

Appendix 2 - A Way-out research paper – Women experiencing multiple disadvantage

This report was funded by the Changing Futures initiative to learn of the experiences of adult women across Teesside who experience multiple disadvantages and engage with the services of A Way Out. They share their experiences of services they use, the good and the bad and how they feel such services could be improved to be more appropriate to their needs. We would like to thank the women who took time out of their lives to share their stories within the face of such daily adversity and help shape services for them and other women across the area.

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Executive Summary

The purpose of this project was to gain insight into the experiences of adult women across Teesside who experience multiple disadvantages and access support from A Way Out alongside a range of local community services. Through the Changing Futures initiative A Way Out sought to learn the barriers their service users face in accessing services, what they considered worked best for them and improvements needed within local services to encourage participation. The researcher, Gaynor Trueman, who has had significant experience in working with marginalised groups within this region, had contact with eleven women who engaged with A Way Out.

The participants were supported to tell their stories of navigating recovery while living in Teesside, highlighting the daily challenges they can face in accessing services. Their experiences have informed this report. A Way Out's main objective was to ensure their and other local services are fit for purpose and so improve outcomes in their client's lives. The report will provide practical recommendations for service development across the region.

Summary of findings from A Way Out service users

The women who took part in this report came from a variety of backgrounds ranging in age from 18-60, residing across Cleveland in various types of accommodation. All accessed support in varying degrees from the three adult women services that A Way Out provide, Liberty (for those involved in or exploited through the sex industry), STAGE (Adult Sexual Exploitation) and Phoenix (Criminal Justice Team). Participants also accessed an array of other services alongside A Way Out, such as the GP, Recovery organisations, probation and sexual health, with varying levels of challenge and success.

Although the majority of the women reported that services worked for them they also highlighted an array of both structural and personal challenges they faced in accessing the services mentioned.

Barriers faced included:

- o Feeling judged – Participants spoke of feeling judged by services, particularly for the women involved in addiction and felt their stories were assumed rather than enquired about. They reported feeling unheard and not listened to with a lack of empathy in service response.

- o Inflexible services – Participants reported rigid appointment times with the three strikes and you're out approach if they missed their slots without their circumstances being taken into account. They described a lack of out of hours support or weekend options.
- o Uncomfortable environments – Some felt they were not given options to move forward in their recovery due to their housing options or locations of their appointments being chaotic.
- o Inconsistent support – Participants reported feeling like a number due to erratic changes in support worker which meant that trust and relationship building became difficult with scant opportunities to ask questions or specify the support they needed.
- o Listened – when individual need was listened to rather than a blanket approach to service provision.
- o Gave opportunities to feedback - participants highlighted when they were given the chance to contribute to service development such as surveys etc or even just being asked when their appointment time best suited them.
- o Were consistent with their support – services who delivered what they promised were highlighted as being 'good' as participants were able to build trust and empathy with their worker.
- o Were trauma informed - when circumstances, both historical and current were taken into account for certain behaviours or missed appointment times. Being flexible with service provision by taking into account the impact of trauma.
- o Believed and encouraged – participants spoke of support workers who 'believed' in them and how successes were celebrated, no matter how small. This then encouraged them to keep moving forward with achievable goals.
- o Positive first response – highlighted as being crucial for continued attendance
- o Trauma informed – understanding the impact of past traumas
- o Improved communication between services – importance of wrap around services who appropriately communicate to halt the constant retelling of trauma
- o Respect – treating people as you would like to be treated
- o Valuing clients – treating people as individuals rather than as a number
- o Client led services – listening to feedback and responding appropriately

- Participants also reported positive experiences of local services, such as those who:
- Participants were asked what they felt a good service looked like. They highlighted the importance of being non-judgemental and listening to need in addition to:

Recommendations

- For more recognition of voluntary agencies as key leaders in care packages and pathways due to the specialist skills and awareness they hold. They are often key to the success of service users with multiple needs maintaining recovery journeys due to the unique advocacy work they are able to offer.
- All frontline services, including police, to ensure trauma informed training to all staff is standard policy. It is crucial for staff to be aware of and understand how past trauma can manifest as problematic behaviour traits and how to adequately respond in such situations.
- Services to be more flexible and trauma informed in their service provision, recognising that potentially vulnerable women may have specific needs to be considered regarding timings of appointments alongside the consideration of an increase in out of hours support.
- For commissioners and policy makers to understand and consider the multiple needs of women who are involved in or exploited through the sex industry and/or involved in the criminal justice service, within a health and safety model of service provision.

- The development of a peer informed, collaborative pathway offering consistent gold standard services across the region for those involved in or exploited through the sex industry.
- Improved reporting routes to police with specific points of contact for women who experience multiple disadvantages such as the development of non-uniform, non-enforcing officers who are specifically trained to offer an enhanced response.
- For more effective collaboration to be developed amongst frontline services, both public and voluntary to ensure sustained appropriate services for women experiencing multiple disadvantages.
- For women across Cleveland who may present to services with multiple needs to be considered within a whole person approach, considering their needs through a holistic lens rather than as 'too complex'. For services to recognise when their delivery needs to diversify to fulfil a more holistic approach.
- Opportunities for women with lived experience of multiple disadvantages to feedback on current services and any future development of service provision.
- Improvement of through the gate support from custody to community including the provision of suitable housing. Consistent informed support is considered vital to decrease the chance of recidivism.
- An improvement in women only supportive housing with trauma informed support available and accessible across the region.
- For the discontinuation of specific support such as counselling to be timely, planned out and thought given to onward referrals if additional support is needed.

Introduction

The aim of this project was to gain insight into the experiences of adult women across Teesside who experience multiple disadvantages and access support from A Way Out alongside a range of local community services. Through the Changing Futures initiative A Way Out sought to learn the barriers their service users face in accessing services, what they considered worked best for them and improvements needed within local services to encourage participation. Women were supported to tell their stories of navigating recovery while living in Teesside, their experiences have informed this report and have highlighted the daily challenges they can face to seek help. A Way Out's aim is to ensure theirs and other local services are fit for purpose and so improve outcomes in their clients lives by providing practical recommendations for service development.

