DISMANTLING DISADVANTAGE

Levelling up public services for women with multiple unmet needs

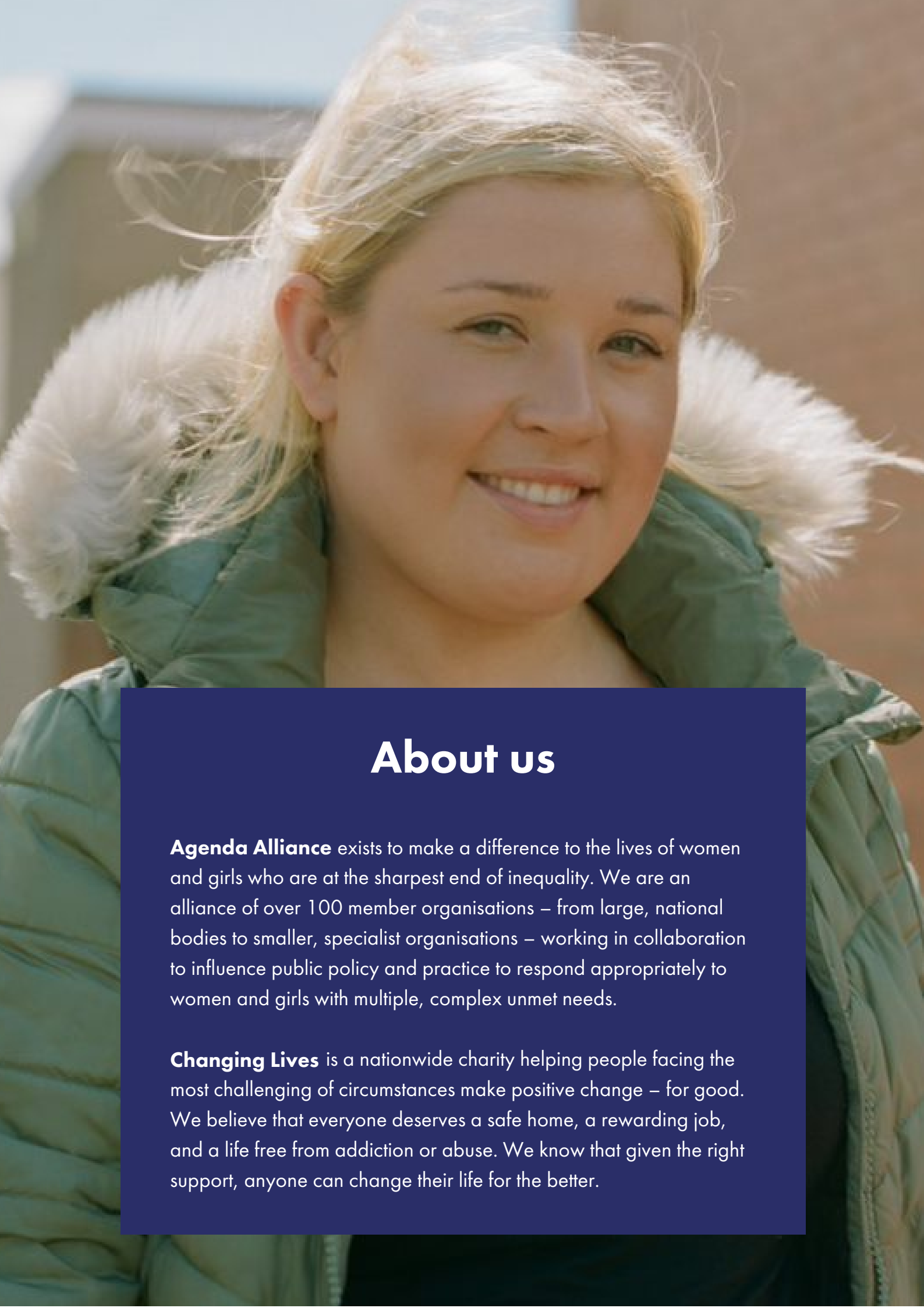
Final Report

July 2023

SMALLWOODTRUST

CHANGING LIVES

AGENDA alliance



About us

Agenda Alliance exists to make a difference to the lives of women and girls who are at the sharpest end of inequality. We are an alliance of over 100 member organisations – from large, national bodies to smaller, specialist organisations – working in collaboration to influence public policy and practice to respond appropriately to women and girls with multiple, complex unmet needs.

Changing Lives is a nationwide charity helping people facing the most challenging of circumstances make positive change – for good. We believe that everyone deserves a safe home, a rewarding job, and a life free from addiction or abuse. We know that given the right support, anyone can change their life for the better.

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Foreword

We improve the lives of women in our communities by listening to them and taking action collaboratively. That's my belief as Police and Crime Commissioner.

Centring women's voices and valuing their lived experience doesn't just bring focus to our work, it gives us purpose. When we really listen, we truly learn.

My learning over the time that I have served the region in this role and as a participant in this vitally needed research has reinforced that approach.

I offer thanks to the Smallwood Trust for funding the phenomenal effort by Agenda Alliance and Changing Lives in championing the voices of women and girls in this project.

We know that over time circumstances change, such as the way that the pandemic decimated services women need to survive. To keep up with the impact this has on women and girls' lives, we must always maintain an understanding of their evolving and growing unmet needs. So, it is with the greatest admiration and thanks that I commend the peer researchers above all, whose trauma, lived experience and labour is at the heart of this work.

The specialism involved in helping women to trust and share their experiences can never be underestimated. Ensuring that our systems are transformed by understanding their needs is of the utmost importance. Acquiring knowledge and learning from that vital evidence-base requires commitment to approaches delivered with the sensitivity and compassion that women deserve.

We know under-reporting of crime and abuse remains prevalent and our voluntary and community sector partners additionally bear a tremendous responsibility as specialist services to ensure women do not slip through the cracks.

Our system continues to require serious change, investment and a shift in practice approaches to meet women and girls where they are in their individual journeys. I am endlessly inspired by their expertise in the delivery of such provisions.

But, like other parts of the country, we in the North East of England see that statutory services have long been subject to crippling austerity. Without appropriate resourcing, women's survival is dependent on the underfunded charities sector to deliver support in the context of decimated public sector provision. For too long we have endured devastating austerity that directly affects the lives of our communities, and without significant investment in the North East's health, policing, social care and VCSE sectors, the disparities facing women and girls will endure, and this will only deepen without action.

As part of the mission to level up the country, we need greater investment in mental health services, sexual assault referral centres, recovery services, social prescribing pathways to specialist IDVA/ISVA support and development of the justice system in order to enable women to live safe and well. When we fully understand the current, long-standing, emerging and hidden needs of women and girls across communities, we can effectively build towards a future that will achieve better and better outcomes for them, informed by them.

And in many ways, the solutions are not difficult to put in place. Consistency, compassion, non-judgment and dignity are some of the principles we can put into practice immediately and if that is the starting point, then I am optimistic that transformation won't be challenging but instead inevitable.

It has been a true privilege to see and be a part of the coming together of the region's most dedicated women's services and practitioners in informing this project as it sets out a path for transformation. Together we absolutely can make an impact on those whose lives have been devastated by the pandemic and I look forward to supporting a shift that paves the way for a brighter future, led by and for women and girls.

Kim McGuinness, Northumbria Police and Crime Commissioner

Introduction

Across the country, women at the sharpest edge of inequality are being systematically failed by the services that should be supporting them. Women experiencing multiple unmet needs face intersecting disadvantages, many of which are shaped by long-term experiences of poverty and deprivation, as well as trauma and abuse. Many of these women experience homelessness, substance misuse, contact with the criminal justice system, child removal, domestic and sexual abuse, and poor mental health. In addition, disadvantage is further compounded by systemic discrimination based on concepts of identity, such as age, gender, ethnicity, sexuality, disability, religion, or belief.

Too often, these women "fall through the cracks" as public services fail to provide coordinated and meaningful support. Many women are left to face accumulating problems, without receiving the holistic gender-, trauma-, and culturally-responsive support that they need. In many tragic cases, this perpetuates a cycle of harm, resulting in some women being separated from their children, and some women dying prematurely. Even though these experiences are the product of widespread system failures, the burden of responsibility is too often placed upon individual women – stigmatised and blamed for disadvantage that is ingrained and systemic. This is unacceptable and needs to change. Rather than placing the onus on women at-risk, we need systemic change to resolve these entrenched systemic failings.

This final report provides a timely assessment of the ways in which public services can be reformed to better meet these women's needs. Our Transforming Services for Women's Futures project has focused on the ways in which women with multiple unmet needs in Northumberland and Tyne and Wear experience public services, and the relationship between public service provision and growing societal inequality.[1] Grappling with the triple-shock of over a decade of austerity, the COVID-19 pandemic, and the cost-of- living crisis, public services are overstretched and struggling. Against this backdrop, women with multiple unmet needs are made especially vulnerable, acutely experiencing both the impact of an increasingly strained welfare state and the escalating cost-of-living crisis.

While the impact of this has been felt nationwide, it has a disproportionate impact on the most disadvantaged people and the most deprived regions. As a region, the North East has the highest poverty rates in the UK, relies more on public services than other areas, and has been disproportionately impacted by austerity spending cuts.[2] Therefore, women with multiple unmet needs in the North East are not only disadvantaged by their gender, complex needs, and socio-economic status but also by their post-code and the impact of the country's geographical and regional imbalances.

Public service provision for women with multiple unmet needs has long been deficient and poorly resourced. Too often, public services are not centred or designed around meeting their needs in the first place. By default, many services assume a so-called "gender-neutral" approach, designed around the needs of an assumed male "service-user", leading to the specific and gendered needs of women being disregarded. At worst, public services can cause further harm to women they ought to be supporting. This is especially true for the most at-risk women.

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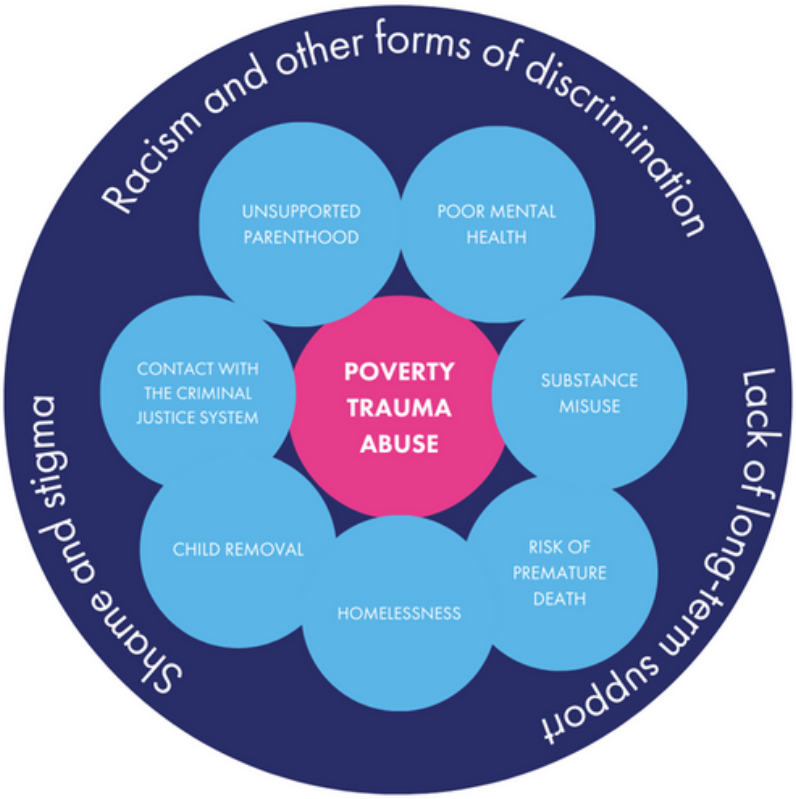
1. Our research has specifically focused on the six local authorities of Gateshead, Newcastle, North Tyneside, South Tyneside, Northumberland, and Sunderland. These local authorities make up the counties of Northumberland and Tyne and Wear.
2. It should be noted that Northumberland and Tyne and Wear form part of the North East, which is a larger geographical region, made up of eight counties/ unitary authorities. See ONS (2021) Census 2021 North East.

This research project is original and cross-cutting, bringing together an understanding of the ways in which socio-economic, regional, and gender disparities interact. Importantly, this report was co-produced with women who have lived experience of multiple unmet needs. We bring together evidence gathered from women facing disadvantage, local practitioners, regional leaders, and national experts, alongside desk-based research and original data analysis. Our project shows that there is great potential and momentum for local and national leaders to help "level-up" the country, recalibrate local power, and reform public services to transform outcomes for the most disadvantaged women.

Who are women with multiple unmet needs?



We worked with women researchers living in Northumberland and Tyne and Wear, who have lived experience of multiple unmet needs, to collaboratively produce this visual that unpacks what this means to them.

Historically, literature and policy on multiple disadvantage and multiple unmet needs has focused on a set of shared issues: homelessness, offending, and substance misuse. Men are commonly identified as experiencing higher rates of these challenges; consequently, much of the literature has focused on the male experience of disadvantage. However, when the definition of multiple unmet needs is expanded to incorporate the impact of violence against women and girls, poor mental health, and the effect of child removal, a different and gendered picture soon emerges.[3]

- One in 20 women have experienced extensive physical or sexual violence and abuse across their life course, compared to one in every 100 men.[4]
- Of these women, 54% have a diagnosable mental health condition, 21% have been homeless, 31% have an alcohol problem, and 8% are dependent on drugs.[5]
- Gendered violence mediates the pathway to women's criminalisation: 60% of women entering the criminal justice system have experienced domestic abuse.[6] This figure is likely a significant underestimate.

