



NOWHERE TO TURN 2020

Findings from the fourth year of the
No Woman Turned Away project



women's aid
until women & children are safe

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Published by

Women's Aid Federation of England,
a registered charity in England & Wales
(1054154) and a company limited by
guarantee in England & Wales (3171880)
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Acknowledgements

We are extremely grateful to the Ministry of Housing, Communities and Local Government (MHCLG) for continuing to fund the No Woman Turned Away (NwTA) project. This funding has provided additional support for women who have faced barriers to accessing a refuge, and detailed monitoring of the journeys of survivors seeking safety from domestic abuse.

We would also like to extend our deepest gratitude to the survivors who were supported by the NwTA project and who provided the data that this report draws on.

We are thankful to the NwTA specialist practitioners Stacey Barnes, Garima Jhamb, Michelle Ruse, Mingma Seely, and Sue Westwood for the vital support they have given to survivors, and for their expertise in informing the research throughout the project. Thanks also to Lisa Johnson, Manager of Direct Services at Women's Aid, and the direct services team for their invaluable contribution to the project.

Many thanks to Katie Smith, Data Business Manager at Women's Aid, for all her input and support. Thanks also to Sarah Davidge, Research and Evaluation Manager; Sarika Seshadri, Head of Research; and the wider team at Women's Aid for their support.

Dedication

This report is dedicated to the survivors whose journeys while seeking safety from domestic abuse are documented in this report.

Cover

Image from *Nowhere To Turn, 2019*. The artist Zainab (name changed) participated in our research, which used arts-based methods to explore survivors' experiences of searching for a refuge space.

Women's Aid is the national charity working to end domestic abuse against women and children. Over the past 46 years, Women's Aid has been at the forefront of shaping and coordinating responses to domestic abuse through practice, research and policy. We empower survivors by keeping their voices at the heart of our work, working with and for women and children by listening to them and responding to their needs.

We are a federation of nearly 180 organisations which provide just under 300 local lifesaving services to women and children across the country. We provide expert training, qualifications and consultancy to a range of agencies and professionals working with survivors or commissioning domestic abuse services, and award a National Quality Mark for services which meet our quality standards. We hold the largest national data set on domestic abuse, and use research and evidence to inform all of our work. Our campaigns achieve change in policy, practice and awareness, encouraging healthy relationships and helping to build a future where domestic abuse is no longer tolerated.

Our support services, which include our Live Chat Helpline, the Survivors' Forum, the No Woman Turned Away Project, the Survivor's Handbook, Love Respect (our dedicated website for young people in their first relationships), the national Domestic Abuse Directory and our advocacy projects, help thousands of women and children every year.

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For help and support, you can access Women's Aid's direct services, including our **Live Chat**, the **Survivors' Forum** and the **Survivor's Handbook**, at www.womensaid.org.uk/information-support

243 women were supported by the No Woman Turned Away project this year



43% of the women who were supported were **Black and minoritised women**, reflecting the **barriers and structural inequalities** that they face when escaping domestic abuse.

Where did the 243 women sleep while waiting for refuge space?



17

women **slept rough**

1

woman slept rough

with her son



2

women who slept rough had a physical disability



93

women **sofa-surfed**



At least **17%** of those who approached their local housing team were **prevented from making a homelessness application**.

What happened while waiting for a refuge space?

43 women were **scared to go outside**

39 experienced **further abuse** from the perpetrator

20 spent time in **hospital**



10% of women had **no money to pay for essentials**



8% experienced abuse from an **additional** perpetrator

What happened to the 243 women?



25% secured a **place in a refuge**



14% found **emergency accommodation**



10% remained **living with** or **returned** to the **perpetrator**

Foreword

Since this report was written, the Covid-19 pandemic has changed the lives of survivors of domestic abuse all over the globe. Whilst the message given to us all during the weeks following the implementation of lockdown measures in the UK was “stay home, stay safe”, for many women these two things were mutually exclusive. For survivors of domestic abuse, home is not a safe haven but a place of terror. It is not a place to run to, but one to try and escape.

Covid-19 does not cause domestic abuse, only abusers are responsible for their actions. The pandemic does, however, threaten to escalate abuse and close down routes to safety for women to escape. It has put the spotlight on an existing crisis and it can no longer be ignored. Existing inequalities are becoming more stark than ever and the most marginalised women are becoming even more trapped.

When reading this report I am struck by the fact that women already faced significant barriers to finding the safety offered by refuge services. Women’s Aid knows that the Covid-19 pandemic has made it harder for

survivors to leave an abuser or to seek help, that their experiences of abuse are getting worse and that abusers have more control than ever.

When the pandemic is over the majority of local services expect to see a spike in women looking to access their life-saving support. At the same time, the pandemic has threatened the sustainability of a network of services already experiencing a funding crisis. A sustainable funding commitment for women’s refuges that have the expertise to meet the support needs of women and children, including expert services led ‘by and for’ BME women and other marginalised groups, is urgently needed.

The work of the No Woman Turned Away caseworkers to support women facing barriers to accessing refuge and safe housing is more important now than it has ever been.

