Help Through Crisis

Focus Groups Report – June 2017

Nottingham Women's Centre

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LOTTERY FUNDED

Contents

1 - Executive Summary

This report analyses the findings from seven focus groups carried out in 2016/7 as part of the Big Lottery funded Help through Crisis project at Nottingham Women's Centre. Diverse groups of women were recruited and asked about the main problems they were experiencing and the services they had accessed to try to resolve them. The questions were designed to elicit responses as to the availability, appropriateness and usefulness of the services women used, as well as highlighting any gaps or barriers and changes they would like to see made.

Experiencing mental health problems, domestic violence, drug and alcohol problems and loneliness were the most commonly cited among all of the groups. Issues with children, housing and physical health difficulties were frequently raised by some of the groups. These findings correlate with previous data and knowledge of the service users surveyed for this project. Other issues, including managing workload stress and having the legal right to work in the country were particular to certain groups.

Collectively the women consulted named sixty-four services that they had accessed, resulting in them having a large breadth of experience in trying to seek help, the referral process, the staff providing services, being discharged etc. Having accessed a range of treatments, courses and groups often for multiple issues and over several years, they were able to make comparisons between services and reflect on what was or was not helpful to them in addressing challenges.

Upon analysing the discussions, it was possible to draw out several common themes that arose:

- The benefits of women-only services
- Getting help earlier and getting aftercare
- The relationship to the service provider's frontline staff
- Feelings of shame, humiliation and stigma
- Feelings of isolation
- Loneliness and lack of trust
- Wanting to be treated as a whole person
- Wanting to be listened to

Supporting evidence from other sources, both local partners and national organisations, confirms the findings. Based on the analysis a series of recommendations have been developed, along with a Universal Women's Charter. These findings will be taken forward in a number of ways; to inform the direction and topics covered in future rounds of focus groups, to be considered when planning services for women at Nottingham Women's Centre and our partner organisations and to be presented to the relevant decision-makers and service providers to influence their strategic planning. This Charter will be the start of a conversation about more streamlined and better-designed services for women in Nottingham.

2 - Introduction

A major element of the Help through Crisis project is developing intelligence about the issues facing women and raising the voices of women to enable change. Outcome 4, indicator 1 of the project specifies that women will be engaged in service user forums to be held three times a year. This report outlines the findings from the first and second rounds of focus groups carried out between November 2016 and March 2017.

For this type of consultation, group sizes are ideally between 6 and 10 participants, so it was decided that several groups would be conducted during each round. The aim is to include one or two partner organisations within each round, one carried out at Nottingham Women's Centre and at least one with another external group of women.

In 2016 Nottingham Women's Centre successfully bid for a tender to carry out a similar consultation for two national charities, as part of their project looking at women experiencing multiple disadvantage. The findings are included here due to the similarities in the topics covered and the life experiences of the participants. A researcher from a different project run by the same national charities came to the Women's Centre to conduct a focus group in January 2017 and some relevant content from that discussion has been included here.

In total, across all groups, more than 50 women have taken part in in-depth consultations lasting approximately 1½ hours per session. As the women were discussing potentially distressing experiences there was an additional staff member available to speak with women privately if necessary and contact details were provided for getting in touch following the session. One of our partners who provides services for sex workers administered questionnaires rather than carrying out a group as this was considered a more effective way of capturing the information from their service users.

3 - Recruitment of Groups

3.1 Multiple Disadvantage Group

This group was carried out in September 2016 at the Women's Centre on behalf of a national charity working to end Violence Against Women and Girls. The aim of the project was to map service provision for women experiencing multiple disadvantage across England and Wales, setting out where services exist and identifying gaps in support. The funders specified that participants met the criteria of having experienced two or more of the following; problems with alcohol or drugs, difficulties with mental wellbeing, homelessness, contact with the police, courts, probation service or prison. The Women's Centre Training and Support Team and the Welfare Rights Advisor recruited by directly contacting women they have worked with who met the criteria. This group had multiple serious ongoing problems and accessed a vast array of services. Domestic violence dominated the discussion even though that was not specified as one of the experiences during recruitment.

3.2 Women's Centre User's Group

The participants in this group were all regular Women's Centre users. At the September Course Information Day in 2016, an open event that many of our women are aware of and attend, a sign-up sheet was provided giving the details of the project and asking women to take part. They were then contacted directly in October / November to see if they were available. Mental health problems, services and treatment dominated the discussion and to a lesser extent, physical health problems and domestic violence. This group had also accessed many different services. Although the problems faced were serious and ongoing, there was a tone of resilience and some optimism still. It was a supportive and empathetic session reflecting their experience of using the Centre.

3.3 Refugee / Asylum Seeker Group

This group was recruited by the organiser of a pre-existing weekly women's group that works with female refugees, asylum seekers and those with a migration background. These women are in quite different circumstances to the other groups. They are experiencing some similar issues, mainly mental health, but are not accessing many services except the group itself and legal services, perhaps due to not being eligible for them. The discussion was dominated by not being allowed to work and the frustration and uncertainty for the future over their status in the country. They were still hopeful that their situation could improve if things were resolved.

3.4 University Students Group

This was a small group as there were problems with recruitment due to it being near to the end of term, coinciding with deadlines and social events. They were recruited through social media from both Universities' Feminist Society Twitter accounts, Feminist Society members and the Women's Centre website. This group was chosen to represent a different age cohort with potentially very different life experiences to the women that Help through Crisis organisations usually work with. Domestic violence (experienced by one mature student) and mental health issues did feature within the discussion but overall the answers and tone were very different. The participants were not dealing with multiple serious issues or using a wide range of services and were much more hopeful and optimistic for their future. Juggling the academic workload was the most commonly cited issue but this was felt to be manageable.

3.5 Domestic Violence Services Group

This was a small group recruited by the staff at a county-based organisation who work with women and children experiencing domestic abuse in the Mansfield and Ashfield areas of Nottinghamshire. Their main issues were very similar to both the Multiple Disadvantage and Women's Centre groups, including mental health problems and domestic violence, which involved accessing a variety of services. There was a difference in what services were available to them in the county compared with the city. The discussion was dominated by the topic of children's experience of witnessing violence and their subsequent behaviour, including children as perpetrators of violence. There was little optimism for the future and a fear of further cuts in already inadequate services to treat their own and their children's mental health needs.

3.6 Young Women's Group

This group was recruited from a pre-existing young women's group provided weekly by a local youth centre working with teenagers and young adults in the city. This group contrasted interestingly with the University Students group. Despite being similar ages these women had a very different outlook, having experienced more issues, accessed a lot more services and feeling less hopeful for the future. They were the only participants to raise misogyny and inequality as an issue that affected their lives, perhaps because of the discussions they had been having together during the regular sessions they attended. Much of the discussion concerned anxiety over getting a job, getting a place of their own, and the pressure they felt to achieve these milestones in an environment where they perceived it was becoming increasingly more difficult to do so.

3.7 Sex Workers Group

One of the Help through Crisis partners works with women involved in prostitution and sex work. The term sex workers is used throughout this report, as that is the language employed by the organisation in relation to its service users. Due to the particular needs and challenges faced by this group of women, their responses were collected through questionnaires based on the same topics used in the other groups, administered by frontline staff members with whom they already had a relationship. These participants were more likely to cite experiencing drug and alcohol and housing problems than the other groups; most respondents cited mental health and social isolation / loneliness as major issues.

4 - Key Topics / Questions Asked

For these first rounds of focus groups, it was decided that the questions asked should be broad and open in order to elicit responses on what problems women were experiencing generally, what services they were using and how they felt about the services and their situation.

Apart from the first group conducted on behalf of a national charity who provided their own guide on what topics to cover, all the group discussions began with the following areas as a guide.

- What are the biggest issues you are dealing with at the moment?
- What services are you currently accessing to try and help resolve these issues?
- Are there any barriers / problems that stop you from accessing these services?
- What would you like to get help with that you don't have currently?
- What are the factors that led up to your current situation?
- What could have made a difference to you in preventing any problems you have faced?
- What one thing would you like to see change for you / women in the future to help you with these problems or prevent them occurring in the first place?
- How hopeful are you about the future? What about and why?

As the discussions progressed, some questions emerged as less relevant than others. In particular, the factors that led up to the women's current situation had largely been disclosed earlier on in the conversations and would have felt particularly intrusive and insensitive to raise in the group who had left their countries of origin to seek refuge / asylum. In coming towards the end of the discussions and asking about what women felt hopeful for in the future, many participants volunteered what they felt worried about in the future, so those responses have been included in this analysis.