Trauma underscores the life histories of women with multiple unmet needs. Experiencing trauma can impact an individual's ability to cope and self-regulate, their sense of safety and sense of self, their perception of control and self-efficacy, and their interpersonal relationships.[7]

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3. Lankelly Chase (2020) Gender Matters. This seminal report considers the ways in which disadvantage presents differently in women, showing that interpersonal violence and abuse and poor mental health demonstrate gendered differences in the experience of multiple disadvantage. It also challenges the prevailing view that men experience greater levels of disadvantage across the population.

4. Agenda Alliance (2016) Hidden Hurt.

5. Ibid.

6. Ministry of Justice (2018) Female Offender Strategy.

7. McCarthy et al. (2020) Understanding Models of Support for People Facing Multiple Disadvantage: A Literature Review.

There are widely recognised differences between women's experience of trauma and men's, including the fact that many women's traumatic experiences often take the form of interpersonal violence and sexual abuse.[8] Without social support, women are more likely to psychologically withdraw following traumatic experiences, and to experience psychological harm from trauma.[9]

Many women with multiple unmet needs can develop harmful coping mechanisms as a response to trauma, which can lead to services interpreting them as "difficult to engage with" and not giving them the support that they need. Without meaningful intervention and support, their circumstances can spiral, leading to a cycle of disadvantage and increased needs:

- More than three quarters of women (78%), who have faced extensive physical and sexual violence –throughout their childhood and adulthood – have experienced life threatening trauma, and 16% have Post-Traumatic Stress Disorder (PTSD).[10]
- Three-quarters (75%) of women with experience of extensive physical and sexual violence do not receive support (either medication or counselling) for a mental health problem.[11]

Background to this research

Agenda Alliance exists to address this gap in understanding by advocating for women and girls at the sharpest edge of inequality. Our research has produced consistent evidence of the need for gender-specific spaces, the importance and impact of specialist women and girl's services and "by and for" organisations, and the need for public services to become responsive to trauma, gender, age, and culture.

8. Centre for Mental Health (2019) Engaging with complexity.
9. Ibid.
10. Agenda Alliance (2016) Hidden Hurt.
11. Ibid.

This report builds on key findings of our existing research:

- Women facing multiple disadvantage often come into contact with services that do not have the required skills or capacity to support them. Many women are bounced around between different services, or even turned away. Mothers are particularly let down, with the fear of losing their children preventing them from accessing help.[12]
- Time and again, the signs of abuse are not picked up by professionals. Despite the clear links between domestic and sexual abuse and other forms of disadvantage, routine enquiry into these experiences is not commonly carried out across the services with which women are likely to come in to contact.[13]
- Black, Asian, minoritised, and migratised women face a range of additional obstacles, including but not limited to language barriers, a lack of specialist support, and having No Recourse to Public Funds.[14, 15]
- The pandemic was particularly difficult for women already facing disadvantage and at greatest risk of poverty, domestic and sexual abuse, and mental ill health. While the complexity of need of women and girls increased during this time, many services had to close, reduce, or suspend their support, with over a quarter saying the pandemic made their financial position worse.[16]
- Areas with devolved powers and combined local authorities have the potential to show strong leadership and hold convening roles across a region to ensure that systems work for women experiencing multiple unmet needs by assuming a "helicopter view" of systems, as recommended through our work with the Greater Manchester Combined Authority.[17]

12. AVA and Agenda Alliance (2019) Breaking Down the Barriers.

13. Agenda Alliance (2021) Ask and Take Action.

14. No Recourse to Public Funds restricts access to much of the welfare safety net for almost 1.4 million people, including around 175,000 children. This includes vital benefits like Universal Credit and child benefit and a range of other support like homelessness assistance or access to refuges that rely on public funds to operate. Citizen's Advice (2022) No Recourse to Public Funds.

15. We use the term 'migratised' to describe undocumented migrants, refugees, and asylum seekers. Using 'migratised' takes into account the ways in which many migrants are treated in society. See Migrants' Rights Network, Words Matter: "Migratised".

16. Agenda Alliance (2021) Voices from Lockdown.

17. Agenda Alliance (2021) Tackling Women's Disadvantage in Greater Manchester.

The pandemic was undoubtedly challenging for the most at-risk women and services, but it also illustrated that local services and regional systems can galvanise around a shared goal of protecting the lives of vulnerable groups. During this time, as the nation considered how it would move beyond the national health emergency, Agenda Alliance and Changing Lives identified a window of opportunity to make recommendations on the ways in which the current public service landscape could be positively transformed for the most at-risk women.

Public services play a significant role in women's lives in the North East. This project has worked closely with women and experts in Northumberland and Tyne and Wear to explore the shortcomings of current service provision, while also identifying opportunities for change at both the regional and national level. As we carried out our research, the growing cost-of-living crisis shaped many of our conversations, contributing towards the ever-escalating level of need. The reality on the ground for many women experiencing multiple unmet needs is desperate and we call upon policymakers to act now.

Report outline

This report sets out the following:

Chapter One

Women's unmet needs and regional disparities:

Unpacking how austerity, COVID-19, and the cost-of-living crisis have impacted public services in the North East, we examine the potential of devolution and levelling up to improve women's lives.

Chapter Two

Women's experiences of public services:

Drawing directly from women's words and experiences, we explore the ways in which public services can be exclusionary and even harmful for the most disadvantaged women.

Chapter Three

The scale and consequences of failing women:

An overview of the scale of unmet needs in Northumberland and Tyne and Wear, using original data analysis. We set out the consequences of this, looking at the cycle of disadvantage that many women experience, with a focus on areas that women identified as most salient.

Chapter Four

Recommendations for systems change:

We look at the economic cost and social impact of the status quo, drawing from our costings analysis and make the case for regional and national systems-based change.

Methodology

Transforming Services for Women's Futures has been a partnership project between Agenda Alliance and Changing Lives, funded by the Smallwood Trust. Our research concentrated on the ways in which adult women (aged 18 and over) experience public services in Northumberland and Tyne and Wear. We worked collaboratively with a core group of researchers with lived experience from the local area. These researchers received training, support, and remuneration throughout the project, while working to co-design research methodology, writing blogs and contributing key insights throughout. Where women have requested it, we have used pseudonyms to protect their identity.

Community of Practice

Our Community of Practice was convened six times between May 2022 and June 2023, bringing together local practitioners from across different sectors along with women with lived experience.[18] The group provided localised understandings about challenges in service provision, while identifying opportunities to improve practice.

Expert Advisory Group

Our Expert Advisory Group, comprised of national policymakers, sector leaders, parliamentarians, and women with lived experience, met three times between July 2022 and May 2023 to share strategic insight at the national level on the project.

Primary Research

Our research methodology was codesigned with a core group of women researchers with lived experience. All women with lived experience involved in the project, as researchers and survey-participants, were compensated for their time.

18. These meetings focused on: 1. COVID-19 and its impact upon women with multiple unmet needs and public services; 2. the importance of developing quality relationships between women with multiple unmet needs and service practitioners; 3. the cost-of-living crisis and its impact upon public services; 4. premature deaths and the need for systems change; 5. domestic abuse and how can victim-survivors with multiple unmet needs be better supported by systems; and 6. regional change: how can systems change to support women with multiple unmet needs.

This included:

- 18 semi-structured interviews with local practitioners, regional leaders, and women with lived experience.
- Two focus groups: one with women with lived experience of unmet needs, all from a Black, Asian, minoritised, and migratised background; another with practitioners supporting women experiencing sexual exploitation in Northumberland and Tyne and Wear.
- 47 survey responses: gathered from women service users in Northumberland and Tyne and Wear.
- Desk-based research: a literature review, examining the state of public services, regional disparities, and the current policy landscape, supported by research into the multiplicity of needs facing the most disadvantaged women.
- Costings analysis: an external researcher was commissioned to provide an overview of the current support available to women with multiple unmet needs in Northumberland and Tyne and Wear, looking at the spend over the past four years. This included desk-based research, analysis of publicly available data sources, freedom of information requests, and data analysis.[19]

> *I've never been listened to in the past, but I'm being listened to now… And I'm making the difference. — Lorna*
>
> *We're changing the world little by little – actually we're changing the North East little by little. — Haley*

19. See Appendices 1, 2, and 3 for an overview of these findings. A full overview of our method, FOI responses, and data tables are available upon request.

1

Women's unmet needs and regional inequalities

> *The further up North you go, it's more deprived but some of the tightest communities I know come from the most deprived places. I love how everybody is so tight [here]. The downside is there's not enough money in services to help with some of the stuff that goes on. We all come from not much and [there is a] lack of money being put in […] But I wouldn't change where I'm from at all. — Haley*

Since 2010, the impact of austerity across the UK has been severe, and local authorities have borne the brunt of cuts to public finances. As a result, the size, scale, and function of public services have been pared back meaning that the capacity of local authorities to address inequalities within communities has been greatly reduced. Services – including childcare and early years support, community centres, domestic and sexual violence services, health, housing, social care, and youth services – all have fewer resources and therefore reduced capabilities to support local populations. This has meant severe consequences for the most disadvantaged, with disproportionate impacts on women, especially women facing multiple unmet needs.

State retrenchment and cuts to service provision have unequally affected different regions, with particularly uneven impacts on the de-industrialised regions in northern England.[20] The North East has been disproportionately impacted by austerity spending cuts, particularly those to local government, resulting in less spending on day-to-day services in the area. Uneven spending cuts mean that, while council spending fell by 13% across the whole of England between 2009-2010 and 2018-2019, spending in the North East fell by a shocking 23%.[21] The repercussions of this have been acute, especially when considering that, as a region, the North East relies more on public services and has higher levels of deprivation than other areas of the UK.[22] The COVID-19 pandemic and ongoing cost-of-living crisis have only added further strain to public services, leading to rising poverty rates and worsening inequalities.

- Latest UK poverty figures show that the North East has the highest poverty rate of all regions at 26%.[23]
- Child poverty in the North East has risen by 12 percentage points in the last six years. All local authorities in the region (with the exception of Northumberland) have seen child poverty rates increase by at least 10 percentage points since 2012-2015.[24]
- The North East has the highest proportion of children living in lone parent families, who are at high-risk of relative poverty.[25] Nine out of 10 lone-parent families are headed by women.[26]

20. Beatty C and Forthergill S. (2016) The Uneven Impact of Welfare Reform: The Financial Losses to Places and People. Centre for Regional Economic and Social Research; Hastings et al. (2017) Austerity urbanism in England: The 'regressive redistribution' of local government services and the impact on the poor and marginalised. Environment and Planning A: Economy and Space.
21. Institute for Public Policy Research (2020) 10 Years of Austerity.
22. Clayton, J. et al. (2016) Distancing and Limited Resourcefulness: Third Sector Service Provision under Austerity Localism in the North East of England.
23. Joseph Rowntree Foundation (2023) UK Poverty 2023.
24. Ibid.
25. North East Bylines (2023) New government figures show North East child poverty remains shockingly high.
26. Gingerbread (2023) Single parents: Facts and figures.

Existing research outlines the ways in which the effects of austerity and worsening socio-economic realities have had a significant gendered impact.[27] Benefit and taxation changes have disproportionate impacts on women, who have relatively lower incomes, greater caring responsibilities, pregnancy and maternity needs, and represent the vast majority of lone parents in the UK. Under austerity, many of the ways in which women could access a reasonable quality of living, such as through benefits, access to public services, and public sector employment, have been withdrawn.[28]

Gender inequality often intersects with prejudicial treatment based on certain concepts of identity, including age, class, disability, ethnicity, and sexuality; for example, Disabled People, low-income families, lone parent-headed households, and Black, Asian, minoritised, and migratised households have been particularly affected by austerity and the cost-of-living crisis.[29]

- Between 2011 and 2020, white women received on average £645 less in cash benefits over a year. During the same period, Black, Asian, minoritised, and migratised women received £1,040 less.[30]
- Black, Asian, minoritised, and migratised women are less likely to be employed than White British women, with Pakistani and Bangladeshi women having the lowest employment rate in 2021 (39%).[31]

27. Bennett, F. (2015) The impact of austerity on women; Greer Murphy, A. (2017) Invisible Inequalities of Austerity: Everyday Life, Mothers and Health in Stockton-on-Tees.

28. Greer Murphy, A (2018) Invisible Inequalities of Austerity: Everyday Life, Mothers and Health in Stockton-on-Tees.

29. Women's Budget Group (2018) Disabled women and austerity; Women's Budget Group (2022) The gendered impact of the cost-of-living crisis.

30. This refers to real terms change in average (mean) cash benefits. See Runnymede Trust (2022) Falling faster amidst a cost-of-living crisis.

31. Fawcett Society and Runnymede Trust (2021) The pay and progression of women of colour.

Growing evidence shows that population health inequalities are widening, and life expectancy stalling.[32] Between 2010 and 2020, life expectancy fell in the most deprived areas outside of London for women, and the gap in life expectancy between the poorest and wealthiest women in England is now at a record high.[33] Put plainly, women living in the North East are more likely to live shorter lives, to spend a larger proportion of time living in poor health, and to die prematurely from preventable diseases.

- The latest data shows that the gap in female life expectancy between the most and least deprived areas in England grew from 7.6 years in 2017 to 7.9 years in 2020.[34]
- In the North East, women can expect to spend over a quarter (26%) of their lives in "not good/ poor" health compared to 23.3% of those in the country as a whole.[35]

Given the relatively poor health of those in the North of England, the COVID-19 pandemic had a disproportionate impact on those communities.[36] People in the region were more likely to die from the virus than those elsewhere and they suffered more from the "collateral damage" of mental health, hospital disruption, long COVID, and economic upheaval.[37] Black, Asian, minoritised, and migratised women in the North also had the lowest mental health rates during this period.[38]

32. Institute of Health Equity (2020): The Marmot review 10 years on – Full Report

33. Ibid.

34. ONS (2022) Health state life expectancies by national deprivation deciles, England: 2018 to 2020.

35. NEQOS (2019) Population health and healthcare surveillance.

36. Bambra et al. (2023) Northern Exposure. Note that this focuses on North-South health inequities, rather than the North East in particular.