Nicki Norman
Acting Chief Executive
Women’s Aid

June 2020

The No Woman Turned Away project

The No Woman Turned Away (NWTa) project has been funded by the Ministry of Housing, Communities and Local Government (MHCLG) since January 2016. It provides dedicated support to women who face barriers in accessing a refuge space. Until the end of October 2019, all referrals into the project were made via the National Domestic Violence Helpline. Since November 2019 the project receives referrals from a wider range of sources, including Women's Aid members, violence against women and girls (VAWG) organisations listed on Routes to Support, Victim Support, and the British Red Cross.

Alongside the practical support offered by the NWTa specialist practitioners, we are continuing to conduct detailed monitoring and analysis of survivors' experiences. This report analyses survivors' journeys based on quantitative data collected by the NWTa specialist practitioners between the 12th January 2019 and the 11th January 2020 using Women's Aid's data collection software On Track¹. This year's report includes an analysis of questions that were identified through the qualitative research we conducted for last year's report. Specifically, these relate to the financial consequences of domestic abuse and the risk of abuse from additional perpetrators.

Who did we support?

A total of 423 referrals (408 individual women; i.e. there were 15 repeat referrals) were made to the NWTa specialist practitioners between the 12th January 2019 and the 11th January 2020. The project saw a period of reduced referrals to the service after 1st November

2019 when referrals from the National Domestic Violence Helpline reduced following a change of provider. Referrals then increased again once new pathways were introduced.

Of the 423 referrals, 262 referrals (259 individual women; i.e. three women received support twice) went on to receive support from the service and 161 referrals (161 individual women) did not. Many women seek help a number of times before fleeing an abusive partner, and the most common reason that someone did not engage with the NWTa project was that the survivor no longer wanted support (36.0%). Another common reason was an inability to contact the survivor (33.5%). This reflects how preparing to leave an abusive partner is often a dangerous and stressful time for survivors, during which they may be unable to answer their phone and may not have mobile phone credit to call the specialist practitioners back. Some survivors who did not go on to be supported by the NWTa project (23.6%) were already adequately supported by a domestic abuse organisation, for example a refuge or a local outreach service, by the time the NWTa specialist practitioners got in touch with them.

243 women engaged and finished their support between the 12th of January 2019 and the 11th of January 2020, with two of these women exiting the service twice. The remaining 16 women were receiving ongoing support on the 11th January 2020. The analysis of quantitative data in this report relates to these 243 women.

¹ On Track is the Women's Aid case management and outcomes monitoring system.

Part 1: Challenges for women seeking refuge

Challenges in securing support

As detailed in the previous three No Woman Turned Away (NWTAs) reports², the most marginalised women tend to face the greatest barriers in their search for refuge provision,³ with intersecting structural barriers and inequalities (e.g. poor agency responses, immigration policy context) impacting on women's ability to access appropriate safety and protection. **Table 1** outlines the circumstances and support needs which

acted as barriers for women supported by the NWTAs specialist practitioners this year. Although there are some slight deviations, the proportion of women with each support need remains largely consistent with previous findings. The five most common challenges for women seeking a refuge space continued to be: mental health support needs; ties to their local area; disabilities (including mental health disabilities); having no recourse to public funds

Table 1: Barriers faced by women supported by the NWTAs specialist practitioners*

	Number of women	Percentage out of total number of women (out of 243)
Women with mental health support needs	99	40.7%
Women who were tied to their local area	94	38.7%
Women who had one or more disability**	68	28.0%
Women who had no recourse to public funds (NRPF)	61	25.1%
Women with 4+ children	28	11.5%
Women with language support needs	24	9.9%
Women with older male children	16	6.6%
Women previously evicted from refuge	14	5.8%
Women with substance use support needs - alcohol	12	4.9%
Women with substance use support needs - drugs	8	3.3%
Women with an offending history	7	2.9%

* Many women had more than one of the listed support needs or circumstances.
 ** 36 of these women had a physical disability (excluding vision and hearing disability), 33 had a mental health disability, ten had a learning disability, two had a vision disability, and one had a hearing disability

² *Nowhere to Turn; Nowhere to Turn, 2018; and Nowhere to Turn, 2019.*

³ Please see *Nowhere to Turn, 2018* for a detailed explanation of the barriers women face when accessing refuge: www.womensaid.org.uk/research-and-publications/nowomanturnedaway; also see *Nowhere to Turn, 2019*: www.womensaid.org.uk/no-woman-turned-away

(NRPF)⁴; and fleeing with four or more children. Many women had more than one support need.

Like last year, almost half of the women supported by the NWTa project were from Black and Minority Ethnic (BME) backgrounds (105 out of 243; 43.2%)⁵, reflecting the systemic racism that Black and minoritised women continue to face when trying to access places of safety. BME women are a hugely diverse group which may include migrant women, women with no recourse to public funds, and women whose first language is not English. As detailed in Imkaan's work⁶, many women from BME backgrounds prefer to be supported

by specialist 'by and for' BME services that understand the intersection between sexual and racial equality and where they can get peer support from other Black and minoritised women. Specialist 'by and for' support staff may be able not only to communicate in survivors' own language or dialect, but also, perhaps more importantly, navigate cultural nuances.⁷

However, outside of London there is very limited provision for BME women. BME 'by and for' providers continue to be disproportionately disadvantaged by cuts, with funding approaches not sufficiently considering the need and value of 'by and for' provision for BME women.⁸



AZRA'S STORY

Azra had no recourse to public funds and was experiencing abuse from her husband and his family since arriving in the UK from Pakistan several years ago. Azra's husband and his family were angry that Azra had not fallen pregnant during their marriage and claimed that she had not brought enough money with her when coming to the UK.