Rationale

The Changing Futures Programme is a Government initiative born out of the COVID pandemic, when in the face of such adversity, communities came together to support the most vulnerable. More innovative ways of working were also developed relying on collaboration and shared learning. The aim of the programme is to learn from those in the community who experience multiple disadvantages such as mental ill health, homelessness, substance misuse, domestic abuse, contact with the criminal justice system and the challenges they can face in accessing services 1.

Such learning will then be taken forward to make an impact on three levels: Individual - i.e. better outcomes for adults experiencing multiple disadvantages through achievable goals; Service - to improve person-centred support through effective collaboration of services; System – improving links between government and local areas for future commissioning and system change to truly reflect local need 2.

1 *Changing Futures: Prospectus (2021)*;
2 *Moreton et al, (2022)*.

People who experience multiple disadvantages can face an array of challenges when accessing services. Research has shown that there is a high likelihood of mental ill health among such communities which can be the main instigator in preventing sustained engagement in support services. Access to support for mental health needs can be complex and challenging due to long waiting lists, high eligibility thresholds and inflexible service delivery. This then creates further barriers due to problematic behaviour traits which can manifest during periods of frustration and stress.

For people, particularly women, who are involved in stigmatised activities such as substance misuse, involvement in the criminal justice system and/or sex work, barriers to accessing support can be significant due to such factors as fear of judgement and/or repercussions from the perpetrator or indeed the very authorities who can offer support 3. Women with multiple needs are the most likely to be involved in sex work with research showing women experiencing homelessness are significantly more likely to be involved in street sex work than men. Homeless women are also thought to be under represented within homeless statistics due to the likelihood of them moving around to avoid detection or to utilise friends' homes aware of their own vulnerability when sleeping rough 4.

3 *Campbell & O'Neill (2011)*;
4 *Robinson (2016)*;
5 *Middlesbrough Joint Health and Wellbeing Strategy 2013-2023*;
6 *Stockton-on-Tees Joint Health and Wellbeing Strategy 2019-2023*.

Teesside is a region whose communities can experience multiple disadvantages due to areas of high deprivation, low educational attainment, above average unemployment rates and high benefit reliance. Life expectancy for people living within areas of Teesside are below the national average with high cases of domestic abuse - within Middlesbrough reported levels are double the national average; mental ill health and substance misuse - substance misuse and alcohol related harm to individuals, families and communities are higher than regional and national averages. Health and Wellbeing Boards across the region are aiming for better joined up services and improved service provision to tackle such inequalities.

A Way Out is an outreach and preventions charity based in Stockton-on-Tees which aims to engage, empower and equip vulnerable and excluded women, families and young people to live lives free from harm, abuse and exploitation. The charity offers services across Teesside to women and families suffering multiple disadvantages and aims to improve trauma informed services and effective collaboration across the region. This report will focus on the three teams who support adult women, Liberty, STAGE and Phoenix who offer dedicated wrap around services for women with multiple needs.

A Way Out is perfectly placed to utilise the Changing Futures Programme and amplify the voices of their service users due to being witness to the daily challenges such women face to access appropriate support. Such challenges can be due to internal vulnerabilities and/or inappropriate service delivery within their local community. During the COVID 19 pandemic A Way Out experienced their own frustrations when attempting to continue to offer services to their vulnerable clients. It was quickly realised that a change in service delivery alongside improved service collaboration was needed to ensure a continued level of support, if somewhat limited.

Rather than shutting up shop A Way Out diversified. The essential supplies that were usually offered within Liberty drop-ins such as food parcels, toiletries and mental health activities became lifesaving doorstep drops, following covid social distancing restrictions. This meant they could maintain a check on the physical and mental health of their clients; for those who had access to online facilities support was also offered remotely with online chats and communication. A Way Out also became the conduit for other services, delivering appointments and ensuring communication was still open between their clients and essential services such as substance misuse support.

As restrictions gradually lifted, the Liberty team were able to restart face to face support but again a diversified version of their usual one-to-one model of support. As enclosed contact was still restricted, walk and talk sessions were offered whereby clients could be personally supported again but outside and following social distancing rules. Evening outreach could also restart whereby the much needed safety supplies could be accessed.

Such diversification is what the Changing Futures programme represents. A Way Out listened to what their clients needed and continued to meet that need, going over and above in their service delivery. From this report the Liberty, STAGE and Phoenix teams aim to continue to diversify theirs and other services in the area. By amplifying the voices of women who experience multiple disadvantages local services can learn where improvements are needed, how more appropriate support can be offered and so achieve better outcomes for women to live safe and healthy lives.

Methods

The challenges we faced in engaging with women who face such life impacting disadvantages is reflected in the small size of the research sample, but despite this the findings are consistent with the empirical data A Way Out has gathered over the twenty one years of its service delivery. The research was conducted using a mixed methods approach, both surveys and semi-structured interviews were utilised, to gain a snap shot of client views across the breadth of women's services delivered by A Way Out. To ensure inclusivity, the project was introduced to the adult women teams of A Way Out, Liberty, STAGE and Phoenix prior to gathering data to gain their opinions on how best to reach out to their clients. Surveys containing seven multi-choice questions, designed with space to expand answers, were then shared by the teams with clients on case load, or in the case of Liberty, also to women who they might encounter on evening outreach. Face-to-face interviews were then conducted allowing for more in-depth data gathering and for the voices of the women to be heard.

Potential interviewees were contacted through the details they had consensually provided within the survey or through their case worker. Although an initial picture of services used in the local community and main barriers to access was highlighted within the survey, to truly allow for the voices of this community to be heard qualitative interviews were conducted. The interviews were semi-structured, that is questions to direct the interview but allowing the participant space to expand their views if needed.

