Changing Lives, Saving Lives: Women Centred Working – an evidence-based model from the UK

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Abstract

Relative disadvantage and deprivation are significant problems for vulnerable women in urban areas in England. Despite experiencing a range of complex health needs such women do not always meet the required thresholds for statutory help or if they do, they are often unable to engage with the requirements of these service providers. Third sector (or non-governmental) organisations have often supported women in need but operate time-limited programmes due to funding restrictions. In a climate where statutory support systems are being systematically weakened, third sector organisations are playing a more significant role in supporting vulnerable women. This paper will present key findings from several evaluations of projects delivered by non-governmental organisations which are designed to make a difference to women's lives. The findings cohere around what works providing evidence of effective approaches to supporting vulnerable women with complex needs. A transferable model of women-centred working is presented.

Context

Globally, there is rarely effective provision for supporting people with complex needs and in most contexts including the United Kingdom (UK) there is no single strategic system with responsibility for women (Duffy & Hyde, 2011). UK social policy programmes have tended to focus upon whole households and families (Hughes, 2010), with very little attention paid to gender differentiation and the need for specifically designed gender-sensitive programmes. The Corston Report (2007) was a catalyst to current funding for

women-specific, community-based provision across the UK (House of Commons Justice Committee, 2013a), aiming to manage demands on the criminal justice system. The report argued that disadvantaged women often have unmet needs such as self-esteem issues, complex family circumstances and associated hardships linked to poverty. They may also exhibit high levels of drug and alcohol usage, are more likely to experience abuse and to have physical and mental health problems (Corston, 2007). Further lessons from the UK criminal justice field indicate that the power of women is limited by their structural disadvantage (Batchelor & Burman, 2004), their invisibility (Burman & Batchelor, 2009), their lack of choices (Worrall, 2001) and gendered misunderstandings (Sharpe, 2011).

Broader evidence also indicates that gender matters because of the structural inequalities that girls are both born into and experience in a variety of ways, for example earning less than their male counterparts, bearing a disproportionate caring burden and facing greater risk of abuse (McNeish & Scott, 2014). Gendered stress and mental health patterns across several countries indicate that young women report more problems than young men (Torsheim, Ravens-Siebnerer, Hetland, Valimaa, Danielson, & Overpeck, 2006; Stromback, Malmgren-Olsson & Wiklund, 2013). Caring roles, reproductive function and expectations associated with dominant forms of 'femininity' can all be detrimental to the health and well-being of women (Matthews, 2015).

Domestic and family violence primarily perpetrated by men against women, is also noted as a serious, pervasive problem across the globe resulting in a range of broad social and economic consequences (World Health Organization 2013; Rees, Zweigenthal & Joyner., 2014). Statistics are likely to be underestimates and tend to focus upon physical

and sexual abuse at the expense of emotional abuse which is harder to define and measure but is still associated with serious mental health implications (Rees et al., 2014). The interventions under discussion in this paper aim to support women with complex needs, who also commonly report experiences of abuse and violence.

All of these challenges for women exist against a background of austerity and a general demise in extended family support. Women's Aid (2018aa) argue that access to welfare support is essential for women to escape domestic violence and gain independence but note that welfare reform within the UK is having serious consequences for survivors, restricting the resources that they need to stay safe. Third sector organisations providing gender specific support, can and do advocate in the UK context, campaigning for services to stay open, effecting policy changes in relation to housing provision and representing survivor voice (Women's Aid 2018a). However, whilst UK government policy discourse discusses violence against women and girls as a priority, changes to funding have meant limited resources for both statutory and voluntary sector providers of support. Lack of specific state support has resulted in a loss of specialist domestic violence services (Towers & Walby 2012). Additional cuts to wider services such as the criminal justice system, and the broader voluntary sector are impacting upon the most vulnerable women already living in deprivation (Sanders-McDonagh, Neville & Nolas, 2016). Hall (2018) also notes that managing the fall-out from austerity is largely a gendered responsibility with both personal and political consequences for women. This is so given that they have to manage budgets, deliver care work, and provide emotional support.