As a result of the abuse, Azra was suffering from depression and anxiety, and was self-harming to cope with the stress. As she had been forced into the marriage by her family in Pakistan, Azra was scared that she would be killed if she was to return there.

Azra was admitted to hospital after taking a drug overdose. She spoke little English and

was therefore unable to call 101 to report the domestic abuse. Her sister decided to call the National Domestic Violence Helpline, and Azra was referred to the NWTa project. She was supported by a specialist practitioner who could support her in her native Urdu.

Working with Azra, Azra's sister and hospital staff, the NWTa specialist practitioner was able to support Azra to apply for the destitution domestic violence concession (see Home Office, 2018). She was also put in touch with a local domestic abuse service, which supported Azra to retrieve her belongings from her former home. With the help of the NWTa specialist practitioner, Azra was able to find a specialist BME refuge where staff were able to understand her particular experiences, speak her language, and support her with her specific needs.

⁴ More information on NRPF is available here (HM Government 2014a): <https://www.gov.uk/government/publications/public-funds--2/public-funds>

⁵ See Appendix 2 for further information on women's ethnic backgrounds

⁶ See Imkaan (2018) for further information: www.imkaan.org.uk/survival-to-sustainability

⁷ Interpreters are not always a preference for both survivors and service providers as it can impact on BME women's engagement with support when having to share difficult and traumatic experiences.

⁸ Specialist 'by and for' BME refuge provision is especially underfunded for Black African and African Caribbean women. This is often driven by an assumption that women without the need for same-language support do not require or benefit from 'culturally literate' support. Instead, it is assumed that their needs can be easily 'assimilated' or met by non-BME providers.

Where did women stay while they waited for a refuge space?

Table 2 summarises where women stayed while searching for a refuge space. Over a third of the women sofa-surfed. Others stayed in emergency accommodation, hotels, or slept rough. Last year’s report *Nowhere to Turn, 2019*, outlined how, whilst women were generally extremely grateful when staying with relatives or friends, sofa-surfing is often problematic for women fleeing domestic abuse. We heard stories of overcrowding, broken friendships and, in some instances,

further abuse. Similarly, we heard how hotels and emergency accommodation lacked the support and safety that women required at this vulnerable time in their lives.

Seventeen women slept rough whilst waiting for a refuge place. This included sleeping in their car, a church, in a storage unit at work, and on the streets. Two women who slept rough had a physical disability. One woman slept rough with her son.

Table 2: Where did women stay while waiting for a refuge space?*

	Number of women	Percentage out of total number of women (out of 243)
Spent time sofa-surfing	93	38.3%
Spent time in emergency accommodation (same local authority)	21	8.6%
Paid to stay in a hostel/B&B/hotel	20	8.2%
Spent time sleeping rough (including using 24-hour spaces to sleep, or living in her car)	17	7.0%
Spent time in emergency accommodation (different local authority)	8	3.3%

* We were not necessarily aware of where women were staying and not all women are represented here. Some women stayed in more than one type of temporary accommodation.

What happened to women while they waited for a refuge space?

Table 3 (page 10) shows that almost a fifth of women who were supported by the project told their NWTAs specialist practitioner that they were scared to go outside (i.e. temporarily leave the place where they were staying) while waiting for a refuge space, often due to the threat of further harm from the perpetrator. Almost a sixth of the survivors supported by the NWTAs project experienced further abuse at the hands of the original perpetrator. For some women this resulted in physical injuries, and some called the police out to an incident while

they were waiting for a refuge space. Twenty women spent time as an inpatient in hospital, in some cases as a result of injuries inflicted by the perpetrator.

Interviews conducted for *Nowhere to Turn, 2019* showed that many women experienced abuse from an additional abuser whilst waiting for a refuge space, for example whilst sofa-surfing. On the 1st of April 2019 we began recording the number of women who experienced abuse from an additional perpetrator and found that this applied to at

least 15 (8.3%) of the 180 women who ended their support between then and the 11th of January 2020.

Last year's interviews also showed that the lack of accommodation options for many survivors was frequently tied to almost insurmountable financial difficulties. For many women this meant that they struggled to meet their immediate needs. This included clothing and feeding themselves and their children, and paying for the phone bills and transportation that were required to organise a place of safety.

On the 1st April 2019 we began recording when women were unable to pay for

essentials during their search. Since then, we recorded that at least 18 (10.0%) out of the 180 women who were supported during this time were not able to pay for essentials whilst waiting for a refuge place. *The Economics of Abuse*, our 2019 report on the relationship between domestic abuse and economic resources (Women's Aid, 2019b), shows that women experience financial hardship both before and after leaving.⁹ That report showed that 36.8% of survivors did not have enough money to pay for the essentials they needed after leaving, and 45.6% did not have enough money during the relationship.

Table 3: Survivors' experiences while waiting for a refuge space*

	Number of women	Percentage out of total number of women (out of 243)
Was scared to go outside	43	17.7%
Experienced further abuse from the perpetrator	39	16.0%
Spent time as an inpatient/overnight in hospital	20	8.2%
Called the police out to respond to an incident	14	5.8%
Was physically injured as a result of an assault by the perpetrator	8	3.3%
Spent time in police custody	3	1.2%
Spent time under section**	2	0.8%
* Some survivors experienced more than one category		
** Women who were sectioned under the Mental Health Act (2007).		