The interviews were conducted face-to-face following ethical guidelines (Appendix 1). Participants were given information sheets (or they were read out) which detailed why they were being asked to take part; their right to withdrawal and what would happen to the data collected. Once understanding was confirmed and consent given, the interviews were recorded. They were conducted during October/November 2022 in a variety of locations

such as A Way Out premises, community support hubs and cafes. The location was decided by the participant and supported by their A Way Out support worker. Although the questions were designed to not retraumatise participants, interviewees were offered support during and following the interviews.

Focus groups were also conducted in January/February 2023 with the teams from Liberty and Phoenix in order to gain insight into the challenges their clients face in accessing services and where they felt improvement was needed. All data was then analysed into themes (see interview findings pg. 9), identifying barriers to support and recommendations for improvement. Recommendations will be shared with relevant partners. 10

Findings

Surveys were distributed by the three A Way Out women's teams, Liberty, STAGE and Phoenix to their clients within their 1-1 support sessions and taken out on evening outreach by the Liberty team. Seven multi-choice tick box questions were asked, with space provided for more expansive answers. Eleven surveys were completed with the following results:

- Fig 1. Locations of where participants lived, majority being in Stockton-on-Tees
- Fig 2. shows the age ranges of the women completing the questionnaires ranged from 18 – 55+, with the majority being within the 35-44 years range.

As shown here the accommodation was pretty fairly split between friends, supported and council, (n=2) with private rented slightly more (n=3). For one of the women having to split her time between living on the street and staying with friends when she could was due to her being evicted from supported accommodation, she commented: "How am I supposed to change when I'm stuck in these 's**t holes'"

Fig. 3 highlights the range of local services the participants used. The GP service was the most attended (n=10) with recovery (Substance use) second (n=8). Only 1 participant indicated using sexual health services. The category of other was used to mention a Social Worker and the psychotherapist service that A Way out provide. A couple of the participants added comments regarding the evening outreach service A Way Out provides as being particularly supportive:

"A Way Out with the van, when they come round on a night – take condoms, sandwiches, they listen to me, don't 'fob' me off"

And:

"It's good having the van because I know I can get help and it's easy to use" 0 1 2 3 4
Private rented Council Supported Temporary Friends OtherAccommodation Type 0 5 10
15 Sexual Health GP Dentist Counselling Recovery Probation Other Services Used 12

As shown in Fig. 5 the majority of participants (n=7) reported that services worked well with one woman commenting:

"I suppose so, when I go to them"

But as shown below despite only 3 participants stating the services did not work for them, significant barriers were mentioned.

Fig. 6 highlights the barriers participants faced when accessing local support services with cost and appointment times highlighted as problematic by half of the participants:

"Sometimes the appointments are too early and I forget about them. If the appointment is somewhere like a hospital, I don't have the money to get there"

As highlighted the most common barrier to attending was reported as being anxiety/nervousness (n=8) with one of the participants commenting:

"I don't like going into the office at my drug support, I get anxious being in a room with other users. Sometimes I don't have a choice if I see my worker alone. I will go, but not in a group"

Participants were asked their opinions regarding local police as due to issues faced they could often have interaction. As shown 5 women did not feel able to report due to various reasons such as:

"No support with past incidents, don't have trust"

"They're ok, but I don't tell them anything because they don't believe me or nothing gets done"

"I have in the past, but I don't bother anymore"

"I still have friends who are missing, police chase the wrong people, no confidence in them, they don't care about people, just the job"

For those who felt able to report (n=6) there were a variety of answers which considered their approach as positive and helpful:

"Found them co-operative, professional and dealt with issue ok"

"Always helpful"

"They do a good job under difficult circumstances"

With one participant who although felt able to report, sometimes chose a different route:

"I will report things if I want to but sometimes I will tell others like my drug worker or A Way Out and they will do it for me, as I don't want my name being used or police at my door. It causes hassle and I don't want that"

And another, who again would report but felt the police needed to "care for people more" and "listen to everyone's point of view" as she didn't always feel believed.

Seven of the participants who completed questionnaires agreed to a more in-depth interview but due to challenging personal circumstances, two women were unable to attend.

Interviews with A Way Out Clients

Five semi-structured interviews were conducted with women who currently utilise the services and support of A Way Out and their three projects for adult women, Liberty, STAGE and the Criminal Justice Interventions Programme. The interviews were conducted face to face in various locations across Cleveland depending on suitability for the interviewee. One participant identified with the Liberty project and the vulnerabilities that can exist within street sex work such as homelessness, addiction, poverty and ill health; two women with STAGE (Adult Sexual Exploitation) both who suffered mental ill health, one with addiction domestic abuse and another with trust and forming positive relationships; two women who were on probation supported by the Criminal Justice Team and also experiencing domestic abuse, ill health and unemployment. Two other interviews with women who are supported by the Liberty Project failed to happen due to an exacerbation in personal challenges the women were facing.

The five women who took part in the interviews lived in various locations across Cleveland; all identifying as white British and ranging in age from 18 to 60 (this was not due to purposeful sampling but rather simply due to who agreed to the interview). Two of the interviewees lived in council accommodation, two with family and one in temporary supported housing. None of the women were currently employed; one was in college and

one had lost her job due to a local media outlet vilifying her online following her involvement with the criminal justice system. 14

The participants spoke of varying levels of family support, mostly from parents if at all. Four of the women had children, although none lived with them due to either living independently as adults or due to issues they were coping with meaning that their children were temporarily living with other family members with involvement from Social Services. One participant still lived with her parent and siblings. All participants suffered from multiple disadvantages the most prevalent being mental ill health, but also included homelessness, substance misuse, contact with the criminal justice system and domestic abuse.

The interviews focused on the women's experiences of services in the area; the barriers/challenges they felt in accessing support, both structural and individual; when they felt such services had been successful and why; how they felt this could be improved and what a good service should look like. The questions were semi-structured to allow for scope within the interview whilst still maintaining brief. The interviewer ensured the questions were not intrusive to safeguard against re-traumatising and gave space if the women preferred not to answer. Support by their case worker was offered during and following the interviews. The names of the women who took part have been changed to protect their anonymity; this is what they had to say.

