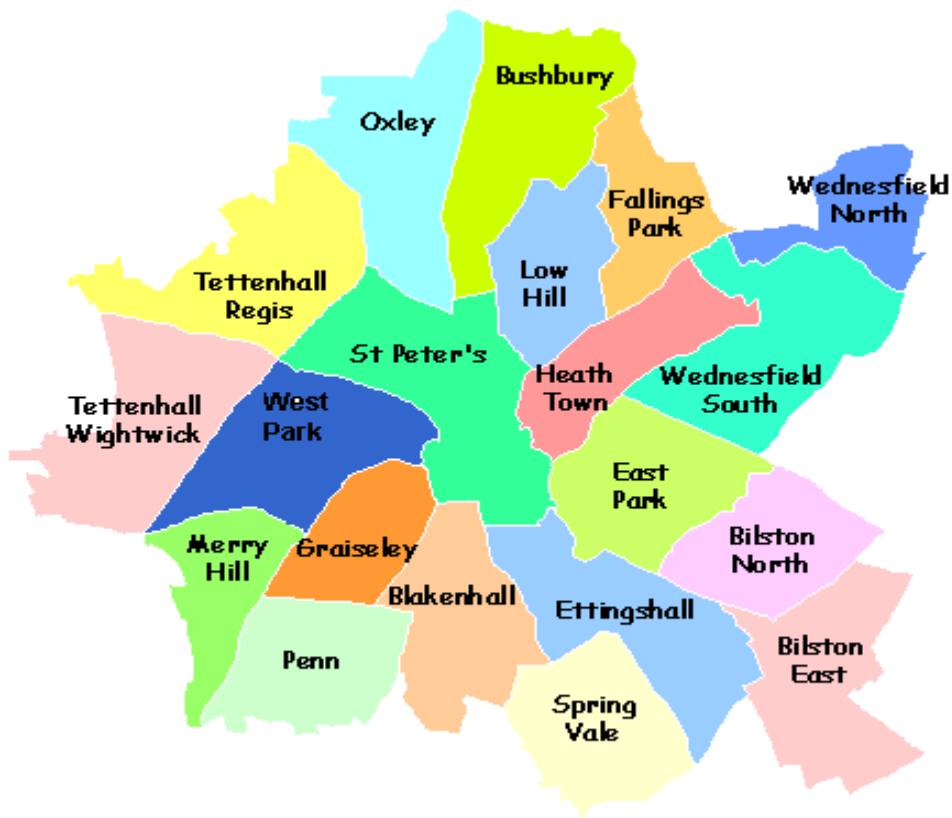


FRONT DOOR WOLVERHAMPTON



MAPPING THE SERVICES FOR VULNERABLE PEOPLE IN WOLVERHAMPTON

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Executive Summary

1.1 Introduction

E1. The service mapping review builds upon the findings of the Community Assets Feasibility Study (CAFS)¹ conducted in 2003 in Wolverhampton. This research focused upon an assessment of core service providers in relation to homelessness within the City as well as the needs of an identified group of service users (actual and potential). In turn, the overall aim of the Service Mapping Review is to expand upon this work and establish a comprehensive directory of existing services within Wolverhampton in order to describe both the level and nature of services they provide and to whom. The findings will therefore inform the future working practices of the *Front Door Wolverhampton* by identifying where there are service duplications and gaps.

E2. The service mapping study objectives were to:

- Start the partnership work and data sharing amongst different services in Wolverhampton
- Provide a profile of services for vulnerable people in Wolverhampton
- Publish a directory of services with a description of the service, times of opening, contact names and address
- Identify gaps and duplications in service provision
- Inform the Front Door and Integrated Care pathways being developed by Wolverhampton Primary Care Trust
- Provide a baseline for further research

E3. Methods

A mixed method approach was used to undertake the service mapping review. There were three key stages to the study and these were:

1. A literature review of secondary national and local information
2. Participant and non participant observation of existing services in Wolverhampton
3. A questionnaire sent out to all services identified through the local secondary research

The literature review of key secondary national information reviewed articles about multi agency working and social exclusion. The aim was to provide a definition to the concept of social exclusion and to what and to whom it applies. The review of literature about multi agency working aimed to establish whether there had been similar projects and research undertaken in the United Kingdom. It was hoped that previous research would help contextualise research findings.

