

## Agenda Budget Representation 2017 September 2017

Agenda, the alliance for women and girls at risk, campaigns for some of the most socially excluded and marginalised women and girls in society, those who face violence, abuse, poverty and inequality. Women who have these experiences are often deeply traumatised and face multiple problems like poor mental health, addiction and homelessness. These are women who have very complex, overlapping needs and are at the sharpest end of inequality.

At the moment there is insufficient support available to this group of women<sup>1</sup>. Services – such as for homelessness or addiction - are often dominated by men and do not have the expertise to respond to the specific issues women face, including violence and abuse. They can be intimidating and sometimes even unsafe places for women to be. Services set up for women, such as domestic and sexual abuse services, often lack the capacity to work with women with the highest level of need.

### Women, abuse and multiple disadvantage

One in 20 women have experienced extensive physical and sexual violence as both a child and an adult: that's **1.2 million women** in England alone.<sup>2</sup> More than half (54%) have a diagnosable mental condition, 21% have been homeless, 31% have an alcohol problem and 8% are dependent on drugs.<sup>3</sup>

Many end up in very difficult situations, for example, around 8,500 women went to prison last year<sup>4</sup> and an estimated 80,000 women are involved in prostitution<sup>5</sup>. Without proper support, women move from one expensive crisis to the next at a great cost to themselves, their families and society as a whole.

Many are mothers, and their children can go on to face the same issues of abuse and marginalisation. Nearly a quarter of girls in care become

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<sup>1</sup> Holly, J. (2017). Mapping the Maze: Services for women experiencing multiple disadvantage in England and Wales. London: Agenda & AVA <http://weareagenda.org/wp-content/uploads/2017/09/Mapping-the-Maze-final-report-for-publication.pdf>

<sup>2</sup> Scott, S. & McManus, S. 2016. (DMSS research for Agenda) *Hidden Hurt: Violence, abuse and disadvantage in the lives of women*. Available here: <http://weareagenda.org/wp-content/uploads/2015/11/Hidden-Hurt-full-report1.pdf>

<sup>3</sup> *ibid*

<sup>4</sup> Table 2.1, Ministry of Justice (2017) Offender management statistics quarterly: October to December 2016, London: Ministry of Justice

<sup>5</sup> Home Office, 2004. *Paying the Price: A Consultation Paper on Prostitution*. Available here: [http://prostitution.procon.org/sourcefiles/paying\\_the\\_price.pdf](http://prostitution.procon.org/sourcefiles/paying_the_price.pdf)

teenage mothers<sup>6</sup>, and their children are much more likely to be taken into care in turn.

Poor mental health underpins many other issues women face. Mental ill health amongst women has increased, with women more likely than men to face mental health problems. Young women are at the greatest risk of experiencing mental ill health. One in five 16-to-24-year-old women have self-harmed and 13% have post-traumatic stress disorder.<sup>7</sup> More than half of women with mental health problems have experienced abuse.<sup>8</sup>

### **Lack of appropriate service provision**

There is good evidence that what works for women facing multiple disadvantage is holistic gender and trauma-informed support.<sup>9</sup> However, services which offer this, such as women's centres, are few and far between, struggle for funding and many are currently under threat. Often funding streams are dispersed across a number of different pots – such as housing, health, addiction and criminal justice - making it difficult for services to fund joined up approaches.

Mapping the Maze<sup>10</sup>, a report published earlier this month by Agenda and AVA (Against Violence and Abuse), looked at service provision for women facing multiple disadvantage across England and Wales. It found there is significant variation in support across the country, with some areas having a wide spectrum of support while others appear to have none at all. Where support is available, most services address single issues (such as substance misuse or mental health) which can see women being passed around services and unable to access holistic support to address the full range of needs they have. The report found that in only 19 areas (out of 173) are there services for women that address all of: substance misuse, mental health, homelessness, offending and complex needs.

Women's services have also fared particularly badly under Transforming Rehabilitation. Many Community Rehabilitation Companies (CRCs) are not commissioning the services that have been shown to work. Some specialist services are not being contracted at all, others are being offered a reduced payment for their services and some are not getting commissioned referrals through in the numbers that they are contracted for - all of which jeopardises their viability.