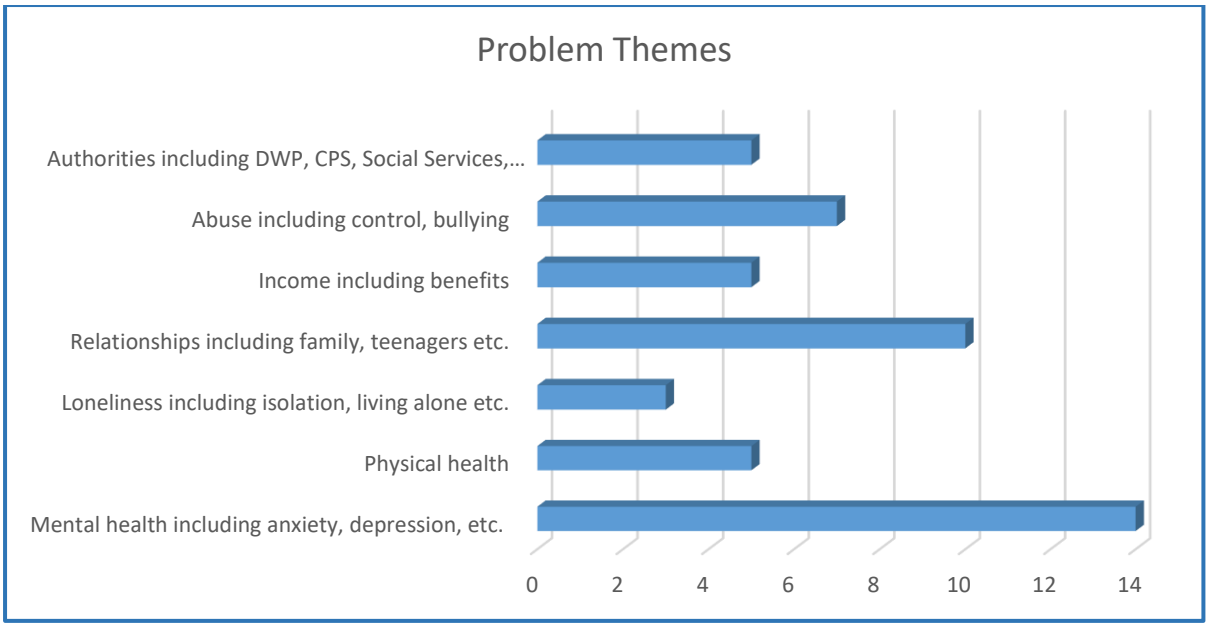
In the questionnaires completed by sex workers, the following supplementary questions were included:

- What important things do funders and service providers need to know about women involved in sex work?
- What would you like members of the public to know about women who are involved in sex work?

4.1 What are the biggest issues you are dealing with at the moment?

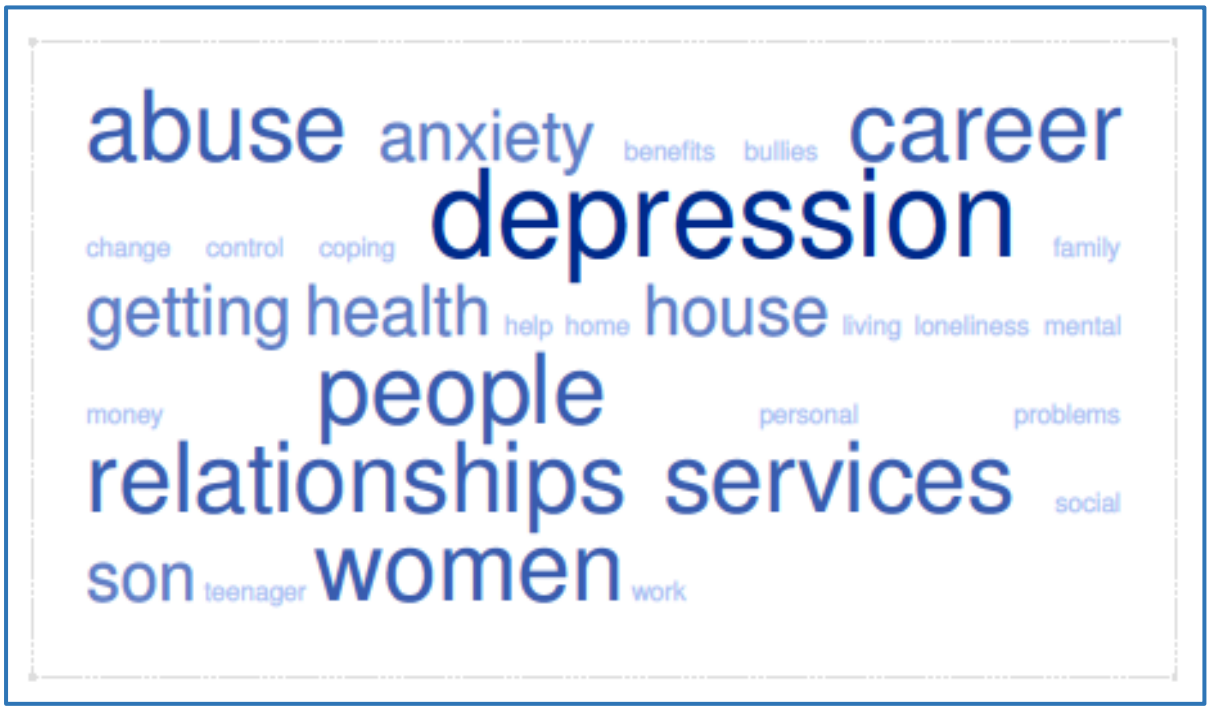
This figure represents the main issues as cited by the female participants in the different groups conducted. Some were common to all or several groups while others were really pressing and urgent problems for just one or two groups. At this stage, we did not press the women for further detail on these experiences, as we were interested in their use of services; however, more detail emerged during the subsequent discussions.

The issues raised by women during the focus groups correlate strongly with a small-scale survey carried out at the Women's Centre in September 2016. Women attending an open day for information on courses were asked to write down the top three issues affecting them and deposit them anonymously in a box.



Number of mentions for commonly cited problems – Survey September 2016

In total 64 problems were cited from around 25 women. The most commonly cited categories of problems were mental health conditions, physical health conditions, loneliness, relationship issues, income worries, abuse and dealing with authorities.



Word cloud produced from survey response text – Survey September 2016

4.2 What services are you currently accessing to try to help resolve these issues?

- Across all groups, **64 services** were mentioned during the discussions. The list comprises state services, NHS Departments, voluntary sector and charitable organisations; the women themselves did not always make distinctions about the type of service.
- The most notable difference was that the Refugee / Asylum Seekers and University Student Groups listed only three services each, while the remaining groups were commonly using many of the other services, due to the multiple disadvantages they are experiencing.
- What was particularly striking is that some women are attending so many appointments, sometimes five days a week at different services that it is effectively like a part-time job trying to get themselves well.

Services Accessed	
A & E Department	NAS
AWAAZ	NIDAS
CAB	NGY (youth centre)
CAFCAS	No. 28 (sexual abuse recovery)
CAMHS	Notts & Nottinghamshire Refugee Forum
CGL (was CGI – part of Double Impact)	Nottingham Women's Centre
Childline	Open Door (mental health drop in)
Children's Services	Oxford Corner
Community Mental Health Team	Police
Community Nottingham	POW Nottingham
Confidence Courses	Probation
Court	Psychiatric Services
Crisis Teams	Rape Crisis
Direct Access	Recovery College at Duncan Macmillan House
Double Impact	Recovery in Nottingham (RIN)
DWP	Rushcliffe Domestic Abuse Services
Family Planning	S.E.A.
Focus Crisis Team (mental health)	Samaritans
Food Banks	Schools / LEA
Framework	Social Services / Social Worker
Freedom Programme	Solicitors
Futures	Surestart
G.P.	Talking Therapies
Gateway in mind / gateway to nature	The Health Shop
Harmless	Topaz Centre
Health Visitor	University Counselling Service
Housing Aid	University of Nottingham Safeguarding Team
Include (metropolitan housing)	Welfare Rights (Loxley House)
ISAS	What about me? (WAM)
Legal Aid	Women's Aid
Let's Talk Wellbeing	Women's Refuges
Mandala Centre	Women's Culture Exchange

4.3 What are the barriers to accessing services?

Women were asked what difficulties prevented them from either using or deriving the most benefit from a service and there were several commonly recurring responses:

Long waiting times – to access services, especially mental health.

"There was supposed to be another course in weeks and I didn't get to do it for 18 months"

"Waiting lists for counselling are horrendous; you have to pay private if you can."

Lack of help before reaching crisis point – Your situation has to be an absolute emergency before you are eligible for some treatments, particularly with mental health issues.

"Trying to get CAMHS to recognise that until they actually do it; it's like they've got to be at death's door; they've got to be with a rope around their neck before something's done."

Limited number of sessions – which are not long enough to deal with the problem before you are discharged (particularly for counselling, domestic abuse, drug and alcohol treatments).

"I've had six sessions. I waited ages and then when I got to them I couldn't talk … I just cried for six 50 minute sessions."

"Sometimes it takes four sessions just to get used to them."

Geographical differences – Services not being available where they live.

"The nearest one [drop-in group] is Women's Aid in Worksop; I've got to catch a bus and a train"

"There's more on offer for city residents that for county"

Lack of money – for transport to appointments. This is a significant burden when accessing multiple services.

"Everyday [I have appointments], so that costs … so I'm spending more money coming to every single appointment which means I'm going to food banks"

Services stopping – due to organisational changes or funding cuts.

"A lot of the groups that you go to are all being closed down due to funding … so we're ending up where there's nothing left because it's been shut down."

"You could access a good group and it just get closed down and you're left with nothing."

Being ineligible if under another service – A service may not see you, or treat you as a priority, if they think you are already under the care of somewhere else.

"The Crisis Team say, oh you're under the Personality Disorder [clinic] now, so they don't want to know."

"Victim Support phoned me … and as soon as I mentioned I was under Women's Aid, oh well we'll leave you alone then … it's ok someone else is dealing with you."

Judgement, lack of understanding or empathy from staff – Particularly from Social Services around interventions with children and from the criminal justice system around domestic abuse cases.

"The support for that and the attitude towards that [emotional abuse], is not very good"

4.4 What would you like help with that isn't currently available?

In general women felt that services do exist that would address most of their needs and the main problems are around **access, availability** and **appropriateness**. There were only a couple of areas in which they thought that new provision was necessary.

Appropriate mental health treatments – e.g. specific treatments for more severe conditions rather than CBT, family counselling which was requested numerous times but was not available, counselling aimed at refugees and asylum seekers.

