



Shaping Our Lives A Refuge for All Project and Findings Report

Summary of project activity and key findings

**A Refuge for All is a project funded by the DCMS Tampon Tax Fund
to improve access to violence and abuse services
for Disabled women**

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Foreword

This foreword contains comments from disabled survivors and professionals who have informed this report and the best practice toolkit. Disabled women have bravely shared their experiences and the barriers they faced when seeking support to escape violence and abuse. Their insight and commitment to improve access for other disabled women has enabled the project team of A Refuge for All to produce a relevant and practical resource.

“I’m honoured to be part of this project. From a personal perspective it’s helped me understand my own experience of abuse and how let down I was by statutory services. But also to see how things could be so much better if services for women had a true understanding of disability and impairment. There’s a huge need for education in this most neglected area. I hope this report will spearhead much more work.”

“I enjoyed being on the Advisory Group for this, such an important project. I attended the networking event in Birmingham and was amazed at the number of and range of organisations in the room - it clearly showed the need for the project!”

“I was privileged to be part of this project to offer some professional insight and share resources from Cambridgeshire. I am really pleased that the project fully involved women with personal experiences of the issues and their contributions helped to lead the work and shape the outcomes. I am looking forward to being able to access the toolkit to assess our services.”

“I believe that my work with ‘Refuge for All’ project was an eye-opener. Through our own experiences, we were able to highlight gaps in service provision that need to be addressed. I really enjoyed being part of the advisory Group and felt that my own experience was an asset to the project, in particular being part of the training we provided to Birmingham & Solihull Women’s Aid, it highlighted the need for projects as it was clear that all staff members attending the training engaged and valued the day. There needs to be more recognition of disabled people facing abuse, as this still feels very hidden and in the majority of everyday life, disabled people would not know where to go if they were facing any forms of abuse. I think this also highlights the need for specialist services and user led organisations.”

“Disabled Survivors Unite is proud to have been a part of such an important and necessary project like A Refuge for All. We hope this report is read widely and used to bring about real change in the sector. We’re so grateful to Becki, Vicky, and everyone else involved for all their hard work.”

From my perspective as the project Manager of A Refuge for All and author of this report, I believe that only by listening to and working equally with disabled women experiencing violence and abuse will we be able to increase their sense of self-worth and remove the practical, prejudicial and systemic barriers that exclude them from using services.

Acknowledgements

Shaping Our Lives would like to thank the disabled women with lived experience of violence and abuse who have informed the Shaping Our Lives A Refuge for All project over the last two years. Without their courage and commitment to improving access to violence and abuse services for other disabled women, Shaping Our Lives would not have been able to develop this toolkit and work with the pilot sites so effectively. A special thank you is given to the disabled women who shared their personal stories and allowed me to use these to raise awareness of the experiences of disabled women.

Shaping Our Lives would also like to thank Birmingham and Solihull Women's Aid and Bexley Women's Aid for taking part in the pilot activities and for their commitment to learn and implement our recommendations.

Our gratitude also goes to Women's Aid Federation for their support with this project and, in particular to Ruth Mason, Business Development Lead for Change That Lasts.

Finally, we are extremely grateful to the user-led groups Disabled Survivors Unite and Stay Safe East for sharing their expertise, to Cambridgeshire & Peterborough Domestic Abuse and Sexual Violence Partnership for allowing us to use a poster they had developed, to the Department of Culture, Media and Sport (DCMS) Tampon Tax Fund and to our dedicated project worker, Vicky.

1. Executive summary

Shaping Our Lives received a two-year grant from the DCMS Tampon Tax Fund in 2017. The funding was for A Refuge for All - a project looking at improving access to violence and abuse services for disabled women. The DCMS Tampon Tax Fund provides grants for projects relating only to women, however, there is evidence that disabled men and LGBT+ people are also at greater risk of violence and abuse. Shaping Our Lives feels that similar work needs to be developed considering the barriers for disabled men.

A Refuge for All is a project led by disabled women with experience of violence and abuse. An advisory group of disabled women have reviewed the progress of the project at regular intervals. This Findings Report and the Best Practice Toolkit provide a user-led approach to improving access for disabled women for service providers who want to achieve a high standard of service delivery for disabled women. Although this report and the best practice toolkit have been produced specifically for services working in the violence and abuse sector, the self-assessment templates could be used to make changes to other services that work with disabled women.

This project began by disabled survivors reviewing the findings of research conducted in 2008 'Making the Links: Disabled Women and Domestic Violence' report published by Women's Aid. Disabled women with lived experience of violence and abuse discussed what had changed in the last 10 years from their own experiences of trying to access support. In general, little had changed and in some instances the situation was deemed to have become worse. In particular, disabled women said that because of service cuts they had often not been able to get local support, had to wait for more than six months for a first counselling service, had been turned away because of their impairment or health conditions and had not been able to access a service because the distance and/or cost of travel was prohibitive. Similarly to findings from 10 years ago, disabled women still raised a lack of accessible information, inaccessible refuge and service buildings, lack of knowledge and understanding of the issues for disabled women by professionals, a need for disability equality training for service staff, and greater awareness and support for disabled women experiencing carer abuse as priority issues.