Policy remains fragmented in targeting women's needs in a holistic manner, and in contexts such as Australia and the UK has focused upon the need for early intervention

rather than primary prevention (Tarzia, Humphreys & Hegarty , 2016). Such intervention is based upon the idea that working with problematic groups at an early stage can result in the reduction and elimination of costly social problems in later life. 'At-risk' women are viewed as being more likely to experience imprisonment, drug and alcohol dependency, and have their children taken into care, thus costing the state more (Scott, Knapp, Henderson & Maughan, 2001). Brown, (2017) note the increasing use of the concept of 'vulnerability' within current policy and practice. Interventions such as those under discussion in this paper are the result of policy approaches seeking to address vulnerabilities (Brown et al., 2017) and victimhood (Capaldi, Knoble, Short & Kim, 2014). Interventions informed by such policy discourse generally do not tackle the structural determinants which shape and create difficulties for women. Rather, they place emphasis on problematic lives and the need for change at the level of the individual (Cross &Warwick-Booth, 2018).

This is not unique to the UK, as similar approaches are evident in the USA and Australia. These targeted interventions tend to be placed within specific sectors for example, health care (Rees et al., 2014), or the criminal justice setting (Women in Prison, 2017). and as such are not scaled up, integrated responses to women's needs, despite evidence noting the necessity for multi-faceted, contextual responses (Rees et al., 2014).

Furthermore, women's complex needs determine their coping mechanisms (Chesney-Lind., 1997) as well as the ways in which they interact with service provision (Women in Prison, 2017). Many services operate with rigid appointment systems, complex structures and a tendency to focus upon single-issues rather than multiple problems (Rosengard, Laing, Ridley & Hunter,., 2007). Indeed, in the context of domestic

abuse, exit is often seen as the most appropriate response without recognising the simplistic assumptions upon which this is based, or the complexity of strategies deployed by women in such circumstances (Mirza, 2018). This has led to recommendations for holistic women-centred approaches within which complicated and inter-related needs can be both assessed and managed. WHO (2013b) guidelines also recommend that a women-centred approach be adopted when responding to intimate partner violence.

In the USA, gender-specific approaches which aim to respond to the multiple needs of women and attempt to reflect the reality of their lived experience have been operating for a number of years (Bloom, Owen & Covington, 2003). Feminists have also directed attention to the need for relational interventions when working with women (Rumgay, 2004; McIvor, 2007), in which gender-responsive, strengths-based humanitarian services are offered (Goldhill, 2016). Across the UK voluntary sector, women-only organisations (including womencentres) provide gender-specific support and continue to advocate for policy change in relation to women's needs. Evidence shows that women often engage with voluntary agencies, even after periods of non-engagement with statutory services and imprisonment (Anderson, 2011). However, Women Centres have been criticised as unsustainable (House of Commons Justice Committee, 2013a), and as creating a postcode lottery given that they are not available in all urban localities (Goldhill, 2010). More recently in the context of constraints on public funding within the UK, voluntary sector organisations are struggling, amidst competition for limited funds (Towers and Walby, 2012), despite the recognition of the expertise within this sector and the cost-effectiveness of such work (Walby 2004; Home Office, 2014).

Methods

Evaluation contexts

This paper reports on data generated from the structured evaluations of five different third-sector interventions designed to improve women's health and lives. Although the specific nature of the interventions differs, their intended outcomes are similar. Our evaluation work explored the impact and outcomes of each of these interventions. Each intervention aimed to provide support for women with complex needs, often in very difficult circumstances, who may also have been receiving support from other services, including statutory providers. Table 1 provides contextual detail about each of the five interventions. All of the women's interventions were operating in urban settings.

Table 1 – Gendered interventions and their scope

Project	**Aims and scope of the intervention**	**Needs of the women**
1 – Breathing Space	Delivered by a third sector women's organisation, this project aimed to reduce distress and the harmful impact of domestic violence on women and their children, via a model of trauma-informed working. Support groups and one to one work form the delivery model, led by	Women accessing this project had mental health issues linked to experiences of domestic violence. Many had children removed from their custody.

	facilitators with lived experience.	
2 – The Key	Again, located in a third sector women's organisation, this project aimed to support young women and girls aged 13-25 years directly experiencing abuse or witnessing it at home, via a model of education and empowerment. Similar to Project 1, delivery takes the form of support groups and one-on-one work.	Diverse needs were evident in the young women accessing this project. These include varying experiences of abuse and unhealthy relationships (with peers, family members and partners).
3 – Positive Impact Project	A third sector women's organisation provided specialist support from dedicated caseworkers for women with complex needs.	Women accessing the project had experiences of domestic violence, childhood sexual abuse, disordered eating and some were mothers apart from their children.