"I've had a psychologist's report about me and the things that she recommended are not available on the NHS"

"There's also no help for the parents of violent children."

"We need professional therapeutic services. Someone to talk to us, to give us the tools we can use for ourselves."

Work experience / internships – for women whose status means they are legally unable to work, to help them keep up their skills and morale. This was the key issue for all of the women in the refugee / asylum seeker group.

While some had volunteered in the running of the group and elsewhere, they really wanted the chance to pursue work that they were qualified for and had done previously in other countries. They were prepared to do this work for below minimum wage or for nothing and the lack of opportunities to do so had a tremendous negative impact on their mental health.

"To work for something meaningful not something that you forced yourself into."

"I'm an able person that is supposed to be working"

"To work for no money. LET US BE ALIVE! If they accept us; if they need doctors, accountants."

"Some of us have skills; so they don't die."

We are tired of staying idle … let them be treating us as human beings, please, I beg you."

Education – specifically one-to-one help rather than a group class, with help for special educational needs. Some women had attended educational classes and found them not suitable for their learning styles, which left them frustrated and feeling at a disadvantage.

"It's alright to sit you in front of a computer but I need one-to-one and a different kind of learning … I shouldn't feel like I'm held back."

Training / Job search – more vocational courses and careers advice for women, specifically for young women, those who need help getting back into work after having children and those who have a criminal record / lack of work history.

"Doing a C.V., helping me look for work. It's probably available but I don't want to go somewhere and tell them I'm a sex worker"

Computers / internet access – with devices provided for use, access to Wi-Fi and tuition as not everyone can afford to have this at home or knows how to use it. Women identified this access as increasingly becoming a necessity for aspects of daily life from which they would be excluded.

"The DWP are pushing people towards the internet to apply for jobs."

"You can only apply for Universal Credit online now."

"Where we can access the internet, like Claire's Law and that."

Childcare – provided on-site at services to enable women to attend appointments and courses. Participants who had previously used the Women's Centre Nursery felt that they would not be able to access as much help and services now that it has closed, although they still felt more comfortable bringing children in the building than at other service providers.

"I don't mind bringing him in here as it is safe but not somewhere with teenage lads and men talking about not scoring"

Help for women whose children have been removed – Several women would like to access help, counselling or groups specifically for this experience. There is a lot of involvement with services prior to children being removed which all ends when they have gone. They feel like they are the only ones going through this and want to be able to talk to other people who have experienced it.

"Once the children have been taken away, there is no help for you."

"I am left on my own fighting to get my children back."

Money management / Life skills – The Young Women's group had struggled on leaving home with setting up bank accounts, paying bills etc. and felt that if schools had addressed some of these issues they would have been more prepared.

"You start learning when it's too late"

"You're expected to do it all and you're expected to just know"

"If you learnt about it in schools I feel like less people would get into debt"

4.5 What could have made a difference to you in preventing any problems you have faced?

The initial responses to this question all concerned improvements in services that you accessed once you were already experiencing difficulties, particularly for mental health problems; quicker appointments / treatment / responses / diagnosis etc. (as discussed in section 5.2). Participants also felt that if your own mental health was poor then dealing with all the other issues became much harder.

"Me personally, my mental health has been slowly declining and that's meant that everything else has slipped with it ... It's an uphill struggle, it really is"

When prompted about earlier intervention before problems had arisen, women were initially sceptical that anything could have prevented them reaching a crisis point; feeling that events would occur in your life that were beyond your control.

"Well people don't usually know they're in crisis until they're in it."

"We don't have a crystal ball saying, next week the old man is going to come in and destroy life or next week someone is going to do this to one of your children."

However, when the question was re-phrased as 'What do you wish you had known at 15 that might have helped you?' then education around relationships and wellbeing was discussed.

"More about emotional and mental cruelty and wellbeing ... from the age of nine we need to be teaching emotional and mental abuse in schools because we need to teach children how your actions affect somebody else and how your actions can affect yourself as well."

On healthy relationships education:

"I think it would help because us growing up, got it off us parents ... I knew it were wrong getting hit off me mum but it was part of life."

"We didn't get taught that did we?"

"That would have been massively helpful. Because knowing what I know now, when I look back at my own parents' relationship, without a doubt it was abusive."

"I never knew anything when I was a child, you know, it was all swept under the carpet."

As well as violence from and between their own parents and corporal punishment in schools, women referenced the recent uncovering of the Saville and young footballers' sexual abuse scandals to highlight the lack of awareness of some issues when they were growing up in the 1970s and 1980s.

4.6 What one thing would you like to see change for you / women in the future to help you with these problems or prevent them from occurring in the first place?

Women had numerous suggestions regarding what they would like to see changed both generally and specifically, encompassing services, increased awareness and legal issues.

Changes relating to mental health

- A multi-agency response, a consistent approach, connections between services. This relates to referral pathways not linking up, cases not being passed on, not hearing back from services
- Agencies talking to each other so that you do not have to repeat your entire story every time you see a new person or service, which can be traumatic
- More support and information for relatives of people with mental health problems and for those bereaved by suicide
- Free and independent, expert service users to investigate agencies and keep them on track
- Better signposting; organisations are not advertising themselves well enough. One central point in each district with leaflets and information on where and how to access services.

Changes relating to domestic abuse

- Staff in frontline public services to be trained in domestic abuse awareness so that they may more easily spot the signs
- Better understanding of emotional abuse / coercive control within the criminal justice system as opposed to physical abuse
- Social media sites for those who have experienced domestic abuse, with online support groups to decrease isolation
- Peer support from survivors to help women to come forward and make friends
- More support in public places where it is safe for women to access e.g. GP's Surgeries and Surestart Centres
- Stop cutbacks being made and keep drop-in groups open where women need them. This referred to a popular group run by the county-based Domestic Violence Service ending, with no alternative group available in that area

Changes relating to children's problems

- Education for children in schools on good mental health
- Better anti-bullying policies in schools
- Not purely biological sex education, more on relationships and consent
- Listening to the parent (schools and services), giving targeted support to children
- Schools to intervene earlier when children's violence begins
- More awareness and empathy for children with serious needs
- More support and courses for children who have experienced domestic abuse
- More family therapy and mental health services for children

Changes specific to Refugees / Asylum Seekers

- A place for destitute women to live; specifically women who have no recourse to public funds and are sometimes living with host families
- To be allowed to work: paid or unpaid, in an internship, volunteering or work experience etc.
- A change to the way that being a Female Genital Mutilation survivor is used in asylum decisions. This refers to going for tests to prove that you have experienced FGM then not being accepted for asylum based on it
- Asylum seeker / refugee status should become a protected characteristic in hate crime legislation

Changes specific to the University Students group

- For people to feel that they can make a difference. This refers to political apathy among young people who may be disengaged and dismissive of activism
- Teach women to be assertive in their professions. The example given was in nursing training where traditionally women have been regarded as passive
- For sanitary protection to be freely available for women in the same way as contraception is. Tampons and pads are too expensive but women have to use them, there is no choice

Changes specific to the Young Women's group

- An end to street harassment which they had experienced from a young age and was a constant background irritant when going out in public
- An end to the gender pay gap which they felt existed even at their age and for different sectors not to be considered 'gendered'
- More support for getting young people into jobs including C.V. and interview help and work experience
- More help to live on your own, particularly how to manage money, what bills need paying etc.

Changes specific to Sex Workers

- Most respondents referenced housing, e.g. for women that need some support, to be living in safer accommodation, to have your own home, to move away to a better area.
- More free legal advice, also to stop going to prison
- To keep drug dealers away / to stop using drugs
- For sex workers to have the same rights as everyone else; that they didn't have to hide
- For women to be able to work together [as sex workers legally] rather than have to work alone

4.7 How hopeful are you about the future? What about and why?

Of all the questions asked, the response to this one varied the most depending on the group. The **University Students** group was the most optimistic about the future:

"We do have a lot of opportunities. I can go to university and have a lot of resources. I have the chance to prove myself."

"I do feel very hopeful about stuff. I see it's not going to be a tough climb [to get into chosen occupation / career development] *based on my gender. I feel it's doable."*

"I feel quite hopeful about the future. I have never felt anything against me because of my gender ... We'll see, it might be different when I get out into the real world"

The **Refugees / Asylum Seekers** group thought that things might turn around for them if they were able to stay, work, and build a life in the UK:

"My children going to school and having positive feedback on their study; makes it feel worth it."

"My future is still bright; we have a saying; delay is never denial."

"So I still thank God; I still have hope; my hope has not been lost"

The Women's Centre Users group felt hopeful because of attending the Women's Centre; that it was still here. When asked if they were hopeful about anything else other than the Centre they replied no.

"It's vital that the Women's Centre stays open ... it's so important for women to have this space where they can come in and feel safe and secure. That is paramount."

The **Domestic Violence Service Users** group did not feel hopeful about anything in the future. Along with the **Multiple Disadvantage** group these participants seemed to be still in the middle of serious, ongoing, multiple problems, rather than in recovery or improving as some other women were. Even after what they had experienced, there were signs of resilience and defiance:

"I don't care what anyone thinks of me; I love me."

Some women from several groups whose children had been removed were still hoping to get custody of them, or where this was not possible, hopeful that their children might choose to trace them when they became old enough.

Only one of the **Young Women's** group participants felt slightly hopeful for anything in the future; the rest were pessimistic about what they could achieve.

In the questionnaire completed by **Sex Workers,** respondents were asked 'What are your hopes for the future?' They all referenced individual improvements in their own behaviour and circumstances: moving out of Nottingham, getting their own place, stopping using drugs, stopping working.