Barriers to support

The barriers faced by people experiencing multiple disadvantages to access support, in particular women, can be twofold, external/structural such as location, availability, suitability of programme, staff attitudes etc or internal/individual such as feelings of inadequacy, mental/emotional stability, judgement and fear. Such challenges can be far reaching and permeate throughout people's lives particularly when a multi-agency approach is used to offer the wrap around support needed, resulting in numerous appointments and goals to reach. The interviewees gave examples of such when describing how they attempted to navigate their recovery journeys by accessing an array of services across Cleveland both statutory and voluntary such as A Way Out, Recovery agencies, Domestic Abuse, Social Services, Dentist, GP and Probation. 15

Participants spoke of various barriers they faced in gaining appropriate support within local services such as fear of judgement, not feeling heard, chaotic environments, inconsistency of service and unsuitable service times/locations. This latter point was highlighted as having a significant impact on the ability to stay in recovery for a significant period especially when struggling with ill health and services not offering flexibility despite obvious struggles some might face to keep to a rigid routine. Susan describes how this had led to her missing substance use appointments:

"It's totally closed on a weekend"... "If you miss your pick up 3 days in a row then you're out of treatment but a lot of people pick up on a Friday for the Saturday or Sunday, so if you don't pick up Friday you've technically missed Friday, Saturday and Sunday"... "They lock the prescriptions in the safe at 4 o'clock so if you don't get there before 4 on a Friday and your appointments on a Friday, you don't get your script for the whole weekend and then you're out of treatment"

Despite trying to combat the times when she can't make it due to her health and such comments from services as "if you want to be on script that much then you should class it

as important” by asking for her partner, who had been assessed as suitable due to no history of substance misuse himself, to occasionally pick up for her if needed, Susan describes the difficulties of this actually being put in place despite it being agreed to: “I’ve been asking now for how long whether [Partner] could go down and pick mine up with my leg because some days, sometimes I can’t walk and they keep saying they’re going to start it but they haven’t yet”... “It’s always the next time and the next time”

Despite her clear frustration with the situation which often resulted in her being out of treatment and the cycle of trying to get a new appointment beginning again, Susan conceded that it could be service capacity due to the high number of people accessing it which made tasks like this difficult for the staff. She also considered consistency of staff could be a factor in the communication breakdown in her care stating, “you see about 6 or 7 workers before you finally get your own”.

Such staffing difficulties were also mentioned by Pauline who similarly described having had “4 key workers [recovery] and I’ve only now met my actual key worker”, but who stated that this was also evident when accessing her local GP’s office, having been seen by various doctors which affected how comfortable she felt being open about her needs: “Every time I go I’m seeing someone else, someone different and you’re not comfortable. I’ve seen my own doctor I think twice and I’ve been there about six years”... “Personally I haven’t got a lot of self-confidence at the moment which 16

I’m working on with [A Way Out support worker], and to go in and if you’re not comfortable around just meeting someone, you don’t want to say what’s wrong with you, if it’s really personal to yourself. You have to feel comfortable and it’s getting that, like friendship or relationship on a level to be able to be open with them” Pauline

This feeling of ‘being comfortable’ was a thread that wound throughout the women’s testimonies describing the fear of judgment from services as a defining factor in whether or not they would access support. Internal feelings of vulnerability or shame regarding appearance or circumstance were evident particularly by the two women who had addiction issues.

Susan stated, “It’s sort of like judging a book by its cover” and “they should speak to the individual rather than assume who we are” when she described the negative experiences she’d had when visiting her GP for pain relief, clearly exacerbating the omnipresent feelings of shame people in her situation can feel on a daily basis.

Susan felt that although she was clearly judged for both the situation she found herself in currently and her historic issues she was not given a chance to move on due to housing restrictions which she felt limited the chance of more positive influences and so a less chaotic lifestyle:

“Well the hostels are a load of rubbish, they charge you a fortune in rent and they just don’t even want you to leave, you’re not allowed any visitors, I’ve got a proper flat there now but my partner can’t come down or anything and have his tea there nothing like that”... “the only guests you’re allowed in your flat is the people who live in the [name of Hostel] building so people who have just got out of jail and maybe want to turn their lives around and stuff like that, they can’t”... “they don’t give you a chance to mix with anyone else”

For Pauline, also in recovery, her experiences of judgement came from social services regarding the care of her children, which unfortunately resulted in her being hospitalised:

“The first worker I had was terrible, but she’s left now. She was very judgemental every time she came round, she made me feel like ‘you’re not going to overcome this’, I felt like she was attacking me at my appointments, and I had a social worker myself and she was fantastic she made sure she came to my house to do calls, and she was even shocked at the way that she [her children’s social worker] was approaching me in the state I was in, I sort of feel like she put a lot of pressure on me and I ended up in Roseberry Park, I felt like I didn’t get any of the services from them that I needed” Pauline 17

The judgement felt by Louise was unfortunately more of a public nature, when she was vilified in the local press due to the crime she had committed but where her situation was misquoted as being violent and her being given a prison sentence, which was all untrue. She felt she was grossly unfairly treated when they included her in an article describing “violent women, child abusers and killers with my photo right in the middle!” Although the media outlet apologised and retracted the story, it led to her losing her job and an increase in both her mental ill health and the need for financial support. She describes the difficulties she then faced in qualifying for PIP (Personal Independence Payment) due to a problematic and inconsistent system of assessment:

“The thing that gets me is I have osteoporosis which I have medication for, I’ve got depression which I’m on medication for, I’ve got irritable bowel which plays up, you know, and yet they didn’t think any of that warrants giving me even the slightest chance, but I know people who are working and getting the full whack!”... “I’ve only spoke on the phone, and I don’t know how they can do phone assessments, how does a phone assessment let you know how bad or how not bad somebody is, you know what I mean, they don’t see you do they!”