¹ Published by the Regional Research Institute, University of Wolverhampton (2004)

E4. Key Findings

The key findings from the service mapping research include:

F1. The majority of services open only during the week, from 9.00am to 5.00pm

F2. Service provision in Wolverhampton tends to concentrate upon a few key user groups such as young people and victims of domestic violence.

F3. There are multi agency projects in existence in Wolverhampton but these are focused upon particular service user group, for example Base 25 works with young people until the age of 25 and ACCI work with African Caribbean clients with mental health problems.

F4. The concept of joint working is not new to Wolverhampton and there are examples of protocols, groups and informal practices. However, it is often the case that networks depend upon the individual members rather than the organizations to further the cause.

F.5 Within organizations there are barriers to joint working and the larger the organization the more difficult it becomes. This is because of departmental priorities, lack of communication between staff and also because there tends to be more than one point of reference for people outside the organization.

F6. Whilst there is a plethora of joint working within the City, some agencies tend to work within their own sectors and are resistant to partnership working outside their immediate remit.

F7. The Churches in the city operate the two well-known crisis food services. Since the closure of the Fold, St Georges is the only drop in centre available within the city centre, other than those centres operated for people with specific needs (e.g. young people or people with mental health issues).

F8. Some sectors are more available than others, for example, services for mental health service users tend to be open outside office hours (late nights and weekends). Other services staffed 24 hours include crisis-housing services, such as homeless services at Wolverhampton City Council and hostels within the city.

F9. There were a large number of responses from the voluntary sector. This is an accurate portrayal of front line service provision in Wolverhampton because whilst there is a significant number of statutory provider services in Wolverhampton, the majority of small self referring statutory services is limited. For example, statutory bodies such as the Primary Care Trust and Wolverhampton City Council rely on a tier level of access to different or further parts of their services. Both organizations have gateways to services, for example GPs or Homeless Services.

F10. There were relatively few responses from Housing Associations in the area. The main responses were from organizations that operated in the immediate area and offered services to groups seen as ones that would be within the remit of Front Door.

F11. There is a shortage of direct access short-term accommodation in the city, specifically for certain groups such as women, for people with animals or for people who are under the influence of substances or alcohol. There are also some access problems for people, for example people whose first language is not English. Whilst there are translation facilities available within Wolverhampton, some are open only during office hours, whilst others are not subscribed to (for example language line).

F12. Within Wolverhampton there are 58 languages spoken and the service mapping reveals that whilst some services, specifically services for BME groups, have staff who can speak another language, a significant proportion of services rely on translation provided by statutory agencies such as the local authority or the PCT.

F13. People often present with more than one problem and would therefore fit into more than one need group, for example a young person who may be pregnant and also have a drug and or alcohol addiction problem. This complicates service provision and definition. For example, there are many services that try to offer an inclusive service to their service users. Services have their formal direct services and then many offer an informal service in addition. This is a difficult task for many services, particularly small voluntary organisations that have neither the resources nor the time to monitor the services they provide and as a result formalise their service provision procedures.

F14. Some larger organisations can be over bureaucratic and make engagement for service users and related services difficult. An example would be a service user who has mental health issues. Access to either substance misuse or mental health services can be difficult for people as services find the source of their problem difficult to diagnose.

F15. Barriers to service provision can lead to further complications for the service user because their chaotic lifestyle can lead to problems with maintaining their tenancy, problems with personal relationships and possibly with the Police. Therefore the longer a person is not treated appropriately, the more services that become involved and the higher the cumulative cost.

F16. The majority of services undertake partnership working with other services in Wolverhampton. No particular reason was given why organisations did not work in partnership. However reasons could include having a particularly vulnerable client group and therefore data / information sharing would be difficult or the organisation is too small to be able to afford the staff to participate in regular network events (and therefore be away from providing front line services).