"I want to either have a job that pays enough money to live or have my own sauna"

"To enjoy family life drug free"

"To be more happier and living in a safe place"

4.8 What are you worried about for the future and why?

Women in some of the groups described themselves as more worried than hopeful about what might happen in their lives for various different reasons.

Benefits – Financial concerns due to changes in the rules and reassessments for eligibility of benefits. This is always in the background for women relying on benefits who are aware that it could stop at any time; as well as being a major source of anxiety when they are finally contacted.

"I worry about Universal Credit and all these things"

"All those letters coming through the door and that bloody music [on hold to DWP]!"

"It is a horrendous system. I've settled down a bit until something happens then I'm panicking about that."

"My anxiety goes through the roof."

Cuts in services – Due to austerity / budget constraints leading to less help being available if you were in crisis again.

"Every year another service closing down so it's getting narrower and narrower … that causes another anxiety because you're thinking, if this wasn't here what would I do?"

Starting new relationships – Women who had experienced domestic abuse were scared of meeting and becoming close to someone again when there is no guarantee that they would not end up in a similar situation.

"Cos they [services] say we don't want you to do this again in the future. How do you do that? Not have a partner at all ever? Or do you say 'are you nuts' when you meet them?"

"Because even now if you get with a new partner, they've got to do something before you can ask the police to vet them."

Children's wellbeing – Women felt that children growing up today were still at risk of suffering from poor mental health, abusive relationships and bullying along with a new set of issues relating to social media, sexting and online grooming. These fears were both specifically for their own children who had not been able to access adequate treatment, i.e. that the children's mental health will deteriorate to the point of harming themselves or someone else, as well as generally for all children in society:

"He's got no concept of, that death is final. He regularly threatens to kill himself and puts knives to his own throat and ligatures around his neck."

"And it's getting younger, mental health crisis for 12-18 year olds"

"What girls think is normal [behaviour] is frightening."

This also encompasses anxiety about the repercussions of children's behaviour on the mother and the rest of the family, e.g. being pursued over a child's non-attendance at school or being evicted from social housing due to complaints about the children by neighbours.

Getting a job or a house - Young women felt pressure that they are still expected to achieve these life goals by parents and teachers but they are less achievable today than for previous generations.

"I haven't set myself any employment goals because I know that I won't get them"

4.9 Questions specifically concerning sex work

Two additional questions were included in the questionnaire completed by sex workers as this is a commonly marginalised and excluded group whose voices, needs and experiences are not always captured in consultations. Their responses are moving and powerful and speak for themselves.

What important things do funders and service providers need to know about women involved in sex work?

"We have feelings; maybe we don't want to be doing this"

"How widespread it is; could happen anywhere; the age range"

"Everybody judges women who work. Our lives aren't simple"

"We need support too. We need someone to listen to us and understand"

"We need somewhere to live"

"Understand why we do it"

"We are women first – it shouldn't matter if we sex work"

What would you like members of the public to know about women who are involved in sex work?

"We are the same [as you]"

"It's not a job, it's all about drugs"

"We are still human; sometimes it's not a choice to sex work"

"We are women; they don't need to know anything else"

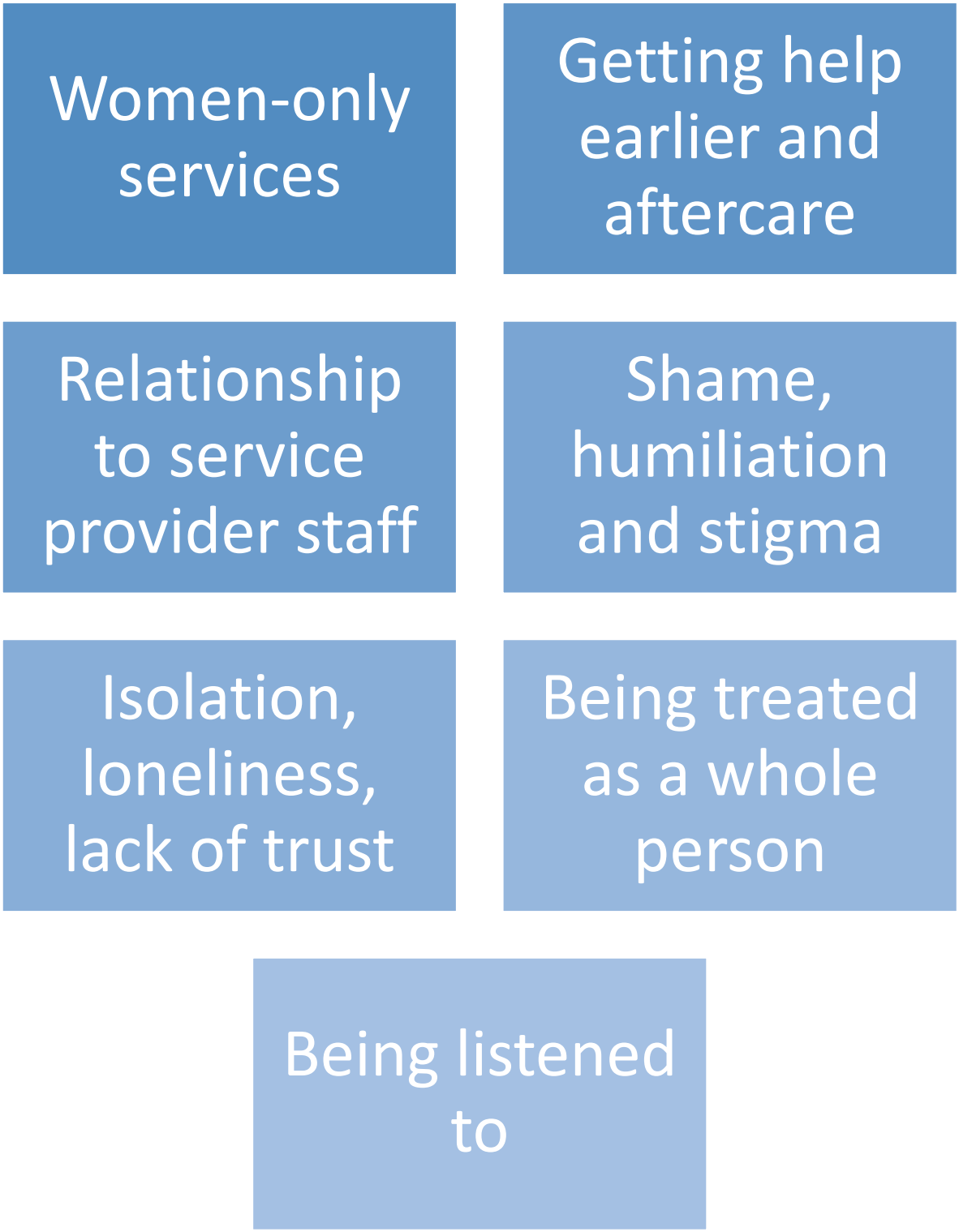
"We don't have loads of money"

"If there weren't punters I wouldn't do it"

While this cohort of women may face a distinct set of challenges, their responses indicate that in common with the other participants they also experience judgement, stereotyping, feeling misunderstood and they really need to access support from services.

5 - Common Themes

This figure represents the common recurring themes that emerged after analysing the responses from all of the questionnaires and focus groups conducted. These categories outline women's experiences of both the issues they face and their experience of using services to address them. They encompass women's descriptions of both good and bad services, along with what they would like to see changed and improved in the future. This chapter looks at each area in turn, including analysis, what women told us in their own words and supporting evidence from other sources.



5.1 Women-only services

This was a specific question covered in the Multiple Disadvantage group and the topic came up again in all of the other groups when discussing services. The overwhelming consensus was that participants felt more comfortable using services run by and for women. They felt women would be more understanding, less judgemental, would believe them when they spoke about their experiences, would give them the opportunity to speak and be less dismissive of their ideas and feelings.

Participants specifically stated that they would like to see more women working across the criminal justice system; from the Police they are reporting incidents of domestic violence / sexual abuse to, all the way through solicitors, the Crown Prosecution Service, to judges. One participant had been unable to speak to a female police officer in order to report a rape.

They also felt that for certain services mixed treatment was particularly inappropriate, including mental health services, probation and drug and alcohol treatment. Some participants themselves and other women they knew had previously stopped attending a recovery course for drug or alcohol issues on realising they were the only woman in a group.

Women who had accessed services at Nottingham Women's Centre emphasised the positive nature of a space and services tailored to women's needs and the contrast between this and mixed services they had accessed.

The Young Women's group based at a youth centre also appreciated their single-sex sessions as an environment in which they could discuss any topics freely. They drew a distinction between this group and attending appointments with male GPs or counsellors when they felt that the individual's attitude was more important than their sex.

Only the University students group felt that women-only services were not as important (with the exception of one participant who had experienced domestic violence). The younger students were largely accustomed to everything they accessed being mixed, to the extent that they thought it unusual if something was provided for women only.

"I think female doctors understand a lot better than blokes because women can pick up these things up without us having to say anything."

"Females have got more of an open mind."

"When you're with a man, it's like … I felt like I was put back where I was [experiencing domestic violence]*."*

"They [men] *judge you where females don't."*

"You can talk about things more freely"

"Sometimes only women can understand the emotions that we go through. It's very difficult to talk to a man about what you are feeling or what you need."

"I was told I couldn't get one [a female police officer]*; I had to phone five times. I was told it was because of the cuts."*

"There used to be a women-only hostel and that was helpful"

"If you mix drug and alcohol services with male and female you're actually creating a volatile situation there because … Who do they feed off of? Each other."

"This is a good, safe environment for women and children".

