



Gendered Approaches to Service Provision

Marisol Lopez and Dr Fiona Smith (f.m.smith@dundee.ac.uk)

Women who experience Gender-Based Violence, homelessness and substance use issues often have a range of multiple complex needs that require support from a wide range of services. Policy is increasingly recognising the importance of ensuring that services take gendered approaches to service provision. While there are examples of good practice, there are also barriers to providing services.

This research was funded by the Scottish Government Challenge Fund. The funding was secured by Dundee Women's Aid to undertake research on the views of women who are service users in Dundee and the ideas of staff working in this sector about improving future service delivery. A research team from the University of Dundee was commissioned to undertake this research by Dundee Women's Aid. The Research Oversight Group included representatives of Dundee Women's Aid, Addaction, Dundee Voluntary Action, Dundee Health and Social Care Partnership (ISMS), Dundee City Council Housing Services.

This paper examines barriers faced by women in Dundee, identifies what is important in supportive service provision and provides recommendations to ensure the needs of women are met.

University of Dundee Research Ethics Approval: UoD-SoSS-GEO-STAFF-2018-54

- ▶ Routes into and experiences of substance use and homelessness have distinctive gender-specific aspects. Both are also highly linked to women's experiences of gender-based violence.
- ▶ Dundee has the 2nd highest incidence of domestic abuse per 10,000 population, 40% higher than the rate across all of Scotland. Additionally, the ratio of male to female drug deaths is 59:41%, compared to a national average of 70:30% (Dundee Health and Social Care Partnership Implementation Plan 2019-2022). Dundee's review of temporary housing recognises specific needs for women.
- ▶ Local organisations in Dundee report women with multiple complex needs presenting at crisis point who have experienced repeated and diverse challenges and where interventions are often ineffective.

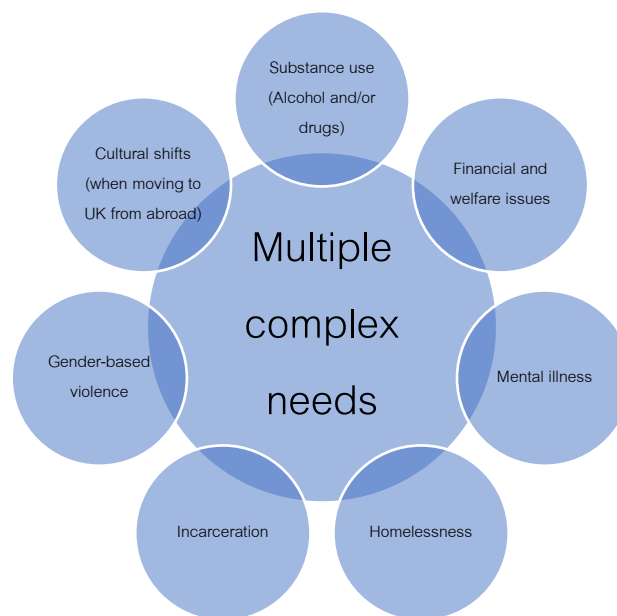
We carried out focus groups with 39 women who use services and 53 members of staff to **get an insight into how services are working for women in Dundee.**