Claire mentioned what she thought was unfair accommodation practices in her local authority due to her consistently being offered unsuitable housing, she felt there was a clear lack of awareness of why she wouldn’t want to live in an unsafe area as a vulnerable female and didn’t feel listened to “They just didn’t get it”. At one point she was the only woman in a block of flats where the other 25 flats were occupied by men.

For Marie it was not being listened to by local police officers who assumed her story due to the historical factors with her family, which made her feel judged and her needs not heard. She felt their unfair use of the position of authority they held created a power dynamic which left her feeling unable to respond or question their treatment of her:

“They [police] should actually sit with people more and talk to them and treat people how they want to be treated, like I always say people will treat you the same way you treat because what goes around comes around and then if we treat them like that they’re like well you’re going to be arrested” Marie

Participants also highlighted the problematic retelling of their stories to numerous services highlighting the need for improved collaboration and consensual information sharing. 18

Positive Experiences

When describing positive experiences of support the women mentioned factors such as empathy, understanding, feeling listened to and knowing someone was there “in the dark times”. Being given the chance to feedback about current and future services was highlighted as important to feel listened to:

“I do think you’re heard when you’re in certain places that want to know, you feel like they actually want to benefit us, not just ‘oh we’re a service and we’re going to do this, this and this’, it’s like what do you feel we can do?” Pauline

A Way Out and probation were described as stand out services due to their consistency, empathy and non-judgemental attitudes:

“A Way Out, they do what they say they’re going to do on the tin, du know what I mean?... “Because they come out when they say they’re going to and they do what they say they’re going to, like if you make a plan they stick to that plan”... “I’ve had the same worker now for god knows how long, [support worker] has been my worker for ages, yeah and so you get to build up a bit of a rapport with that person don’t you, trust there yeah” Susan

Being flexible and trauma informed, i.e. understanding why her behaviours might manifest in a certain way due to past negative experiences was clearly important to Pauline when describing her attendance with A Way Out’s psychotherapist:

“There has been a couple of times where I’ve sort of let [therapist] down because of my mental health and she’s never said right that’s it, I know you’re supposed to have that where you come and if you don’t see them, 3 strikes and you’re out, but she’s been understanding and I’m in a better place now where I do know I want to go every week and have these sessions. Because obviously getting that comfortable, and now that I am I know that right, you feel comfortable when you’re there so...” Pauline

She also went on to describe how the local recovery service had been empathetic with her regarding the difficulties she faced when attending their service which can be somewhat chaotic: 19

“Well with [Recovery Service] you’ve got one side where you feel very uncomfortable, there’s a lot of people that you wouldn’t feel comfortable around, now they send me on the other side which you wouldn’t even know you were going into [Recovery Service] and it’s a back entrance and its, they only send people round that side that they know they wouldn’t feel comfortable round the other side” Pauline

And how women only spaces had made a difference to her previous reluctance to attend different services:

“Being around men is a big thing for me, I do get uneasy even with council coming in my house I get people to come and sit with me when I’ve got appointments” Pauline

For Marie, a young woman who struggles with self-esteem and confidence it was simply having empathetic tutors at her local college which had made a difference to how she approached her course and helped her to be more consistent with her attendance:

“They actually sit down and talk to you and say are you alright and all that and see if I’m fine, they literally talk to you and say are you ok. Yeah, like when people focus on you and they are actually listening and they tell you what’s wrong and they help” Marie

All participants spoke of the difference it made when their ‘worker’ believed in them and recognised their progression, no matter how small. For such women who are often considered socially deviant due to past digressions into criminality, addiction or other marginalising activities such as street sex work, this belief was crucial for relationships and also their recovery journey to be successful:

“It’s working because the worker I’ve got now has pushed things and she’s realised I am getting the help, I am going to my groups so if I’m doing good then I should benefit from that so she let me have access to the kids alone, then it got to the point of weaning myself into, well nights and each week, every other week she’ll go to the kids and add another night on”... “Now it’s like I know she knows my situation, she knows where I was when she started and to where I am now, whereas the others were just seeing me and then didn’t see me after that so they wouldn’t have known if I’d improved” Pauline

For Louise, who is completing community service within a local charity organisation, it's the attitude of the managers who have made a difference to this unexpected challenge in her life, simply by making her feel part of the community. She states they have treated her like any of the volunteers, doesn't highlight or judge why she's there, and most importantly empathises with her situation stating 'everyone makes mistakes':

"Everybody who knows me, knows that that happened but they know that's not me" Louise

What a good service looks like

When asked what a good service would like for them, participants mentioned consistency of service, friendliness, non-judgemental staff, a comfortable environment and person centred, i.e. not feeling "like a number". This desire to feel heard and listened to was clearly a priority alongside the recognition of individual needs and not considering people through a homogenous lens, what works for one person might not work for another:

"What works for me with [recovery agency] is I do have weekly appointments and they're all at the same time, because I do have a bit of a problem with times and dates, whereas this is a ritual thing, every week I know I'm going there, and [A Way Out case worker] always worked around me basically and my availability and also trying to slot me when's best for herself which also [other A Way Out workers] do as well" Pauline

The first response they were met with was highlighted as important for trust to build especially for such women who have often experienced hostility and marginalisation within their local community:

"Well not judgemental or anything, meet any person... see if it's the first time they meeting them, du know what I mean, don't go on what other people say" Susan

but also continuing that response throughout the service with empathy of circumstance and being more aware of why a behaviour trait might manifest itself and why sometimes as Claire puts it "your brain sometimes says I've had enough here".