37. In Northern Exposure (2023), Bambra et al., unpack regional trends in the "parallel pandemics" of mental health, hospital pressure, and long COVID, using mental health survey data, NHS prescribing data, NHS hospital data, and long COVID prevalence data.

38. To show this, Bambra et al. (2023) use the General Health Questionnaire (GHQ-12) to analyse the impact of the pandemic on self-reported mental health in the North. They analyse inequalities in mental health by sex, ethnicity, income and age for the North compared to the rest of England.

It is projected that, had they been instigated pre-pandemic, measures to tackle health inequalities could have saved 2,500 lives in deprived areas of the North.[39]

Levelling up: the policy landscape

> *We've all grown up with nothing, we all make do. We all struggle to survive but we do survive through it all. I think that's what makes the North East one of the best regions. — Nici*

The Government has recognised that regional inequality needs to be addressed and has promised to "level up" the country. This agenda forms part of an ambitious government programme intended to improve opportunities and outcomes across the UK, partly by resetting the relationship between central and local government. The ambition to devolve more powers and decision-making to local areas is central to this mission. This devolution process aims to foster the conditions for sustainable growth, better public services, and a stronger society.[40]

The Levelling Up White Paper (2022) outlines ambitious and medium-term missions, including the goal to "spread opportunities and improve public services, especially in those places where they are weakest."[41] This includes narrowing the gap in Healthy Life Expectancy (HLE) by 2030, increasing HLE by 2035, and improving wellbeing in every area of the UK, serving to close the gap between top performing and other areas. The paper also promises to empower local leaders and communities, stating that, by 2030, every part of England that wants one will have a "devolution deal."

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39. This argument is premised upon the idea that if deprivation and health in the North were at similar levels to the rest of England, then the higher mortality could have been prevented. See Bambra et al. (2023) 'Levelling up' pre-pandemic may have saved 2,500 lives.

40. Local Government Association, Levelling-up Devo: the role of national government in making a success of devolution in England.

41. Department for Levelling Up, Housing and Communities (2022) Levelling up the United Kingdom.

Despite these ambitions, there are concerns about the extent to which this will translate from slogan to tangible change. Significantly, there has been no commitment to restore funding to local authorities to pre-austerity levels, and the small pots of discretionary funding available through the policy rely upon competitive bidding processes, which can pit local authorities against one another. The fairness and transparency of decision-making around the funding already awarded has also been challenged.[42] The funding made available has been described as "piecemeal" – with calls to invest further and ensure distribution of funds targets places that need it most.[43]

The six councils in the North East that Transforming Services for Women's Futures focuses on are all signatories to the North East Mayoral Combined Authority (NEMCA), along with County Durham. If passed into law, this will lead to the seven local authorities and 1.9 million residents being overseen by a metro-mayor (to be elected in 2024) with devolved powers over the area. As well as the potential for £4.2 billion pounds of investment into the region, the deal would see significant powers of governance transferred to NEMCA from central government.

The NEMCA deal presents an opportunity to empower all local authorities involved, creating stronger networks between local public service teams to address service siloes, supported by closer working between Police and Crime Commissioners (PCCs), the health and wellbeing boards, and the integrated care systems, as well as with the specialist women and girls' sector.

Given that women experiencing multiple unmet needs have experienced the cumulative impact of disadvantage, while also navigating an increasingly thinly stretched welfare state, alongside under-resourced voluntary sector provision, they have felt the impact of austerity most acutely. The NEMCA deal provides an opportunity to develop a transformative systems-based approach, in dialogue with specialist services and women, which responds to the needs of women at-risk.

42. House of Commons (2023) Funding for Levelling Up: Sixth Report of Session 2022- 2023.
43. The Bennett Institute for Public Policy (2023) Levelling up – back on track?

2

Women's experiences of public services

Women with multiple unmet needs are often described as "hard-to-reach," meaning that they "fall through the gaps" of service provision without receiving the support they need, causing their problems escalate. Throughout our research, however, experts have stressed the importance of shifting responsibility for change away from women at-risk and towards services and systems, which are often exclusionary by design and at times even harmful to women. This chapter draws directly from the experiences of women with multiple unmet needs, demonstrating that - far from women "not engaging properly" – it is services and systems that too often fail women.[44]

> *It's never because [women] are hard to reach. It's because services aren't able to provide effective support: they aren't designed to.*
> *— Violence Against Women and Girls Service Manager*

44. Evidence comes from interviews, focus-groups, and surveys with women experiencing multiple unmet needs, interviews with practitioners, as well as insights shared at our Community of Practice and Expert Advisory Group meetings.

Inaccessibility of services

Women with multiple unmet needs overwhelmingly told us that they experience fragmented and siloed service provision, often resulting in confusing and even competing strategies of support. As such, women with lived experience in Northumberland and Tyne and Wear are frequently juggling multiple expectations from statutory services, including criminal justice services, drug and alcohol recovery services, social care, mental health, homelessness, domestic and sexual abuse, and healthcare systems. Yet, ways of navigating this "maze" of services are often unclear to women and practitioners alike.

Of the 47 women with multiple unmet needs that we surveyed:

- 44% are currently in contact with three or more workers at once.
- One woman reported being in contact with seven services simultaneously: social services, mental health, healthcare, drug and alcohol recovery services, the criminal justice system, domestic abuse services, and homelessness services.

Many women report experiencing significant delays in support, long waiting lists, and even missing out on help altogether from statutory services. The siloed nature of public services often prevents women from receiving holistic support due to varying bureaucracy, funding, and commissioning systems, as well as disjointed governance arrangements and uncoordinated targets. While more holistic support and specialist services often exist in the voluntary sector, embedded within the communities they serve, inconsistent strategies in funding and commissioning leads to patchy provision.

Previous research carried out by AVA and Agenda Alliance found that, out of 173 local authorities in England and Wales, only 19 areas provided access to support for women facing multiple unmet needs that could address all the following issues: substance misuse, criminal justice contact, mental-ill health, and homelessness.[45]

45. AVA and Agenda (2017) Mapping the Maze.

Women face loneliness and isolation when dealing with multiple services. I feel like it can be too overwhelming working with a few different services [at the same time]. It causes a lack of confidence and poor mental health. — Deb

I think everybody's a little bit tunnel-visioned and takes the view that 'this is my area of specialism, so therefore this is what I do and I do a really good job, full stop.' But, we have to understand that we don't work just in isolated little tunnels. I think that there has to be a lot more collaborative working. — Family Law Solicitor

Living with trauma

Women with multiple unmet needs have often experienced extensive trauma beginning early in their lives, including experiences of psychological, physical, and sexual abuse.[46] It is well-established that experiencing trauma can impact an individual's capacity to engage with and attend services.[47] Despite this, women with multiple unmet needs tell us that mainstream services are often ill-equipped to recognise and respond to the impact of trauma and this can lead to them being re-traumatised while seeking support.

46. Agenda Alliance research shows that women's traumatic experiences are significantly more likely to take the form of interpersonal violence and sexual abuse than men's. A traumatic event is where an individual experiences, witnesses, or is confronted with life endangerment, death or serious injury or threat to self or close others. Traumatic events are distinct from and more severe than generally stressful life events. See Scott, S. & McManus, S. (2016) Hidden Hurt: Violence, abuse and disadvantage in the lives of women.

47. McCarthy et al. (2020) Understanding Models of Support for People Facing Multiple Disadvantage: A Literature Review.

Given the complex maze of public services, many women are forced to repeatedly share their stories with various disconnected professionals, itself considered re-traumatising. Far too many women are asked "what is wrong with you?" rather than "what happened to you?", leading to a systemic failure to make the link between the experiences women have had and the challenges they face.[48] Professional understandings of trauma need to be informed by gender-, age-, and cultural competency. Without this, services may fail to understand and respond to the reasons underpinning why some women are not engaging, responding to, or even receiving support.[49]

> *I had so many different workers and you're retelling your story, you're retraumatising yourself every single time you do that and then it detaches you from that experience because you're repeating it so often that it's just a story, it's not your life anymore. — Erica*
>
> *Often practitioners will view a woman's response or behaviour as irrational. But, if you're living with trauma, often that rational part of your brain isn't working and it's a trauma response… So, how do we create that space, freedom, and time to then be able to deliver services that are effective? — Public health practitioner*
>
> *We need greater help with childhood traumas. I've got suppressed memories, so I don't remember it, which sometimes is worse than remembering. But I've never had any help with that and that's what's led to everything else: my mental health, my addictions. It's like a vicious circle. — Steff*

48. McCarthy et al. (2020) Understanding Models of Support for People Facing Multiple Disadvantage: A Literature Review.

49. Studies have shown how trauma-informed interventions for 'hard to reach' populations increase engagement with treatment. Chung, S. et al. (2009), Changes in Treatment Content of Services During Trauma-informed Integrated Services for Women with Co-occurring Disorders, Community Mental Health Journal.

Shame, stigma, and discrimination

Women tell us that they often feel looked down on and as if professionals are not able to understand their life experiences. An "us and them" culture can mean women experience services as judgemental, complicit, and ineffective, rather than supportive and engaging. This can lead to women mistrusting all professionals and withdrawing altogether. A key theme to emerge from our research was that women face additional stigma and discrimination based on other concepts of identity, such as their age, sexuality, ethnicity, or class, which can further harm them and also push them away from help.

> *I'm working with a mum [who] says she feels "different from other mothers". The reasons come down to the cost-of-living crisis and the stigma around poverty, which is often a trauma in itself. — Women's Services Project Manager*

Our survey showed that 64% of women with multiple unmet needs have felt judged or blamed by a practitioner when accessing services. They explained the ways in which they felt judged by professionals or workers:

> *"I was blamed for my situation."*
>
> *"Social services made me feel like a bad mum because of my same-sex relationship."*
>
> *"Social workers judge you as a bad parent just for being an addict and having mental health issues, or being in recovery."*

"When I relapsed I was terrified about telling anyone due to fear of social [services]."

"Social services used my past against me."

"I felt judged because of my disability."

"I felt judged because of the bad things that have happened to me."

"I felt like they looked down on me, blaming my life on things they think I choose to do. They don't have a clue."

"I felt like they didn't believe what I was saying, and they thought I was lying."

"I felt like I didn't deserve treatment because I'm Kurdish."

"I felt judged by mental health services because I was a known drug user and looked down on."

Systemic racism and the hostile environment

During our focus group with Black, Asian, minoritised, and migratised women in Northumberland and Tyne and Wear, women outlined the many obstacles that they face in accessing services. Key themes included experiencing racism and discrimination in services, facing language barriers, and having No Recourse to Public Funds. Women described a lack of cultural responsiveness across mainstream services, perpetuated by the fact that practitioners often do not reflect the diversity of service users.

In addition, a Violence Against Women and Girls (VAWG) service manager told us that institutional forms of abuse, such as inappropriate physical restraint, are "commonplace" for Black, Asian, minoritised, and migratised women across services.[50] These forms of abuse can reproduce racialised harms and inequalities while further exacerbating mental ill-health and trauma.[51]

Systemic racism in public services refers to the ways in which racism is embedded within the policies, procedures, and practices of public institutions and services, resulting in unequal treatment and outcomes for people of different ethnicities, religious backgrounds, cultures, and heritages. The current legal system and immigration policies have purposefully created a "hostile environment" for many people who are racially minoritised, compounding this situation further.[52] This can lead to inequitable outcomes and experiences of further harm for Black, Asian, minoritised, and migratised women.

An overwhelming message gathered during this research has been that dedicated "by and for" services that support Black, Asian, minoritised, and migratised women are not only effective in delivering the right support, they are particularly valued by the women with whom they work.[53] These services cultivate relationships of trust between women and practitioners, who bring an understanding of the lived experience and social realities of the lives of those who are racially minoritised.

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50. The outcomes of this can be harmful and even fatal for Black, Asian, minoritised, and migratised women; for example Black women in the UK are four times more likely to die in pregnancy than white women. Asian and dual heritage women are twice as likely. Birthrights (2022) Systemic racism, not broken bodies.

51. Women's Aid (2021) Reframing the links; Abel and Newbigging (2018) Addressing unmet needs in women's mental health.

52. Since 2012, there has been a national government policy strategy to create a "hostile environment" intended to reduce the number of undocumented migrants. Liberty Human Rights (2023) Hostile Environment.

53. This was evident during our visit to Apna Ghar Minority Ethnic Women's Centre in South Shields, which provides vital support for Black, Asian, minoritised, and migratised women who can be isolated within their communities.

When you're an asylum seeker, you have no opportunities. You're trapped and have no liberty. You can't get work experience or improve your situation. You're basically stuck inside for 24 hours every day, for years and years. — Amie

You have to be really strong to come here as an asylum seeker. You can't afford to make mistakes. — Penda

Because we're Muslim women and we cover, people here [in my local area] are judgmental. Some people treat me differently. — Rita

Poverty and the cost-of-living crisis

Our research indicates that the cost-of-living crisis further endangered the most at-risk women, leaving them more isolated and with less support. As the crisis worsened over the winter months in 2022, women reported to us that accessing services became increasingly difficult.[54] We surveyed 47 women with multiple unmet needs and uncovered that, during winter 2022-2023:

- 72% said that the cost-of-living crisis directly impacted their health and wellbeing.
- 62% reported skipping meals and stopping buying essentials.
- 43% told us that they had been using foodbanks.
- 45% resorted to going somewhere outside of their home just to keep warm.

