Executive Summary

Mapping Study of Services for Homeless Women in Bristol
October 2010
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On Behalf of Novas Scarman

Dr. Lorna Henry
Dr. Hilary Abrahams
Ailsa Cameron
Dr Emma Williamson

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Aims of the Mapping Project
The aim of the mapping study, the full report of which is available from: www.bristol.ac.uk/sps, was to:

1. Improve our understanding of the gender specific housing related needs of homeless women, and those at risk of homelessness. This will include a range of women including
   a. single women aged 16 upwards,
   b. women aged 16 upwards with children;
   c. women with support needs relating to drugs, alcohol, mental health/dual diagnosis;
   d. women working in the sex industry;
   e. women at risk of offending or re-offending;
   f. women experiencing domestic abuse;
   g. women from BME communities.
   It is important to recognise that for many women they will be experiencing multiple issues resulting in complex service needs.

2. Identify routes into, through and out of SP funded services, and how these pathways can be more effective for women.

3. Identify gaps in provision for women - these could relate to move on from stage 1 or 2 provision; ways to join up services; access to private sector accommodation; the role of floating support services, or other areas.

4. Put forward recommendations which will improve access to SP provision, the efficient use of SP resources and SP related outcomes for women in Bristol.

Evaluation Method

The research team used a multi-method approach to address all of the aims and objectives which are outlined above. This included: 1) Liaising with the stakeholder
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advisory group; 2) Scoping/Mapping study of existing services and service needs using existing documentation and data from frontline service providers; 3) Liaising with service users through customer group meetings at specific projects; 4) Conducting telephone interviews to collect data from key practitioners and stakeholders; 5) Interviews with service users; 6) Developing case studies to illustrate service users with complex needs and their interface with services.

The research team conducted 31 telephone interviews with key stakeholders and service providers. This accounted for information about 42 services and/or service providers. We assisted service users in completing 94 short surveys, and conducted 14 in-depth interviews. We analysed this data alongside additional documentary evidence and statistics provided by service providers and Supporting People.

Recommendations

The following recommendations come from the key findings from each of the data chapters outlined in the main body of the report. They are based on the perspectives of service users (chapters 2 and 3) and service providers (chapter 4) and relate to the key aims of the mapping study as outlined above. The recommendations include a focus on both strategic and practice issues. This executive summary also includes a commentary on the recommendations by the mapping study advisory group. This commentary is included as it provides an outline of how the various recommendations can be taken forward by commissioners and key stakeholders in the sector.

Strategic Recommendations

- There needs to be a comprehensive strategy for the commissioning of services for homeless women which brings together the various existing strategies with relevance to this sector. For example, Housing Strategy; Supporting People Strategy; Drug Strategy; Domestic Violence and Abuse Strategy; Alcohol Harm Reduction Strategy; Rape and Sexual Assault Strategy; Street Sex Market Strategy; Integrated Offender Management Systems; and the Dual Diagnosis strategy.

- Bringing the various strategies together would enable a more integrated commissioning process which recognises the gendered impact of homelessness and better coordination of services.
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- A comprehensive service for homeless women must recognise that the experience of homelessness is different for men and women. Both emotional and physical safety are key to providing services for homeless women.

- Service commissioners need to recognise the complexity of homeless women’s lives and the impact this has on engagement with clients, service design, service delivery, and commissioning at a strategic level.

- This integrated commissioning strategy should include a review of the centralised referral process recently implemented (see routes into services below).

- Generic (mixed gender) services are not cost effective if they do not address the needs of homeless women and specific groups of homeless women in particular, i.e. sex workers, women at risk of (re) offending, women using alcohol/drugs, women with mental health issues and who self-harm, and women fleeing domestic or sexual violence.

- Service users were clear in their message that they wanted ‘someone to talk too’. Where workers were able to provide this they were able to develop relationships with clients and build the foundations upon which change could be made. Having ‘someone to talk too’ reduced the isolation women felt and helped them to make positive changes.

An integrated approach

- We recommend that commissioners and providers consider ways in which key workers might work across agencies in order to offer more consistent support to individual clients. Within the ‘dual diagnosis strategy’ (Bristol City Council et al, 2009) this was defined as having key workers who acted as ‘pivotal cogs’ in working across services to offer more continuity to service users.
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- Providing a more integrated service has the potential to remove elements of double funding where clients may be engaged with a range of different key workers at the same time.

- Following implementation there needs to be monitoring of dual diagnosis cases to ensure that dual diagnosis is not being used to withhold support services from one area whilst provision for another issue is being given.

Availability of Services

- There needs to be a range of services which are flexible in their opening times and eligibility criteria.

- The availability of out of hours provision for homeless women was a particular problem raised by both service users and practitioners. Many women during the course of this mapping study used the Women’s Night Service because it was a women only, centrally located and safe service which was open overnight when other women’s services were not.

- Where women had used mixed gender (generic) out of hours services they reported feeling unsafe. This finding was supported by workers who recognised that the safety of women in mixed provision could be difficult. We recommend that providers develop a minimum standard which addresses the needs of women within mixed sex provision.

- There was a lack of information about the eligibility and exclusion criteria for different services. This meant that for women with complex needs, for example experiencing domestic violence, addicted to drugs and with potential mental health issues – it was not clear to practitioners which services they might be able to access. We recommend that more information about the eligibility and exclusion criteria for different services is dissemination to practitioners.

- Services need to provide women with on-going activities which assist in offering alternative and healthier lifestyles. This includes the provision of on-going activities
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and support for women once they have moved into their own accommodation. There needs to be choice in the type of activities which mix unstructured with more structured provision.