For women who have such manifold needs, a multi-faceted service which offered wrap-around holistic support was also considered essential : 21

"I've actually told people about yourselves [A Way Out] and said how, they don't just work in that one department , they help you with a lot of other things, which my friend was quite surprised at as she just thought when I mentioned it, it was just to do with sexual exploitation and she was a bit like shocked and when she seen the work I get from yourselves and the benefits I've got" Pauline

It is well known that a well-informed, multi-agency response is considered best practice to effectively support people suffering from multi-disadvantages and although this was something participants conceded, it was also highlighted how effective collaboration between such agencies could be lacking within their care. A Way Out, like other non-profit organisations are uniquely positioned in that they can be the linchpin of such a care package as their person centred advocacy model provides a more flexible and client-led service provision. Unfortunately NGOs such as these are often dismissed as purely a 'tea and sympathy' service rather than recognised in this potential leadership role.

**Recommendations for improved service provision informed by the data are provided at the end of the document 22

Focus Groups with A Way Out Teams

Liberty and STAGE Projects

The Liberty project within A Way Out work with adult women who are currently or have historically been involved in sex work across Stockton and Middlesbrough, predominately street sex work. The STAGE project offers support to women across the whole of Cleveland aged 18 and over who are at risk of, have been or are currently being sexually exploited or groomed by groups or individuals. The team is made up of three full-time project workers and one team leader. Liberty currently has a caseload of 66 clients who receive 1-1 support, in addition to offering crisis support to women they class as pre-engagers who might not yet be ready to fully engage in the service.

The team provide client led Trauma Informed support, assisting clients with multiple needs through a variety of mediums such as structured one to one sessions, Walk & Talk (developed during COVID to still be able to offer face to face work whilst maintaining social distancing), advocacy and through assertive Outreach (A Way Out, 2023), but highlight the importance of their work being client led so each support plan can look completely different to the next. They also deliver an invaluable evening outreach service, reaching out to women in the community and offering direct support whilst they are actively street sex working. Over the past year they have supported 51 women on evening outreach, some will be on caseload others receiving the forementioned crisis support; they report a gradual increase in street sex work during this time. The aim of the service is to support women to live safer and healthier lives through a harm reduction approach rather than focusing on how many clients have left street sex work.

The team were interviewed regarding the challenges their clients experience; barriers in engaging with services and how involvement in sex work may affect this; support they offer; how local services could be improved to offer more holistic support and what they saw their role was in this.

The main issues the team reported as seeing their clients struggle with are mental health, substance misuse, poverty and housing. The former often being entrenched from childhood which can have an ongoing impact on their ability to engage successfully with services especially over an extended period of time:

“Main issues, mental health and use of substances to get them through the day and to manage their mental health and entrenched trauma, often from childhood, never been able to break the cycle, so that just carries on, they need to be ready and it needs to be the right time for them. Even though we have caseloads not all of them will engage on a regular basis, but might just pop up again, for example we have one woman who has come in and she’s historic from a couple of years ago, found her on the system, self-referral and she has remembered to come back to us” Liberty team member.

The team consider this ease of reintegrating clients back into the system and being able to offer flexible support as imperative with such vulnerable clients due to the time needed to engage “my clients can take a long time to talk, to trust you, a lot of that is building up the rapport with them before, it could be months, one has been a year and just starting to talk now”. This awareness or service capacity can often be absent from larger, more strategic organisations such as council run housing associations or public services due to the restrictive models of supply and demand they have to adhere to. Appropriate housing is recognised as one of the main pillars of sustainable recovery but often women are placed in unsuitable accommodation which for some with histories of exploitation and/or abuse can be particularly problematic. This can lead to an increase in substance misuse to cope and so ending up back in a cycle of chaos and refusals to rehouse due to numerous evictions:

“The accommodation they place them is mixed, mixed sex where they place them as well and I think a lot of the women are housed in there with historic perpetrators as well with various types of abuse and that can re-traumatise them as well it doesn’t give them space to work through issues, they try but every time they’re going home they’re almost being re-triggered” Liberty Team Member

This can be particularly hard for women who have been victims of ‘cuckooing’ whereby drug dealers can take over their home, increase their addiction and so financial dependency on street sex work through coercion and threat. These women are often seen as perpetrators of their own demise rather than victims and rehoused back into chaos when they might have got to the stage of maintaining their own tenancy.

Unsuitable environments can often mean space for people to recover and move forward is absent from their recovery journey. As the team describe this can make their job even more difficult when encouraging their clients to make changes and step away from the familiar, albeit chaotic, when what is offered as an alternative is ill informed or hostile: “They get really lonely because as one women said to me the women she was living with in supported accommodation, they say they’re friends but they’re not really friends, I couldn’t call them friends really, they’re more associates’ so then they’re left with nothing, they don’t even have the unhealthy, unstable community, they don’t have anything around them, which must be really scary” Liberty Team Member

Unfortunately the existence of street sex work can attract a raft of problems to the community it takes place in such as kerb-crawling, volume of traffic, the presence of women working outside of residences, increase in drug use/dealing and what residents have highlighted as the ‘shame’ of being labelled a ‘red light area’³. This only exacerbates the feelings of isolation and judgement for those involved resulting in an existence on the periphery of society with scant familial support, local inclusion or consideration of need: “The judgment is the biggest things, one of the women I support has been doing it [sex work] from when she was 18 and she’s 67 now and she says she’s met it all her life from services... she has no faith in services whatsoever” Liberty Team Member

In addition to offering this personal buffer for their clients the team also recognise the need to expand their advocacy role to professionally challenge external organisations regarding language, attitudes etc. As evidenced in the findings of client interviews, judgement and stigma can be the most problematic, but often the most common, barrier these women can face when accessing support. The team firmly believe in raising awareness of the trauma their clients may have experienced or how stigma can affect their ability to engage as a vital part of their role, but are also acutely aware of how divisive this can be if not approached sensitively:

“It’s easier if 1-1 with them but if it’s in say a meeting and someone might use the word prostitute, yes legal jargon, but when I do my update I will explain the term we use and why, so you’re doing it as part of the conversation but not separating anyone out as don’t want to embarrass anyone but sometime you have to be blunt and say you don’t agree and why” Liberty Team Member

Although the team recognised areas of understanding, empathy and flexibility amongst partner organisations such as outreach to hostels by the local recovery agency due to the difficulties for some in accessing the building where they deliver their services, they found the lack of trauma informed practice problematic. This was considered an area that needed significant improvement if Cleveland was to be considered truly successful in offering holistic recovery for people with multiple needs.