54. We hosted a Community of Practice discussion specifically on the worsening crisis to capture the ways in which services in Northumberland and Tyne and Wear were experiencing economic difficulties.

These survey responses are supported by alarming evidence that demonstrates the highest ever levels of need at food banks across the UK:

- December 2022 was the busiest month on record ever for food banks in the Trussell Trust network, with one food parcel being distributed every eight seconds.[55]
- In the North East, the number of people accessing foodbanks has risen from 65,177 to 154,403 in five years.[56]

A further consequence of this level of poverty was an increase in the number of women unable to attend services due to the cost of travel, including vital health, social service, or criminal justice appointments. While the Healthcare Travel Costs Scheme allows those who are on benefits to claim back costs for reasonable travel, this requires having the money upfront to facilitate this in the first place, which many women interviewed reported being unable to do.[57] For women on probation, who need to comply with requirements and attend appointments, non-engagement can have serious consequences; for example, a "breach" of the terms of their licence on probation can lead to potential recall to prison.

> *It's hard trying to keep all the appointments in order so you can actually get to them and keep them. Being on benefits, it's expensive paying for bus fares... They're just so expensive. — Woman with lived experience*
>
> *We have people now ringing up saying that they can't afford the bus or the Metro. — Healthcare professional*

55. The Trussell Trust (2022) End of year stats.
56. Ibid.
57. NHS, Healthcare Travel Costs Scheme.

Childcare

Amidst a nationwide childcare crisis, improving quality, affordable, and accessible provision for women with multiple unmet needs is often overlooked. Women tell us that more flexible and affordable childcare would allow them to provide a good start in life to their children, while accessing the support they need to turn their lives around. Despite reforms announced in 2023, which extended free childcare, many mothers with multiple unmet needs will not benefit from either the current or future expansion to entitlement.[58] Many of the women that had been through child removal emphasised that equitable childcare is critical to prevent the cycle of harm.

Many women experiencing disadvantage tell us that the system prevents them seeking support at the expense of their own recovery and health. Sometimes this is because services are designed without considering the needs of mothers: one example given was the lack of crèche facilities at most specialist alcohol and drug misuse treatment centres. Women emphasised that the inaccessibility of childcare can delay recovery with escalating consequences. Women's specialist services are often one of the few places in which childcare is provided, and women and practitioners both emphasised the difference that this makes.

- 67% of mothers with multiple unmet needs that we surveyed reported that childcare responsibilities prevented them from attending key appointments
- At age three and four, just 20% of children from families in the bottom third of earnings are eligible for the 30-hour entitlement, whereas 70% of parents who are eligible for the 30-hour offer are in the top half of earners.[59]

58. Currently, only children in "working families" are entitled to 30 hours of free childcare and early education. The 2023 reforms extend this and only apply to "working families", which risk the most disadvantaged children falling behind their peers before school. The Sutton Trust (2023) A fair start? Equalising access to early education.

59. Sutton Trust (2021) A Fair Start? Equalising access to early education.

When my youngest was born, it was frowned upon that I was taking him to recovery meetings – a lot of people were judgmental. I had to take him to meetings, or I couldn't go. — Steff

It's inappropriate for me to talk to a mum about ongoing court proceedings when there's a toddler in the room who has a mind like a sponge. If I ask a social worker [about childcare provision], the answer is always, 'No, it's not my responsibility' … crèches and wraparound nursery provisions are very expensive, so a lot of clients can't use those resources. They use their free hours, but anything above and beyond that, isn't available to them. — Family Law Solicitor

Literary and digital exclusion

Since the COVID-19 pandemic, digital service transformation has accelerated across all sectors impacting the ways in which services are delivered and experienced. While interviewees cited the benefits of appointments increasingly held online – including greater flexibility and accessibility for those who live further away or cannot afford travel/childcare costs - many women and practitioners raised concerns about digital exclusion and the risks for those with lower digital literacy or lack of access to equipment or internet. The assumption that services should now be delivered online by default, and that this will be equitable for all, should be scrutinised.

Women told us that another major obstacle to accessing services is the presumed literacy and numeracy levels within many assessment forms or service platforms. For women with low literacy or without fluency in English, this can limit their ability to access a complex web of services. Low literacy is a recognised barrier to receiving support from a range of public services, such as health care and mental health support.[60]

60. Otuoacheampong, S. (2021) Access to education and experiences of multiple disadvantage.

In areas of increased deprivation, this barrier increases and can mean that support is not received where it is needed most; for instance, NHS website's wording is suitable for people with a reading age of 16 and over but, in the North East, the average reading age is nine to 11 years.[61, 62]

- One in six adults in England have very poor literacy skills.[63]
- Of the women with multiple unmet needs we surveyed, 62% did not have educational qualifications beyond GCSEs. Of this group, 6% had no educational qualifications at all.
- 64% of women with lived experience surveyed told us that they have struggled to access benefits due to the paperwork involved.

Experiencing and reporting abuse within services

Many services accessed by the most disadvantaged women, such as hostels for temporary accommodation and drug or alcohol services, are dominated by men, and are often sites of sexual abuse and harassment. Agenda Alliance research shows that over 10% of women who have experienced sexual harassment said it happened in a public service.[64] This figure is likely to be disproportionately higher for women with multiple unmet needs, who tend to be in contact with a greater number of services more frequently. The fact that the most at-risk women are being sexually harassed in places in which they should feel safe, including benefit offices, hostels, and mental health units, illustrates how women can be exposed to further harm and trauma while seeking support.

61. An audit of content on the NHS website found that the average age for content is almost 16. NHS (2019) Creating better content for users with low health literacy.
62. South Tyneside Council (2022) Public health news: Health literacy.
63. National Literacy Trust, Adult Literacy.
64. Agenda Alliance (2021) Unsafe spaces.

Services are routinely designed around a male service user and are often mixed, which can lead to women experiencing sexual harassment or being at risk of encountering a perpetrator. One woman told us that when going to collect her methadone script, she was would regularly see a former perpetrator, which was deeply re-traumatising. The consequences of this can be damaging and potential stalling a woman's recovery. Many women told us they do not report harassment, victimisation or abuse out of fear of being disbelieved, dismissed, or let down.

- 26% of women surveyed told us that they have experienced sexual harassment and/or sexual abuse while accessing services, either from another service user or from a professional.
- 83% of this group did not report these incidents of sexual abuse or harassment to a professional.

Dani's Story

Dani experienced stalking by a former partner. When the stalking began, she tried to request information from the police about his previous convictions under Clare's law, but was told that this was not possible because they were no longer in a relationship. The Domestic Violence Disclosure Scheme guidance states, however, that information should be given about a current or former partner.

Even after giving 18 statements to the police, she was not offered a Stalking Protection Order. While she regularly contacted the police, in her opinion, she was not given priority: this eventually led to her saying to the police, *"I wish he would just actually come and hurt us so that you would actually do something about it."*

Women with multiple unmet needs face multi-faceted challenges trying to engage with services, which can include harmful and re-traumatising experiences that perpetuate disadvantage. Most mainstream services are designed around the needs of a supposed "generic" service user, often failing to meet the needs of women and in particular Black, Asian, minoritised, and migratised women and those who experience the greatest disadvantage. It is abundantly clear that something must be done differently.

3

The scale and consequence of failing women

For many women with multiple unmet needs, current service provision is fragmented across numerous services, leading to inconsistent and disjointed support. This chapter uses original data analysis to reveal the rising number of women needing support, as well as the high levels of unmet need amongst women at-risk, in Northumberland and Tyne and Wear. Without meaningful intervention, many women become entrapped in a cycle of harm as their problems escalate. To demonstrate this, we concentrate on some of the harmful outcomes that women experience, drawing from our research with women facing multiple unmet needs and insights from our Community of Practice. We focus on dual diagnosis, the impact of abuse and violence, the removal of children into social care, cycles of criminalisation and reoffending, and avoidable mortality.

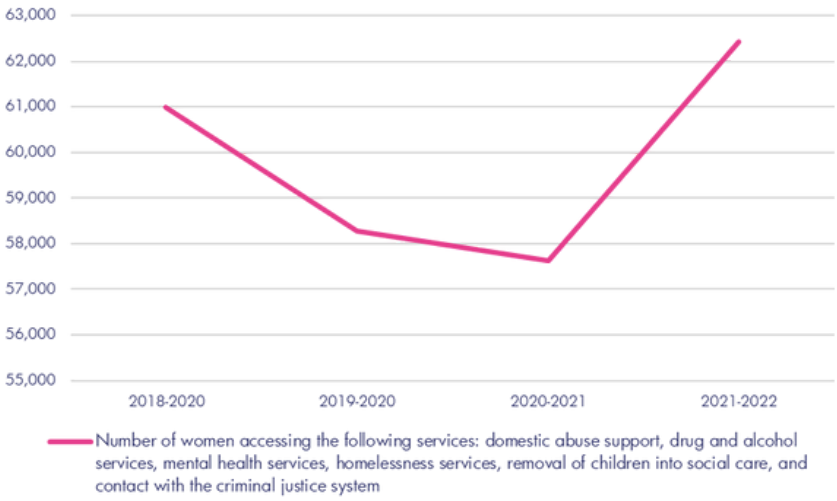
The scale of unmet need in Northumberland and Tyne and Wear

Our analysis focused on trends in the number of women accessing statutory services in Northumberland and Tyne and Wear, specifically looking at data from six service domains: domestic abuse; drug and alcohol recovery; mental health; homelessness; the removal of children into social care; and contact with the criminal justice system.[65]

65. While women experiencing multiple unmet needs inevitably use other statutory services, we selected these six domains to reflect the fact that we broadly define multiple unmet needs as experiencing any combination of homelessness, substance misuse, contact with the criminal justice system, child removal, domestic and sexual abuse, and poor mental health.

Due to the way data is collected, we are only able to show overall numbers of women accessing public services, which therefore does not indicate the frequency, length of duration, or indeed the number of services with which a woman is in contact. Nevertheless, our data shows an alarming snapshot of current trends, revealing that the number of women using these services in Northumberland and Tyne and Wear has risen to above pre-pandemic levels:

Figure 1: Total number of women accessing six service areas [66]



While there was a reduction in women service users during the pandemic between 2019-2021 (see Figure 1) – likely due to difficulties in accessing support at this time – the following year (2021-22) saw a significant uptick in the number of women accessing services. Our Community of Practice and interviews with practitioners and women suggest that this increase reflects both "catch up" figures following the pandemic, and increased need following the difficulties of recurrent lockdowns and the pandemic.[67] Regardless, the clear increase in post-pandemic demand is indicative of the growing strain on public services.

66. For further information on this data and the methodology, see Appendix 1.

67. Agenda Alliance research in 2021 revealed an increase in poverty and destitution, as well as a burgeoning crisis in women and girls' mental health. 95% of services surveyed reported that the pandemic made existing mental health problems worse. See Agenda Alliance (2021) Voices from Lockdown.

Despite this increase, there is a severe discrepancy between current service provision and the support that women at-risk need. Between 2021-2022 in Northumberland and Tyne and Wear, our data analysis clearly demonstrates a concerning picture of unmet need:

- 180,194 women needed mental health services but only 32,435 women accessed support. 81% (145, 759) of women in need missed out on support.[68]
- 90,471 women experienced domestic abuse but only 21,713 women accessed domestic abuse services. 76% (68,758) of women in need missed out on support.[69]
- 8,363 women needed drug and alcohol recovery services but only 3,345 women accessed support. 60% (5,018) of women in need missed out on support.[70]

Waiting lists shouldn't be that long. People could… end up killing themselves or all sorts because they cannot cope. — Dani

We have women call us – they feel desperate and are worried they might hurt themselves but it's so hard to get them support. When it comes to ringing the Crisis team [a 24/7, community-based team that provides rapid assessment to people experiencing a crisis or mental distress], the number of women who will say, 'I don't want to, it's pointless, I've rang them before, and they do nothing.' — CEO of a health charity

68. The number of women in-need not receiving mental health support in Northumberland and Tyne and Wear has fluctuated between 81% (2018-2019), 77% (2019-2020), 78% (2020-2021), before rising back to 81% (2021-2022). These figures are estimates based on our calculations, see Appendix 2, Table 1 for more detail.

69. The number of women in -need not accessing domestic abuse services has consistently remained at 76% for the years 2018-2019, 2019-2020, 2020-2021 and 2021-2022. These figures are estimates based on our calculations, see Appendix 2, Table 1 for more detail.

70. The number of women in-need not receiving drugs and alcohol treatment support in Northumberland and Tyne and Wear has consistently stayed at 60% for the years 2018-2019, 2019-2020, 2020-2021 and 2021-2022. These figures are estimates based on our calculations, see Appendix 2, Table 1 for more detail.

While our data shows that the average number of women accessing homelessness services has averaged 2,721 per year over the past four years in Northumberland and Tyne and Wear,[71] much of women's homelessness is "hidden" and rendered "invisible," so it proved difficult to assess the levels of unmet housing need.[72] Our interviews and focus groups emphasised that even where women are housed, mixed sex-accommodation often leads many women to be at further risk of abuse, increasing the risk of "survival sex" and sexual exploitation.[73] Pathways to finding secure housing that is self-contained and gender-specific are complex with long waiting lists, placing many women in precarious situations.