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<sup>6</sup> Centre for Social Justice, 2015. *Finding Their Feet*. Available here:

<http://www.centreforsocialjustice.org.uk/press-releases/nearly-a-quarter-of-girls-in-care-become-teenage-mothers-reveals-csj>

<sup>7</sup> NHS Digital (2014) Mental Health and Wellbeing in England. Available here: <http://content.digital.nhs.uk/catalogue/PUB21748/apms-2014-full-rpt.pdf>

<sup>8</sup> Scott, S. & McManus, S. 2016. (DMSS research for Agenda) *Hidden Hurt: Violence, abuse and disadvantage in the lives of women*.

<sup>9</sup> Covington, S. et al. 2008. Evaluation of a trauma-informed and gender-responsive intervention for women in drug treatment. *Journal of Psychoactive Drugs, SARC Supplement*. Available here: <http://stephaniecovington.com/assets/files/Covington%20%20Burke%20%20Keaton%20%20and%20Norcott%20SARC.pdf>

<sup>10</sup> Holly, J. (2017). Mapping the Maze: Services for women experiencing multiple disadvantage in England and Wales. London: Agenda & AVA  
<http://weareagenda.org/wp-content/uploads/2017/09/AVA-mapping-the-maze-Executive-summary.pdf>

Research for Agenda has shown that mental health services are failing to take women's needs into account, the vast majority of trusts lacking basic policies and strategies to address the specific issues women face.<sup>11</sup>

### **Policy Context**

The forthcoming female offenders' strategy provides a real opportunity to divert women from the justice system and so improve outcomes for them with significant benefits for them, their families and wider society. However, in order for this to be successful it is vital that community support is available.

A Domestic Violence Bill and a set of wider non-legislative measures tackling violence against women and girls are expected this year. We believe addressing women's complex needs must be a part of this, and Government has noted that services for this group remain a particular gap in provision. It is therefore vital that the government take this opportunity to address the needs of this group, who face issues which are often rooted in experiences of extensive violence and abuse.

The Department of Health has recently established a Women's Mental Health Taskforce which we hope will deliver real change for women. An essential part of delivering this change is investing in gender specific and trauma-informed services that address women's mental health needs.

### **Recommendations**

1. Investment in women's community services, including a network of women's centres across the country and other specialist services for women facing multiple disadvantages.

Specialist women's services have been shown to be highly effective including in both preventing women entering prison and in rehabilitating those who do. Women's centres are effective at tackling the disadvantage which often lies behind women's crimes<sup>12</sup>. Ministry of Justice's own analysis shows a statistically significant reduction in re-offending rates for those who receive support from women's centres<sup>13</sup>.

A report by NEF has found that for each £1 spent on support-focussed alternatives to custody for women, £14 of social value is recouped<sup>14</sup>. The NAO recognises that such centres also provide other benefits, not least in preventing women offending in the first place<sup>15</sup>.

Investing in community services for women would help ensure the success of the 'whole systems approach' to female offenders and those

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<sup>11</sup> Agenda, 2016. *Women's needs in mental health services: A Response to an FOI Request*. Available here: <http://weareagenda.org/wp-content/uploads/2016/11/Mental-health-briefing-FINAL.pdf>

<sup>12</sup> <http://www.anawim.co.uk/documents/Custody-Pilot-Project.pdf>

<sup>13</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/427388/womens-centres-report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/427388/womens-centres-report.pdf)

<sup>14</sup> <http://www.neweconomics.org/publications/unlocking-value>

<sup>15</sup> <https://www.nao.org.uk/wp-content/uploads/2013/05/Funding-of-Womens-Centres-in-the-Community.pdf>

at risk of offending and would tackle the causes of women's offending, including violent and coercive relationships, mental health problems, drug and alcohol addictions, homelessness, parenting pressures, unemployment and debt.

Central funding could help leverage in local investment and address issues of silo-ed commissioning. It would help enable services to address the full range of issues one woman faces, rather than seeing women passed around different services at great personal and public cost.

2. Political leadership and a cross-government approach to improving the life chances of women who face the most extensive abuse, poverty and multiple disadvantage. This should set out the changes required across different policy areas and departmental responsibilities to bring about systemic change for the most disadvantaged women and girls.
3. A greater focus on women's mental health. This should include investment in women-only dedicated specialist services which take a trauma informed approach as well as health professionals being trained to understand that women's mental health, trauma and abuse are often closely linked.

***For more information contact:***

*Katharine Sacks-Jones, Director, Agenda*

*[katharine@weareagenda.org](mailto:katharine@weareagenda.org)*

0208 7094 819