4 – Women's Link	This project delivered by a women-only service provider in the third sector aimed to improve the health and well-being of women and girls. A link worker supported and/or advised and/or signposted service users to existing services.	The most common issues that service users presented with were health needs, requests for counselling, domestic violence support, welfare benefit advice, housing and/or legal support as well as advice linked to children.
5 – The Way Forward	This women-only, third sector project was aimed at young women aged 13-18 years, who were slipping between existing offers of service provision and who would otherwise enter adulthood with severe and escalating levels of disadvantage. The project was based upon a key worker model (Key workers provide comprehensive support to	Young women presented with a range of needs linked to substance abuse (alcohol and/or drugs), complex family problems and caring responsibilities, experiences of abusive and controlling relationships, experiences of being in

	individuals on their case load. They provide support, information and referral into other services where appropriate).	state care or having their own children taken into care as well as severe mental health and emotional health challenges.

Evaluation approach

Whilst we did engage with, and collect data from a number of different stakeholders during each evaluation, the most important of these are the women themselves, the intended beneficiaries of the interventions. We used evaluation methods that put the women (service users) at the centre of our research approach. Therefore, for the purposes of this paper, we focus on the methods we used to elicit the women's experiences and perspectives. We contend that qualitative methods are best suited to exploring women's subjective experiences because they can be used in a supportive and co-productive way (Cross & Warwick-Booth, 2015).

Our approaches to research with women are guided by feminist principles. Feminist approaches aim to enable non-researchers to be actively involved and privilege women's voices. In addition, our feminist research done by women and for women is driven by our political underpinning towards transformation as part of accepted research practice. In research that explores domestic and family violence, studies have suggested that being involved can work to empower women who have experienced abuse, as well as add to their sense of achievement and purpose (Valpied, Cini, O'Doherty, Taket & Hegarty , 2014).

Survivor voice is also notably missing from research findings relating to women's experiences of multiple disadvantage and abuse (National Commission on Domestic Violence and Multiple Disadvantage, 2019). Furthermore, it may lead to the development of more effective interventions in which the needs of service users are addressed (Mckenzie & Haines, 2014).

Data collection methods

In each evaluation we carried out focus groups loosely structured around different creative activities for example, creating a storyboard illustrating personal journeys through an intervention (Cross & Warwick-Booth, 2015) or a making a 'recipe' identifying the different ingredients within an intervention (Warwick-Booth & Coan , in press). Qualitative researchers often use different tools and approaches within their research when they are trying to engage and involve participants more actively within data collection (Deacon, 2000). Creative approaches are arguably an extension of this. These creative approaches had the purposes of developing interaction, relaxing participants and producing data. They were embedded within a more traditional focus group approach, in which a semi-structured schedule was also used to guide the conversations.

A total of 19 focus groups took place at different times over a 4-year period (2014-2018), summarised in table 2. In each case the women involved were given the opportunity to self-select to participate in the evaluation. The activities in the focus groups were designed to facilitate an inclusive, flexible and non-threatening approach, putting the women at the centre of the data-gathering process (Cross & Warwick-Booth, 2015). Table 2 provides a summary of the numbers of service users sampled, across all of the 5 projects.

Table 2 - Sampling summary

Project	Service users sampled
1	1 focus group: n=10
2	5 focus groups: n= 28
3	1 focus group: n=3
4	1 focus group: n=4
5	2 focus groups: n=13
Total sample:	**58 women service users**

The small sample sizes in some evaluations reflect that research with vulnerable, marginalised women is difficult. This is attributable to the nature of their lives and their ability to engage with formalised activities (Balaam & Thomson, 2018), such as focus group discussions, irrespective of our attempts to be more inclusive and participatory.