Dual diagnosis

Many interviewees discussed barriers in accessing mental health support for women with a dual diagnosis, referring to those with a diagnosis of both substance misuse and a mental health issue. These co-occurring problems affect one another so that, without mental health support, women's addiction can get worse. Likewise, when their substance misuse increases, their mental health can deteriorate. Yet, mental health services and drug and alcohol recovery services are hugely disconnected, with each being designed, commissioned, and provided separately, resulting in concerning gaps in service provision.[74]

Our interviewees repeatedly highlighted the fact that mental health services exclude women if the problems they face are regarded as "substance-related" and if they are not considered to be sober. Our data analysis shows that the number of women with a mental health need in Northumberland and Tyne and Wear, who are also accessing drugs and alcohol services, has consistently increased over the past four years, rising from 64% to 83%.[75] Furthermore, only 20% of these women with a mental health need are accessing mental health support.

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71. Note that this is likely to be a significant underestimate. See Table 1, Appendix 1.

72. McCormack et al. (2022) Women, homelessness and multiple disadvantage – the need for a gender-informed approach.

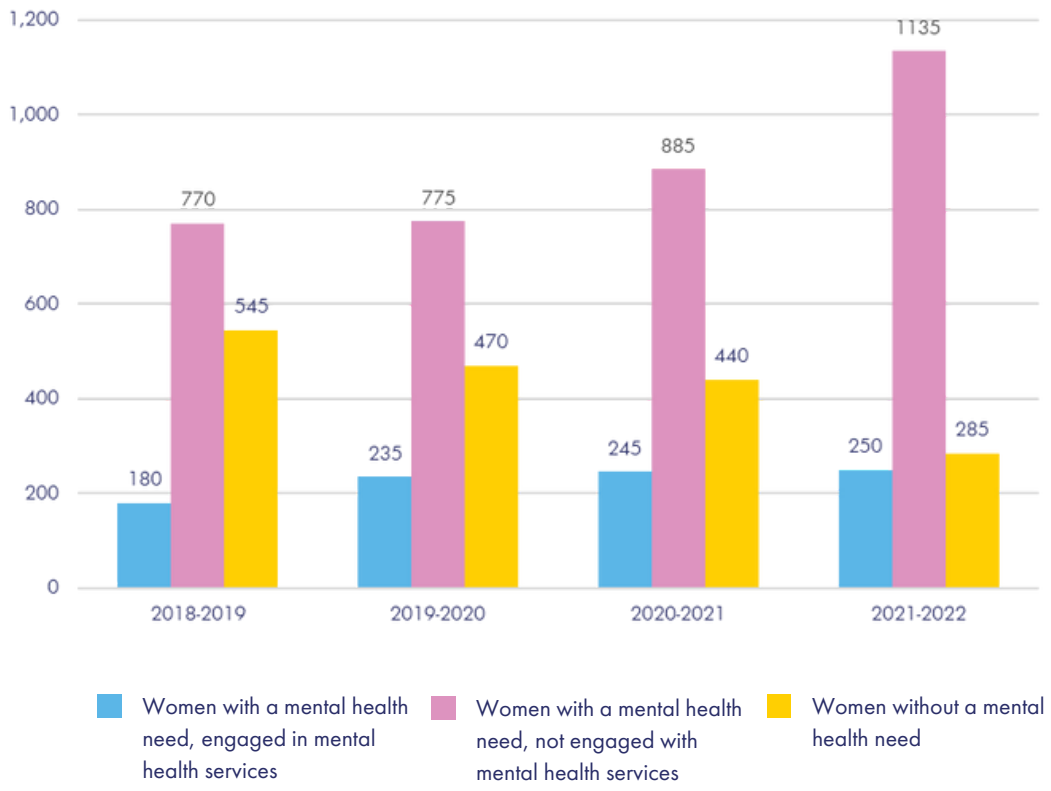
73. The STAGE project brings together charities specialised in adult sexual exploitation to provide trauma-informed support for women who have been groomed for sexual exploitation in the North East and Yorkshire. For more information and to read their policy briefings, see STAGE Project.

74. NHS Addictions Provider Alliance, The problem in dual diagnosis.

75. For a breakdown of this data, see Table 2, Appendix 2.

This failure to meet women's overlapping needs can result in a "revolving door", with devastating consequences. If those experiencing addiction were able to access mental health support earlier, this cycle of harm could be interrupted. The graph below demonstrates just how many women already in contact with drug and alcohol services are not receiving mental health support.

Figure 2: New women service users accessing drug and alcohol recovery services in Northumberland and Tyne and Wear



[Too often] you know what's going to happen, and it's devastating to watch. Someone deteriorates so much to the point that, after so many detoxes, what damage have you done to that person's brain and body? — Public health practitioner

Abuse and violence

Many of the women we interviewed with a dual diagnosis had experience of domestic and sexual abuse. Research elsewhere reveals the relationship between abuse-related trauma and coping strategies that increase the risk of substance misuse and mental illness.[76] Given that the majority of victim-survivors of abuse are women, and that women are more likely to self-medicate or use substances to deal with trauma and pain, this is a particularly gendered issue.[77] Equally, substance misuse and mental illness are both risk factors for further abuse and trauma, which was the case for many of the women in our research.[78] The co-occurrence of mental ill health, substance misuse, and domestic abuse is often referred to as the "toxic trio" – though we prefer the term "trilogy of risk" – which is viewed as an indicator of increased risk of harm to children or young people.[79] Without appropriate help, these risks can increase the likelihood of women having their children removed.

- Up to half of women in England with a dual diagnosis have experienced sexual abuse.[80]
- In England, women who have experienced extensive physical and sexual violence are more than twice as likely to have an alcohol problem and eight times as likely to be drug dependent compared to women with little experience of violence and abuse.[81]
- In Northumberland and Tyne and Wear, women have on average represented 77% of all victim-survivors of domestic abuse-related crimes between 2018-2022.[82]

76. Covington S. (2008) Women and Addiction: A Trauma-Informed Approach. J. Psychoactive Drugs.
77. Bright C.L et al. (2011) One Dozen Considerations When Working with Women in Substance Abuse. J. Psychoactive Drugs.
78. Torrens-Melich, M et al. (2021) Gender Perspective in Dual Diagnosis. Brain Sciences.
79. The term 'the toxic trio' was coined by in 2009 and has become commonplace among social workers and healthcare professionals. Today, it is viewed as stigmatising and is now described as 'the trilogy of risk' or 'trio of vulnerabilities. Murphy, N. (2021) What is the toxic trio?
80. Scott, S. & McManus, S. (2016) Hidden Hurt: Violence, abuse and disadvantage in the lives of women.
81. Ibid.
82. Data was provided from the Northumbria Police and Crime Commissioner (FOI – 440/23 Northumbria PCC).

While it is clear that experience of domestic and sexual abuse can underpin women's experiences of drug and alcohol addiction and mental ill-health, data reveals that only 13% of women in England and Wales reported abuse from their partner to the police in 2022.[83] There are many reasons for this, including: the potential danger of doing so; fear of reporting; isolation; shame, embarrassment or denial; and trauma and low confidence in policing and judicial systems.[84] Many of the women we interviewed described their lack of confidence in the police and their fear of having their children removed which made them hesitant to report abuse. Currently, interventions and pathways for women experiencing the "trilogy of risk" are fragmented and fail to adequately and holistically meet the scale of women's needs.

Furthermore, women with intersecting identities and experiences associated with systemic disadvantages, including poverty, disability, and ethnicity, experience exacerbated risks:

- In England, 38% of women living in poverty have experienced violence and abuse, compared with 27% of women not living in poverty.[85]
- Data from Refuge shows that Black women in the UK are less likely to be referred to them by police for support for domestic abuse: between March 2020 and June 2021, Black women were 14% less likely than white survivors to be referred.[86]
- For migratised women and women with No Recourse to Public Funds, concerns about revealing their immigration status to authorities and possible deportation, can lead to them being less likely to report domestic abuse.[87]

83. Office of National Statistics (2022), Crime Survey for England and Wales.
84. Women's Aid, Why don't women leave abusive relationships?
85. Agenda Alliance (2016) Joining the Dots.
86. Refuge (2021) Press release.
87. Domestic Abuse Commissioner (2021) Safety before Status.

Cycles of criminalisation and offending

One of the outcomes that many women with multiple unmet needs experience is contact with the criminal justice system, which can exacerbate disadvantage and perpetuate the cycle of harm. Women's experiences within the justice system are distinctly gendered, with many of their histories underpinned by trauma, violence and abuse, and poor mental health.[88] Our interviews demonstrated that, by the time women are criminalised, many of them have already been excluded from or let down by public services, including children's and adult's social care, health and educational services, and as survivors.

Women often commit less serious crimes than their male counterparts, with the majority of women in custody serving short sentences or being held on remand – during which time little meaningful work can be done to help women turn their lives around. Criminalisation can cause deteriorating mental health, homelessness, deportation for those without British citizenship, and a loss of income with increased barriers to future employment. Significantly, many of the women received into custody are mothers, with evidence showing the significant harm and trauma separation causes to both mothers and their children, enduring long after mothers are released.[89]

Black, Asian, minoritised, and migratised women are over-represented within the criminal justice system.[90] They face a double disadvantage, experiencing specific risks and barriers on the basis of their ethnicity, religion, culture and immigration status, meaning that they are less likely to access adequate support and are at risk of exploitation by perpetrators, who can coerce women into offending.[91] The risk of criminalisation for migratised women is severe, as they are particularly at-risk of destitution and deportation, and receive less protection from abuse.[92]

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88. Half of women in custody have faced emotional, physical, or sexual abuse during childhood, itself likely to be an underestimate due to systemic under reporting. Ministry of Justice and HM Prison and Probation Service (2022) Safety in custody: quarterly update to December 2021.

89. Many of the literature and evidence shows that motherhood adds an additional and gendered layer of complexity for criminalised mothers that needs to be recognised and supported. See Baldwin, L. (2021) Motherhood challenged.

90. Ministry of Justice (2020) FOI Response 200305033.

91. Prison Reform Trust (2017) Counted out.

92. Refuge (2021) Domestic Abuse Bill receives Royal Assent.

- Black women and women from 'mixed ethnic' backgrounds are twice as likely to be arrested when compared to their white counterparts in England and Wales.[93]
- Research with 60 Muslim women in prison in England found 79% had experience of domestic abuse, with abusive and controlling experiences at times being linked to the offence.[94]

Women and practitioners both emphasised the importance of diverting women away from the justice system. The use of out of court disposals, in tandem with holistic support from specialist services, were highlighted as an effective means to address the root causes of offending. In Northumberland and Tyne and Wear, Changing Lives have worked closely with specialist women's organisations to support women in contact with the criminal justice system, with transformative results.[95] The proportion of women in Northumberland and Tyne and Wear who have reoffended post release has fallen from 28% in 2018-2019 to 21% in 2020-2021.[96]

Ultimately, the major injustice facing many women is the fact that numerous obstacles in both law and practice prevent the context behind women's offending from being accounted for.[97] This can lead to needless waste of public resources and speaks to a broader systems failure that fails to provide justice for victim-survivors and prevents women experiencing systemic disadvantage from experiencing further harm.

93. Prison Reform Trust (2017) Counted out.
94. Muslim Hands (2018) (In)Visibility: Female. Muslim. Imprisoned.
95. This includes working with Women's Health in South Tyneside and Tyneside Women's Health in Gateshead to provide a "one-stop-shop" support to women under Probation Supervision. This enables women to benefit from holistic and specialist interventions and peer-support within their local communities, which remains available to them after their involvement with Changing Lives and Probation Services.
96. See Appendix 1, Table 1.
97. Centre for Women's Justice (2022) Double standard: ending the unjust criminalisation of victims of violence against women and girls.

> *Women who are suicidal getting sent to prison needs to stop, we need to look at what women really need. Services in the community need to have better understanding of what happens in prison. Prison and community teams working better together. When prison sentence ends it's like falling off a cliff, and support ends. — Probation Officer*

Removing children into social care

For women with multiple unmet needs, one of the most devastating outcomes is having their children removed and placed into social care. Many women who experience this report a history of abuse, neglect, or violence in the home, with this often starting in childhood.[98] During care proceedings, many women will be simultaneously grappling with substance misuse issues and/or experiencing mental ill-health and/or being a victim-survivor of domestic abuse.[99] Child removal can be an intergenerational cycle with many women having been in care themselves; as such, being care-experienced is identified as a risk factor for child removal.[100]

By the time that child removal occurs, many mothers have been failed by multiple public services. Yet rather than receiving the support they need, women and their children often become "collateral damage" within a broken system. Moreover, many mothers are frightened about seeking support in the first place in case disclosures lead to child removal. This highlights the gendered dimension to child removal, whereby access to services is often blocked for mothers due to fear of losing their children, while fathers are rarely asked about their children so do not face this anxiety or barrier.

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98. AVA (2022) Staying Mum; Reform and Fulfilling Lives Newcastle Gateshead (2022) Still a Mam

99. Broadhurst, K. and Mason, C. (2020) Child removal as the gateway to further adversity: Birth mother accounts of the immediate and enduring collateral consequences of child removal. This participative study with 72 women with experience of child removal found that women's exposure to domestic abuse in their adult intimate partner relationships was very high at 87.5%, as was the prevalence of mental health difficulties at 83.3%, and substance misuse at 59.7%.

100. Research conducted by the Nuffield Foundation (2014 - 2018) reveals that 40% of the mothers within the study had been in care themselves with a further 14% living in private or informal relationships away from their parents. Broadhurst , K. et al. (2017), Vulnerable Birth Mothers and Recurrent Care Proceedings.