A Refuge for All implemented a number of audits and interventions at two pilot sites. The pilot services provided a range of refuge and outreach services. The focus of this project was to investigate how refuge services could work more inclusively with disabled women. However, the interventions have been helpful to other areas of the service, particularly the disability equality training for all staff and the guidance given to make materials and communications more inclusive. The pre and post training analysis reveals that staff felt much more confident to work with disabled women after taking part in training. With this newly acquired knowledge and confidence, plus the access and system audits, both pilot services have been able to implement immediate low or no cost adjustments.

The best practice toolkit is freely available from Shaping Our Lives at (<https://www.shapingourlives.org.uk/resources/our-resources/shaping-our-lives-a-refuge-for-all-best-practice-toolkit>) and is a simple self-assessment tool and action plan for improvement. There are a number of resources that will help violence and abuse services make inexpensive changes that support a more accessible and inclusive service offering. Through taking positive actions, service providers can share their action plans and get access to a poster designed to reach out to disabled women.

The conclusions and recommendations in this report summarise the findings of disabled women with lived experience of violence and abuse. There is much to do to ensure disabled women, who experience disproportionate levels of violence and abuse, are able to equally access services with non-disabled women. Some of what needs doing requires considerable investment in accessible buildings for refuge and support services, but there is also a lot that can be done through the commitment of services to implementing the actions detailed in this report and the best practice toolkit.

2. Introduction

2.1 About Shaping Our Lives

Shaping Our Lives is a national user-led organisation that has expertise in the inclusive involvement of people from diverse communities who use health and care services. We provide a free national network for nearly 500 user-led groups around the UK and, as well as providing them with a forum to network, we represent their views to national policy makers. For example, we are part of the strategic policy panel called the Health and Wellbeing Alliance for the Department of Health, NHS England and Public Health England and work to reduce health inequalities.

All Shaping Our Lives staff and board members are Disabled people who use services and identify with other diverse communities. We are non-profit-making. Please visit www.shapingourlives.org.uk for more information.

A Refuge for All project

Shaping Our Lives was awarded a two year grant in May 2017 from the DCMS Tampon Tax Fund for A Refuge for All. The aim of this project is to establish and pilot systems and practices that will ensure the needs of Disabled women experiencing, or at risk of, violence or abuse, are appropriately met through current service provision. The project was inspired by the 'Making the Links: Disabled Women and Domestic Violence' report published by Women's Aid in 2008. The 'Making the Links' report detailed that although Disabled women were twice as likely to experience domestic violence and abuse than people who are not disabled, services were not always inclusive of Disabled women who were not being reached as successfully as others and for whom there were barriers to using current services. The A Refuge for All project is designed, led and influenced throughout by disabled women with lived experience of violence and abuse so provides a user-driven solution to service inclusion and improvement.

The DCMS Tampon Tax Funding supports projects affecting only women so A Refuge for All does not address the needs of disabled men or people from LGBT+ communities, however, we are aware that disabled men and people from LGBT+ communities experience similar higher rates of violence and abuse as well as barriers to using services.

Additionally, we recognise that disabled people who identify outside of the gender binary are also at a higher risk of abuse.

2.2 Project objectives and outputs

The main project objectives are as follows:

- Evaluating existing research and its current relevance for disabled women who have lived experience of violence and abuse.
- Developing a user-led service model for the inclusive involvement of disabled women based on user priorities from previous research and consultation with disabled women with lived experience.
- Raising awareness of the violence and abuse that can be experienced by disabled women and how this may extend beyond that experienced by non-disabled people because in some instances, the dependency on carers, personal assistants and family members for basic needs can form part of the abuse, for example, withholding food or medicines.
- Establishing 2 pilot sites where a range of resources and support are implemented to make the service 'disability confident' and fully accessible.

From this work, A Refuge for All project has produced this report and a best practice toolkit for violence and abuse services. The toolkit has been designed primarily for use by refuge services but is also relevant to others looking to increase their reach to disabled people. The toolkit will help an organisation to increase the accessibility to its services for Disabled women and improve the outcomes for them. The best practice toolkit (<https://www.shapingourlives.org.uk/resources/our-resources/shaping-our-lives-a-refuge-for-all-best-practice-toolkit>) has been launched alongside this report and it is hoped that this will become a national model of good practice.

2.3 Project activities

Over a two year period the project team completed the following activities:

- A review of 12 relevant reports about Disabled women seeking support because they have or are experiencing violence and abuse.
- Summarised the findings about policy and provision of services.
- Held two focus groups (Birmingham and London) with Disabled women with lived experience of violence and abuse to ask them if their experiences reflected those in the 'Making the Links' report and

other reports, if anything had changed significantly in the last 10 years and what they would like to change.

- Formed an advisory group of Disabled women with lived experience of violence and abuse to inform the project throughout the two years.
- Made contact and shared knowledge with all the other user-led organisations and projects working in this area. In addition, created on-going dialogue with national providers such as Women's Aid Federation.
- Identified and engaged two pilot site services in a series of management discussions leading to auditing of access arrangements, communications and processes and physical spaces, resulting in an inclusion recommendations report.
- Assessed the confidence of staff at both pilot sites to work effectively with disabled women and provided tailored Disability Equality Training.
- Raised awareness locally to each pilot site and nationally through social media, press and television coverage; including a BBC national news item.
- Brought together Deaf and Disabled People's Organisations (DDPOs), voluntary and community sector services, local government and statutory and health services to share knowledge and create opportunities for joint working.

This report provides more detail about these activities and the results from the pilot activities.

3. Facts and figures

Several reports published in the last few years show that the number of incidents of disabled women experiencing violence and abuse has been increasing.

