All reasons for attending the Hub (July- December 2019)	Number	%
Needed to repeat present to address previously discussed HIGH risk Concerns/ Complete Dash/Complete MARAC referral	1	0%
Attended the HUB previously	64	6%
Didn't have time initially to complete full part 7	22	2%
Has somewhere safe to stay tonight but is homeless or at risk of homelessness due to DV	156	15%
Homeless Application	247	23%
Needed a support letter	7	1%
Needed advocacy due to TA being uninhabitable	11	1%
Needed advocacy due to TA being unsafe (in terms of DA)	6	1%
Needed assistance with an appeal (re any BCC decisions)	1	0%
Needed assistance with completing part 6 application	25	2%
Needed help with housing benefit application	8	1%
Needed to complete full Homeless application	154	14%
Needed to complete Part 6	12	1%
Needed to finish homeless application	37	3%
Needed to repeat present to address previously discussed Safeguarding concerns	2	0%
Needed to report a change in circumstances to BCC	2	0%
Nowhere safe to stay	547	51%
TA is unsatisfactory	3	0%
TA not safe, TA not habitable	8	1%

Appendix C: Further Staff Commentary: Reasons for Repeat Presentations:

<p>For help to complete Housing Benefit applications, particularly after moves between TA placements where women are expected to complete their own HB application for each move</p>	<p>To access refuge accommodation; either because a woman's situation has changed; or due to the fact refuge accommodation is in desperately short supply, and women are not always able to access this immediately, on first presentation</p>
<p>To access supported accommodation: Suitable, safe and trusted supported accommodation providers are in short supply within the City and placements can take time to source and arrange, with some 'single' women having to return several times until appropriate accommodation can be sourced</p>	<p>To complete a 'Part VI' housing register application. This requires access to IT services in a safe environment. The Hub provides a small IT suite of laptops and women often need assistance to complete the application as it is very lengthy, and there are frequent problems with functionality and delays around receiving 'bidding' numbers</p>

Appendix D: Further Staff Commentary: Reasons for Appointment Length:

<p>Providing emotional support and not rushing or 'shutting down' a woman; but allowing her to tell her story in her own way. Although not possible to 'record' in terms of statistical prevalence, many women who access the Hub had not disclosed their situation to any 'formal' agency before</p>	<p>Comprehensively assessing all housing options and ensuring women fully understand the processes of the HRA, or other pathways and choices, and also to understand why certain actions and processes are taking place, and what will happen next</p>
<p>Allowing women to take breaks when they feel overwhelmed, anxious or stressed</p>	<p>Women with children at the Hub needing to take frequent breaks to interact with them</p>
<p>Completing formal and informal risk assessments and developing a robust safety plan</p>	<p>Exploring suitable and safe supported accommodation options for single women, liaising with providers, waiting for responses and assessing in line with the woman's safety plan</p>
<p>Temporary accommodation requests can be very lengthy and time consuming and often require extensive advocacy</p>	<p>Completion of, often, multiple statutory, internal and third sector agency referrals at once</p>
<p>Obtaining the detail needed for the woman's personal statement and a meaningful Personal Housing Plan</p>	<p>Other administrative elements of the HRA: creating and typing up of statement; reading through with the woman; confidentiality, information-sharing</p>

Appendix E: Full Ethnicity Data

	Number	%
White British	280	29%
Gypsy or Irish Traveller	2	0.21%
Other White	6	0.63%
White and Black African	3	0.31%
Other Mixed	7	0.73%
Pakistani	182	19%
Chinese	1	0.10%
African	79	8%
Other Black/African/Caribbean	15	2%
Black African or British	6	0.63%
Mixed white & Black Caribbean	7	0.73%
Any other ethnic group	16	2%
Other mixed	2	0.21%
Irish	6	0.63%
Eastern European	20	2%
White & Black Caribbean	31	3%
White and Asian	7	0.73%
Indian	44	5%
Bangladeshi	38	4%
Any other Asian background	20	2%
Caribbean	50	5%
Arab	23	2%
Black Caribbean or British	6	0.63%
Mixed White and Indian	1	0.1%
Don't know / not asked	41	4.21%
Missing data	65	7%



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