"You end up in a Women's Centre bubble then, which makes it difficult when you go out into the real world". [Expecting all services to be child-friendly and women-friendly when they are not.]

Supporting evidence - Women-only Services

A lot of research exists that demonstrates the need for women-only services who have a strong understanding of domestic / sexual violence and its impacts:

'A range of comments highlight problems of professionals not understanding how to support women who have experienced violence, including sexual violence, and violence as a cause of women's mental health illnesses.' [1]

'There was evidence that many service users would not access support if it was not women only. Therefore, many women in need of vital support services would not receive them. The possible consequences could include deterioration in health, missed employment and educational opportunities, ongoing violence etc.' [2]

'Having spaces where vulnerable women feel safe and can be supported by those who have experienced similar situations is not just an equality issue, but also a practical necessity in many cases.' [3]

'It is also widely recognised that interpersonal violence and abuse is a gendered issue disproportionately affecting women and girls. It is an issue which looms particularly large in the lives of the most disadvantaged: women in prison, involved in prostitution, who are homeless or suffer mental ill health.' [4]

Evaluations of service users accessing women-only treatment / organisations show proven benefits:

'Eight hundred and forty women said an advantage of women-only services was their ability to talk more openly about their lives and experiences. Other themes that emerged here were that women had a feeling of safety, of being listened to, being more confident to participate in discussions and empowered – all without the unwanted attention of men.' [2]

'Evaluations that have been carried out in the UK have highlighted the value of providing holistic services to women offenders in women-only settings, particularly for those who have suffered sexual and physical violence.' [5]

'Access to specialist women's support services was a strong theme in supporting women in their recovery. Women valued service responses that are tailored to women's individual circumstances and support needs, for example BME women's services and specialist sexual violence advocacy and support services.' [6]

'Initiatives such as women-only reporting times at probation offices are a welcome initiative as is co-location of probation and women's centres and partnership working between probation and women's support services. However, this has not been consistently achieved throughout the country.' [7]

'Women's centres provide excellent services where they exist and have a proven impact on reoffending figures but there is still too little provision across the country, with many women unable to access services locally.' [7]

'One woman informed us that a women's specialist service was her first point of call as a direct mental health service and acted as providing buffer and continuity of support to the NHS. With the lengthy wait for NHS mental health services, specialist women's services are vitally needed to support women.' [1]

'What is required is a joined-up approach that takes into account the root causes of women's offending. This approach must encompass an understanding of the compelling opportunities for change that appropriate housing, mental health support and gender-specific women's community support services can offer.' [7]

Supporting evidence - Women-only Services

The concept of 'women centred working' has developed to mean more than simply women-only physical space: The core components of women centred working have been identified as [8]:

- Focussing on women's expressed need and lived experience
- Underpinned by understanding of women's needs and lives
- Informed by an understanding of what works for women
- Located within a women only, safe and enabling environment
- Have a holistic approach
- Delivered with quality and professionalism
- Delivered in a coproduced way
- Requiring specific skills set
- Flexible and supportive working environment
- Facilitating service integration and pathways

This way of working (co-production) empowers service users to become more involved in an organisation through consultations, peer support, volunteering etc. as discussed further in 5.7:

'Safety, both physical and emotional, is a key benefit of women-only services. As a result, women feel supported and comfortable. They become empowered and develop confidence, greater independence and higher self-esteem. They are less marginalised and isolated and feel more able to express themselves. Women using these services feel that their voices are heard and listened to. Through sharing their experiences with other women to make sense of the world together, they develop a sense of solidarity. Finally, participants described women-only services as a sanctuary.' [2]

'An important aspect of a commitment to respond to women's needs and to be guided by their life experience is the role of women's focus groups, which can be supported to develop a confident voice of challenge and reality testing within an organisation. They lead on approaches to involvement of all women in the service.' [8]

All services are currently operating in a climate of austerity, increasing budget cuts and rising demand [9, 10, 11, 12]. Women's services represent an opportunity to use the same resources in a more efficient way:

'The women centred approach does not necessarily require extra resources. It can often mean better use of existing resources through avoiding duplication, achieving multiple outcomes and preventing problems spiralling out of control, as the business case we've presented here shows.' [3]

'Women-only services have positive impacts on society. For example, they enable women to better support their families. Many go on to work or volunteer for the voluntary and community sector as a result of feeling more empowered, having greater skills, improved confidence and being more politicised. The economic benefits of women-only services are likely to be significant, saving the state millions of pounds per year, such as through improving women's job opportunities or through preventing re-victimisation (e.g. domestic violence) or health problems arising or worsening.' [2]

'Our findings suggest it is essential to include more women's organisations in local health strategies and NHS-funded service provision. Women's organisations delivering health services provide extraordinary 'value' to the NHS, both in terms of monetary cost savings and long-term health outcomes.' [13]

'Research by the Women's Resource Centre found that on average, over five years, for every £1 invested in women's services, between £5 and £11 worth of social value is generated for women, their families and the State.' [14]

5.2 Getting help earlier and aftercare

In every group apart from the university students, several women expressed a desire for help to be available at an earlier stage when they had first requested it. This was particularly relevant for mental health services for themselves and for their children.

By the time you have asked for help you may have already been experiencing problems for some time and it has taken courage to acknowledge that you need support. If the process is stressful, this will exacerbate depression and anxiety. If you are told you are not eligible or do not meet the criteria this may feel like a rejection and stop you approaching other services for help.

Women had often been questioned as to the severity of the symptoms before being told that treatment was not available unless or until the situation had deteriorated. They believed that this was dangerous, as it would lead to some women escalating levels of self-harm or attempting suicide as a cry for help, or trying to get into the system via a different route e.g. committing crime.

Whilst acknowledging that waiting lists would be inevitable for certain treatments, some participants felt that there should be something to access / someone to talk to in the interim. This was also raised in reference to asking Social Services and schools to help with children's behaviour.

As discussed previously many women also felt that some services were of too short a duration for the severity of the issues they faced.

One participant stated that she now refuses any counselling so that she is not left alone to deal with all the emotions that have been brought up afterwards. Another woman in the same group agreed that difficult issues were raised during the session with no aftercare provided.

"Waiting lists for counselling are horrendous; you have to pay to go private if you can"

"CAMHS is ridiculous" [for waiting times]

"Are you planning to kill yourself? Do you have the knife on you this morning? If not them ring us when you do."

"I mean I'd cut all my wrists and they said your husband will look after you."

"You feel like; I have to do something really out there to get their attention. Break the law …'

"Nothing happened so I went shoplifting again."

"When they don't take you seriously, when you don't get help, you need to do things."

"People at the crisis point, for that moment when they make the first call that is the crucial moment not 18 weeks later when they've gone downhill or even worse, topped themselves."

"Until you've touched him there's nothing we can do" [Social Services response to a women worried about hurting her child]

"How many people will die because they're not listening?"

"I felt like I was abandoned for all that time before Social Services got involved … I could've been dead."

"Counselling on the NHS is 6 to 8 sessions; you're just starting to scratch the surface then it's coming to an end."

"You've only just started to open up … then it's the last session."

"I was left so distraught that I called my partner [who she had left because of domestic violence] straightaway after the session'"

Some women described trying to access treatment as a fight to get the help you desperately need for yourself or your children. Where children had witnessed / experienced domestic abuse this was not really acknowledged during the various interactions with agencies around bullying, special educational needs and mental health treatment.

Once a course of treatment finishes women are looking for somewhere else to attend or going back to their GP to get on the waiting list again for the same service.

Several women who had attended a Freedom Programme or something similar for domestic violence felt that this needed repeating to get the full benefit, perhaps when you are in a better place to listen and absorb it.

Women attending services both for domestic abuse and drug / alcohol treatment felt that these were helpful while they were taking part but that once they had finished if something went wrong in your life it would be very easy to fall back into old habits.

Participants generally attributed the lack of both earlier help and aftercare to there not being enough services available to meet the level of demand, which they fear will worsen with ongoing cuts to the health sector. As services are so stretched women are often denied access if they are already under the care of a similar service.

"Some people have had support all the way through, where me and this lady have had to fight tooth and nail just to get support and keep it in place"

"Both of my children have got additional needs and they have been referred to CAMHS several times but have not been offered help"

"I was feeling optimistic and they discharged me. Now it's a long waiting list; it's hard to get back on."

"You're back to square one; you've got to wait so long to reapply through your GP or get referred again."

"There is no timeframe I feel. It makes no more sense to me now [what has happened] *than it did at the beginning."*

"Some people might take six months; some people might take a year."

"I've been offered things … which I've tried to engage with but I haven't been in the right space, frame of mind to fully utilise it so I had to sort of drop out."

"It's really, really frightening [when a service closes your case] *because you don't want to resort back to that life."*

"It's like when you're on a course it gives you strength, inner strength … but then when it ends, your strength just goes … when it's over the fear comes back."

"It's the aftercare people really need because they [services] *dwindle off and you're left in limbo thinking where do I move on from here?"*

"Us women need the aftercare to help us move on because … I want to start my life again."