Ethical Approval

Our data collection methods received ethics approval through Leeds Beckett University ethics procedures. In order to ensure ethical rigour, the following practices were adhered to across all of the focus groups:

- informed consent - written or verbal consent was obtained from all participants in the interviews;
- confidentiality and anonymity - no personal identifying information was used in reporting the data;
- secure information management - security was maintained by password protected data management systems. Where the young women were below the age of consent, parental assent was obtained.

Analysis

Data were originally analysed using one of two approaches depending on the aims of the specific evaluation. These were Framework Analysis or Thematic Analysis. In both instances the focus group discussions were recorded (with consent from all participants) then transcribed verbatim. Framework analysis develops a hierarchical thematic framework to classify and organise data according to key themes, concepts and emergent categories. The framework is the analytic tool that identifies key themes as a matrix where patterns and connections emerge across the data (Ritchie, Spencer & O'Connor , 2003). The matrix was constructed using the aims of the evaluation in each case where this method of analysis was employed. Themes were then agreed by members of the research team. The research team also reached consensus onthe final analysis and reporting of the findings. Thematic analysis was used in the other evaluations. This method is used for identifying, analysing and reporting patterns (themes) within data (Braun & Clarke, 2006). Again, the research team discussed and agreed on the approach to the analysis before arriving at the final themes.

For the purposes of this paper, we revisited the data across all five of our evaluations and conducted a secondary analysis, to generate and synthesise meaning from our multiple studies. Our secondary analysis focused upon drawing out themes across the data sets about what works for women, from their view point. This was a more intensive focus on the aspects of the intervention discussed by women using data already collected as part of the primary work. Conducting this secondary analysis allows a wider and more in-depth use of data from vulnerable and disadvantaged women, with the lived experiences of the women themselves prioritised in our reporting, in keeping with our feminist stance (Westmorland & Bows 2019).

Findings

This paper presents themes from the findings across all five separate evaluations in the form of the perspectives and experiences of the women who participated. The findings highlight what works for women as told by the women themselves, detailing the type of support that they value as service users, and the associated outcomes for women. Our first contribution is that we present service-user (women's) views about aspects of gendered interventions that work for them in relation to the types of support they require and lead to positive outcomes. Secondly, a model of gender-specific working is outlined with replicable transferable key components.

Type of Support

Gender-Specific

It is clear from the data that gender specific interventions are very important. Consistent with our feminist approach, we made gender a focus of our analysis. That is, interventions should be women-only, run by women for women. Whilst the women-only way of working was valued by all the women accessing the interventions this is particularly important for women who have been subject to gender-based violence as the following quotation shows:

> *"As a woman that experienced abuse at the hands of men having a safe place to go without any men there was really important."* [Service User, Project 3]

A women-only approach is key to success and sets such interventions apart from statutory service provision. A recurring theme across the data was how different third sector interventions were compared to mainstream service provision which was frequently portrayed in a negative light:

> *"I think Social Services are [swearing] though…no honestly they are, they're not understanding, they're just horrible, they make the situation worse."* [Service User, Project 3]

Holistic support

Another important feature of the interventions was the holistic support given, as detailed by the women as our sources of knowledge. Contrary to previous experiences, where women had to go to several different places to access the support they needed in different areas of their lives, the interventions provided a single point of support, whatever the issue/s the women were dealing with:

> *"Like once you get seen by like one person you tend to keep that person so once they know you they can help you, you don't have to see loads of different people every time you come, it's a lot easier just like coming in, sitting down, and they make you feel really welcome as well."* [Service User, Project 3]

This holistic support was unconditional and therefore clearly distinguishable from the criteria and mandatory thresholds that often characterise statutory services.