⁹ Our report *The Domestic Abuse Report 2019: The Economics of Abuse* (Women's Aid 2019b) shows that 36.8% of 57 surveyed survivors of domestic abuse did not have money to pay for essentials after leaving the perpetrator, 14% accessed a food bank, and 31.6% used credit to cover essential needs like food. Available here: www.womensaid.org.uk/research-and-publications/the-domestic-abuse-report/

Survivors' encounters with statutory services

Housing teams

For many survivors the first point of contact before approaching a refuge is a local housing team. Under Part VII of the Housing Act 1996¹⁰, the Homelessness Act 2002¹¹, and the new Homelessness Reduction Act 2017¹², these teams have a duty to assist those fleeing domestic abuse¹³. However, our data suggests that, as reported last year, amidst a national housing crisis defined by a lack of affordable housing and cuts to local services, the hopes of many survivors to be placed in safe accommodation by housing teams remain unfulfilled.

Of the 243 women who were supported by the NWTa project this year, 104 (42.8%) contacted a housing team. At least 32 of these (30.8%) were prevented from making a valid homelessness application. Reflecting the findings of previous reports, reasons given for this continued to include: housing teams ignoring guidance which states that local connection rules do not apply in cases of domestic abuse¹⁴, suggestions by staff to return to the perpetrator instead; and inconsistent assessments as to whether a woman qualifies as being 'in priority need'.

Social services

Apart from housing teams, many survivors of domestic abuse also deal with social services departments. Under the Children's Act 1989, Part III, Section 17¹⁵, children's services have a duty to safeguard and promote the welfare of children in their area who are in need, and to promote the upbringing of these children by their families. In addition, under the Care Act 2014, Part 1¹⁶, social care teams have the duty to provide assistance to adults requiring care and support due to a disability, illness or mental health condition.

Of the women supported by the NWTa specialist practitioners, 63 (25.9%) contacted social services while searching for a refuge space. The responsible teams failed to meet their obligation to safeguard women and children in at least 18 (28.6%) of those cases. In at least eight of these cases, social services refused to meet their duty to house children in safe accommodation. Half of the affected families had no recourse to public funds.

¹⁰ Housing Act 1996 (HM Government 1996). Available here: <http://www.legislation.gov.uk/ukpga/1996/52/contents>

¹¹ Homelessness Act 2002 (HM Government 2002). Available here: <http://www.legislation.gov.uk/ukpga/2002/7/contents>

¹² The Homelessness Reduction Act 2017 (HM Government 2017) places increased duties on councils to prevent homelessness. Available here: <http://www.legislation.gov.uk/ukpga/2017/13/contents/enacted>

¹³ See *Nowhere to Turn, 2018* (Women's Aid 2018b) for further details: <https://www.womensaid.org.uk/research-and-publications/nowhere-to-turn-2018/>

¹⁴ Homelessness Code of Guidance for Local Authorities 2018 (HM Government 2018). Available here: <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/chapter-21-domestic-abuse>

¹⁵ Children's Act 1989 (HM Government 1989). Available at: <https://www.legislation.gov.uk/ukpga/1989/41/section/17>

¹⁶ The Care Act 2014 (HM Government 2014b). Available at: <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

ALISON'S STORY



Alison was fleeing domestic abuse with her two children after a suspected

break-in from the perpetrator. One of her children was a teenage boy with autism. She needed to find a refuge within travelling distance of her local hospital to ensure his continued care. She was also relying on support from family in her local area. Her son needed the refuge accommodation to be self-contained.

Alison and her children did not feel safe in her house and were sofa-surfing at a friend's house. Alison's son found the experience very unsettling and distressing. Alison approached her local housing team, and they offered her a space in a mixed-sex hostel. However, this did not feel safe for Alison or her children. Alison was desperate and considered leaving her son with relatives in the hope that this would increase her chances of finding a refuge space. However, she knew that her son would only feel safe

with her. Alison approached social services. They were not supportive and told her to return to her home. However, Alison's son refused to enter the house.

Alison approached another local authority and was placed in short-term emergency accommodation. Despite housing the family, the authority claimed that they were the responsibility of their original authority; conversely, the original local authority claimed Alison's family was now the responsibility of the new authority. Meanwhile, the family was turned down by several refuges due to the age of Alison's son.

Alison called the National Domestic Violence Helpline and was referred to the NwTA project. The specialist practitioner worked closely with Alison, searched Routes to Support on a daily basis, and liaised with a range of refuges. After several weeks of sustained support, the family found a refuge that was suitable for them.



Part 2:

The impact of the No Woman Turned Away project

How much support did women receive?

On average, the 243 women who were supported by the NWTa project received six hours and 12 minutes of support from the NWTa specialist practitioners, a modest increase from last year¹⁷. The increase may be due, in part, to a short period of reduced referrals to the service as explained in the earlier section 'Who did we support?' before new referral pathways were introduced. This allowed the specialist practitioners to devote more time to each individual woman.

Moreover, changes in immigration laws for EU citizens has increased the complexity of some cases¹⁸.