The most recent report published by the Office for National Statistics suggests that disabled women are now almost three times more likely to experience domestic abuse.

Domestic abuse findings from the Crime Survey for England and Wales: year ending March 2018 reported:

- those with a long-term illness or disability were more likely to be victims of domestic abuse in the last year than those without; this was true for both men (9.8% compared with 3.5%) and women (16.8% compared with 6.3%)
- this difference was true for each of the different types of domestic abuse excluding sexual assault.

The report studies prevalence, long-term trends and attitudes towards domestic abuse experienced by women and men aged between 16 and 59 years and, to a lesser extent, 60 to 74 years, based upon annual findings from the Crime Survey for England and Wales.

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusefindingsfromthecrimesurveyforenglandandwales/endingmarch2018>

Domestic abuse: findings from the Crime Survey for England and Wales: year ending March 2017 published 31 May 2018 reported:

- Women who had a long-term illness or disability were just over twice as likely to have experienced some form of partner abuse in the last 12 months (12.4%) than women who did not (5.1%).

These statistics refer to women aged 16-59.

Disabled people on average have lower incomes partly due to higher unemployment levels, lower wages and less opportunity to pursue higher education. It is likely that these other income related findings in this report also contribute to the disproportionate levels of violence and abuse:

- Women living in households with an income of less than £10,000 were more than four times as likely (14.3%) to have experienced partner abuse in the last 12 months than women living in households with an income of £50,000 or more (3.3%).
- Women living in social housing (11.1%) were nearly three times as likely to have experienced partner abuse in the last 12 months than women who were owner occupiers (4.1%).

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/womenmostatriskofexperiencingpartnerabuseinenglandandwales/yearsendingmarch2015to2017#characteristics-of-women-who-are-most-at-risk-of-experiencing-partner-abuse>

In March 2017, SafeLives published the Spotlight Report ‘Hidden Victims Disabled Survivors Too: Disabled people and domestic abuse’ report. Using their own statistics, they concluded:

- Disabled victims of domestic abuse also suffer more severe and frequent abuse over longer periods of time than non-disabled victims. SafeLives’ data reveals that disabled victims typically endure abuse for an average of 3.3 years before accessing support, compared to 2.3 years for non-disabled victims. Even after receiving support, disabled victims were 8% more likely than non-disabled victims to continue to experience abuse. For one in five (20%) this ongoing abuse was physical and for 7% it was sexual.
- The research suggests that this may be attributed to a number of factors, either through poor commissioning, lack of awareness or understanding in practice, social stereotyping of victims of domestic abuse or services being inaccessible. For instance, some services may offer only telephone support, which excludes those who cannot communicate on the phone.

<http://www.safelives.org.uk/knowledge-hub/spotlights/spotlight-2-disabled-people-and-domestic-abuse>

The following report published by Public Health England: Disability and domestic abuse topic overview PHE 2015, found as follows:

- Disabled people experience disproportionately higher rates of domestic abuse. They also experience domestic abuse for longer periods of time, and more severe and frequent abuse than non-disabled people.
- They may also experience domestic abuse in wider contexts and by greater numbers of significant others, including intimate partners,

family members, personal care assistants and health care professionals.

- Disabled people also encounter differing dynamics of domestic abuse, which may include more severe coercion, control or abuse from carers.
- Anybody who experiences domestic abuse may face broader risk factors, but disabled people face specific risks. They are often in particularly vulnerable circumstances that may reduce their ability to defend themselves, or to recognise, report and escape abuse. Impairment can create social isolation, which, along with the need for assistance with health and care and the potential increased situational vulnerabilities, raises the risk of domestic abuse for disabled people.

<https://www.gov.uk/government/publications/disability-and-domestic-abuse-risk-impacts-and-response>

Finally, from the 'Making the Links: Disabled Women and Domestic Violence' report, research revealed that:

- Factors which helped women to make the decision to leave included having access to a supportive organisation, having access to someone who would assist them and becoming more confident.
- Factors which led to women staying in the abusive situation included believing they had nowhere to go, no available services and the abuser's threats of suicide. They also described still feeling vulnerable months and years after separation from the abuser.
- Disabled women experience violence and abuse from carers, personal assistants and support workers in addition to family members, partners, etc.
- There are a number of disability specific types of physical, sexual, emotional and financial abuse that are not experienced by non-disabled women.
- Most disabled women found agencies unhelpful with 80% finding the police and social services unhelpful.
- Professionals rarely asked about the causes of poor health/distress and usually focused on their impairment or health condition as the main problem.

<http://www.equation.org.uk/wp-content/uploads/2016/02/EQ-LIB-127.pdf>

4. A survivor's story

I never went near any Domestic Violence services while I was in an abusive marriage. I never even thought of myself as a victim/survivor of abuse until gradually, once the relationship ended, the penny dropped. I suppose that was partly because it was emotional/psychological/verbal abuse, not physical, so I thought of it as just part of the ups and downs of the relationship. I echo the findings in the Making the Links report, that I would not have known where to turn had I decided to seek help.