F17. There is a high demand upon emergency and immediate services because of a lack of move on facilities. The services see people in need and newly presenting, but also

receive individuals who have long term needs that may be actually perceived more as demands than need. Some services within Wolverhampton continue to do this because their ethos is that whilst people present there is a need, even if the immediate need is no longer there.

F18. Wolverhampton has a particularly vulnerable population in comparison to surrounding areas, with higher levels of unemployment, elderly, people with long term sickness and asylum seekers migrating to the area. Services in Wolverhampton have also witnessed an increase in the number of young people migrating to the area. This is because Wolverhampton has the reputation of having good housing and support facilities for young people. However, whilst these people are presenting to services in Wolverhampton they are not necessarily recognised in statistical data, such as the Census because they are not resident in the area and have no local connection.

E6. Recommendations

Work needs to be done to define need against demand for direct access services in Wolverhampton. To do this, a universal monitoring system, which all agencies supply information to, needs to be developed and maintained. Whether this is done by Front Door or another agency within Wolverhampton, there is a need to ensure that there is transparency and that monitoring is undertaken in a controlled and equitable manner across all organisations in the city.

Further work needs to be done to clarify service delivery pathways for individuals. Bureaucratic barriers often exist in the form of referral procedures, risk assessments as well as through a lack of understanding between services. As a multi agency project, Front Door has the opportunity to work across all service sectors strategically and as a front line organisation.

To ensure that Front Door is as inclusive as possible, the service directory, which has also resulted from this research, will be updated upon a regular basis. Along side other research, which will identify the needs of vulnerable individuals in Wolverhampton, this continued process will help emphasise the gaps for service provision and support the development of services to meet these needs

Background

1. Introduction

- 1.1 Front Door Wolverhampton is a multi agency project that aims to facilitate the integration of statutory, private and voluntary organisations and ease the process of multiple service access for vulnerable people with complex needs.
- 1.2 The overall aim of the service mapping review is to give the Front Door Project baseline information about the services that exist within Wolverhampton.
- 1.3 The study is comprised of three elements:
 - a) A review of available literature relating to service provision and socially excluded individuals
 - b) Research into the current level of services offered
 - c) Suggested further work and recommendations made upon the findings of the research
- 1.4 The findings of the research are to inform the process mapping for Front Door and the Integrated Care Pathways undertaken by the Primary Care Trust and partnership agencies.
- 1.5 The report is divided into a number of sections. The first section examines the national context of service provision to vulnerable socially excluded people. It is hoped that this will help contextualise some of the issues raised at local service level and reported in the service mapping report. The second part of the report will examine existing data about the local demographic and needs, for example the Census and regional reports such as the consultation draft of the West Midlands regional homelessness strategy. The third section will report data collated as a result of the observation and survey of existing service providers. The fourth and final section of the report will reach an overall conclusion and make recommendations.
- 1.6 The next section will provide a background to the study, by presenting a brief review of related literature, outlining the main aims of the service mapping review and describing the methods used to achieve these aims.

2. Background Research

- 2.1 Before discussing the aims of the project in detail, it is important to set the research in context. The service mapping research is intended to provide a baseline of data for an organisation that will deal with vulnerable people, socially excluded by the complexity of their needs. Therefore the first part of this section will concentrate upon definition of social exclusion, how this is being addressed in a national policy context and the issues surrounding multi agency working.

2.2 Definitions of Social Exclusion

2.2.1 Social Exclusion is a term that has been used to describe people excluded from what is deemed as 'normal'. According to Peace (2001)² there are five types of social exclusion. These are:

- Marginalized by choice
- Socio-culturally marginalized
- Excluded by age, gender or disability
- Socio economically marginalized
- A person who fits more than one of the aforementioned groups

2.2.2 Social Exclusion is not a static situation for individuals. It is a constantly changing state that results in people suffering segregation or discrimination in some form within their everyday life (European Commission in Smith, 2000)³.