"Please stop the cutbacks; keep the drop-in groups open"

Supporting evidence – Getting help earlier and aftercare

There is a large body of research highlighting the issue of long waiting times for treatment:

'Unfortunately, access to many services – from drug treatment to specialist sexual violence counselling services and refuge provision is limited. There is insufficient provision to meet the needs of survivors, and particularly for specialist counselling, clients commonly wait up to a year to be seen. A long waiting list can reduce the likelihood that the client will eventually take up the service.' [15]

'Waiting lists for counselling services, including NHS mental health services was also reported as a barrier to accessing services, "at times the waiting lists can be up to 12 months long" and a professional working within a BME 'by and for' VAWG organisation reported "it's impossible to make counselling referrals. There is one-year waiting list. It is difficult to refer women to the Urdu speaking counsellor." While another professional added "our community service waiting list is 12 weeks… at the moment everything is on hold because we don't know about funding for next year." [1]

'One in five of those surveyed has been waiting over a year to receive treatment. One in 10 of those surveyed has been waiting over two years to receive treatment.' [16]

'Workers and survivors both find the referral process difficult, having to access support through the GP and then navigate multiple referrals and assessments which may take place over months or even years.' [15]

The effects of waiting for treatment are also well documented:

'Waiting times can have a devastating impact on a person's life. They can exacerbate mental distress and cause relationships to break down, jobs to be lost, people to be isolated and, in extreme cases, lead to suicide attempts. But far too many people are still waiting far too long to receive treatment.' [16]

'Poor service experience can represent a barrier to further service use. Survivors who are dissatisfied with services at one point in time take longer to go on to access new services. Survivors who fail to find a satisfying service go on to more services over a longer period of time than those who receive a helpful service response at the outset.' [17]

'Being on a GP practice's waiting list for counselling models, which include various talk and behavioural therapies, is a difficult period for women to cope with, especially when feeling low. It is important that interim measures are in place whilst women are waiting to access counselling services and that part of this may involve a direct referral to a women's organisation.' [6]

Research has highlighted women falling between the two thresholds of being in absolute crisis or being eligible for talking therapies:

'As such many survivors are unable to access the support they need as their mental health problems are either too severe or not severe enough. This leaves support workers in other agencies, for example refuges, to manage these complex cases.' [15]

'Thresholds for accessing mental health support are too restrictive and often leave women vulnerable to deteriorating mental health because of the emphasis on clinical diagnosis.' [6]

What provision is available to them may be unsuitable:

'A number of problems were identified with the availability and adequacy of provision: insufficient free-at-point-of-use provision, long waiting lists for too brief counselling programmes, and limited options in terms of therapeutic techniques.' [17]

Supporting evidence – Getting help earlier and aftercare

Therapies or treatments offered are often not long enough to tackle multiple and serious issues:

'There is pressure to deliver short-term interventions which may not be appropriate or effective for all. 'Recovery' is still largely thought of in terms of short-term interventions rather than what is required to support the individual's mental health and wellbeing.' [6]

'In terms of mental health support in the community, there is a distinct lack of resources to support women with complex needs, especially for dual diagnosis, and many women are being denied access to primary mental health care in the community because of dual diagnosis.' [7]

'Often the nature and number of NHS counselling sessions available offered a generic service and was insufficient. Women were in need of longer-term support, particularly from specialist women's organisations where there is an understanding of the causes and links of mental health to the violence that women have experienced. Many women need lifetime support to live with their trauma, not just at the point of crisis.' [1]

'Women spoke about feeling unsupported. For example, being discharged before they were ready by the health practitioner, or the difficulty in engaging with health professionals where the practitioner moves on, or where they had to see a different consultant each time.' [6]

The lack of appropriate or ongoing care at the right time will negatively affect the women themselves as well as having financial implications for the health service and wider society:

'A lack of longer term support could be counter-productive to women's emotional health and wellbeing in the long term as they are likely to experience a relapse. Not only does this impact on women's self-motivation to get better but also results in a revolving door scenario.' [1]

'Giving people access to the right therapy at the right time will deliver cost savings in the treatment of both mental and physical health problems and a reduction in wider societal costs such as unemployment. For example, extending NICE-recommended treatment to those with depression would result in £1 billion of economic benefits each year.' [16]

Various recommendations have been made as to what does work well and how to change the current system:

'Mental health services that work for women are those that are safe, respectful and take their lives and experiences seriously. In recent research with survivors of sexual and domestic violence using many mental health and support services, good services were defined as 'holistic', 'integrated' and 'seamless', and those that gave survivors some genuine control, were not time-limited and managed endings well.' [5]

'A constant refrain running through the testimonies of both Beneficiaries and PDCs, and reinforced by a growing body of research, has been that the system – the network of public services established to sustain the nation's health and wellbeing – is broken, not only structurally incapable of responding to people with multiple needs, but also playing a critical role in generating and entrenching those needs.' [18]

'They will get quick access to the services they need through a unified assessment system – potentially including a virtual 'passport' or 'golden ticket' that belongs uniquely to them and that provided agencies with the essential information they need to offer support.' [18]

5.3 Relationship to the service provider

Throughout the discussions into which services were helpful and which were not this came up frequently, expressed in a variety of ways. The relationship a woman has with her key worker, named contact, counsellor etc. is absolutely pivotal in determining whether she continues to use and get the best out of a service. Women often referenced specific support workers and staff who they credited with getting them through difficult times in their lives.

Numerous factors were felt to be important in this relationship; the provider would ideally be female, non-judgemental, and knowledgeable on the subject, well trained in the delivery of the programmes they provide but above all, they would have empathy.

Many women made a distinction between service provider staff who had the theoretical knowledge but not the lived experience of their situations. It was suggested repeatedly that women who have used the services should later go on to provide them or at least be involved in the design and monitoring process.

They want consistency from staff (seeing the same worker) and not to be let down (by not being phoned or seen when promised). They also wanted to feel that staff were actively listening rather than form filling and box ticking. It was obvious to them when this was not the case. They perceived an imbalance of power when services can decide that you are 'not engaging', compared with the outcomes when making a complaint about the staff.

Good and helpful staff were described as going above and beyond their specified job role in order to help you, checking in with you, keeping contact with you after you have been discharged from the service, and being available to contact if you start having problems again.

"I've had key workers before and I ain't been able to talk to them but now I've got a key worker who's amazing."

"If you don't gel with that person you think the whole organisation is shit."

"Sometimes when you're in these therapies you don't always get on with the person or you don't connect with the person … how do we feel comfortable enough in telling them that? You're frightened that they'll take it away from you and you need it."

"If I didn't have Louise … I don't think I would have managed those four days in court."

"They had two advisors working there who were great; really sympathetic but then they got rid of them. Now … you've got to be careful who you get."

"People have the theory and not the practice."

"You don't need to be talking to some educated, pumped up person who has never been through a life difficulty in their life; born with a silver spoon in their mouth and don't know where you're coming from."

"Not someone that's been to Uni and read a book."

"As long as they get paid they don't care."

"It has made me cynical and not want to engage with services"

"The experiences I have had of services have compounded my trauma"

"There is not one women in this building **[Women's Centre]** who doesn't have empathy"

"That's why the CGL [Opportunity Nottingham] is so good because most of the support workers have come through and done volunteering and then got a job there."

Supporting evidence – Relationship to the service provider's staff

Having a bad experience with a service is often attributed to the interaction with the staff:

'In the interviews, when relating their experience of other services, Beneficiaries frequently complained that staff were either patronising, too busy or unwilling to listen.' [18]

'Those reporting negative experience talked about accident and emergency staff lacking compassion and understanding of the mental health crisis episode they were experiencing. Poor communication was referenced and people felt that their issues were being dismissed, particularly by doctors.' [19]

Such negative experiences can deter women from accessing services:

'Women described not feeling understood and that this was sometimes fuelled by the judgemental attitudes of some professionals. How women were treated by any professional the first time they sought help impacts on whether women feel able to ask for help and also prevented women from seeking help.' [6]

'Five people (25%) specifically commented on how previous attempts at seeking help and support from NHS services would prevent them from accessing urgent and emergency help during a crisis episode. The majority of these experiences related to accessing help from GPs, and related to no support being provided or a lack of compassion and understanding from staff.' [19]

Negative experiences may occur because of a lack of training / awareness among staff, particularly of intersecting issues:

'A lack of understanding from mental health professionals as to why women who are survivors of violence, including sexual violence and/or childhood sexual abuse; BME women; and women living with HIV experience poor mental health and how best to support them.' [1]

Conversely having a positive experience with a service is often attributed to the interaction with the staff:

'Where people talked about positive experiences, references were made to staff being sympathetic, understanding and taking time to build relationships with the patient and the carer.' [19]

When the relationship to a woman's key contact within a service is good the outcomes are more positive:

'In the community group, the role of the probation officer was discussed at length and a strong relationship where the officer understood the woman's circumstances was seen to be an important factor in helping prevent women reoffend and to rebuild their lives.' [20]

'A significant number of women referred to workers who are good because they listen, are not judgmental, have patience and do not force the survivors to take steps they were not ready for, are focused on the client and will "keep going at it until [a problem] is sorted" [15]

'Invariably, their relationship with their PDC was the critical factor … Yet it was the relationship itself that appeared to have the greatest transformative significance in people's lives. Beneficiaries talked about their PDC as a pivotal point in their recovery, someone who gave time and space, who listened, who was available and who genuinely cared.' [18]

'Vital within most centres are the workers who first engage with women, who require expertise and relational skills for the dual nature of engagement; firstly to build trust, secondly to elicit information to make assessment of risk and need.' [8]

5.4 Shame, humiliation and stigma

This is not something that women stated explicitly as being a problem at the beginning of the discussions. It emerged gradually during the conversations and it became evident that it has a big impact on the way women see themselves and how they interact with other people.

With the exception of the students, all groups felt shame and stigma for different reasons; involvement in the criminal justice system, Social Services involvement with their children, experiencing mental health issues, experiencing domestic violence, claiming disability benefits, status as a refugee or asylum seeker. Humiliation is also felt at the poverty that is often a result of these life experiences.