Trust and relationships

The non-criterion, non-judgemental approach of women-centred interventions is crucial to success., Women described this approach through their lived experiences as a mechanism to tackle the legacy of previous negative experiences with statutory services such as the police and social work. Participants also considered it an enabling approach to engagement with professionals:

"So, having a place where I was listened to and I wasn't judged and I wasn't considered a bad mum was actually really helpful... It's nice to just be able to go to one centre and you might think that you're going with just one issue but then knowing that other things along the way can be helped in the same place instead of being passed from pillar to post" [Service User, Project 3]

Women often spoke about feeling very supported and of the workers going 'above and beyond' or 'going the extra mile'. The nature of the support was also salient. Support available at the time of need on the women's terms and support that continued until they, themselves, were ready to disengage was critical to the women. There were many stories in our data showing dramatic differences that the interventions were making to the lives of the women:

"it's pulled me through one of the hardest times in my life […] it's helped save me countless times' [Service User, Project 4]

Flexibility

The importance of a flexible service was highlighted throughout the data by women. A key aspect of this was referring women onto specialist help as needed, or signposting them to other services. Whilst being listened to and being able to talk to someone was consistently highly rated by the women they, at times, needed additional help. In these cases:

"they'll direct you where to go to get your help - support groups or different organisations or if they can't help you, they'll send you somewhere who can. You're not on your own and you can get that lift up to take you where you need to be really.

If you needed housing advice…counselling service and things like that." [Service User, Project 4]

Women who are deeply traumatised by abuse, which in many cases began in childhood, need flexible support that is available for long enough to build trust as an enabler for them to start to deal with deeply rooted issues.

Outcomes for Women

The following outcomes are detailed by women as service users who in giving their voice during the focus groups, generated meaningful data that supports long-term change for survivors, a key aim of feminist research practice (Westmorland & Bows 2019).

Feeling safe and supported

Feeling safe and supported was really important for women, given their previous experiences of abuse and associated complex needs. Being in a women-only, physically safe environment was important, but also feeling safe from pressure or judgement was central as the following quote shows:

"Being able to talk about anything and not judged is a really good thing because like literally you can say to anyone here and well they won't tell anyone and you can easily like talk to them about it and you can talk to [workers] about it and they like they'll talk to you about it. It's really good that they listen." [Service User, Project 2]

Increases in confidence and self-esteem

Increased confidence and self-esteem for women was evident across all of the evaluations. Women accessing the support they needed through the interventions reported feeling more confidence and better about themselves in general as follows:

> *"…and then when I went into group I just realised more and more every day of how deep it was and how much help I needed, and education I did actually need it. And the more and more I went, the more and more I enjoyed it and I got confidence to talk and open up about my situations and actually help other people too." [Service User, Project 1]*

> *"Me personally, I think because I've come to [the intervention] I would be able, I would have the confidence now to leave a relationship if it wasn't healthy for me, no matter how it affects the other person you'd have to put yourself first." [Service User, Project 2]*

Gaining and Developing Life Skills

Across all of the evaluations women spoke about how they had gained life skills for example, in coping with stress, being better able to manage emotions, building healthier relationships and having a more positive orientation to the future:

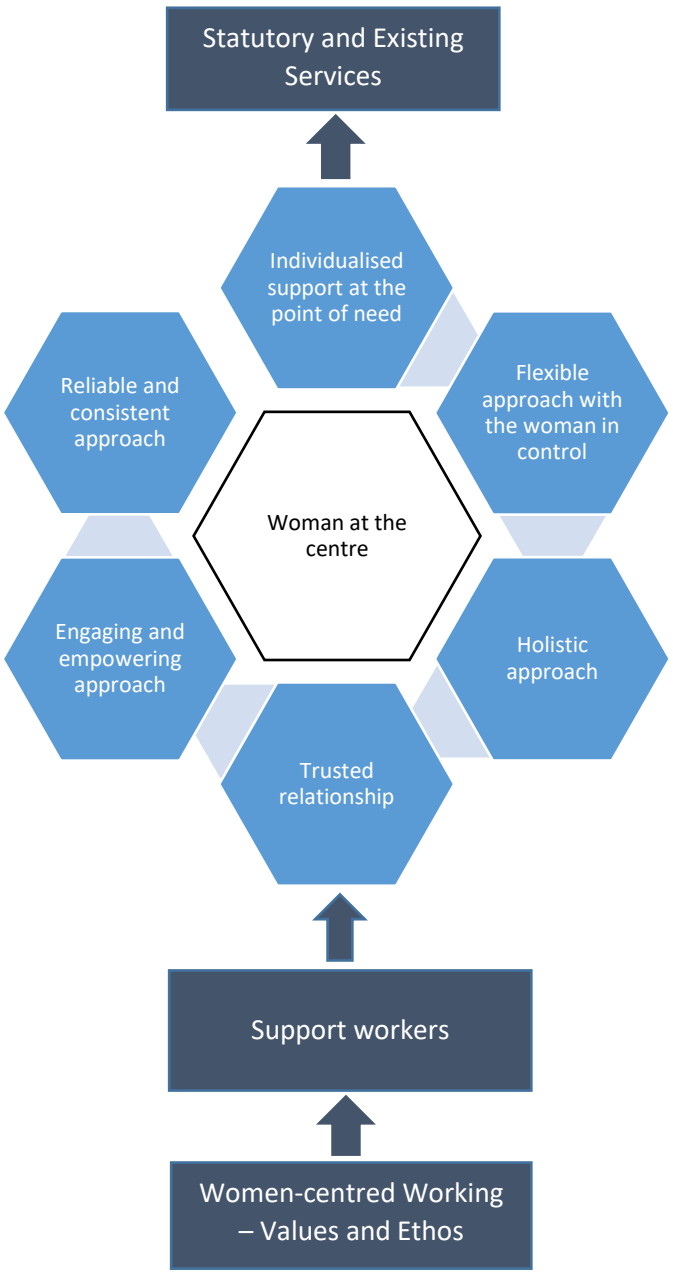
> *"This group, it's well changed my life like I used to try kill myself all the time, I've got scars everywhere because I just hurt myself all the time and coming here it just slowly stopped, I don't really think about it anymore..."* [Service user, Project 2]

A Women-Centred Working Model

Based on the learning from these evaluations, we propose a model of women-centred working that is transferable to other urban contexts [see Figure 1: Women-centred working model]. This is an adaptation of a specific model that we have previously developed (Warwick-Booth & Cross, 2017). This model aims to enable third sector organisations to use our evaluation results in practice, with advocacy and activism being central principles of feminist research approaches (Westmorland and Bows 2019). This model places the woman at the centre of service provision, in control of what is happening to her. Surrounding the woman are six components vital to making a difference, from the point of view of service users. These are 1) reliability and consistency, 2) flexibility, 3) engagement and empowerment, 4) a holistic approach, 5) individualised support at the point of need and 6) trusted relationships.

These underpin the values and ethos of women-centred working. The model includes referral into statutory and existing services or a gateway to specialist support where needed. Referrals will be based on the individual needs of the woman concerned, as well as the services available.

Figure 1: Women-centred working model



Discussion

The data presented indicates that women-centred ways of working have huge value for women. Drawing upon women's voices and using their lived experiences of interventions

has enabled the articulation of vulnerable service user perspectives. It has also contributed to the development of a delivery model that can be used to support both advocacy and practice, in keeping with feminist research principles. Using holistic, joined-up, women-centred, participatory approaches are the best way to work alongside women with complex needs, who are least likely to access mainstream statutory support. The nature of the intervention is very important, women must be at the heart of the provision and supported in a holistic and gender-specific manner (components 4 and 5 of the model).

The academic literature suggests that organisations that offer women-centred approaches to service provision can produce improvements in wellbeing (Nicholles & Whitehead, 2012: Hatchett et al., 2014). These organizations are a viable and effective mechanism to meet client needs, supporting them to make positive changes to their lives. The interventions discussed here were guided by a philosophy of women-centred working that recognise the importance of gender-sensitive and holistic services which offer 'wrap-around' and joined-up support for women and girls (Carroll & Grant, 2014). Services tailored to individuals' needs rather than 'pigeonholing' women into mental health or drug and alcohol services are more beneficial (Radcliffe, Hunter & Vass, 2013), enabling them to address underlying social problems (Gelsthorpe, Sharpe & Roberts, 2007). In this study, women presented with a range of complex needs, including issues such as housing, domestic violence and mental health.They also articulated the importance of being supported holistically and flexibly (component 2 of the model), as this reflects the whole reality of their lives (McNeish & Scott, 2014). Roddy (2013) studied counselling with domestic abuse clients and argued that women in such circumstances benefit from non-time limited services in which contact remains an option for as long as they require. The interventions evaluated here, offered

both flexibility in terms of working with women on their own terms as well as an open-door for women to return after exiting the interventions, as long as funding continued.