2.2.3 Social exclusion is often evidenced in the form of intensifiers including personal, spatial, environmental, economic and psycho-social.

2.2.4 Personal intensifiers include:

- Bad lifestyle
- Negative family circumstances
- Low living standards
- Poor health
- Indebtedness (hopeless debt in low income households)
- Drug trafficking
- Unsatisfactory quality of life
- Lack of knowledge and information
- Low levels of education and qualifications

2.2.5 Spatial intensifiers include:

- Social isolation
- Geographical isolation
- Loneliness from family and the community
- Sense of being forgotten and resorting to out migration

2.2.6 Where neighbourhoods and areas are deemed socially excluded this is often evidenced in the physical environment including:

- Bad housing conditions

² Peace R (2001), Social Exclusion: a concept in need of definition, in social Policy Journal of New Zealand, Thomson and Gail

³ In Peace, R (2001)

- Derelict land
- Vandalism
- High levels of crime

2.2.7 The psycho social impact of social exclusion, which in turn can also act as Intensifiers, are:

- Psychological problems
- Relational problems
- Loss of identity
- Loss of cultural affiliations
- Disintegration from work relations
- Problem of mental depression
- Internal destructuring of the person
- Loss of purpose
- Deintergration from family ties
- Process of subjective implication
- Inner dimension of poverty
- Deintergration from social relations

2.2.8 The aforementioned categories of social exclusion and intensifiers are broad. Therefore further definition of groups socially excluded or vulnerable are needed. The Supporting People programme provides a list of vulnerable members of society. These are:

- People who have been homeless or a rough sleeper
- Ex-offenders and people at risk of offending and imprisonment
- People with physical or sensory disability
- People at risk of domestic violence
- People with alcohol and/or drug problems
- Teenage parents
- Young people at risk
- People with HIV/AIDS
- People with learning difficulties
- Travellers
- Homeless families with support needs

2.2.9 The list developed by the Supporting People publication is broad in its definition of vulnerable people. Some people fit into more than one of these groups, whilst there are some groups not mentioned in the list, for example, sex workers. The list also makes no mention of older people, a part of the population which is significantly growing in Wolverhampton and nationally.

2.2.10 Front Door Wolverhampton aims to look at the complex needs presented by vulnerable ‘socially excluded’ people and with the individuals and agencies in Wolverhampton tackle the intensifiers of social exclusion. Therefore, services which tackled the personal, spatial and psycho social intensifiers of social exclusion in Wolverhampton were included in the service mapping review.

2.3 National Policy

2.3.1 Recognizing the individual and empowering them towards citizenship, has been and still is a priority for successive Governments since the 1980s. In 1991, the Conservatives Citizens Charter set out how services were to be more responsive and accountable to individual needs, a policy which was pursued by the Labour government in 1997 when they were elected (Evans and Harris, 2004)⁴.

2.3.2 However, it has been argued that whilst these policies gave the appearance of empowering individuals, the predominant rationale behind these policies were financial (Evans and Harris, 2004)⁵. It ‘*stopped the haemorrhage in the social security budget*’ by not giving additional resources to Local Authorities (Evans and Harris, 2004)⁶. According to Jordan (2001 in Evans and Harris, 2004)⁷, Labour have followed in a similar vein because whilst *their policies are couched in the language of empowering communities and social inclusion, the primary concern is imposing definitions of needs and rights on localities and individuals*.

2.3.3 With the concentration upon individual needs, services have become varied and dispersed as they have moved away from statutory control and towards provision from the voluntary and private sector. This has had implications for people who have complex needs as it has complicated service provision.

2.3.4 The Community Asset Feasibility Study (2003)⁸ identified that one of the major issues for Wolverhampton service providers and users was the lack of clear and understandable pathways between organisations. This was complicated by the limited data sharing between agencies and the lack of understanding between statutory, private and voluntary organisations.