The support offered to each woman ranged from 15 minutes to just over five and a half hours in total. Support was provided on a daily or almost daily basis over an average time span of 22.5 days. This time span ranged from just one day to over five months.

What type of support did women receive?

Table 4 (page 14) shows that like last year, the largest part (27.5%) of specialist practitioners' time was spent on the telephone with survivors¹⁹. However, this year we saw a significant increase in time spent on email support (24.4%)²⁰. Liaising with professionals and advocating on behalf of the survivor comprised a further 23.1% of

specialist practitioners' time²¹. This typically involved talking to refuge workers to see if a refuge space will meet the survivor's needs, liaising with local domestic abuse services to get the survivor linked in with local support, and talking to other professionals such as social workers.

¹⁷ As reported in *Nowhere to Turn, 2019* (Women's Aid 2019), last year survivors received an average of four hours and ten minutes of support.

¹⁸ See our recent publication 'Brexit: impact on EEA nationals searching for a refuge' (2020): <https://1q7dqy2unor827bqjls0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2020/01/EEA-Nationals-Briefing-final.pdf>

¹⁹ *Nowhere to Turn, 2019* reported that last year 40.6% of specialist practitioners' time was spent on telephone support.

²⁰ *Nowhere to Turn, 2019* reported that last year 11.6% of specialist practitioners' time was spent on email support.

²¹ *Nowhere to Turn, 2019* reported that last year 23.8% of specialist practitioners' time was spent on advocacy and liaising with other professionals.

Table 4: What type of support do women receive?

Type of support	% of specialist practitioners' time*
Phone contact with survivor	27.5%
Email contact with survivor	24.4%
Attempting contact/chasing up	17.1%
Liaison with other professionals	14.6%
Advocacy on survivor's behalf	8.5%
Paperwork	6.5%
Other	1.6%

* These number do not add up to exactly 100% due to rounding methods.

What did women receive support with?

The range of support offered by the specialist practitioners is outlined in **Table 5** (page 15).²² Unsurprisingly given the nature of the NWTa project, the most common topics were 'housing', and 'referral and signposting'. All women were supported in these areas. Emotional support (34.6%) and safety planning advice (23.5%) were also frequently given over the phone.

More than one in five women were supported with safeguarding. Roughly one in six women were supported with risk assessments, and a similar number of women were supported with needs relating to their children. Many women were anxious about taking their children with them to a refuge, and the specialist practitioners supported women by offering advice, liaising

with social workers, and referring and signposting women to local agencies who can offer support with their children.

Roughly one in seven women received support with immigration issues. Often this involved linking the survivor up with other services to apply for the destitution domestic violence (DDV) concession, which is required to secure public funds for a refuge stay, and the domestic violence rule (DVR), which enables women to regularise their immigration status. 11.9% of survivors were supported by the specialist practitioners with their finances. This ranged from offering information about foodbanks to accessing housing benefit. Other areas of support included support around mental health, criminal or civil justice, physical health and family law.

²² Women commonly received support in more than one area.

Table 5: What do women receive support with?

	Number of women supported	Proportion of women supported
Housing	243	100.0%
Referral and signposting	243	100.0%
Emotional support	84	34.6%
Safety planning	57	23.5%
Safeguarding	51	21.0%
Risk assessment	40	16.5%
Children	39	16.0%
Immigration	36	14.8%
Finances	29	11.9%
Mental health	26	10.7%
Criminal justice	26	10.7%
Civil justice	26	10.7%
Physical health	23	9.5%
Family law	22	9.1%
Parenting	13	5.3%
Multi-agency risk assessment conference (MARAC)	11	4.5%
Drugs and alcohol	9	3.7%
Offending	8	3.3%
Sexual health	2	0.8%
Employment, education and training	1	0.4%
Other	150	61.7%

How many women were accommodated in a refuge?

Of the women supported by the NWTAs specialist practitioners, 24.7% were eventually accommodated in a suitable refuge space. For a further 13.6% the outcome at the time of case closure was that they were accommodated in emergency accommodation, and five women (2.1%) were accommodated in a private rental home. These findings are similar to last year's findings.²³

While all the women supported by the NWTAs project received specialist support, in many cases the barriers faced by women were insurmountable despite the hard work from the specialist practitioners. Some women were staying with friends and family when their case was closed by the NWTAs specialist practitioner. Some stayed in a hotel, or remained in a home that they did not share with the perpetrator,

²³ In *Nowhere to Turn 2019*, we reported that 22.3% of supported women were accommodated in a refuge, 11.0% in emergency accommodation, and 1.6% in a private rental home.

but where there was nonetheless risk of further harm. Others spent time in hospital (sometimes due to the abuse), or found a less suitable refuge with a plan to transfer at a later date. Twenty women (8.2%) were staying in a home that they shared with the perpetrator and four women (1.6%) returned to the perpetrator. However, many women explained that the support from the specialist practitioners - including the information they shared, the services they linked them with, and the emotional support that they offered - was still invaluable.

For one woman with a physical disability, the outcome at case closure was that she continued to sleep rough. The case was closed because it had been identified as a case of modern slavery and the NWTAs specialist practitioner had signposted the woman to appropriate support services. In addition, the specialist practitioner had liaised with local services which were now offering the woman adequate face-to face support with her specific needs. The NWTAs project therefore still had a significant positive impact on the woman. Further details of the outcomes for the women supported by the NWTAs specialist practitioners are given in **Table 6**.