During court proceedings, mothers with experience of domestic abuse told us that they felt as if experiences of abuse were weaponised against them. Following child removal, women often experience an exacerbation of complex needs, such as worsening mental health issues or an escalation of substance misuse, which can ultimately lead to premature death.[101] Afterwards, many women feel ostracised and shamed by their community and society, which can become internalised:

> *I think the stigma around domestic violence, addiction, and mental health, there should be something done about that. When women get their children removed, I don't think they should just be dropped like a sack of potatoes. There should be more peer support groups, there should be aftercare. It's a massive thing taking someone's children and we're just left to our own devices and no wonder half of us turn to drugs and drink or our mental health goes downhill. What are they expecting when they're not helping us? — Steff*

The current status quo is inherently punitive, meting out late-stage interventions that are both financially and socially costly, with life-altering impacts upon the women and children affected. There is an inherent contradiction within the current system as social workers are simultaneously tasked with being a source of support to families, while also being an integral part of the process in removing children from their parents. The normalisation and increased usage of court orders has led to a chronic breakdown of trust between many mothers and the social care system.

The rise of child removal is particularly acute in the North East, which has the highest rate of referrals to children's social care of any region; between 2009-2021, the North East has witnessed a 77% increase in its care population.[102]

101. MBRRACE-UK (2022) Saving lives, improving mothers' care.

102. Association of Directors of Childrens Services (2021) North East Submission to the Independent Review of Children's Social Care.

Meanwhile, it is projected that, without change, the number of children in care in the UK will rise from 80,000 to 100,000 by 2032.[103] The economic cost of this to the public purse is staggeringly high, but also incomparable to the unquantifiable human cost to mothers and their children.

Avoidable mortality of women

The scale and consequence of not meeting women's needs is severe, leading to cycles of disadvantage and ongoing trauma. One of the most alarming ways through which this manifests is premature death, whereby women die as a result of their unmet needs, leaving their families and friends bereft. Indeed, women with multiple unmet needs are at higher risk of premature death than the general population.[104] Since 2019-2020, the average age of women who are known to have died whilst accessing Changing Lives services has fallen by almost 10 years from 46.8 to 36.9 years old. This is under half of the typical life expectancy for women living in the UK.[105]

Despite the prevalence of premature deaths, practitioners and women we interviewed described limited strategic attention to this concerning trend. At its worst, this could be read as indicative of the insufficient value placed upon the lives of women with multiple unmet needs.[106]

103. MacAlister, J. (2022) the Independent Review of Children's Social Care.

104. A 2017 study found that people who are homeless, have substance use disorders, sex workers, or are imprisoned experience extreme health inequities across a wide range of measures. See Aldridge, R. et al. (2018) Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries. The Lancet.

105. Changing Lives (2022) Make the link: The premature deaths of women experiencing abuse and exploitation.

106. In many local authorities, not enough is being done to review the deaths of vulnerable individuals experiencing multiple unmet needs. This is regarded as a lost opportunity to develop valuable learning at an individual and wider cohort level, preventing future avoidable mortality. Making Every Adult Matter (2021) Reviewing the deaths of people facing multiple disadvantage.

We conducted data analysis on the avoidable mortality of women in the North East, looking specifically at women who have died between 2018-2021 as a result of suicide, drug and alcohol misuse, domestic homicide, and causes of death considered to be preventable or treatable.[107]

Our data analysis shows:

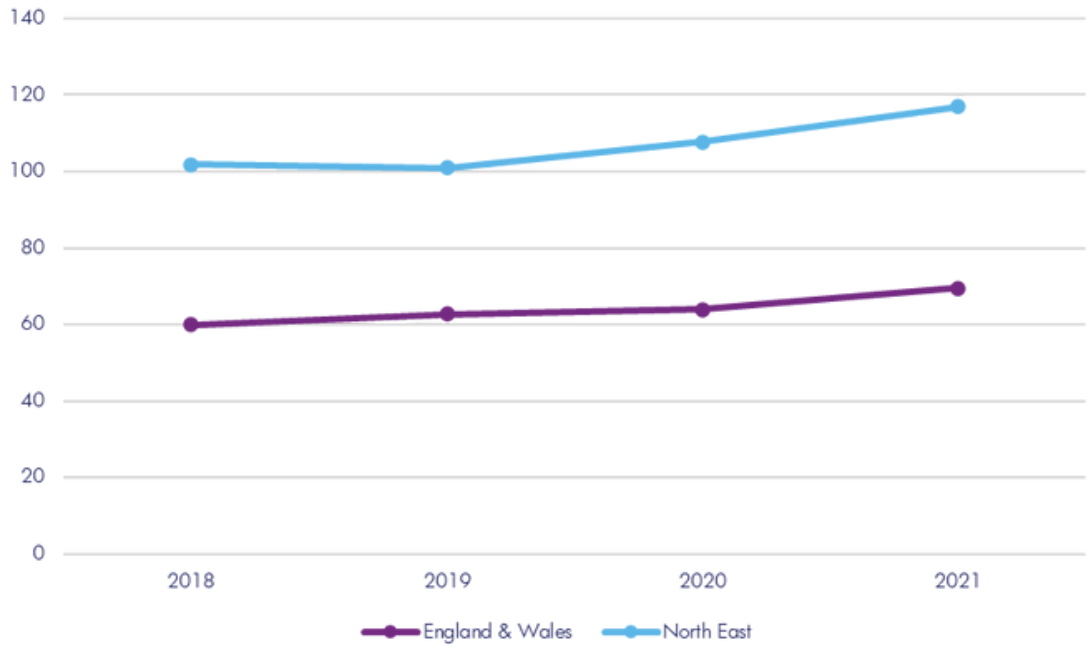
- In the North East in 2021, the mortality rate for women due to suicide, drug and alcohol misuse, and domestic homicide was 1.7 times higher than in England and Wales as a whole.[108]
- Between 2018 and 2021, the number of women who die in the North East as a result of suicide, drug and alcohol misuse, and domestic homicide has increased by 15%.[109]

107. Note that we were unable to use homelessness because all deaths included within homeless death statistics are: 1. Not split by both gender and region and; 2. Deaths due to suicide, alcohol and drugs above include homeless people so deaths are not distinct. Our figures were calculated using ONS data between 2018 and 2021 for: 1. age-standardised suicide rates (females); 2. age-standardised drug related deaths (females); 3. age-standardised alcohol-specific deaths (females); and 4. domestic homicides (with female victims). We then compared the mortality rates in the North East and the rest of England and Wales as a whole. We are able to provide more information on our data and methodology upon request.

108. In 2021, 69.5 women per 100,000 died as a result of suicide, drug and alcohol misuse, and domestic homicide in England and Wales. In 2021, 116.9 women per 100,000 died in the North East as a result of these same causes. See Appendix 3, Table 1 for a full breakdown of this data.

109. In 2018, 101.8 women per 100,000 died as a result of suicide, drug and alcohol misuse, and domestic homicide in the North East. In 2021, this number rose to 116.9 per 100,000, reflecting an increase of 14.8% (15%). See Appendix 3, Table 1 for a full breakdown of this data.

Figure 3: Number of women dying due to suicide, drug poisoning, alcohol, and homicide (age-standardised rate per 100,000)



In the last two months, two women have died that I knew. One woman was admitted to hospital after having seizures, [before that] she was getting well and was in touch with people. Then nobody heard from her. This woman was a great person... It really makes you think about your own life. The other woman relapsed, and I'm at [another] funeral this week... I'm scared of losing another friend or if something happens to myself. Addiction doesn't discriminate, it can be anyone. — Lorna

Four friends of mine have died recently. [In the case of] one woman, her dad was murdered. Then, soon after, she was found dead in a park. Another woman who I know has lost children and her partner, but she's just been left to get on with her life. — Haley

4

Recommendations for systems change

In many ways, the COVID-19 pandemic illustrated that local services and systems can quickly galvanise around the clear goal of protecting the lives of vulnerable groups, particularly those experiencing multiple unmet needs. Our findings make a clear case for change, demonstrating the web of personal, social, and economic costs that emerge because of inadequate, and sometimes harmful, service provision. Drawing from our research, we identify five ways in which services and systems should be redesigned to better meet the needs of women with multiple unmet needs.

1) Prevention and early intervention

Late-stage interventions are socially and financially costly, and our analysis demonstrates the need for a different approach that prioritises early intervention and prevention. Our costings analysis shows that, in Northumberland and Tyne and Wear, the annual combined expenditure for women across: domestic and sexual abuse services; mental health services; drug and alcohol recovery services; homelessness services; criminal justice services; and the removal of children into social care, has been the following:

- 2018-2019: £159,646,000
- 2019-2020: £164,708,000
- 2020-2021: £170,885,000
- 2021-2022: £173,012,000

The combined annual expenditure for women across these six service areas has been a staggering £668,251,000 over the past four years.[110] Our research shows that women who repeatedly access services, or who access numerous services at once, are often trapped in a cycle of harm that escalates without meaningful intervention. Given the fragmented nature of these services and the scale of women's unmet needs – itself growing at an alarming rate – this figure is a sobering indictment of the current costly and ineffective failure to end the cycle of trauma and harm for women.

The Office for Budget Responsibility projects that national public spending will increase from 38.7% of GDP in 2026-2027 to 48.4% in 2071-2072, primarily driven by the ageing population, state pensions and health spending.[111] While current public service provision prioritises financing and resourcing services that directly "deal with problems" that are easy to quantify or measure, some of the growing demand is preventable and this urgently necessitates shifts in both policy and practice.[112]

Given that there is high expenditure on public services to support women in Northumberland and Tyne and Wear, with simultaneously high levels of unmet need and uncoordinated support, it is clear that the status quo needs to be challenged and redesigned. There is an economic and social imperative to invest in earlier intervention and more holistic and coordinated approaches to ensure that stretched public services can respond more effectively and efficiently. Existing Agenda Alliance research (2022) shows that early intervention for girls and young women at-risk can be transformative in ending the cycle of trauma and harm.[113] The current approach to delivering public services must be reconceptualised to embed prevention for the most at-risk women.

110. For an overview of our costings analysis, see Appendix 1.
111. Office for Budget Responsibility (2022) Fiscal Risks and Sustainability - July 2022.
112. Demos (2023) The Preventative State: Rebuilding our local, social and civil foundations.
113. Agenda Alliance (2022) Girls Speak.

Part of tackling demand preventatively and addressing the root causes of inequality should include combatting the spiralling rates of poverty that underlie much disadvantage, driving demand on public services.[114] This is particularly important for women – who are disproportionately impacted by poverty, especially disabled and Black, Asian, minoritised, and migratised women. Tackling poverty will also improve public health, as areas of high deprivation and socio-economic disadvantage are currently experiencing widening health inequalities.

At the national level, Government should work cross-departmentally to develop a coherent national strategy that addresses the social, economic, and health challenges facing women and girls experiencing multiple unmet needs. At the regional and local levels, prevention should be embedded to address the underlying causes of inequality and avoid services continually "fighting fires" and working reactively. Forthcoming devolutions deals – including in the North East – offer real opportunities for creating change through ambitious commitments to reforming public services and addressing health inequalities. Specifically, the North East's proposed formation of a 'Radical Prevention Fund' could be truly transformative if it is distributed in a targeted way that supports those with multiple unmet needs and considers the gendered needs of women experiencing disadvantage. Other areas with devolved powers should look to this example and implement similar solutions.

> *The politicians need to realise we're not some scum that fell off people's feet. We are people. People with ambition and hobbies. We've all got a story to tell and given the chance, a proper chance, a life to be had. This could be your sister, your daughter, granddaughter. [Too often, politicians are] so far removed from who they think they're dealing with. — Haley*

114. An estimated £78bn of public spending is linked to dealing with poverty and its consequences. Joseph Rowntree Foundation (2016) We can solve poverty in the UK.

2) Gender-, trauma-, and culturally- responsive support

Trauma-informed approaches acknowledge the ways in which trauma can affect an individual's physical, emotional, and psychological well-being, impacting their ability to form relationships and seek support from services. Being trauma-informed means providing an environment where a person with experience of trauma feels supported and can develop trust.[115] Using a strengths-based approach – grounded in an understanding of and responsiveness to trauma – trauma-informed approaches can create opportunities for survivors to rebuild a sense of control and empowerment. A trauma-informed approach is regarded as the most effective model of support for women facing multiple disadvantage.

When services assume so-called "gender-neutral" approaches, this can lead to the specific and gendered needs of women being downplayed and overlooked. It is important to acknowledge that gendered experiences, often shaped by sexism and misogyny, impact the ways in which women experience trauma and access services.[116] Not least, this should include an understanding of how domestic and sexual abuse disproportionately affects women and the impact of violence and victimisation on development and coping strategies. The women we spoke to expressed a preference for gender-specific settings that allow them to feel safe and that respond to their gendered life experiences. This is supported by previous Agenda Alliance research, which illustrates the importance of providing these spaces in a meaningful way and delivered by the providers who understand this best.[117]

In addition to considering gender, being trauma-informed also involves recognising the barriers created by age, poverty, insecure immigration status, racism, disability, homophobia, and transphobia. As a result, there is a need to provide culturally responsive care that fully recognises and responds to all aspects of a woman's identity, background, and experiences.

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115. Kings Fund (2019) Tackling poor health outcomes: the role of trauma-informed care.

116. Agenda Alliance and AVA (2017) Mapping the Maze.

117. For an overview of the ways in which services can be gender and trauma-informed, see Agenda Alliance and AVA (2019) Breaking down the Barriers.

In turn, by making women feel safe and accepted, cultural responsiveness makes services more accessible and effective. It should be noted that specialist "by and for" organisations play a pivotal role within communities, providing vital support for Black, Asian, and minoritised, and migratised women. However, research shows that these services are far less likely to receive statutory funding than other organisations.[118]

Fundamentally, gender-, trauma-, and culturally- responsive support should be embedded across all public services. As such, these principles should be adopted by all relevant public service commissioning bodies, setting the standard for all service provision, and ensuring that women receive appropriate and meaningful support. Additionally, specialist services, especially "by and for" organisations, will always play a key role in providing holistic support within their communities and should therefore be sustainably and adequately resourced.