⁴ Evans, T et al (2004), Citizenship, social inclusion and confidentiality, in British Journal of Social Work

⁵ Ibid

⁶ Evans, T et al (2004), Citizenship, social inclusion and confidentiality, in British Journal of Social Work

⁷ Ibid

⁸ Published by the Regional Research Institute, University of Wolverhampton (2004)

2.4 Issues Surrounding Multi Agency Working

- 2.4.1** According to the Scottish Executive (2001)⁹, joint or multi agency working can be intra-organisational (between different departments of an organisation) or between two or more different agencies.
- 2.4.2** Multi agency working has featured heavily on the political agenda in recent years, particularly with regards to the joining up of services to deal with groups socially excluded or vulnerable such as the homeless, victims of domestic violence and young people.
- 2.4.3** There are a number of joint working initiatives in Wolverhampton that work with specific groups or needs in mind. In particular joint working initiatives exist for young people, people affected by domestic violence, people affected by drug and/or alcohol misuse and the homeless.
- 2.4.4** However, the issue is that some people do not fit neatly into these categories and are therefore ‘slipping through the net’. There is also an issue about duplication of services as different networks and organisations try to undertake similar approaches and procedures to ‘different’ categories of people. This is a duplication of services for people who access more than one organisation or network.
- 2.4.5** Front Doors aim is to be as inclusive as possible; joining the existing networks and organisations together to work towards individuals needs rather than pre-identified group needs.
- 2.4.6** Therefore the first piece of work undertaken by Front Door Wolverhampton needed to be a service mapping exercise which located services, uncovered what they offered, when, where and to whom. The research also had the purpose of raising the profile of the project and by encouraging information sharing at the initial stages of the project, it was hoped that this would encourage more active participation by the respondents in future.
- 2.4.7** The next section describes in more detail, the aims and methods employed by the evaluator in the service mapping exercise.

2.5 Aims and Methods of the Research

- 2.5.1** The main aim of the service mapping review was to understand the current levels of service provision across all sectors. There were several reasons for this work to be undertaken:

⁹ Kennedy C et al (2001), Good Practice in joint/multi-agency working upon homelessness, Scottish Executive

- To familiarise staff with services in the City
- To understand the demographic of vulnerable people in the City
- To fully comprehend what services were offering and to whom
- To understand current service delivery pathways for vulnerable individuals with complex needs in Wolverhampton
- To identify gaps and possible duplication
- To publicise the project

2.5.2 The first part of the research consisted of a review of existing literature to provide a context for the service mapping study:

- The 1991 and 2001 Census data¹⁰ were reviewed to determine demographic change to the population of Wolverhampton
- Existing strategies and studies were reviewed, including the Homeless Strategy, published by the Local Authority in December 2003 and the Community Asset Feasibility Study (CAFS)¹¹ study published by the University of Wolverhampton in September 2003
- A review of existing directories available online and supplied by members of the Front Door steering group, these included the Drug Services directory, the Haven directory and the Local Agenda 21 directory
- A review of information on the internet using search engines such as Google and also local sites, such as the Wolverhampton City Council's web page

2.5.3 The second part of the study sought to further develop the information gathered from the review of existing and online sources. This was done by visiting services, attending network meetings and speaking to members of the Front Door Steering Group.

A greater understanding of the services was obtained, the context in which they worked and it also referred the evaluator to services that had not been revealed in the review of the literature and existing directories.

2.5.4 The third part of the review included developing and sending out questionnaires to the services identified in the literature review and visits to the services. The questionnaire (Appendix One) aimed to establish:

- The status of the organisation (statutory/voluntary/private)
- The target group for the service
- The services offered
- Client access to services
- Times of opening to the public

¹⁰ Available online at www.nationalstatistics.gov.uk

¹¹ Published by the Regional Research Institute, University of Wolverhampton (2004)

- Partnership working

2.5.5 A mixed method approach was used to establish a picture of the services in Wolverhampton. It was hoped that by using questionnaires, meeting with service providers and attending network meetings a thorough understanding of services and the context in which they worked would be developed. The methods used were:

- Literature and secondary data review
- Key informant interviews
- Questionnaire

A more detailed description of each method follows.