Outcome Measures and Monitoring of Services

- An integrated commissioning strategy for homeless women needs to ensure that outcome measures are agreed and/or standardised between funders. Where services are funded from numerous sources, the requirement to account differently to each funder imposes a disproportionate burden on service providers.

- Outcome measures and the setting of journey times through support pathways, need to recognise the complexity of working with homeless women and the deeply entrenched problems they may face. If outcome measures are limited to the requirements of the funder and not the needs of the client, then they may not be achievable and can result in target distortion.

- Target distortion, focusing on meeting targets rather than the needs of an individual client, creates a false economy whereby the costs of supporting a client are increased due to the time an individual client will remain within the system and requiring support.

- Target distortion also creates tension and frustration for workers who feel that client led progress is not recognised.

- Workers within services need training and support to enable them to ‘not give up’ on clients who may have chaotic and complex lives and require support over time.

- For many homeless women their immediate needs of food, shelter, and safety take precedence over more longer term objectives such as having a tenancy, education, and employment. Schemes (such as TREE run by Next Link) were positive in providing structured activities and offering women a space to consider their longer term plans. However it needs to be recognised that for many homeless women their ability to maintain a drug or alcohol free life; to maintain a tenancy; to learn to cope
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with mental health issues; to negotiate often difficult relationships with wider family, friends and children; and to remain engaged with service providers makes employment and/or training an unrealistic expectation.

Routes into support services for homeless women

- There needs to be a review of the new referral system which looks at whether it is appropriate for homeless women who, as this report has shown, have complex needs. This is based on a number of issues raised by service users and practitioners.

- Some service users found the centralised referral points intimidating, particularly if they had issues related to being safe.

- There needs to be more transparency about those services who can make direct referrals into their services. A lack of information about these exemptions meant that there was the potential for tensions arising between services due to mistrust.

- Differences in referral routes meant that service users could be affected because practitioners did not have the relevant information about when they could refer directly or not. This also impacted on relationships with service users who did not understand why some services could be accessed directly whilst other couldn’t. In some cases they felt that workers were being difficult which impacted on working relationships between practitioners and clients.

- Of particular concern is the impact that the new referral process is having on the different tier level of services as well as on those with direct and indirect referral processes.

- Where referral routes were not being used effectively this is resulting in beds remaining empty for longer which is a waste of resource.

- It is not clear to the mapping study team how some services are deemed to provide a service to ‘vulnerable’ homeless women (and thus are exempted from indirect referral processes) when by definition homeless women are likely to be vulnerable.
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Service Needs

- Commissioners need to look at the provision for younger women in particular. There was a lack of services for this group which could result in women remaining homeless for longer and thus contributing to the entrenching of problems.

- Services and commissioners need to monitor the number of lesbian and bi-sexual women using services for homeless women in order to ensure that any specific needs relating to sexual identity are being met. We recommend monitoring forms asking questions about sexuality with the option of “don’t wish to answer”.

- There were also questions asked about whether provision for disabled women was adequate. We recommend that commissioners examine this, and the provision for younger women and lesbian, bi-sexual women in relation to the Equality Duty Act and incoming Single Equalities Scheme.

- There is a need for services which address the needs of homeless women who are also parents. This might include accommodation where women can maintain relationships with their children; safe spaces where relationships can be fostered, and support services for those women who no longer have contact with their children. For many women addressing the issues they had about being parents was key to enabling them to move forward in their lives.

- Commissioners need to recognise that safety is a key consideration for homeless women. Offering previously homeless women accommodation in unsafe areas or where they are vulnerable to further isolation and/or abuse is not economically prudent if those tenancies subsequently fail. This was an issue for some women who as a result had to remain in services longer than was necessary. This was a waste of resources and in some cases had a negative impact on women who felt ready to move on.

Advisory Group Commentary
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The report highlights the importance of responding to the gendered impact of homelessness on women and the need for and value of women's services. There is significant expertise; good practice and partnership work in the city. The study provides an opportunity to build on this, to improve what is on offer, and the achievement of better outcomes.

The report outlines the complex, inter-related and gender specific needs of women who may require access to SP provision – this needs profile can inform our understanding of realistic and achievable outcomes for female clients. It highlights the importance of a flexible network of provision that reflects women’s different needs and preferences. It also highlights the critical importance of the relationship between the individual service user and support worker.

To achieve better use of services and better outcomes for vulnerable women and commissioners, there is clear evidence of the need to review the entry routes into services for women, so that these are designed to take account of their gender specific needs. We are concerned that the current system does not work well for women. We believe that redesigning entry routes can achieve better use of existing services, better outcomes for vulnerable women and service commissioners, and improve value for money.

The report highlights gaps in provision which we feel must be addressed. Amongst these there is a clear need for some kind of emergency women’s night service in the city. Working with women to develop their readiness to engage with the services that can enable them to make changes to their lives is a complex task in itself – services that can be accessed on an ad hoc basis, including at night, can play an important role in responding to crises and enabling women to access the more structured day time support services, for which the report also highlights a need.

At a time of resource constraints, bringing together the various strategies in the city, beyond SP, which relate to women, could provide the opportunity to establish an integrated city-wide strategy for vulnerable women. This approach has the potential to better reflect the inter-related nature of vulnerable women’s needs and the way in which
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these needs, if unmet, impact on families and communities. The study provides valuable data, case studies and insights into women’s experiences and what works for them, to inform the strategy.

In summary the advisory group sees this study as very valuable in promoting a greater understanding of the needs and priorities of vulnerable women in Bristol, and how these can be better addressed. We commend this report to commissioners and are committed to working in partnership to explore the opportunity to establish a city wide strategy and take forward the recommendations detailed in the report.