Being portrayed negatively in the media exacerbated these feelings; society has a perception of what a particular group is like and people make assumptions about the women based on this. This led to them avoiding social interactions with strangers and increased the loneliness and isolation they felt.

The idea of accessing social welfare and charitable support rather than working and earning your own living is especially incomprehensible to the Refugee / Asylum Seeker women's group. These women rely heavily on clothes donations and buy shopping with a card issued by NAS. Both of these aspects set them apart from other people and are subject to further judgement from wider society.

Women stated the importance of being among people who have had similar experiences to you where this feeling of being judged will not be an issue.

"I feel embarrassed that I have to go to a food bank"

"They [the DWP] treat you like you're a scrounger."

"People who have worked all their days and then had a crisis are not likely to ask for help because of pride and shame."

"I don't want to say I don't have money to go out."

"Some of them think you're money grabbers, but because of my mental health I couldn't have any job."

"It's not just embarrassment; you are losing yourself bit by bit, becoming less of a person."

"It's like you're inviting the whole world to give an opinion of you on a daily basis."

"How can you support someone for three years? It's not done in our country."

"There is the food voucher referral; it's like begging."

"I cried to my key worker the first two times I got my benefit … it's humiliating."

"Then people say how come you look so nice you're an asylum seeker? Once I said why are you giving it to us if you don't want us to wear it? I am wearing it to cover my shame."

"People are very judgemental in certain situations; they're very small-minded I would say"

"[I want] services not to judge you on what you do"

"You can come in here [the Women's Centre] crying your eyes out and no-one will blink an eye."

Supporting evidence – Shame, humiliation and stigma

Recent research suggests that young women still routinely experience high levels of discrimination and harassment within society, with the associated stigma of such treatment [21, 22]. Experiencing multiple disadvantage can exacerbate these feelings:

'Survivors of domestic and sexual violence who are also affected by problematic substance use and/or mental ill-health tend to experience more stigma and negative responses from professionals than survivors who do not have these experiences.' [15]

'Women living with HIV spoke about the difficulties in emotionally coping with the multiple stigma of being HIV positive, dealing with mental health issues and also being vulnerable to violence.' [6]

Societal norms and values can also influence this:

'There are also implications for women who do not meet, or actively reject, these [societal] expectations: they may feel guilt or shame at their 'failure', have poor self-esteem in relation to not being 'a real woman', be excluded or rejected by family and peers, and have to cope with discrimination and harsh judgement by professionals and services.' [5]

'A theme that was repeatedly raised in the focus group discussions was about the poor reputation that young mothers have and how the mothers felt they were judged negatively by others for having children at their age. They are criticised by members of the public and feel alienated from mainstream mother and toddler groups.' [23]

Any shame and stigma women experience may be compounded by cultural factors:

'[BAME respondents] referenced the home nation cultural influence as a potential barrier for accessing future help and support during a crisis situation. This was often talked about alongside the stigma attached to mental health issues, identifying that this also originated from their home nation.' [19]

'Many women, across different ethnic groups, spoke about the stigma they faced in their community for being a BAME woman in prison. Many women felt that, in their communities, it was a greater source of shame and stigma for a woman to be in prison than a man.' [20]

This can deter women from accessing services and lead to their condition deteriorating:

'Stigma associated with poor mental health is a prominent reason for why women stated that they had not sought help earlier.' [1]

These feelings can be lessened when among other people who have had similar experiences:

'Survivors positively rate the support they receive from peer-led groups such as harm minimization and anxiety management groups run by drug and alcohol and mental health organisations. Survivors also felt that, in comparison to services, with other survivors you can be yourself more.' [15]

Some organisations explicitly recognise the importance of overcoming these feelings in their provision of services to clients:

'When working with survivors of sexual violence, rape and childhood sexual abuse, it is essential that the client feels heard and understood; accepted and valued; not judged or stigmatised; and that her experiences are validated and normalised.' [24]

'However, the reason this is so important to Beneficiaries is the stigma that they so often carry from their past reputation of missed appointments, anti-social behaviour or the negative risk assessments that hang like a millstone round their necks.' [18]

5.5 Isolation, loneliness, lack of trust

Along with the shame and stigma discussed above, the experiences of women who attended the focus groups are isolating in other ways.

Those who have experienced domestic violence may have been isolated from their family and friends purposefully during the relationship, or as a consequence of fleeing to a new town to escape it. This can also to apply to women who have left their country of origin.

Women who have experienced mental health issues as well as those who have experienced domestic violence may feel fearful or lack faith in their judgement when it comes to meeting new people (potential partners), or in their perception of the world generally (are they experiencing paranoia / hearing voices).

Women who are unable to work due to physical / mental health conditions or due to their status in the country are often missing the social interaction and sense of purpose that they used to derive from the workplace.

There is also an inherent social awkwardness associated with the change in your status in society from working to being unemployed, particularly with a hidden disability as it is not obvious to other people that you may be unable to work.

For women across all age groups and backgrounds, once they have found a service provider that they feel comfortable with and have built up trust with the staff members, they prefer a one-stop shop building where you can address various needs or where they can signpost you to other services they know.

Along with attending confidence building courses and other activity groups, women emphasised the importance of having a social place to drop in to at any time, to get out of the house and to be able to chat to other people.

"Women have to move out of the area and start again somewhere new with nothing."

"I don't have any family here, or hobbies or interests."

"Most of us have lost contact with our family back home."

"They're saying you're a really bad judge of character for letting him in your life and taking over your head."

"Sometimes I don't feel like going because I'm that frightened to come out the house."

"Because obviously I hear voices ... they [other services] wouldn't understand. So I just use mental health services, that's all I use."

"All my confidence, my self-esteem, my self-worth; I haven't got any."

"It puts you in a position of loneliness and seclusion. You don't even want to get to that situation where someone will ask – what do you do?"

"I'd rather stay in, not put myself out there."

"People won't understand. They'll talk to me like I'm my old self; I'm not my old self."

"I come across well; when people think you're pretending to be sick ... you're pretending to be well."

"I find coming here [Nottingham Women's Centre] like one big family because when I'm at home and isolated, I'm on my own."

"POW has helped me and referred me to all the services I want. I trust POW to find the right service for me"

"I think it's good that this building [Youth Centre] has the gym and the dance studio because it brings more awareness. You could come to use the dance studio and find out about the other stuff"

Supporting evidence – Loneliness, isolation, lack of trust

Isolation can become an issue at various life stages, including for young mums:

'Motherhood makes women more isolated. 57% said they had become lonelier since becoming a mother, with 19% always feeling lonely. Over a quarter of young mothers (26%) left the house once a week or less. More than two-thirds (67%) said they had fewer friends since becoming a mother.' [23]

As well as for women accessing services to address serious issues:

'Survivors of domestic and sexual violence, and particularly those survivors with additional needs, feel very isolated and do not have a wide social network to rely on. The need for peer support around a particular issue, or simply opportunities to develop friendships is therefore paramount.' [15]

'The project interviews highlighted high levels of loneliness and isolation for many of the women. They need assistance to create new communities, new friends, interests, meaning and purpose if they are to be enabled to maintain the stability gained.' [25]

'Survivors with both drug and alcohol and mental health problems also highlighted the need to keep busy as a way of maintaining the recovery: peer support groups, problem-solving groups, emotional management courses, educational and career development programmes, art programmes, volunteering opportunities.' [15]

Women who are able to access group activities in a safe and comfortable environment feel that this makes a positive difference in their recovery:

'Overall, survivors with mental health problems have highlighted the value of peer-led support, support groups for self-harming and anxiety, day centres and organisations such as Mind, that provide a wide range of activities to keep people occupied.' [15]

'Additionally, group activities was highlighted as being able to significantly contribute to reducing isolation, which has been found to exacerbate poor mental health.' [1]

'The group works well as it allows survivors to feel that they are not alone and that there are others going through similar experiences and facing similar challenges. The group also enables clients to experience positive relationships and to build trust.' [24]

Activities other than counselling also have a place in recovery:

'In addition, women wanted improved access to other types of therapeutic activities including group-work, exercise and social activities to combat social isolation and strengthen their overall sense of wellbeing.' [6]

'Women centres also provide opportunities and activities that are not just about service provision but may be about having fun together, being creative or holding events.' [8]

'We have been able to increase our service provision to include therapeutic services, which we can refer into, such as drumming, reiki and yoga. We will also be offering in-house Mindfulness Courses and Non-Therapeutic Creative Writing Courses. We believe that these additional services, will enable survivors to continue to thrive and grow long after any counselling or helpline support has ended.' [24]

'Women praise those groups, programmes and services that share the core elements of providing safe contacts with others, helping to understand commonality of experiences, inspiring people with what others have achieved, allowing people to move forward at their own pace and enabling others to 'give back'. [26]

5.6 Being treated as a whole person

Women who have experienced multiple disadvantage need to access different services for their various needs. This is not well catered for, with most services working in silos rather than taking a holistic approach. For example, if a woman attends treatment for drug and alcohol problems the service will only acknowledge and deal with that rather than seeing it as interlinked with domestic abuse or mental health conditions.

The same is true of other services such as counselling and homelessness prevention. One participant with a domestic violence background was sent to a mixed sex chaotic hostel with drinkers and drug users where she felt unsafe. Women felt there is no single place where you can address every issue.

When accessing services women are inevitably seen through the prism of the experience that has brought them to seek help. Many wanted other people to know that this was not the sum total or even defining stage of their lives. They want to be viewed as a whole person with a varied background and interests who has previous accomplishments and is capable of contributing to society now and in the future, rather than just being seen as a service user in crisis.