THE QUESTIONS WE ASKED

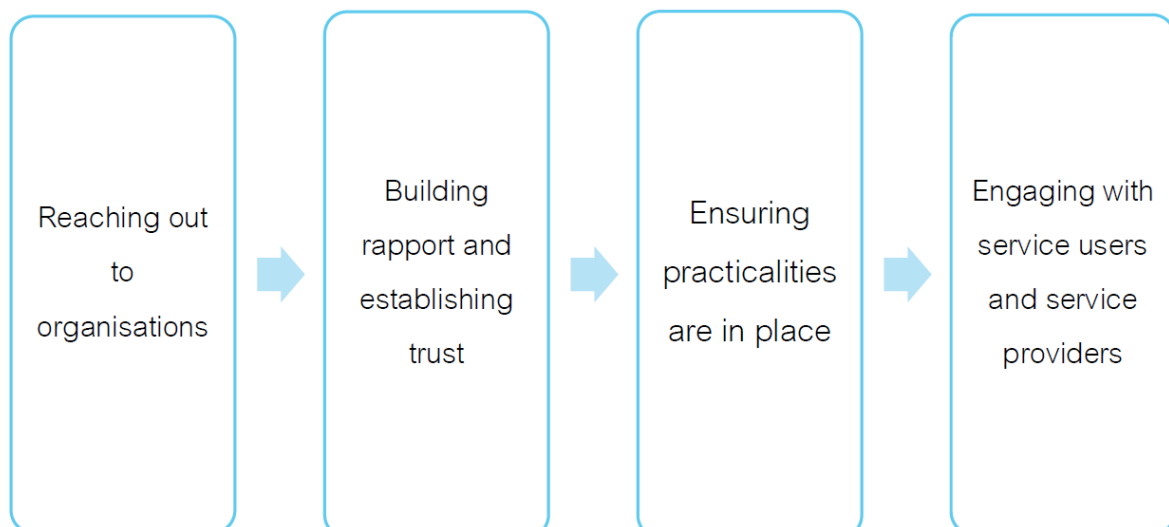
- ▶ **How can services better address the complex service needs of women with experiences of gender-based violence, substance use and/or homelessness in Dundee?**
- ▶ **What are the views of women who use these services and the staff who provide these services?**

What were the experiences of the women who used the services?

Women rarely fit into a single service model as they presented themselves as having multiple complex needs.



Our approach



Women liked services with the following attributes

- Services that were "always there for you" and provided ongoing support
- Services that were respectful and understanding and allowed women to make their own choices, that listened to them but avoided asking them to talk about traumatic events repeatedly.
- Services that fitted around the person
- Services that used "trauma-informed" practice (although women did not always use that term)
- Services that provided childcare and/or option of women-only spaces/ support increased engagement for some

Women reported the following difficulties when accessing services

- Services that did not take them or their concerns seriously, in some cases even judging or placing conditions on access to support
- Services which did not take their specific needs into consideration, e.g. childcare (including concerns about leaving children with others), flexible hours/locations (around work/ care responsibilities)
- Lack of choice/availability in services leading to increased vulnerability (e.g. in hostel accommodation)
- Non-specialists referring support on Gender-Based Violence to specialist services, delaying necessary immediate support