The only time I did try and seek help it backfired on me. I wasn't seeking help to leave an abusive partner because I couldn't even tell myself that's what he was, and the situation I was in. I sought help because, on one single occasion I reacted to his unrelenting tirades of abuse, when I was particularly unwell and vulnerable, by pouring a cold drink over him, just to make him shut up. There wasn't an intention to harm him, but my son was in the room and got very upset by the scene. He wouldn't let me near my son for two days, saying he needed to protect him from me. I vowed to myself to never ever again let myself get to such a low point that I would do anything like that. So I reached out for help, in coping better with a difficult relationship, first to a Health Visitor, then to my GP, describing what had happened. The Health Visitor recorded it as an incidence of domestic violence, with me as the perpetrator. The GP was a bit more sympathetic but told me how hard it was for my husband to have to do the domestic work I couldn't do, as well as earning a living for all of us, and told me to make life as easy for him as possible. And she referred me to counselling for anger management.

I couldn't travel to the counselling service independently and my husband hated the idea of me doing this, but my Dad drove me there. I went for several weeks, just talking. There were never any strategies for how to cope better with abuse. I didn't name it as abuse, nor did the counsellor. She just got me to talk about coping in general with being chronically ill and having two children and a difficult relationship with my husband and didn't seem to know what to do with me because I wasn't displaying any anger management issues. One time I was tearfully low due to lack of sleep and said something that she thought should be reported to my GP and social services, about me potentially feeling I could harm my baby. It wasn't what I said, and she acknowledged that she didn't think it was a real possibility, but she said she had to cover herself professionally by reporting it. My husband opened the letter

which she cc'd to me containing this report and he went ballistic. I stopped going to see this counsellor and that was the end of me seeking any help.

I did work incredibly hard to develop my own inner resilience to the abuse. I think that's partly what made us become increasingly estranged and partly why he left me, out of the blue. I'm incredibly thankful now that he did. My life and my self-esteem have been transformed beyond recognition. I don't think I would ever have got to a point of even thinking about leaving him though.

As I'm writing it, I'm wondering how many women there are in similar situations, who can't even name the abuse they're experiencing, let alone access help and support. Because I'm guessing for so many of us, the abuse is so closely intertwined with the love, and that love feels so much more rare and precious when you're disabled. "He chose me, despite my disability" - it felt like we were meant to be together, and that was the narrative that underpinned the whole of my marriage.

I couldn't leave because I would have got no support from social services. Because I didn't need support with personal care at that time in my life, I was not 'in the system', therefore they wouldn't even assess me for my parenting support needs. Earlier on, my Health Visitor (a good one I had just after birth of my eldest) and GP both tried to access support for me. I couldn't lift and carry my baby, I couldn't leave the house independently. I couldn't stay alert for long periods. But both told me that if social services got involved it would be only if they reported my children as being at risk due to neglect or abuse and they didn't recommend going down that road. So I knew that approaching social services for help would likely result in my children being removed.

Actually, not only was I too terrified to try and leave because of his vindictiveness, but it would have resulted in the most awful custody dispute that I knew I couldn't win or survive emotionally. A major feature in his regular tirades of abuse was telling me I was an unfit mother, that he was going to kick me out and take the children away from me. That I was useless and a parasite. With many chronic illnesses, your capabilities and limitations aren't fixed. There were parenting tasks I could do one day but not the next, depending on fluctuation but also depending on how I had allocated energy resources already that day. He would have to step in unpredictably to fill in for my changing deficits. He found that incredibly infuriating and stressful. I can understand that it's

harder as a carer to deal with fluctuating incapacity than fixed because it's a constantly moving target out of their control. His response was to take what power and control I had away from me. He cast me as incapable and undermined my role as a mother that I clinged so hard to. My self-worth as a mother was extremely low. I felt not good enough for my children on my own. I couldn't contemplate making a bid in court to be their primary parent.

5. Summary of project findings

This section looks at several aspects of the project including the initial review of literature and the conclusions from the focus groups, activities and interventions at the pilot sites and the collaboration with the media, user-led groups and disabled women with lived experience of violence and abuse.

5.1 10 Years on - what disabled women said

The approach for the A Refuge for All project began with a review of 'Making the Links - Disabled Women and Domestic Violence' report published in 2008 by Women's Aid and a number of other reports. The project team summarised the findings and recommendations across these reports for discussion in two focus groups of disabled women with lived experience of violence and abuse. The focus groups were held in London and Birmingham.

5.1.1 Accessing information

- Participants in A Refuge for All reported that there was very little information available specifically for disabled women.
- There is also not enough general information in public places such as GP surgeries, public toilets, shopping centres etc.
- There is often only a telephone number to call and this is not accessible to all disabled women.
- Where participants had accessed services, the information that was offered was only available in a standard printed format.
- A trauma counsellor (accessed through a GP) had a range of help materials but they were not on general display and not available in an accessible format.
"The counsellor had to write the telephone numbers out with a black marker pen in large print so I could read them"
- The advisory group identified that more accessible information is needed about the pathways for reporting domestic abuse or sexual violence.

5.1.2 Finding suitable services

- None of the participants in the focus group or advisory group had been able to access specialist services for disabled women.
- It was reported that priority is given to mothers with children.

- Services were too far away and not accessible because of the cost and/or time to travel to them. This was assumed to be because of service cuts to the violence and abuse service sector.
- The waiting time for support such as counselling services, was too long - nine months in one case.
- Counselling and other support services turned disabled women away because they did not have the 'required' knowledge or training. "I waited nine months to see a counsellor, and on my first appointment I was told they could not help me because they were not trained to work with autistic people".
- There was no evidence of collaborative or integrated working between other agencies, services, the voluntary sector and DDPOs. This can mean that a disabled woman may turn to a 'trusted' person for disclosure and to seek support, but a lack of training and understanding may be a barrier to accessing any support.
- Participants felt that services and professionals did not take a personalised approach to enable a disabled woman to access appropriate support.