“She might have done it numerous times (her behaviour) but go behind it as you might find the root of what we need to be looking at and dealing with in that person’s life” Liberty Team Member

The team also emphasised the need for SPOCs (Specific Point of Contact) within services for ease of referrals and enhanced support when needed. This was seen as particularly significant within the police service with the need for a fulltime SWLO (Sex Work Liaison Officer) highlighted. Areas who offer this level of service report significant higher levels of reporting by women in street sex work who may have experienced abuse or other crimes against them:

“I think a full time SWLO would be absolutely perfect because the women will build up the rapport, the barriers with the women have engaging with the police, you can work on those with them, I think as professionals that’s your go to person, so you know you can go to them, whatever details you’re talking about, you can go for advice even, but you know that that’s their role and they become entrenched in it and that is what they do. To me I think that person should want to support to bring about change, not criminalising but actually bringing about change as the bigger picture” Liberty Team Member

Phoenix - Criminal Justice Team

The Phoenix team support women in the Criminal Justice System, to move past previous offending and build a stronger future for themselves and their families. Although employed by A Way Out, they are subcontracted to Changing Lives who holds the funding from the Ministry of Justice to deliver services in Middlesbrough and Redcar. They describe themselves as Criminal Justice Coaches, who provide community support, one to one and group work interventions to divert women away from re-offending. Their trauma informed and strength-based approach is focused on empowering their clients, building on their strengths, and working with them to overcome barriers that may be preventing progression to achieving their potential.

Their main referral point is the National Probation Service; their clients have either been released from custody to probation or are serving sentences within the community, tending to be under a year sentence but can be longer depending on the offence. The team which comprises of three coaches, a tenancy coordinator and a Service Manager support women with seven support pathways: Accommodation, Education Training and Employment, Finance Benefit and Debt, Dependency and Recovery, Family and Significant other, Lifestyle and associates, and Emotional Wellbeing.

Each coach can carry a case load of 30 maximum and all are almost at capacity. Again, similar to the Liberty team, the coaches identify mental health and homelessness as the main issues their clients struggle with but also other disadvantages such as substance misuse, debt., domestic abuse and child removal. Some clients are involved in sex work but not all. The team describe their support as ‘client led’ and will offer advocacy wherever it is needed but highlight their most important attribute is the ability to listen and understand a client’s behaviour without judgement, “Having someone to turn to, they know they’ve got someone in their corner, that’s not going to criticise them if they don’t turn up for an appointment like others might” .

The tenancy coordinator was originally based within the Liberty team but now works across both teams due to the high need of accommodation support, especially for women being released from custody. The team describe how women are being released homeless despite the work of housing teams within the prison and ending up in unsuitable

accommodation without the stability needed to allow for any positive progress made within custody to continue:

“They have to go and present as homeless at the council, or they get put into a hostel which isn’t ideal as full of other people who are still taking drugs and to get them out of there into another home takes time, it’s not a 5 second job but by the time you get them out of there, they might have succumbed to their environment” Phoenix Team Member

They feel this is unsupported by some community housing teams who only see the offender and the historic chaos that might have led to the offence not the person behind it. Empathetic, person centred support is considered missing for these women whose basic needs of stable foundations are not being met meaning abstinence from both substance misuse and reoffending is unachievable:

“I’ve had a lady turn up before and, she was in a right state and she just said I’d sooner be in prison, I’d sooner go down the road now and burgle a shop and get sent back because this is no life, nowhere to get clean...” Phoenix Team Member

The team felt wider societal attitudes regarding women offenders, alongside a lack of trauma informed services created barriers for their clients to access appropriate services. The fear of pre-judgement was significant due to past negative experiences within services they then have to reengage with, “a big barrier is being pre-judged, not just by housing but by every service, so they will often not go to those services or not engage with them because they know the reaction they’re going to get”. In addition to this was ineffective collaboration between services which meant clients had to continually repeat their story which often resulted in a communication breakdown, clients being asked to leave or in extreme circumstances services refusing to support and clients turning again to substance misuse as the only alternative:

“A lot of the women come out of prison and they’re just like terrified, they know they’ve got all these triggers and homelessness is a massive one and they’ll just say to me I’m just so scared that I’ll end up going back down that road because I can’t see anything better to do, why should I like sit in a squat shivering when I get off my head” Phoenix Team Member

Despite such challenges the team recognised services that positively contributed to their client’s recovery journey such as local supportive housing but also highlighted even within such empathetic services frustrations were still present due to when the nature of someone’s sentence might make them unsuitable. They felt there was an urgent need for more appropriate housing for women prisoners on release but also appropriate training to improve awareness of offences. Access for all was also understood to be a gap in support: “I think if it was more like a probation type place, there’s rules, there’s regulations it’s not like a free for all... in Stockton, they have so many flats, the conditions of staying there, they can stay there for 3 years but they’ve got to have support workers going in once a week to see them, and when I asked why they don’t have anything like that in Middlesbrough, they’ve said because Middlesbrough won’t pay for the supported side of that service” Phoenix Team Member

Psychotherapy Programme

As part of the research A Way Out’s psychotherapist was interviewed regarding her work, the women she engages with and the methods she has found to be the most successful way to engage with women who often live on the periphery of society due to the lack of understanding of who they really are. We have kept her words in interview form to truly understand the psychotherapy approach within A Way Out:

Q: What is your role within A Way Out?

“My role within A Way Out comprises of:

- Providing psychotherapy sessions one to one and therapeutic programmes
- Co-ordinating psychological services which include recruiting and supporting volunteer counsellors / psychotherapists
- Supporting the teams in their client work
- Providing training in psychotherapeutic topics”

Q: What issues do the women you support deal with?