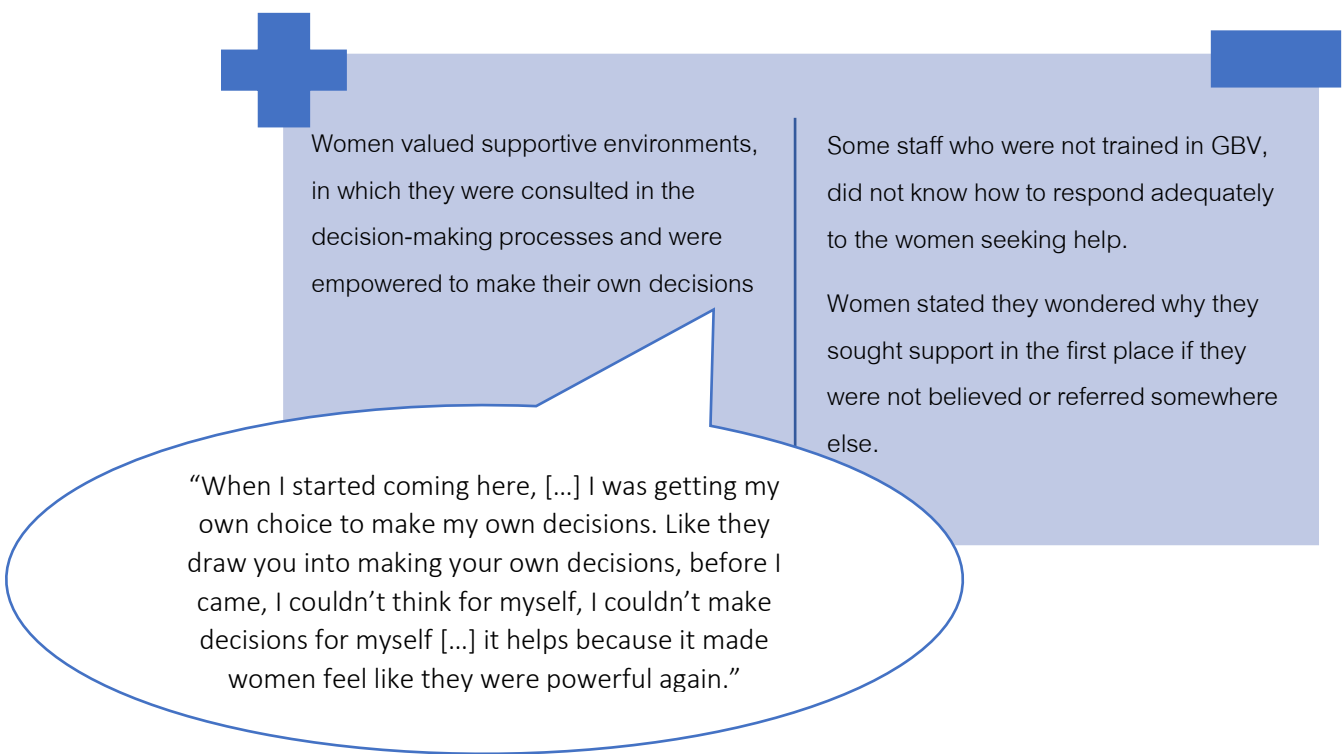
Women felt that these were the most significant gaps

- Safe women-only temporary accommodation (including for women with children)
- Mental health support (both formal and less formal types), particularly when dealing with substance use and Gender-Based Violence, and without restrictive conditions attached
- (For GBV) encounters with the Police and Criminal Justice System could be experienced negatively

Service attributes favoured by women



Issues related specifically to GBV



Substance use services



Supportive and non-judgemental care through support workers or support groups were highly valued

"[I]t has been proven that most addicts have mental health issues and they act as if the mental health issues have been caused by drugs. In my opinion most people have mental health issues before they went on drugs. That's why they are using [...]"

Mental health support is not available for women dealing with substance use

"There's no judgement. Even if you're drinking or taking drugs, it doesn't matter."

Housing and homelessness



Housing First approaches provided a sense of safety and offered women ongoing support

"I did not want to go to a homeless hostel. With my drug addiction I find it very difficult, because there aren't many women. If you are a pretty average looking girl every guy in there wants...you know what I mean. [...]. You constantly get drugs offered. It is really difficult."

Sharing living spaces with men (e.g. in homeless hostels) frequently led to exploitation, exposure to drug use and being targeted

"I used to be scared of getting my own flat in case I was found dead in the flat, and that's being truthful. [...] Since I've been working with Housing First, I'm finding it easier to get to sleep at night."