2.6 Review of Literature

2.6.1 A review of national academic and practitioner literature was undertaken to provide background understanding of issues affecting organisations who provide services to vulnerable people.

2.6.2 A review of the 1991 and 2001 revealed the demographic changes to the population of Wolverhampton. The regional and national statistics were also reviewed to understand how Wolverhampton compared.

2.6.3 The review of existing directories established initial contact information for the second and third stage of the service mapping (visiting services and sending out the questionnaires).

2.7 Interviews with Services

2.7.1 Visits to a number of organisations (representative of all sectors) were undertaken during the first three months of the service mapping review.

2.7.2 Interviews with services were unstructured and aimed more at obtaining the view of different organisations as well as observing their working practices with vulnerable people.

2.7.3 Network meetings were also attended to contact organisations who had been difficult to gain access to. It was also at these meetings that concerns and issues affecting services were raised, therefore providing context to the service provision in Wolverhampton and a greater understanding for the researcher of the gaps and duplications that exist between networks and organisations.

2.7.4 The evaluator kept a record of all visits in a reflective diary. Observations have been reported but have been made generally and are not organisation specific.

2.8 Questionnaires

2.81 The questionnaires were sent to 152 organisations identified in the first two stages of the study.

2.82 Before sending them out to the organisations, the questionnaires were reviewed by the board and contributed to by organisations such as Wolverhampton City Council's Homeless Unit.

2.83 The questionnaires were sent out by post and via email, where email addresses were known.

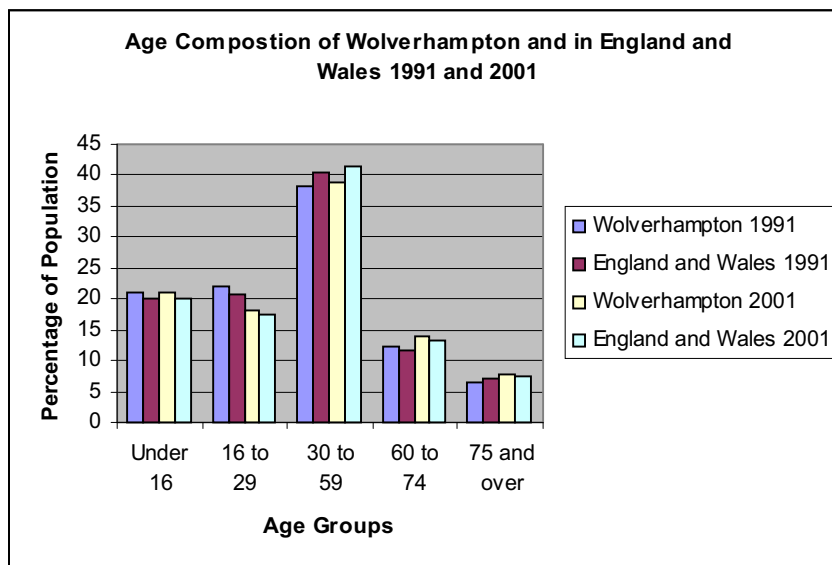
3. Findings

3.1 Data on vulnerable people in Wolverhampton

3.1.1 The 2001 census found that Wolverhampton has a population of 236,582 people. This compares to a total of 240,700 people in 1991, thus meaning a decrease of 4118 people or 2% in the ten year period.

3.1.2 Data from the 2001 Census revealed that the demographic of Wolverhampton is not dissimilar to that of England and Wales with an average age of 38.4 years. However, as figure one reveals Wolverhampton has a higher than average percentage of young people (under 16 to 29) (6% higher than the national average) and is 5% above the average number of people over the age of 60.