“The main issues women have when referred for psychotherapy is childhood trauma and adverse childhood experiences. This has resulted in addictions”

Q: How do you feel their involvement in sex work affects their engagement with you/other services?

“Not sure about this. Perhaps clients who are sex working may not be in a place where they are ready to access psychotherapy?”

Q: What support do you offer, and is there any limitation?

“When clients don’t engage with the psychotherapy I switch emphasis to dialogue with their support worker. It could be that the psychotherapy is triggering the client especially if they have started to unpack their trauma. There is nothing surprising or unexpected in this and, for me, is part of the process of working with that client”

Q: What barriers do you see them facing in attending services?

“The barriers tend to be around the client’s perception of what psychotherapy can offer. There have been times when clients have asked me to rid their heads of the bad thoughts which is not how psychotherapy works. Also some of the clients we work with have very “unstructured lives” hence offering an appointment at the same time each week can seem too much structure”. 28

Q: Do you think local services are aware of these barriers, and how do they try and overcome them?

“Hmm! I think there are a combination of things to consider:

- Some of the agencies involved with the clients have specific statutory duties and hence may have restrictions placed on them which A Way Out doesn’t
- My anecdotal experience is that some agencies will see non-attendance and erratic engagement as the client “not wanting to change”.
- The other side of the coin is that the clients we work with are “survivors” and are experienced at surviving. This brings its own challenges to working with them I am not sure how other services try and overcome these barriers. What I observe is sanctions and ‘victim blaming language”

Q: How do you think this could be improved?

“The key to overcoming these is dialogue with the other agencies working with the clients. Being open to exploring someone’s behaviour and acknowledging that the client is trying to survive and get through what has happened to them. Yes sometimes we get hoodwinked and outmanoeuvred by the client! This is not failure its feedback and information about how that individual operates in the world.
Training – learn from each other”

Q: What does a good service look like?

“Currently at A Way Out we have decided to go for the Trauma Quality Mark – Silver award. This will make explicit how we are a trauma informed organisation. I know it’s a buzz phrase right now and everyone says that they are trauma informed. We want to make sure that we are not a “tick box trauma informed” organisation. This includes staff support as well”

Q: Please tell me anything else you feel people could benefit from knowing re your clients which isn’t mentioned above

“I would say its reminding people that “behaviour is not personality”. I think that there is a tendency to look at behaviours and assume they are the person. I was taught that behaviours have a positive intention (for the person doing the behaviour). Even the self-destructive behaviours. When we observe behaviours which we would describe as challenging or unhealthy we keep in mind that the individual will have valid reasons for doing those behaviours. We won’t know if we don’t talk with that individual and seek to understand”.

Explaining A Way Out’s psychological pathway:

“The psychological services pathway was recently introduced to help us to understand where the client is in relation to accessing psychotherapy. We have a lot of examples of clients asking for psychotherapy, getting referred in and then not actually accessing the psychotherapy. For example if a client is at the “pre-engagement stage” then referral for psychotherapy is not appropriate. I am also learning that clients at “awareness stage” flip between pre-engagement and engagement”.

Conclusion

The aim of this research was to provide a platform for women experiencing multiple disadvantages and who access support from A Way Out, to share their experiences while on journeys of recovery in Teesside. This has been achieved by including representation from each of their women’s services, Liberty, STAGE and Phoenix.

As highlighted women who suffer multiple disadvantages face an array of barriers to access services due to both physical and mental health needs. Although local services offer a variety of services to combat such disadvantages it is clear that diversity, flexibility of services and an awareness of a trauma informed, person-centred approach can be lacking.

In addition to barriers faced, participants reported what they thought of as a good service, who responded to their needs, heard their voices and listened without judgement. It is clear that services who provided more trauma informed, person centred service provision were who participants felt able to seek support from. Moving forward such experiences need to be more considered within service development. The Changing Futures Initiative is timely and clearly much needed within Teesside to help services learn from their service users and develop more person centred support. Only then can local service provision be truly effective in meeting the needs of communities who experience multiple disadvantages.

Recommendations

- For more recognition of voluntary agencies as key leaders in care packages and pathways due to the specialist skills and awareness they hold. They are often key to the

success of service users with multiple needs maintaining recovery journeys due to the unique advocacy work they are able to offer.

- All frontline services, including police, to ensure trauma informed training to all staff is standard policy. This is crucial for staff to be aware of and understand how past trauma can manifest into problematic behaviour traits and how to adequately respond in such situations.
- Services to be more flexible and trauma informed in their service provision, recognising that potentially vulnerable women may have specific needs to be considered regarding timings of appointments alongside the consideration of an increase in out of hours support.
- For commissioners and policy makers to understand and consider the multiple needs of women who are involved in or exploited through the sex industry and/or involved in the criminal justice service, within a health and safety model of service provision.
- The development of a regional collaborative pathway offering consistent gold standard services for those involved in or exploited through the sex industry. Such a pathway to be peer informed where possible to ensure any service development is specific and needs led.
- Improved reporting routes to police with specific points of contact for women who experience multiple disadvantages such as the development of non-uniform, non-enforcing officers who are specifically trained to offer an enhanced response.
- For more effective collaboration to be developed amongst frontline services, both public and voluntary to ensure sustained appropriate services for women experiencing multiple disadvantages.
- For women across Cleveland who may present to services with multiple needs to be considered within a whole person approach, considering their needs through a holistic lens rather than as 'too complex'. For services to recognise when their delivery needs to diversify to fulfil a more holistic approach.
- Opportunities for women with lived experience of multiple disadvantages to feedback on current services and any future development of service provision.
- Improvement of through the gate support from custody to community including the provision of suitable housing. Consistent informed support is considered vital to decrease the chance of recidivism.
- An improvement in women only supportive housing with trauma informed support available and accessible across the region.
- For the discontinuation of specific support such as counselling to be timely, planned out and thought given to onward referrals if additional support is needed.