5.1.3 Accessing services

"Just trying to access services made me really, really ill"

- Participants said there was a limited understanding of disability and it is interpreted generally as a wheelchair user.
- Inflexible systems and processes exclude disabled women.
- There needs to be more consideration for accessing service centres/meetings such as better directions, access by public transport and accessible buildings.
- Disabled women stressed that the first approach is very important. If they do not receive an informed and accessible response they may not reach out to services again.
- Filtering of calls by administration staff who have not had disability equality training is off-putting.
- Safeguarding and security procedures can make services difficult to access. "It was so secretive I could not find a local service."
- Restrictive contact practices such as needing to call between certain times or a single method of contact contributes to access problems.

5.1.4 Attitudes

- Mental health service users said they had been excluded from other services such as counselling and specialist services for disabled people.
- Disclosure of mental health issues often led to not being believed (even when mental ill health was caused by violence and abuse).
“I have not been abused because I am depressed, I am depressed because I have been abused.”
- There was other evidence given of other types of professionals such as general practitioners being ‘sceptical’ when disabled women disclosed their abuse.
“Perhaps you need to be more considerate about how hard it must be for him living with you and looking after the children...”

5.1.5 Relationships, formal and informal carers

Participants reported a number of incidents of abuse by friends, informal carers and paid caring staff such as personal assistants (PAs).

Participants felt there needed to be more guidance about appropriate relationships with all types of carers.

- Incidents of abuse by informal and formal carers and/or partners are particularly difficult to challenge because of the dependency on that person.
“When I realised my PA was stealing from me it made me feel like there was no point in being alive.”
- Often allegations are not believed when disclosed.

Participants highlighted a need for advice about good working relationships with carers and particularly PAs.

5.1.6 Other barriers

- Fear and shame.
- A substantial barrier for a disabled woman to leave a partner if she has children, is that she risks having her children removed through the safeguarding process. There is often inequitable treatment for disabled women compared to women who are not disabled.
Participants highlighted the need for funding to be made available to support a disabled woman in this situation. (This should be provided through provisions in the Care Act, but no one reported this).
- Some participants said they had been put into hostels and bed and breakfast accommodation rather than refuges and these did not feel

secure. In some instances, they had to vacate the accommodation during the day and this is not appropriate.

5.1.7 Other agencies

- Participants reported that police and other agencies sometimes appeared to think that disabled women are not 'sexually attractive' and there was doubt/incredulity that a sexual attack had happened.
- On occasions, the response from police and other agencies consisted only of giving a Victim Support leaflet and telling someone to sort it out for themselves.
- There is a lack of understanding and knowledge about the additional perpetrators and types of abuse and violence experienced by disabled women.

5.1.8 Current issues

Evidence gathered from the participants in a A Refuge for All project generally reflected the findings in the Making the Links report, however, there were also issues raised that have become prominent mainly because of austerity policies and changes to the welfare benefits system over the last 10 years. These include:

- A lack of local services and often long waiting times and distances to travel to get support.
- Single household benefit payments such as Universal Credit can lead to disabled women having no financial control or independence.
- Reduced access to Legal Aid.
- Derogatory terms about disabled people that have been used in the media such as 'benefit scrounger' are unhelpful with friends/family and service providers.

In summary, 10 years ago in the 'Making the Links' report, disabled women identified the need for accessible information, a dedicated central helpline and a buddy service for disabled women. The participants in this project raised many issues relating to accessing information and services including the need for a central hub of accessible materials, alternative ways of accessing support other than the telephone helpline, more information in public spaces such as doctors' surgeries, shopping centres etc. and access to information in accessible formats.

Those findings also showed that services for disabled women were patchy across England and of those services surveyed, only 59%

offered staff training in disability equality. In addition, services narrowly defined 'accessible' as being wheelchair accessible and had not considered those people with other impairments. There was limited collaboration with DDPOs and of co-production with disabled women.

There was no evidence from this current project to suggest that these issues have changed. Moreover, disabled women now expressed an even greater concern that there needs to be more information and advocacy/peer support for managing informal and formal carer relationships and helping people to recognise when a relationship is not appropriate.

In the Making the Links report, service providers themselves reported the concerns listed below. It seems that these concerns are still leading to barriers to accessing services 10 years later. Service providers said they needed:

- More accessible refuge accommodation and other safe housing for disabled women.
- More outreach services.
- Better publicity and advertising to improve the information available.
- More awareness of disabled women's needs and the development of a deeper understanding of the impact of abuse on the lives of disabled women.
- Clear and fully developed disability policies.
- Better partnerships with disability organisations.
- Increased and high quality disability equality training.

5.2 Interventions and activities at pilot sites

A Refuge for All worked with two pilot sites to investigate service provision and what differences could be made to be inclusive to disabled women. The project identified and engaged services in Birmingham and Bexley. The activities started with a series of meetings with service managers to look at current practice and processes. From this, we identified areas that needed further investigation such as communications, training needs and properties. The main activities were as follows:

- Training needs analysis of staff and bespoke disability equality training.
- Auditing of access arrangements, communications, processes and physical spaces, resulting in an inclusion recommendations report.

- An increased awareness of the project and issues for disabled women through local and national press and television.
- Networked with DDPOs, voluntary and community sector services, local government, statutory and health services to facilitate the sharing of knowledge and create opportunities for joint working.