Several women in various groups had also worked in this sector either prior to or after having been a service user so had knowledge and experience from both perspectives. They felt that if you were accessing a service for a new issue or after having made positive changes, there is still a negative bias when someone sees your details.

One participant who had been clean for several years said this always comes up. She asked for counselling and was sent to drug and alcohol services who said 'you don't need us'.

Women believed that they are always remembered for the 'bad things' that they had done; other good things that they had done were not taken into account.

"Joined-up working doesn't exist."

"I can't talk to you about that it's not within my remit."

"They compartmentalise your issues."

"No-one looks at the whole picture."

"It may seem on paper as if you have lots of involvement from different services but in reality they are not engaged with you"

"There is no single place where you can talk about every issue"

One participant's reply on being asked if she needed help filling out a form:

"No thank you, I have a Master's Degree in Environmental Science." [Not from the student group]

One participant's feelings on claiming benefit and 'taking' from the system:

"I worked in the NHS for thirty years."

On meeting new people for the first time what would you want them to know about you?

"Talk to me normally; not asking why are you an asylum seeker."

What would you like people to know about you?

"We are women first – it shouldn't matter if we are sex workers"

"Your past follows you around"

"They have made their assumptions about you already."

Supporting evidence – Being treated as a whole person

A lot of existing research shows that women who access services will often have numerous complex issues, which are not currently being addressed at the same time:

'Both organisational experience and a large body of research confirms that women often experience multiple and complex needs that would include over four of the following areas: mental health problems, drugs or alcohol issues, housing problems, poverty and debt, physical health problems, concerns over children, domestic abuse and lack of basic skills.' [8]

'There is growing recognition of the complex needs of women with dual diagnoses of substance abuse and mental health disorders. Research demonstrates that there are high numbers of women in substance abuse treatment with histories of sexual and physical abuse. These women are not well served by the separation between substance abuse and mental health services.' [5]

'The evaluation has identified that women with multiple needs require an integrated response from agencies working in partnership. These women have a range of problems that are often inter-linked. Their journey through the Criminal Justice System often did not address their multiple needs, resulting in a cycle of re-offending.' [25]

'Despite data showing the multiple forms of life stressors experienced by women accessing health and social care services, dominant service delivery models do not address the complexity of the challenges many women face.' [26]

It is felt that voluntary sector and women-only services have been better at meeting multiple and complex needs than statutory agencies:

'Whilst the value of integrated and holistic approaches are well established within the voluntary sector, this is not necessarily mirrored in the approach of statutory agencies.' [6]

'To enable a woman to have her multiple needs met it is necessary to establish 'one stop shop/hub' approaches with everything under one roof, delivered in an open access way with flexible appointment times in a non-judgemental and enabling environment.' [25]

'A particular strength of Women's Community Centres are that – unlike most service access points – women do not have to identify and isolate specific issues to receive a service.' [26]

'One key feature that emerged from the research is that women's organisations provide holistic, women-centred services. A holistic approach entails assessing and providing for women's multiple needs. This has developed because of an understanding of the inter-related ways in which different aspects of a woman's situation can impact on her life.' [2]

Whilst addressing the issues women present with it is important for services to acknowledge their life experience and humanity:

'When women enter services it is often because of something that is wrong with them – their drug use, offending behaviour, prostitution or mental illness – rather than because of what has happened to them, and in the process they are categorised in ways that often render their lived experience invisible.' [5]

'When asked what advice they would give professionals about how to respond to survivors of domestic and sexual violence who also have experiences of problematic substance use and/or mental ill-health, the majority of survivors consulted noted first and foremost the need to be valued and treated like a human being.' [15]

5.7 Being listened to

Despite the sometimes distressing subject matter of the discussions, all of the groups appreciated being asked about their experiences and having the opportunity to give feedback on services. They also felt less isolated among other women who had been through similar experiences to them.

Participants felt that all services should have consultations with their users to get feedback. In several groups women were supportive and signposted each other to various organisations; they felt that this could happen on a more formal basis.

While a focus group in this context is not intended to be a therapeutic tool, the participants clearly benefitted from the session as evident by the applause at the end and the requests to come back and do it again.

However, they did not want the consultation to be an end in itself but to have consequences and generate positive change. They also expressed interest in getting heads of services and decision-makers together to feedback their experiences to those who could directly effect change.

This may represent an opportunity for Help through Crisis partners and other organisations to harness these views for 'expert patient / service user' platforms where this is not already taking place.

"It's nice to be asked these questions ... because sometimes you don't get to share that do you?"

"It's a good thing to be able to talk at a group."

"Sometimes you just sit at home having to deal with these things by yourself"

"This is the first time I have ever been asked."

"It's really helpful to me because although we talk every week in the sessions it's not about specific needs like this" [Young Women's Group Co-ordinator]

"There is nowhere to give your opinions on what you think or know [about services] *and to pass them on."*

"It's a shame because we have all of this knowledge."

"All services should have this with their users to get opinions"

"I think it's better if we're helping each other and we feel more confident, because you know that person went through it and they've done it."

"We are so happy to have you people."

"I think this is like therapy; I'll go out feeling lighter"

"Let the two hours mean something, don't let it die here. Take what we discussed back to someone else."

"It's important to be given feedback on what happens with the reports and findings."

Supporting evidence – Being listened to

'When asked about failed attempts to get help [from services] … more than anything, people complained that nobody had time to listen.' [18]

This is particularly important when providing services for adult survivors of child sexual abuse:

'Being listened to, believed and respected were very closely related to survivors' overall satisfaction with services. In direct comparisons, all three are strongly correlated with the satisfaction rating for all services.' [17]

A recent report found that women's voices were also not being heard during court proceedings:

'All of the women who took part in the prison focus groups felt that there had not been an opportunity for their stories and circumstances to be taken into account during their trial. Many of the women felt that important issues and circumstances had therefore not been considered, such as psychological assessments and their responsibilities to their families and children.' [20]

Differences have been found between the experience of using statutory and voluntary sectors:

'Nearly all of those who used Sexual Assault Referral Centres, Independent Sexual Violence Advisors, voluntary psychotherapy and counselling services and rape support services felt that they had been listened to, believed and respected by services. Less than half of those who used social services or A&E and hospital services felt that they had been listened to, believed and respected.' [17]

When women do feel listened to this has a massively positive effect:

'Beneficiaries repeatedly told us what an enormous relief it was to find someone who had the time to listen to their story as they wanted to tell it, who was in no rush to move on to some other task, and whose services were not limited to a restricted timeframe.' [18]

'Many people find that sharing their stories and supporting other people who have had similar experiences is very therapeutic, and helps them to build confidence in themselves and trust in others.' [24]

Listening can then often develop beyond addressing the immediate issues into helping develop the service or organisation:

'The research found that the input of services users is crucial to how and what services are developed and is linked to being an inclusive and empowering organisation. The findings showed that this often makes women-only organisations effective because they tailor their services to the individual needs of women. It also provides a space in which women can feel actively involved in the running of the organisation.' [2]

'Beneficiaries are more than service users and over time, this has the potential to transform the relationship between those who use services and those who provide them. There are mechanisms whereby they become Expert Citizens, able to share their experience in shaping the development of the programme. As we have seen, some of them become peer researchers, mediating the relationship between researchers and informants to enrich the insights of the evaluation. Still others can have the opportunity to become Beneficiary Ambassadors.' [18]

'Such understandings also lead to the acknowledgement of the importance of 'women-centred representatives' being present at a policy level to inform strategic decision making, planning and commissioning. Therefore advocacy goes beyond the individual to enable women's voices to be heard at the wider political and strategic spheres of influence.' [26]

6 – Recommendations

- Women-only services in Nottingham should be prioritised and preserved, with an accessible and modern Women's Centre recognised as a vital resource for the City;
- Women-only services in Nottingham should receive the necessary investment through commissioning to meet current needs, for example a women-specific mental health service, and to fill identified gaps, for example women-only Drug and Alcohol services and childcare to attend appointments;
- Rather than providing support when situations have reached crisis point more preventative services should be commissioned starting with educational activity in schools;
- Agencies in Nottingham should sign up to a Universal Charter for Women, which embeds women's specific needs and challenges within all aspects of service design and delivery.

6.1 – Women's Charter

This is a commitment by Nottingham Women's Centre and signatory organisations to work together to provide better services and treatment for women. Organisations that sign up to this Charter are pledging to address the specific needs and challenges faced by women exacerbated by the gendered nature of discrimination in society, as evidenced in both local and national research. The Charter reflects an aspiration to see every woman reach her full potential by overcoming any barriers that she may face.

- We commit to working together to ensure that *women-only services are prioritised* and resourced;

- We commit to *reducing loneliness and isolation* experienced by women by referring to drop-in sessions, communal welcome spaces, social activities and basing services where women are already comfortable engaging.

- We *recognise the importance of the relationship* a woman has with key frontline staff. We will ensure that staff are caring, empathetic, knowledgeable and consistent, and where appropriate have lived experience of the issues being addressed. Women will be seen by women wherever possible.

- We commit to *reducing the shame and stigma* experienced by women accessing services by treating them with respect, dignity and compassion in a non-judgemental manner. In addition, we will create opportunities for women to meet others who have had similar experiences.

- We commit to *treating women holistically* by acknowledging that complex problems and the effects of multiple disadvantage need to be addressed in tandem not separately. In addition, we recognise that women are more than solely their current problem or circumstances and will treat them as individuals. We will work closely with other agencies to provide a seamless service to women, particularly when one agency's services are coming to an end.

- We commit to *listening to women* by employing regular service users' feedback panels, consulting service users at the design / commissioning stage, engaging them in service inspections and enabling women to offer signposting and peer support to new users.

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