Table 6: Outcome at the end of support from the NWTAs specialist practitioner

	Number of women	Percentage of total number of women
Accommodated in suitable refuge space	60	24.7%
Outcome unknown/lost contact	42	17.3%
Accommodated in emergency accommodation	33	13.6%
Staying with friends and family	26	10.7%
Stayed put – living with perpetrator	20	8.2%
Stayed put – not living with perpetrator at time of referral	19	7.8%
Accommodated in private rental (in area of residence)	5	2.1%
Returned to perpetrator	4	1.6%
Less suitable refuge with plan to transfer	4	1.6%
Paying to stay in B&B or hotel or hostel	3	1.2%
Sectioned or in hospital	2	0.8%
Sleeping rough	1	0.4%
Other	24	9.9%

JENNY'S STORY



Jenny was fleeing domestic abuse with her three children, two of whom suffered from chronic

illnesses. The perpetrator was Jenny's former partner who had previously been to prison for a serious assault on her. His restraining order had lapsed and he was stalking Jenny. Jenny knew that the perpetrator frequently visited the garden of the family home, yet the police were dismissive of her fears.

Jenny and her children had no other choice but to sofa-surf with friends. The four of them slept on the living room floor. After staying there for eight months, Jenny decided to call the National Domestic Violence Helpline and was referred to the NWTa project. As two of the children had to attend hospital every two weeks for treatment, the family were looking for a refuge in their home city.

The NWTa specialist practitioner worked with Jenny for four months. She checked Routes to Support²⁴ for a suitable refuge space every day and spoke to refuges on Jenny's behalf. As the perpetrator was likely close by and also knew where Jenny's friends and family lived, all the refuges that were contacted were concerned about safety. No refuge was able to offer the

family a space. Local outreach services were also unable to offer support due to a lack of capacity.

The family returned home and the perpetrator forced his way into the house. He inflicted a small wound on himself and called the police, falsely accusing Jenny of stabbing him. Jenny was arrested and stayed in a police cell for 30 hours.

After liaising with the NWTa specialist practitioner, a local service completed a risk assessment and put Jenny forward for a multi-agency risk assessment conference (MARAC). Jenny was then put on the waiting list for local support.

The NWTa specialist practitioner provided support until Jenny started working with the local service. During this time, the NWTa specialist practitioner wrote supporting letters for the local housing department and social services. She liaised with social workers, who did not have sufficient knowledge about domestic abuse. Jenny was also offered emotional support. The NWTa specialist practitioner had regular contact with the local service, reminding them of the urgency of the situation. The case was closed when sustained local support was in place for Jenny and her children.



²⁴ Routes to Support is the UK violence against women and girls directory of services and refuge vacancies, run in partnership by Scottish Women's Aid, Welsh Women's Aid, Women's Aid Federation of England and Women's Aid Federation of Northern Ireland.

As reported in *Nowhere to Turn, 2019*, there were again inequalities in refuge access depending on the specific barrier that women faced. **Table 7** shows the proportion of women with each support need who were accommodated in a suitable refuge.

Women who had drug use support needs and those fleeing with an older male child had the lowest chance of finding refuge accommodation. Only one out of the 16 women who were fleeing with an older male child was accommodated in a refuge, highlighting the need for making available and funding a range of accommodation

types, including self-contained refuges. Only two out of the 20 women with substance use support needs (alcohol or drugs), and none of the eight women with drug use support needs, were accommodated in a refuge. While compared to last year there was an increase in the proportion of women with NRPF who were accommodated in a suitable refuge²⁵, at 21.3% this is still below the average of all women supported by the NWTa project. Only 20.0% of those women who had multiple support needs and only 13.3% of those with four or more support needs, were accommodated in a suitable refuge.

Table 7: Proportion of women with different support needs who were accommodated in a suitable refuge

	Number of women with this support need who were accommodated in a refuge
Women with same language support needs*	7 out of 24 (29.2%)
Women with mental health support needs	26 out of 99 (26.3%)
Women who had one or more disability**	17 out of 68 (25.0%)
Women with 4+ children	6 out of 28 (21.4%)
Women previously evicted from refuge	3 out of 14 (21.4%)
Women who had no recourse to public funds (NRPF)	13 out of 61 (21.3%)
Women who were tied to their local area	19 out of 94 (20.2%)
Women with substance use support needs – alcohol	2 out of 12 (16.7%)
Women with an offending history	1 out of 7 (14.3%)
Women with older male children	1 out of 16 (6.3%)
Women with substance use support needs - drugs	0 out of 8 (0.0%)
Overall	60 out of 243 (24.7%)

* Women who required an interpreter.

** Proportion of women with specific disabilities who were accommodated in a suitable refuge:

- Physical disability: 22.22% out of 36 women.
- Mental health disability: 21.21% out of 33 women.
- Learning disability: 20% out of 20 women.
- Vision disability: 0% of two women.
- Hearing disability: 0% of one woman.
- Unspecified disability: 33.33% out of 3 women.

25 As reported in *Nowhere to Turn, 2019*, last year 11.7% (7 out of 60 women) of those with NRPF were accommodated in a suitable refuge.