5.2.1 Building staff confidence and knowledge

This section gives an overview of the change in confidence and knowledge pre and post the disability equality training that was provided at the pilot sites. The results have been combined as similar trends were evident at both sites. It should be noted that the results are not specific to frontline staff. Rather, they reflect the fact that the project team encouraged staff from all departments to undergo the training activity so the whole organisation could become more disability confident. From experience, Shaping Our Lives has often found that service providers train only frontline staff and overlook those who manage initial enquiries and administration such as receptionists. For a disabled person using a service, it is critically important that their first experience is a positive one.

The pilot sites did include equalities training in their induction programmes, however, this had been some time ago for some staff and did not include sufficient time to cover the range of issues. Often staff had done impairment or health condition specific training and this was evident in the training needs analysis responses that focused on particular separate impairments. A key recommendation is for violence and abuse services to invest in user-led training by disabled people and to ensure that it is integrated into their regular training schedule.

There were 61 responses in total to the training needs analysis, and 31 people responded to the post-training survey questions as shown in the table below:

a) Have you ever done Disability Equality training?		
	Yes	No
	17	44

b) Do you know why Disabled women are twice as likely to experience violence and abuse?			
	Yes	No	A little
Pre-Training	35	3	23
Post Training	31	0	0
Is this more than before you did the training?	23	8	

c) How much do you know about the rights Disabled people have under the Equalities Act 2010?			
	A lot	A little	Not at all
Pre-Training	2	42	17
Post Training	15	16	0
Is this more than before you did the training?	Yes	No	
	26	5	

d) Do you understand the difference between 'disabled, impairment and health conditions'?			
	Yes	No	A little
Pre-Training	22	11	28
Post Training	29	0	2
Is this more than before you did the training?	26	5	

e) Are you confident in talking about Disabled people?			
	Very	Not Very	Not at all
Pre-Training	11	45	5
Post Training	29	2	0
Is this more than before you did the training?	Yes	No	
	26	2	

f) Are you confident about making reasonable adjustments in a non-discriminatory way?			
	Very	Not Very	Not at all
Pre-Training	25	35	1
Post Training	29	2	0
Is this more than before you did the training?	Yes	No	
	26	5	

g) Are you confident about asking a Disabled person what their access needs are?			
	Very	Not Very	Not at all
Pre-Training	40	20	1
Post Training	31	0	0
Is this more than before you did the training?	Yes	No	
	28	3	

h) Have you heard of the social model of disability?			
	Yes	No	Maybe
Pre-Training	15	35	11
Post Training	31	0	0
If yes, how confident are you about using the principles of the social model of disability in your work?	Very	Not Very	Not at all
	25	6	0
Is this more than before you did the training?	Yes	No	
	29	2	

In summary, less than a third of staff stated that they had done disability equality training. There were weaker results in the understanding of rights, legislation and using the right language. There was more confidence in providing reasonable adjustments and asking about access needs, although the project made recommendations to change the questions asked to new clients about disability so access requirements would be noted on records. Only a quarter of respondents were aware of the Social Model of Disability, and this lack of knowledge can lead to disablist work practices.

The training needs analysis asked other questions in addition to the results shown above. Most of these referred to making services accessible for disabled women with specific impairments or health conditions. For example, do you know how to make services accessible to women with a sight impairment? There were varying levels of confidence between impairments and health conditions. Generally, confidence was higher for wheelchair users and mental health service users and lower for sensory and cognitive impairments. Overall, there was never more than a quarter of staff who felt very confident. For some impairments and health conditions, only about a tenth of staff responded that they knew 'a lot'.

After the training, staff were asked to answer questions about how their confidence and knowledge had changed. Pre-training, more staff were knowledgeable as to the reasons that disabled women are more at risk of violence and abuse compared to other, more specific, areas such as rights and legislation. Even so, nearly three quarters of staff stated that they knew more about this after the training than before. A small section of the training was committed to the Equality Act 2010, however, there was not much knowledge about this legislation and insufficient time to address this to ensure that all staff felt confident. It is recommended that all service staff familiarise themselves with the legislation and potentially do more training.

Other key areas, especially knowledge about the Social Model of Disability, were greatly improved through the training.

The complete training needs survey is available in the A Refuge for All best practice toolkit (<https://www.shapingourlives.org.uk/resources/our-resources/shaping-our-lives-a-refuge-for-all-best-practice-toolkit>).

5.2.2 Communications

A number of recommendations were made to the pilot sites after reviewing relevant documentation, meeting with service managers of the Refuge and Safety services, visiting services including refuges and feedback from staff training sessions.

- It was recommended that all leaflets, posters and general promotional materials are produced in a plain English text only version and made available to staff and potential service users as a Microsoft Word document. The documents should be available to staff through an internal intranet/server storage place, and to potential service users through the website and helpline services.
- This enables the services to be able to provide an accessible version to meet most requirements easily and quickly e.g. for people using access technology to access printed materials or for people who cannot read different colour print or different coloured paper.
- These versions should be in Arial 14 point font, with no block capitalisation or italics. There should be clear headings identified by bold font and paragraphs should be concise. Text descriptions should be added under pictures and diagrams for people who cannot access non-text elements. Materials in this format will meet a wide range of

access needs and can easily be changed into larger print on a computer.