> *Without Apna Ghar, I wouldn't know what to do. They've helped me with everything, from giving me support and letting me meet people. South Shields itself isn't diverse and it's important to be around other women like me. It's easier to open up to other women and find support. — Penda*
>
> *If you've been using drugs and alcohol or experiencing domestic violence, obviously there's trauma of some sort going on and that isn't going to be solved by removing your children. — Haley*
>
> *Women only spaces are important because a lot of women's trauma comes from men. For me, to be able to talk about my trauma, it needs to be with women… so I can be honest. — Steff*

118. AVA and Agenda Alliance (2019) Breaking down the Barriers; Agenda Alliance (2017) Mapping the maze: literature review.

3) Services working together

Systems need to prioritise prevention by considering people holistically, looking at their stories and what has brought them to where they are; ultimately, people should be respected and listened to, rather than "treated" or tolerated. In part, this can be achieved by greater coordination and "silo-busting" between services so that national, regional, and local systems become more agile and responsive to the scale of challenges facing women with multiple unmet needs.

Devolution provides a real opportunity for combined authorities to assume a "helicopter view" of public services and ensure all strategies and action plans meet the needs of the most at-risk population cohorts, including women facing multiple disadvantage. By coordinating local authority, health, criminal justice, voluntary, and community partners across the North East Mayoral Combined Authority, an innovative and impactful whole systems approach to tackling multiple unmet needs could be designed. Within this, there should be a strategic mechanism for all boroughs within a combined authority region to meet regularly and collaborate on issues affecting women with multiple unmet needs. This should be supported by regular audits of all local/regional strategies that impact women experiencing multiple unmet needs to ensure cross-sector coordination and alignment.

The current complex web of public services, and the resulting numbers of professionals involved in women's lives, makes it difficult for women to establish trusting relationships with practitioners; yet trust and good quality relationships are often the cornerstone of effective service provision. Our research indicates the importance of systems-navigators.[119] For women, these navigators must understand their specific and gendered experiences to ensure that their needs are met and responded to in an appropriate and meaningful way.

119. A navigator is a staff member who works to support those affected by multiple unmet needs and supports them in coordinating a range of support. They have small caseloads and work with people over an extended time period to develop trusting relationships and are therefore better able to understand needs and challenges. See Fulfilling Lives (2021) What makes an effective multiple disadvantage navigator?

In order for organisations and Government to monitor the ways in which services work together and support women, the standardised data produced by the ONS that public sector organisations collect needs to be adjusted to provide more readily available service data, expenditure data, and outcome data. This would allow better monitoring and evaluation of services, and assessment of whether funds are being spent effectively. This should include asking service users which other needs they have and which other services they are in contact with. This data should be recorded and included in publicly available reports via ONS, segregated by gender, ethnicity, and local authority.[120]

4) Co-production and responding to power dynamics

For systems change to be most effective it must embed co-production throughout. This requires recognising the skills and insight that women with lived experience of systemic disadvantage can bring to solving problems which may seem intractable. Having the right people at the table means fostering a culture of co-production across the design, delivery, funding, commissioning, and evaluation of all public services. Women with lived experience should be selected by working closely with specialist services that support them. The women selected should fully reflect the diversity of the local population and they must always be compensated for their time, travel, and childcare.

To respond to challenges facing women with multiple unmet needs, every local authority should actively seek to understand the scale and nature of multiple unmet needs locally. There should be particular consideration of the gendered impact of multiple disadvantage, and the experience of women and girls. When undertaking this research, women with lived experience of homelessness, substance misuse, contact with the criminal justice system, child removal, domestic and sexual abuse, and poor mental health should be engaged. This needs to be adequately resourced, so that all women receive the support that they need to engage in the work, as well as financial compensation.

120. This should also include indicators (developed in conjunction with ONS) that indicate waiting list times and service/treatment outcomes.

> *I would like to see more women's voices listened to, more women-only spaces, women being supported and involved through all stages, more training, more opportunities for people with lived experience. — Deb*

5) Long-term and sustainable funding and commissioning

There is a need to address the barriers that services and commissioners face in order to provide long-term and sustainable support for women with multiple unmet needs. For many services, commissioning can take a short-term view with a lack of consideration about the interaction between services or addressing problems holistically or preventatively. Meanwhile, commissioners reveal that they are conscious of this but are themselves bound by national funding pathways, often determined by central government. Moreover, many local areas report that, given the narrow and exclusive focus of some funding streams and policy initiatives, it is difficult to provide support to people experiencing multiple disadvantage or to focus on systems change.[121]

Government should therefore ensure that funding processes to support those with multiple unmet needs do not require local authorities to undertake competitive bidding where this is not in the interests of the programme, or the specialist services best able to respond to need. All current and future programmes that have been set up to support those experiencing multiple unmet needs must include gender-specific and culturally-responsive strands with sustainable and long-term funding.

The voluntary, community, and social enterprise sector is an important partner for statutory services, playing an essential role in improving outcomes for women and unlocking transformation. While specialist services often provide holistic and gender-informed support they ultimately form part of an inconsistent "post-code lottery" of service provision due to the fragmented nature of funding opportunities.

121. MEAM (2022) Making funding work for people facing multiple disadvantage.

For many specialist services, funding sources range from local authorities, Police and Crime Commissioners, health commissioners, national funding streams, and trust and foundation grants.[122] Voluntary sector organisations face the duality of being championed by policy and decision makers for the vital support they provide while simultaneously constrained by limited resources and short-term funding.

Where possible, government should provide ring-fenced, multi-year, and core funding for gender-specialist and community-based services to reach the most marginalised women, including sufficiently funding "by and for" services. In turn, our research suggests that this would reduce overall demand on public service and address the escalating rates of unmet needs.

> *They need to do something, and they need to do it fast otherwise there's going to be so many more disadvantaged women, more suicides, homelessness, child removal. It needs acting on. — Nici*

122. Short-term and patchy funding can create instability. Trends in the North East reveal that the percentage of third sector organisations experiencing difficulties with retention and recruitment of staff has more than doubled, rising from 24.9% to 53.6% in the last two years. This is the highest number in England and Wales, see more: Community Foundation (2022) Third Sector Trends in England and Wales.

Spotlight: Regional recommendations for change

Our Community of Practice have identified tangible ways in which Northumberland and Tyne and Wear can catalyse change to better support women with multiple unmet needs.

1. They are calling for the local authorities of Gateshead, Newcastle, North Tyneside, South Tyneside, Northumberland, and Sunderland to:
    a. Review all safeguarding practices which can discriminate against women with multiple unmet needs, and develop gender-, trauma-, and culturally-responsive practice and support for mothers at risk of having their children removed into social care.
    b. Ensure the North East Mayoral Combined Authority include in their Constitution provision to ensure that women with multiple unmet needs, "by and for" organisations, and specialist women's organisations are involved in the design and commissioning of local services, as well as consulted on the development of services relating to: domestic and sexual abuse; mental health; drug and alcohol; homelessness; criminal justice; and the removal of children into social care. This should be held/overseen by a new board: Addressing Regional Inequalities. The board should have a specific gendered focus.
    c. Ensure that funding for specialist services to support women with multiple unmet needs has a three-year minimum term, dependent on yearly funding reports with deliverables. Where national funding requirements restrict this, to collectively raise these concerns with central government.
    d. Locally review how funding and commissioning processes from Police and Crime Commissioners and local authorities can become more accessible, joined-up, and streamlined. Recommendations should be shared with central government to help inform future devolution deals and nationally funded programmes.
2. Newcastle local authority should commission and fund a specialist service to run a pilot programme for a women and girls' drug and alcohol service. This pilot should bring together health, wellbeing, and community services to better support women and girls in a safe space. It should be fully evaluated, with learning drawn upon by other local authorities in the North East to provide an alternative to current provision.

3. The Police and Crime Commissioner for Northumbria should review current Multi-Agency Risk Assessment Conferences (MARACs), to ensure that practices fully meet the needs of women with multiple unmet needs in the region. Learnings from the review about the ways in which women with multiple unmet needs can be better supported should be shared nationally with PCCs through the Association of Police and Crime Commissioners (APCC) and used to inform a pilot that trials an alternative approach in the area.
4. The North East and North Cumbria Integrated Care Board (ICB) should develop dedicated positions within its board for representation from women with lived experience and those with practice expertise in working with women with multiple unmet needs.

Conclusion

Pre-existing disparities in regional health and wealth have been exacerbated by the pandemic and cost-of-living crisis, with a significant impact on those at the sharpest edge of inequality, women with multiple unmet needs. These women experience a combination of systemic disadvantages, leading to overall poorer outcomes and a risk of premature death. Currently, too many of these women are being failed by disjointed, ineffective, and harmful responses from public services.

Persevering blindly with the status quo is unsustainable and ill-advised, given the climbing costs and escalating needs of the population. As we move beyond the legacy of the pandemic and collectively grapple with how to improve the lives of everyone in society, this report marks a timely contribution and provides clear recommendations for systems change to make public services better meet the needs of the most at-risk women and their children.

Now is time to take stock and revitalise our public services to ensure they are meeting the needs of the most disadvantaged populations in the most deprived areas. This is vital if government is to realise its commitment to "level-up" the country by addressing inequalities within and across regions.

This research offers an opportunity for the North East Mayoral Combined Authority, and all prospective devolution deal areas, to better respond to the needs of women experiencing systemic disadvantage. We urge all relevant players to maximise the opportunities generated by devolution, investment from social care reform, and wider changes to the health and social care system.

The case for change is resoundingly clear; it is now for policymakers and government to act decisively and deliver boldly.

To be successful, all the below recommendations must be developed in full and meaningful collaboration with specialist and community-based women and girls' services, including "by and for" organisations, and women with lived experience of multiple unmet needs, who must be appropriately remunerated for their time and supported by specialist-organisations through the process.

Ending the cycle of trauma and harm so that women and girls can thrive

1) PRIORITISING PREVENTION AND EARLY INTERVENTION	**HM Government should form a cross-departmental Multiple Disadvantage Taskforce to develop a coherent, cross-cutting and gendered national strategy that addresses the social, economic and health challenges facing people experiencing multiple unmet needs, with a specific focus on women and girls. This strategy must:** • Be led by a specific Cabinet-level Minister with responsibility for laying an annual report before parliament on progress in delivering the strategy. • Include clear cross-departmental targets for reducing the number of women and girls who experience: (i) poor mental health; (ii) violence, abuse, and exploitation; (iii) poverty; (iv) contact with the criminal justice system; (v) child removal; (vi) homelessness; (vii) school exclusions (viii); and substance misuse. Sufficient cross-departmental resources should be allocated through the next spending review to meet these ambitions. • Include ring-fenced, multi-year, and core funding for gender-specialist and community-based services to reach the most marginalised women, including "by and for" services. **HM Government should introduce a duty on local authorities to collaborate with the voluntary, community and social enterprise (VCSE) sector on strategies and services that support people with multiple unmet needs, with specific consideration given to the needs of women and girls.** • This collaboration should include relevant systemwide planning and commissioning, data-sharing, evaluation and outcomes frameworks, and work-force development that would make the greatest difference to the lives of women and girls facing disadvantage.

2) GENDER, TRAUMA AND CULTURALLY RESPONSIVE SUPPORT	**HM Government should commit to the development of a cross-departmental strategy on the Development and Delivery of Trauma-Informed Practice, with a focus on meeting the needs of women and girls. This strategy must:** • Develop a clear, working definition of what "trauma-informed" means in practice across the delivery of public services, and provide a toolkit to support all sectors.[123] This must include guidance on how to deliver trauma-informed support that is both gender- and culturally-responsive. **All relevant public service commissioning bodies should adopt gender, trauma- and culturally responsive principles for the services for which they are responsible.**
3) SERVICES WORKING TOGETHER	**Combined authorities should form Tackling Disadvantage Working Groups that adopt a whole systems approach to tackling multiple unmet needs. These taskforces must be collaborative and respond to the gendered dimensions of disadvantage by:** • Developing a mechanism for all boroughs to collaborate strategically on issues affecting women with multiple unmet needs. This should bring together a range of partners across the combined authority area, including voluntary and community partners, and women with lived experience, who should be given meaningful advisory and decision-making roles. • Agreeing a set of shared goals and outcomes to ensure that women across the regional area can receive holistic support, regardless of where she may be based at the time. • Aiming to improve alignment across commissioning cycles, multiple and sometimes conflicting outcomes measures, and decision-making parts of the local system. • Conducting an audit of regional strategies that impact women facing multiple unmet needs - with specific reference to the needs of mothers, Black, Asian, minoritised, and migratised women (including women with No Recourse to Public Funds), LBTQ+ women and disabled women – and work to resolve gaps and challenges highlighted.

123. See Scottish Government (2021) Trauma-informed practice: a toolkit for an example that includes a literature review, as well as focus groups from those with lived experience and different services.

	Commissioners should ensure that all public services provide disaggregated data on which women are being turned away, and why, from services. • Local authorities should hold central responsibility for the collation and evaluation of this data and feed it back into strategic decision-making at the local, regional, and national levels. **The standardised data produced by the ONS that public sector organisations collect needs to be adjusted to provide more readily available service data, expenditure data, and outcome data.** • This should include asking service users which other needs they have, and which other services they are in contact with. • This data should be recorded and included in publicly available reports via ONS, segregated by gender, ethnicity, and local authority.
4) CO-PRODUCTION AND ADDRESSING POWER DYNAMICS	**Local authorities must develop greater localised understandings about the needs of women and girls facing multiple unmet needs to prevent cycles of trauma and harm. To achieve this:** • The Department of Health and Social Care (DHSC) should introduce statutory guidance to ensure all Joint Strategic Needs Assessments (JSNAs) include a summary document about the needs of local people experiencing multiple unmet needs within the area – including specific and intersectional consideration of women and girls. **Integrated Care Partnerships (ICP) must ensure representation from those working with marginalised and at-risk groups, who are at greater risk of health inequalities. They should achieve this by:** • Ensuring that the voluntary, community and social enterprise representatives on the ICP include specialist organisations working with women and girls with multiple unmet needs, including "by and for" organisations, and representation from women with lived experience, who reflect the diversity of the regional population.