Combining the views of service users and service providers

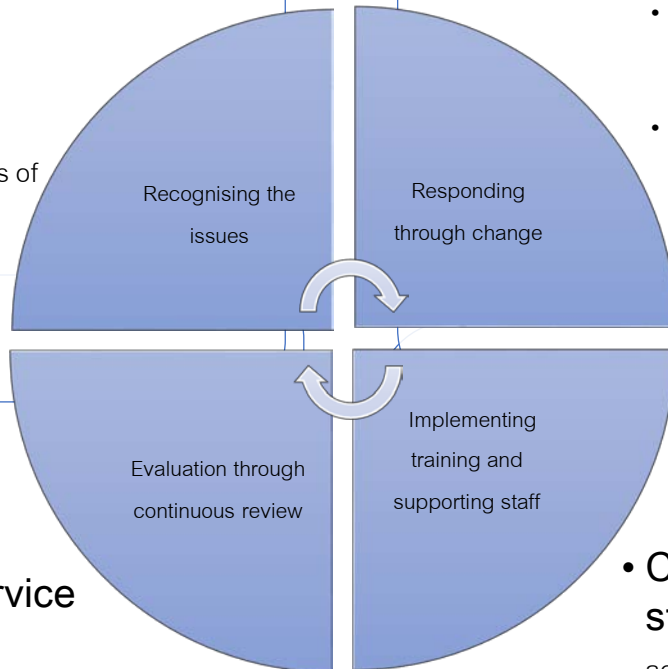
These are the issues	Suggestions for best practice	Things to consider
<p>Women who experience Gender-Based Violence (GBV) were referred onto specialist services, which delayed immediate support.</p> <p>Staff in some organisations report feeling reluctant to engage with women experiencing GBV.</p> <p>Staff highlight issues surrounding stigma from other workers towards women with substance use issues or experiencing GBV.</p>	<p>Staff across all sectors should receive training on how to deal with Gender-Based Violence.</p> <p>A specialist in gendered services could act as a consultant mainly to statutory services, with the option of consulting Third Sector organisations.</p>	<p>It is vital that services do not re-enact scenarios of control and allow women the freedom to make their own choices.</p> <p>Staff need to feel supported (e.g. reflective practice).</p>
<p>Women in employment may struggle to access services during opening hours or be subjected to high costs if they do not fit criteria .</p>	<p>Consider how services can be accessed by a range of women (alternative venues).</p> <p>Provide out-of-hours support options.</p>	<p>Continuity of care to build trust is key.</p>
<p>Women with children struggle to access services.</p>	<p>Improve childcare facilities and options to take children to appointments.</p> <p>Women report positive experiences of peer-support</p>	<p>Women with a history of experiencing GBV are often not comfortable leaving children with strangers.</p>
<p>Women are excluded from mainstream psychiatric services (e.g. because of substance use or an ongoing GBV court case)</p>	<p>Offer alternative services, such as workshops in existing support groups or courses on specific issues (e.g. managing anxiety). These approaches were valued by women.</p> <p>Extend trauma-informed practices across the sector and ensure correct advice is provided.</p>	<p>Women may well need formal mental health treatment, which suggests a need to reconsider current barriers to formal (NHS) mental health provision.</p>

<p>Women often experience increased vulnerability and exploitation when faced with mixed-sex temporary accommodation.</p>	<p>Reduce vulnerability for homeless women by adopting different approaches to temporary housing need.</p>	<p>Increased vulnerability included experience of violence, sexual or drug-related exploitation.</p>
<p>Women with multiple complex needs require support from a range of specialists.</p>	<p>Promote partnerships and multi-agency collaborations to identify the best possible support for the women.</p> <p>Adopt person-centred/ “lead professional” approaches to take the specific needs of women and their wishes into consideration.</p> <p>Provide support from first contact.</p>	<p>Staff report tensions between organisations who were competing for funding. Service providers need to take joint ownership of risk.</p> <p>Staff also voice concerns about the guidelines on the mitigation of risk, which may hinder services being carried out on a person-centred basis. Services need to find a balance that does not prevent person-centred approaches.</p>

Creating a positive cycle of change

- Women are being **stigmatised** and do not always receive appropriate care
- Women are being **subjected to dangerous situations** when they are vulnerable
- Recognise barriers of **conditionality**
- There are also examples of **good practice**

- Implement guidelines on **gender-responsive, trauma-informed and person-centred practice** and allow women to make their own **choices**
- Offer **alternative venues and opening hours** to overcome existing barriers
- Ensure **continuity of care** through a lead professional approach
- Provide **support from first contact**



- **Engage with service users** to hear their experiences and incorporate these into practice
- **Review evidence** and policy to ensure service delivery reflects ongoing issues
- Incorporate **reflective practice** to ensure best practice

- **Consult with specialist staff** to improve service provision across all sectors and taking joint ownership of risk rather than shifting responsibility (esp. on GBV) to specialist organisations
- Organisations **adopt guidelines into practice**
- Staff are supported through **counselling and training**