- Services should find a local provider of Easy Read materials and (if budget allows) have all promotional materials produced in an Easy Read format. As a minimum, it is recommended that the general service flyer is produced in this format and made available for staff to print on request, and for service users to view and download via the website.
- To create an area on the service website where people can access accessible materials described above.
- That general service flyers include a statement that the organisation is committed to working with women to meet their access and communication needs.
- Services should create a promotional leaflet aimed at disabled women. A Refuge for All Best Practice Toolkit (<https://www.shapingourlives.org.uk/resources/our-resources/shaping-our-lives-a-refuge-for-all-best-practice-toolkit>) has an example of a poster that has been produced by Cambridgeshire and Peterborough Sexual Violence and Domestic Abuse Partnership. This poster was shared with the project advisory group and has been changed to reflect their recommendations.
- Ensure that any Users Handbook refers to inclusive services for women from all marginalised groups including disabled women and that there is a commitment to making reasonable adjustments.

5.2.3 Access to service buildings

- Make available a photograph of all service entrances so potential service users can make their own judgement about physical access considerations. To support the picture, provide dimensions of entrances including width of doorways, height of steps and number of steps. (Although it may not be possible to show the front of some service buildings, where possible this would be helpful for anyone looking for a service building).
- Have dimensions of doorways, lifts and other potentially limited internal spaces in case a disabled woman using a mobility aid needs to access a service.
- Provide a picture and description of accessible toilets as different people have different requirements. Ensure pathways to accessible toilets are clear and that the toilet is not cluttered or being used to store items (you never know when it will be needed).

- For each service, establish where the nearest place for assistance dog toileting is. This may be a small patch of grass, small patch of gravel or, as a last resort, at the edge of a quiet road. It is also necessary to find the nearest public rubbish bin to this area for disposing of waste. It is helpful to have a dog bowl or similar container available (at service buildings) so an assistance dog can have a drink of water.
- Ensure there are clear travel instructions available for all services that include a range of public transport options, blue badge parking facilities and general parking. Check the details are correct regularly, possibly by having a system to review directions every 3-6 months.
- Consider portable ramps for each service that has steps, and if this is not a practical solution, establish a strategy for disabled women who will not be able to access some buildings.
- Access to courts was raised as being poor and that accessible entrances often put the woman at risk of meeting the perpetrator. These court premises have a responsibility to provide an accessible (and safe) service for all people. It is suggested that issues are detailed for each court and that, when a disabled woman needs access, the senior management write to ask for the opportunity to discuss a safe process for using the building.

5.2.4 Access to drop-in services

- If the entrance uses an intercom, ensure this is at an appropriate height for a wheelchair user or someone of restricted height.
- Clearly display a telephone number (for calling or texting) at the entrance for people who cannot use the intercom or negotiate the entrance.
- Include on any Drop-In service flyer any barriers to access such as steps. Provide an option to contact in advance to discuss accessing the service.
- Have a plan for people who cannot access the Drop-In service because of physical barriers, such as an alternative venue.

5.2.5 Access to refuges

- Shaping Our Lives has created a list of easy and inexpensive adaptations that may be helpful in refuges. This can be found in the best practice toolkit (<https://www.shapingourlives.org.uk/resources/our-resources/shaping-our-lives-a-refuge-for-all-best-practice-toolkit>).

- Refuges should contact the Local Authority adult sensory teams to check what equipment can be loaned.
- Refuges can use the local Fire Service support for equipment loans and PEEP planning, safety procedures and accessible fire alarms.
- Connect with local voluntary and community organisations (VCS) to establish what local support and equipment hire services are available.
- Make available accessible versions of service user handbook and House rules (see point 4.1 about communications).
- In A Refuge for All, some practical issues to entering the refuges were raised, specifically for example, the weight of the entry door may be too heavy for some women with mobility or physical impairments. Staff should share ideas and develop strategies such as a buddy or volunteer support scheme.

5.2.6 Capturing user information

- Ensure staff are asking the right questions when people first contact the service:

What would make it easier for you to access our service?

Do you have any communication access requirements?

Do you have any physical access requirements?

Will you need a personal assistant or supporter?

Do you have an impairment or health condition that you wish to share?

Record the answers and always refer to them before any contact with a service user.

- The Equality Act definition of a disabled person should be made widely available to all staff and be prominent in internal processes. This will help staff to seek appropriate support and welfare benefits for people who use services.

5.2.7 Inclusion and accessibility

A Refuge for All has provided a self-assessment Access Checklist tool as part of the best practice toolkit

(<https://www.shapingourlives.org.uk/resources/our-resources/shaping-our-lives-a-refuge-for-all-best-practice-toolkit>). It is recommended that

this is used by staff to check their procedures and practices. The tool also includes an action plan for changes that need to be made.

- Develop a service wide action plan from the self-assessment templates in the best practice toolkit based on these suggestions and include in short, medium and long term service strategy planning.

- Provide disability equality training for all staff – repeated regularly.
- Volunteers also need to receive disability equality training as part of their induction.
- All staff should have access to the Equality Act short guide for service providers.
- Adopt an Equality and Diversity Policy that comprehensively includes all protected characteristic groups and includes staff, volunteers, contractors, suppliers and service users.