Conclusions

This report highlights how survivors of domestic abuse, especially those who are most marginalised, continue to face a range of barriers to accessing safety. Often those who are not accommodated in a refuge immediately have to rely on friends and family to find a sofa to sleep on. Women who are unable to sofa-surf are confronted with the possibility of becoming street homeless. Many are unable to pay for essentials after leaving and many face additional abuse, either from the perpetrator or from other people who abuse survivors' vulnerable situation. Statutory services continue to offer inconsistent responses.

The current Covid-19 crisis has brought the barriers that survivors face in accessing safety into sharp focus. The shortfall in refuge spaces, and the sustained funding challenge that refuge services have faced for years, are now acute concerns. The anticipated rise in the number of women and children who will need to escape their homes as a result of enforced isolation with an abusive partner, coupled with the operational challenges that refuges face in accepting new referrals, are leading to urgent calls to open up more spaces across the country.

Before Covid-19 took hold, the government was set to deliver a legal duty on local authorities to deliver support to survivors of domestic abuse in accommodation-based

services through the domestic abuse bill. However, the duty itself is not enough – it must be backed by a sustainable funding commitment for women's refuges that have the expertise to meet the support needs of women and children, including expert services led 'by and for' BME women and other marginalised groups. Reforms are needed more urgently than ever to ensure the bill delivers equal protection and support for all women experiencing domestic abuse, including migrant women who too often face insurmountable barriers to accessing refuges and safe housing. As well as guaranteeing that all survivors are in 'priority need' for housing, the bill must ban damaging local connection restrictions on women who need to cross local authority boundaries to access safety, and remove 'residency requirements' for survivors who need a safe home in a new area.

This report, once again, highlights the indispensable and life-saving work provided by the NWTAs specialist practitioners, who are continuing to work hard to provide support to survivors of domestic abuse in their search for a safe space to live. With their dedicated input almost a quarter of the women who were supported by the NWTAs project were able to find suitable refuge accommodation, with many more receiving vital support with a range of barriers they faced on their journeys to safety.

Recommendations

Recommendations for the government and the Ministry of Housing, Communities and Local Government (MHCLG)

Funding

In addition to immediate measures to ensure refuge services can cope with Covid-19, a sustainable funding solution to ensure the national network of services can flex and respond to demand is required. We make the following recommendations:

- ▶ Deliver an emergency package of funding and support to ensure refuge services can operate safely during Covid-19, including: compensation for any income lost by refuges through loss of rental income or arrears during the pandemic; testing for Covid-19 and providing personal protective equipment (PPE) to refuge staff; and a guarantee that no refuge service will close during the pandemic.
- ▶ Make a commitment to a long-term investment of £173.8 million annually to ensure the national network of refuge services is sustainable, safe and can meet the needs of all survivors and their children. The level of funding must be reviewed in light of anticipated increase in demand for refuge resulting from Covid-19 and include dedicated funding for refuges led 'by and for' BME women, disabled and D/deaf²⁶ survivors, and LGBT+ survivors.²⁷
- ▶ Ensure the continuation, sustainability and development of the NWTAs project.

Tackling homelessness as a result of domestic abuse

- ▶ Ensure local authorities are required to house all survivors escaping abuse in safe and suitable accommodation, with ongoing support delivered by specialist services. This will require additional funding and clarification that all survivors escaping domestic abuse, including those with no recourse to public funds, are automatically in priority need.
- ▶ Ensure that homelessness strategies and supported housing strategies are developed and align with violence against women and girls (VAWG) and domestic abuse strategies on both a local and national basis, and that efforts to tackle homelessness have a gendered response and meet the specific needs of survivors.
- ▶ Develop a 'whole housing approach' to tackling domestic abuse which ensures access to a full suite of housing options, availability of suitable move-on accommodation, and incentives for agencies and organisations to work together more collaboratively.

²⁶ The word deaf is used to describe or identify anyone who has a severe hearing problem. Deaf with an uppercase D is used by many organisations to refer to people who have been deaf all their lives, or since before they started to learn to talk. Many Deaf people have a sign language as their first language and may need specific language support. For more information please see www.signhealth.org.uk/about-deafness/deaf-or-deaf

²⁷ See our report 'Funding specialist support for domestic abuse survivors' (2019c): <https://www.womensaid.org.uk/research-and-publications/funding-specialist-support-for-domestic-abuse-survivors/>

Tackling systemic discrimination against domestic abuse survivors with no recourse to public funds and/or an insecure immigration status

- ▶ Immediately abolish no recourse to public funds conditions and follow the Welsh government's direction to local authorities on ensuring access to shelter for those with insecure immigration status.
- ▶ Establish a 'firewall' to separate immigration control from the public services that survivors seek help from, alongside safe and confidential reporting systems for those with an insecure status²⁸.

Recommendations for local authorities

- ▶ Ensure that domestic abuse, from early intervention and prevention through to support, is a strategic priority within local authorities and statutory services, with robust measures of accountability.
- ▶ Ensure that migrant women, including those with no recourse to public funds, do not face discriminatory treatment which prevents them from safely escaping domestic abuse and having fair access to services.
- ▶ Ensure women can access information on domestic abuse and emergency housing in multiple languages and formats.
- ▶ Ensure that local housing and homelessness teams are abiding by the Housing Act 1996, the Homelessness Act 2002, and the Homelessness Reduction Act 2017.
- ▶ Ensure that domestic abuse is a key priority area for staff training and development and a strategic priority in terms of safeguarding the well-being of local communities. This training should be delivered in collaboration with specialist domestic abuse organisations, such as Women's Aid and Imkaan, with quality assurance and key points of accountability built in²⁹.