The third sector location is also very important. It has been recognised that voluntary sector run services are ideally placed to make a significant contribution to women-centred ways of working (Corston, 2007). Commentators have consistently argued that voluntary sector-run services are ideally placed to provide holistic support for women with complex needs (Radcliffe et al., 2013). Third sector interventions are able to provide a holistic, service that places the women at the centre (Rice, Ahmed & Caldwell, 2011) of them. This is in contrast to the 'issue-driven' approach of statutory services which can often only focus on one concern at a time. Statutory services often fail to address the totality of women's concerns and are unable to work across disciplinary areas to successfully serve those with multiple disadvantage (Woodall, Cross, Kinsella & Bunyon 2019). It was also clear from the data here that the interventions, and the staff working within them, were not stigmatised in the same way as statutory agencies, for example social workers or police (Bove & Pervan, 2013; Gilligan, 2016). McNeish and Scott (2014) noted that adolescent women particularly often have a deep-seated mistrust of helping professionals who have failed them in the past. Their report suggests that interventions focussing on this group must, therefore, work in ways that differ from those of statutory bodies.

All of the interventions that we evaluated fitted this model of delivery, but also worked alongside statutory providers and existing services, taking referrals from them, and sign-posting women into them where necessary. Despite the issues highlighted with statutory providers, short-term funding provision underpinning third-sector interventions is an ongoing issue within the UK.

Across all of the interventions, the creation of trusted relationships (Component 6 of our model) was important in engaging and empowering women (Component 3). Positive, consistent and reliable (Component 1) interpersonal relationships are a well-understood mechanism for developing encouraging outcomes amongst service users with complex needs (Woodall et al., 2019; Fisher 2015). These relationships are closely linked to the creation of trust and rapport (Warwick-Booth & Cross, 2018), based upon a non-judgemental staff attitude (Wilson, Fauci, & Goodman, 2015) which addresses stigma. Emotional comfort and support following the creation of trust, combine to act as a mechanism for building short-term recovery strategies, allowing women to resume 'normal' activities and achieve respite from upset for varying lengths of time (see Shepherd, Reynolds & Moran, 2010). The importance of care in messages that women receive has been discussed within the broader literature particularly in relation to orientations to self and the future (Sanders & Munford, 2008). Research evidence from other studies also shows the importance of workers who are able to listen to service users and help them feel safe both physically and emotionally (Gilligan, 2016). Hochschild (2003) discusses emotional work done by women in enhancing the well-being of others. She terms this 'shadow labour' as it is often an unseen effort. The interventions evaluated here employed case-workers who delivered emotional work, with women for women within the context of trusted relational support.

There is strong evidence that these five interventions were successful in improving a range of outcomes for women. This occurred both at a personal level in the form of increased self-confidence and self-esteem, self-reported improvements in life circumstances, and at a broader level feeling more in control. These outcomes were linked

to the empowering approach (component 3) encapsulated within the service delivery. Survivor empowerment, choice and voice are all principles cited in trauma-informed approaches which work well when delivering care for women seeking support for domestic violence (Wilson et al., 2015). However, trauma-informed approaches remain an emerging field within the UK (National Commission on Domestic Violence and Multiple Disadvantage, 2019).

Implications for Policy and Practice

The views of women with experiences of complex needs, and the delivery model outlined in this paper can be used to guide funders and practitioners in providing gender-specific support in a variety of urban contexts. Such approaches are effective from the point of view of the women themselves who describe very clearly how their lives are transformed as a result of the supportive, holistic, relational care that they are given. Holistic, flexible approaches are needed to work with disadvantaged women with multiple needs, given that much existing provision remains inadequate at supporting them in an effective way. In addition, current policy approaches are a threat to the third sector providers of support as they have reduced funding for local authorities who frequently commission networks of local support services that are essential for women. Such organisations provide effective assistance to vulnerable women, in a way that works for women, therefore the importance of local gender-specific services needs both policy recognition and sustainable funding.

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