5.3 Service commitment

In the A Refuge for All best practice toolkit (<https://www.shapingourlives.org.uk/resources/our-resources/shaping-our-lives-a-refuge-for-all-best-practice-toolkit>) there is a template service commitment that services can adopt. The commitment is a statement about how a service works and what it will do to be inclusive of women from diverse communities. The service commitment has been developed between service managers and the advisory group of disabled women. They worked together to negotiate a set of commitments that met both the needs of service users and a service provider. The project is grateful to a pilot site for allowing A Refuge for All to use an existing service standards document and develop it into this inclusive service commitment.

5.4 Networking

Making links with local DDPOs, voluntary and community providers, local government, statutory and health providers is an important way to ensure that the needs of disabled women are met. We held a networking event with over 50 attendees and a number of speakers including disabled survivors. Below are some comments from attendees that reflect the value of local networking and are taken from the question ‘Say one good thing you got from the event’ on the event evaluations.

“Gained ideas on things I need to consider about the barriers people with disabilities face when accessing services. This is useful so that practice can be adapted to make it inclusive.”

“Opened eyes to how could improve our service.”

“Understanding there are more services than I was aware of, supporting women with disabilities and impairments.”

“The networking was amazing, learning about other agencies and the support they offer has increased my knowledge. I will now be able to signpost my clients effectively.”

“Thinking differently about women with learning disabilities or other disabilities, the challenges they face and the need to review our services/training to raise awareness of this and challenge our assumptions.”

“The ability to share experiences and information was really useful, networking has been priceless.”

“Made me stop and critically look at our organisation, barriers that exist and a commitment to do something positive to address this.”

“Learning what other organisations can offer to support the issues some of our clients face.”

“Very informative. It will change my practice.”

5.5 Project connections and exposure

At the start of the A Refuge for All project, Shaping Our Lives staff reached out to other user-led organisations working to support disabled women experiencing violence and abuse.

Disabled Survivors Unite (<https://disabledsurvivorsunite.org.uk/>) and Stay Safe East (<http://staysafe-east.org.uk/>) have provided expertise and exposure for the project throughout and enabled this project to understand the issues affecting disabled women in a short time. We are very grateful for their support.

A Refuge for All has also had the interest and support of Women’s Aid and we continue to collaborate on national policy issues including the recently published Domestic Abuse Bill. We have discussed the findings of this project and the best practice toolkit being adopted into their national standards and hope that this will be possible in the future.

A Refuge for All was launched to local and national press on Valentine’s Day, 2018 and was widely covered. In March 2019 an article will appear in Enable Magazine and in November 2018 the BBC showed a special interest item on the national 6 o’clock news featuring the project lead

and a survivor's story from this project. The continued requests for conference presentations indicate the relevance of this project in the sector.

6. Recommendations and conclusion

The following recommendations for improvement have been compiled from what the project has learned from the disabled survivors advising the project team and from the very helpful staff at the service pilot sites. There needs to be:

- A central resource of relevant information for disabled women, available in a variety of formats and providing a bridge to accessing mainstream services.
- Investment to provide more accessible refuge spaces.
- Investment to ensure all aspects of a service are accessible, not just the physical environment.
- Greater understanding and training in disability equality issues and the Equality Act 2010 for service staff and all other agency staff.
- Dedicated key workers trained in disability inclusion and issues.
- A range of service options and ways of accessing them to reach out to more disabled women.
- Wider promotion of services using accessible and tailored materials for disabled women.
- A person centred approach such as flexibility in appointment times or recording and providing all information in someone's preferred format.
- Information and guidance for disabled women employing informal or formal carers such as Personal Assistants. This will help to identify potentially abusive caring relationships. This might be best supplied through peer support and/or buddy systems for disabled women.
- Co-production of services with disabled women to improve understanding and create more relevant and accessible services.
- Improve provision of therapy services such as more timely and appropriate counselling delivered by 'disability confident' therapists. People had accessed a range of these types of services and considered that, quite often, a more interactive therapeutic approach such as talking therapy was more beneficial than counselling.

In addition, the project has identified these specific recommendations for service providers and for national policy makers.

For service providers:

- Create and make available all service documents in an accessible format.

- Use a specific flyer to attract disabled women to the services and add statements to existing information about access and inclusivity.
- Ensure all Drop-In services are accessible.
- Have access action plans for each service.
- Ensure that disability equality training is included as part of the staff and volunteers' induction and regularly repeated. It is recommended that this is delivered by a DDPO or an experienced disabled trainer.
- Adopt a culture of working in a Social Model of Disability approach, always looking at the social barriers (physical, attitudinal, cultural and economic barriers) that women may face when trying to access the services.
- Develop links with the VCS and community services that can offer specialist support for disabled people.
- Involve disabled women equally in the policy, planning and delivery of your services.

For national policy makers:

- Investment in accessible service centres.
- Funding for central hub of accessible information.
- Provide information and peer support to guide those using formal or informal caring services.
- Introduce a national policy on disability equality training and Equality Act 2010 training for all service staff.
- Ensure counselling and therapy services are skilled to work with disabled women and/or provide specialist services.
- Provision for parenting support in the safeguarding process so women are not in fear of having their children removed unnecessarily.

In conclusion, the findings from A Refuge for All project show that there has been little progress in the last 10 years for disabled women seeking support when they experience violence and abuse. The pilot site interventions demonstrate that training and advice from disabled women and user-led organisations can have an enormous impact on services' readiness to work confidently with disabled women and that a number of small inexpensive adaptations can improve the accessibility of the service delivery. However, there needs to be considerable investment in developing these recommendations nationally to provide an equal and accessible service for disabled women.

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