²⁸ Also see 'Step Up! Migrant' campaign: <https://stepupmigrantwomen.org/>

²⁹ The Women's Aid Change That Lasts approach includes the Trusted Professional scheme, aimed at front-line practitioners that work in the public and voluntary sector, and are likely to be in contact with survivors of domestic abuse. Building on the trusting relationship already established with survivors, the Trusted Professional scheme focuses on the non-physical, coercive and controlling signs of domestic abuse, so that these are not missed when a survivor is in contact with a Trusted Professional. In addition, Trusted Professionals are provided with a practical toolkit to support needs-led conversations to help survivors. See: <https://www.womensaid.org.uk/our-approach-change-that-lasts/trusted-professionals-scheme/>

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Appendix 1:

Methodology

The data shared in this report was recorded by the NWTAs specialist practitioners on On Track, the Women's Aid case management and outcomes monitoring system. The specialist practitioners collected data on women's needs, demographics, outcomes, the barriers they have faced, and what happened to them while they were waiting for a refuge space or other safe outcome. They also completed questions

on women's experiences with statutory services when they closed a case on On Track, as well as the time spent on each case and the types of support they gave to women (e.g. advocacy on behalf of a woman, looking for a refuge space).

The On Track data shared in this report covers the time period 12th January 2019 – 11th January 2020.

Appendix 2:

Profiles of women supported by the NWTAs specialist practitioners

Gender

	Number of women	Percentage of total number of women
Female	243	100.0%
Total	243	

Transgender

	Number of women	Percentage of total number of women
Yes	0	0.0%
No	87	35.8%
Don't know	30	12.4%
Declined	2	0.8%
Not asked	124	51.0%
Total	243	

Ethnicity

	Number of women	Percentage of total number of women
White		
British	109	44.9%
Irish	1	0.4%
Gypsy or Irish Traveller	2	0.8%
Eastern European	10	4.1%
Any other White background	7	2.9%
Mixed / Multiple Ethnic background		
White and Black Caribbean	5	2.1%
White and Black African	2	0.8%
White and Asian	1	0.4%
Any other Mixed / Multiple ethnic background	5	2.1%
Asian / Asian British		
Indian	7	2.9%
Pakistani	19	7.8%
Bangladeshi	2	0.8%
Chinese	1	0.4%
Any other Asian background, please describe	7	2.9%
Black / African / Caribbean / Black British		
African	22	9.1%
Caribbean	12	4.9%
Any other Black / African / Caribbean background	10	4.1%
Other ethnic group		
Arab	4	1.7%
Any other ethnic group, please describe	8	3.3%
Don't know	2	0.8%
Declined	0	0.0%
Not asked	7	2.9%
Total	243	

Age

	Number of women	Percentage of total number of women
16-20	5	2.1%
21-30	58	23.9%
31-39	84	34.6%
40-49	55	22.6%
50-59	14	5.8%
60-69	6	2.5%
70-79	1	0.4%
Don't know	20	8.2%
Total	243	

Disability

	Number of women	Percentage of total number of women
Yes	68	28.0%
None	158	65.0%
Don't Know	8	3.3%
Declined	1	0.4%
Not Asked	8	3.3%
Total number of women supported	243	

Type of disability

	Number of women	Percentage of total number of women
Hearing	1	1.2%
Learning	10	12.1%
Mental health	33	39.8%
Physical	36	43.8%
Visual	2	2.4%
Total number of women with a disability	68	28.0%
Number of women with more than one disability	15	6.2%

Religion

	Number of women	Percentage of total number of women
Christian	6	2.5%
Hindu	3	1.2%
Jewish	0	0.0%
Muslim	24	9.9%
Sikh	0	0.0%
Any other religion	8	3.3%
No religion	15	6.2%
Don't know	15	6.2%
Declined	1	0.4%
Not asked	170	70.0%
Total	243	

Sexuality

	Number of women	Percentage of total number of women
Bisexual	0	1.2%
Heterosexual	64	26.3%
Lesbian	3	1.2%
Other	0	0.0%
Don't know	5	2.1%
Declined	1	0.4%
Not asked	169	69.6%
Total	243	

Relationship status

	Number of women	Percentage of total number of women
Civil Partnership	1	0.4%
Cohabiting	13	5.4%
Divorced	4	1.7%
In relationship but not cohabiting	1	0.4%
Married	62	25.5%
Separated	49	20.2%
Single	87	35.8%
Don't know	4	1.7%
Declined	0	0.0%
Not asked	21	8.6%
Other	1	0.4%
Total	243	

Pregnant

	Number of women	Percentage of total number of women
Yes	16	6.6%
No	208	85.6%
Don't know	5	2.1%
Declined	1	0.4%
Not asked	13	5.4%
Total	243	

Nowhere to Turn 2020: Findings from the fourth year of the No Woman Turned Away project

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For help and support, you can access Women's Aid's direct services, including our **Live Chat**, the **Survivors' Forum** and the **Survivor's Handbook**, at www.womensaid.org.uk/information-support