5) LONG-TERM AND SUSTAINABLE FUNDING AND COMMISSIONING	**HM Government should ensure that all current and future programmes that have been set up to support those experiencing multiple unmet needs include gender-specific strands with sustainable and long-term funding. To achieve this:** • The Department of Levelling Up, Housing and Communities should commit to publishing information about the outcomes of women within their Changing Futures programme. • All relevant programmes should be evaluated for their effectiveness in working with women experiencing multiple unmet needs. • All future programmatic work that focuses on reducing forms of multiple disadvantage, including work to address homelessness, drug and alcohol misuse, and mental health, should include requirements for gender-specific delivery that aims to reduce the harms faced by women experiencing multiple unmet needs. **HM Government should ensure that funding processes to support those with multiple unmet needs do not require local authorities to undertake competitive bidding where this is not in the interests of the programme or specialist services.** • Funding processes should encourage equity of power in partnership between providers of different sizes, and in voluntary and statutory sectors, and be weighted towards specialist providers as the lead or decision making delivery partner.

On co-production

It's meant a lot to me
I've enjoyed having an input into the project and listening to other women's thoughts
I felt alone but now I know I'm not alone and there is help out there
I never felt heard, now I do
I was in a vicious circle and now I feel like I'm involved in
breaking those circles
It's been a lovely group of supportive women
I think it's a bit like therapy for me
I've got more help from being in this group than I have in a long time

Deb, Haley, Lorna, Nici, and Steff
A poem written by our researchers with lived experience of multiple unmet needs

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Appendices

Appendix 1

Transforming Services for Women's Futures: Costings Analysis

Our costings analysis examines current expenditure and availability of support to women with multiple unmet needs in Northumberland and Tyne and Wear (Gateshead, Newcastle, North Tyneside, South Tyneside, Northumberland, and Sunderland). It focuses on six service areas: 1. Domestic abuse; 2. Mental health; 3. Homelessness; 4. Drug and alcohol; 5. The removal of children into social care; and 6. Contact with the criminal justice system. These domains were selected to reflect the broad definition of multiple unmet needs that we outline in the introduction of this report. The data below was gathered through both publicly available data sources and Freedom of Information (FoI) requests.[124]

124. We have provided some explanatory footnotes, indicating our method and sources for the data within the table. We are able to provide a full overview of our method, FOI responses and data tables upon request.

Table 1: Costings analysis of women accessing six service areas in Gateshead, Newcastle, North Tyneside, South Tyneside, Northumberland, and Sunderland				
	2018/19	2019/20	2020/21	2021/22
Baseline population: adult women[125]			603,889	
Recorded number of women service users:				
Domestic abuse[126]	22,563	20,787	21,713	22,180
Drug and alcohol services[127]	3,120	3,155	3,345	3,640
Mental health services[128]	30,460	29,865	28,540	32,435
Homelessness services[129]	2,935	2,698	2,381	2,871
Women with looked after children during the year[130]	1,233	1,257	1,299	1,292
Criminal justice system (reoffenders)[131]	689	523	349	N/A
Total number of women service users	**61,000**	**58,285**	**57,627**	**62,418**
Estimated annual expenditure per woman service user:				
Domestic abuse[132]	£1,565	£1,787	£2,048	£2,001
Drug and alcohol services[133]	£2,298	£2,106	£1,966	£1,966
Mental health services[134]	£2,374	£2,519	£2,664	£2,548
Homelessness services[135]	N/A	N/A	N/A	N/A
Looked after children during the year[136]	£26,728	£29,499	£30,062	£30,051
Criminal justice system (reoffending)[137]	£17,277	£16,473	£13,661	N/A
Estimated annual expenditure on all women service users: (Figures in £000s)				
Domestic abuse	£35,304	£37,139	£44,459	£44,386
Drug and alcohol services	£ 7,170	£ 6,644	£6,576	£7,156
Mental health services	£72,312	£75,230	£76,031	£82,644
Housing services	N/A	N/A	N/A	N/A
Looked after children	£32,956	£37,080	£39,051	£38,826
Criminal justice system	£11,904	£8,615	£4,768	N/A
Total expenditure per year	£159,646	£164,708	£170,885	£173,012

125. Office of National Statistics (ONS) 2021 Estimates of the population for the UK, England, Wales, Scotland and Northern Ireland.

126. The number of women victims of domestic abuse related crimes in Northumberland and Tyne and Wear. This figure was obtained through FOI requests to Northumbria PCC and data collected by the Crime Survey for England and Wales (CSEW).

127. The number of women in all forms of treatment for drug and alcohol in Northumberland and Tyne and Wear. This was worked out using the National Drug Treatment Monitoring System (NDTMS), which produces information on service users.

128. The number of women in contact with mental health services during the year for non-neurological conditions in Northumberland and Tyne and Wear. To obtain data on mental health service users segregated by gender, FOI requests were made to NHS Digital, North East and North Cumbria ICB, and Cumbria, Northumberland, Tyne & Wear NHS Foundation.

129. The number of women headed households (single adult women and single mothers) receiving homelessness services in Northumberland and Tyne and Wear. Note that these totals are incomplete due to missing data from some local authorities. For an overview, see DLUHC (2023) Homelessness Statistics.

130. Department for Education (DfE)is responsible for statistics on Looked After Children (2023), with data submitted by local authorities. As the child is the focus of this data collected by DfE, this figure is an estimate, worked out by looking at the category of need referenced in the accompanying guidance notes. Using this, we assume that children removed due to 1. Abuse/neglect; 2. Parental illness/ disability; 3. Family in acute stress; and 4. Family dysfunction signify women with multiple unmet needs. Additionally, we assume each woman has two children on average. These figures refer to the number of children looked after during the year (as opposed to new starters).

131. The number of proven women reoffenders in Northumberland and Tyne and Wear. The Ministry of Justice (MoJ) produces Proven Reoffending Statistics (2023), relating to offenders who were released from custody and subsequently received a non-custodial conviction at court, or received a caution.

132. This estimate was calculated by calculating the proportion of Northumbria PCC's annual expenditure that is spent on domestic abuse-related crime.

133. This estimate was calculated by dividing the annual expenditure on drug and alcohol services by the number of people in contact with drug and alcohol services during the year. Note that the expenditure on drug and alcohol treatment services is reported in £000s by local authorities and the expenditure per person per year calculations are approximate. These figures are likely an underestimate as they do not include expenditure by the NHS and third sector organisations.

134. This estimate was calculated using the average annual expenditure on mental health services per adult, excluding neurological conditions such as autism, ADHD or dementia. Cumbria, Northumberland, Tyne & Wear NHS Foundation provided expenditure data in response to the FOI request. This was supported by additional data from NHS Digital.

135. As information was not available from all local authorities, we were unable to estimate an average cost for annual expenditure on homelessness services.

136. This estimate was calculated making several assumptions using S251 returns submitted by each local authority to the DfE. First, we assume that all children were taken into social care due to maternal needs, where the reason is to 1. Abuse/neglect; 2. Parental illness/disability; 3. Family in acute stress; and 4. Family dysfunction. Second, this figure supposes that each woman has two children removed. Third, these figures refer to the number of children looked after during the year (as opposed to new starters).

137. This estimate was calculated using MoJ data and supplementary tables from the report Economic and Social Costs of Reoffending (2019) and the annual Proven Reoffending Statistics (2023). Note that responses to FOI requests by the MoJ and the Crown Prosecution Service (CPS) concerning reoffending expenditure in Northumbria did not produce detailed information.

Appendix 2

Transforming Services for Women's Futures: Women's regional unmet needs

The service user data collected in this study, summarised in Appendix 1, only represents women who have accessed the following six services areas: 1. Domestic abuse; 2. Drug and alcohol; 3. Mental health; 4. Homelessness; 5. The removal of children into social care; and 6. Contact with the criminal justice system. As this report outlines, there are many barriers that prevent women from accessing a particular service despite having a need. Consequently, many women who require support are unable to receive it and are therefore not captured within these figures. One method of trying to understand the scale of unmet need is to infer the true need using the existing numbers of users and, where available, an estimate of the proportion of need that is being met. The trilogy of needs that many women face mean that domestic abuse, drug and alcohol treatment, and mental health services are typically under accessed.[138] We have calculated this for services that support women experiencing domestic abuse, drug and alcohol misuse, and mental ill-health.[139]

Table 1: Estimates of unreported domestic abuse, and unmet need for drug and alcohol services, and for mental health services among women in Gateshead, Newcastle, North Tyneside, South Tyneside, Northumberland, and Sunderland				
	2018/19	2019/20	2020/21	2021/22
Baseline population: adult women			603,889	
Recorded number of women service users[140]				
Domestic abuse	22,563	20,787	21,713	22,180
Drug and alcohol services	3,120	3,155	3,345	3,640
Mental health services	30,460	29,865	28,540	32,435
Estimated unmet need for services				
Domestic abuse				
Estimated number of women experiencing domestic abuse	94,013	86,613	90,471	92,417
Estimated number of unreported experiences[141]	71,450	65,826	68,758	70,237
Drug and alcohol services				
Estimated number of women in need of services	7,800	7,888	8,363	9,100
Estimated unmet need[142]	4,680	4,733	5,018	5,460
Mental health services				
Estimated number of women in need of services	160,316	129,848	129,727	180,194
Estimated unmet need[143]	129,856	99,983	101,187	147,759

138. For more information on the trilogy of risk, see Murphy, N. (2021) What is the toxic trio?

139. We have provided some explanatory footnotes, summarising our method and sources for the data within the table. We are able to provide a full overview of our method, FOI responses and data tables upon request.

140. For further information on these figures, see Appendix 1.

141. This calculation assumes 24% of domestic abuse is reported to police, and applies this figure to the recorded number of female victims of domestic abuse to extrapolate the number of women whose domestic violence is unreported. Refuge (2023) The Facts.

142. This calculation assumes that on average 40% of substance and alcohol abusers are accessing treatment, and applies this figure to the recorded number of women accessing treatment, to extrapolate the number of women whose substance and alcohol treatment needs are not met.

143. This calculation uses the percentage of women with a mental health need who are not engaged with mental health services from the NDTMS data (Table 2) and applies this to the recorded number of mental health service users, to extrapolate an estimated number of women with unmet need for mental health services.

Table 2: Mental health needs of all adults presenting to drug and alcohol treatment services in Gateshead, Newcastle upon Tyne, North Tyneside, South Tyneside, Sunderland and Northumberland

		2018-19	2019-20	2020-21	2021-22
Women	**All new presentations**	1,490	1,490	1,565	1,670
	No mental health need	545	470	440	285
	Mental health need	950	1,010	1,130	1,385
	% with MH need	*64%*	*68%*	*72%*	*83%*
	MH need - already engaged	180	235	245	250
	MH need - not engaged	770	775	885	1135
	% with MH need – not engaged	*81%*	*77%*	*78%*	*82%*
All adults	**All new presentations**	4,750	4,825	4,720	4,915
	No mental health need	2,075	1,865	1,680	1,115
	Mental health need	2,675	2,955	3,030	3,795
	% with MH need	*56%*	*61%*	*64%*	*77%*
	MH need - already engaged	475	595	580	610
	MH need - not engaged	2,200	2,360	2,450	3,185

Source: FOI-1434786 Department of Health and Social Care

The National Drug Treatment Monitoring System (NDTMS) collects and publishes some of the most comprehensive information concerning the other support needs of the adults accessing their services.The majority of women presenting for drug and alcohol treatment have a mental health need, and the proportion has risen in the past four years from 63.8% to 82.9% (Table 2). Most women (77% - 82% depending on the year) in Northumberland and Tyne and Wear, who are identified as having a mental health need, were not engaged with mental health services.

Appendix 3

Transforming Services for Women's Futures: Avoidable mortality in women

The following table provides a breakdown of data gathered using the latest ONS data between 2018 and 2021 on 1. Age-standardised suicide rates; 2. Drug-related poisoning; 3. Alcohol specific deaths; and 4. Domestic homicide. Note that all numbers are given as rates per 100,000 and refer to women specifically. We have compared the mortality rates in the North East and the rest of England and Wales as a whole. We are able to provide a full breakdown of the data gathered upon request.

Table 1: Age-standardised mortality rates for women (per 100,000) in England and Wales (whole) and the North East

		2018	2019	2020	2021
England and Wales	Suicide[144]	5	5.3	4.9	5.5
	Drug poisoning[145]	45.7	48.6	50	53.4
	Alcohol specific[146]	7.4	6.9	7	8.7
	Homicide[147]	1.9	2.0	2.0	1.9
		60.0	62.8	63.9	69.5
North East	Suicide	5.2	4.1	5.8	6.4
	Drug poisoning	84.2	83.9	88.6	93.6
	Alcohol specific	11.1	10.8	11.2	14.9
	Homicide	1.3	2.2	2.2	2.0
		101.8	101.0	107.8	116.9

144. ONS (2022) Suicides in England and Wales.
145. ONS (2022) Deaths related to drug poisoning, England and Wales.
146. ONS (2022) Quarterly alcohol-specific deaths in England and Wales.
147. Note that we have converted the ONS data into a rate per 100,000. ONS (2022) Domestic abuse prevalence and victim characteristics.

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