Figure One: 1991 and 2001 Census data on age breakdown of people in Wolverhampton and in England and Wales



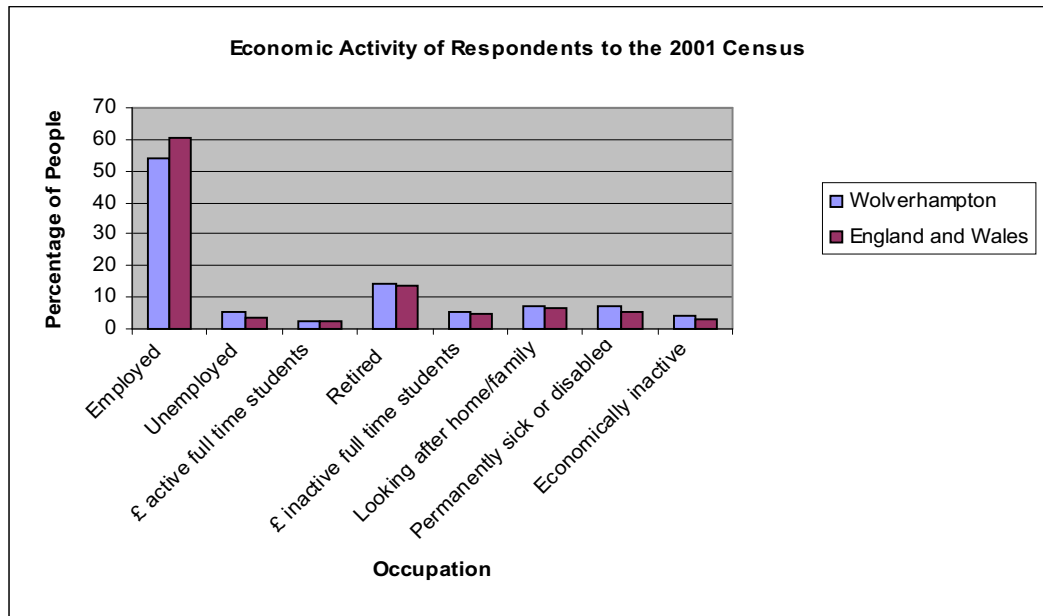
Source: 1991 and 2001 Census Data from the National Statistics website

Figure one reveals that Wolverhampton's population is ageing, which is not dissimilar to the national trend.

3.1.3 As a result of a higher level of young and old people, there is a larger number of people who are single or widowed. The demographic of Wolverhampton therefore means that there is a significant number of people who are economically inactive but at the same time require a high level of services. Figure two shows the economic activity of people

in Wolverhampton.

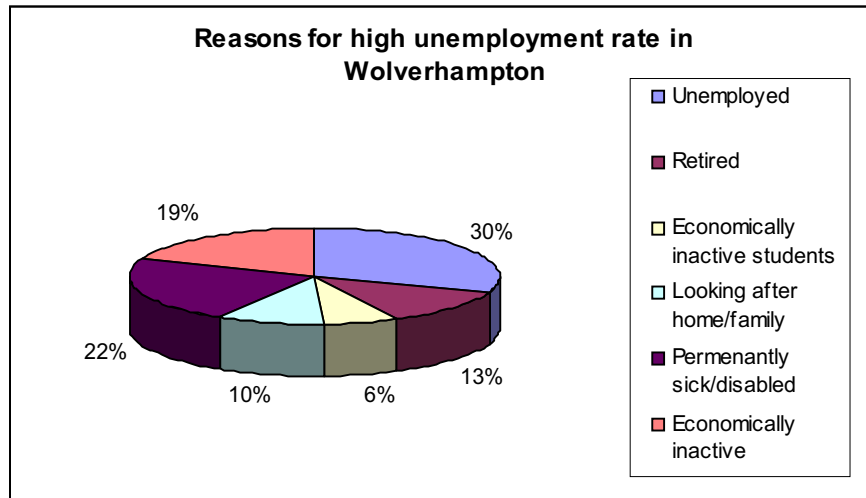
Figure Two: Economic Activity of Respondents to the Census



Source: 2001 Census Data from the National Statistics Website

3.1.4 According to Census data, 54.2 % people are employed in Wolverhampton which is below the average of 60.6%. Figure three shows the reasons for the unemployment levels in Wolverhampton.

Figure Three: Reasons for Unemployment in Wolverhampton



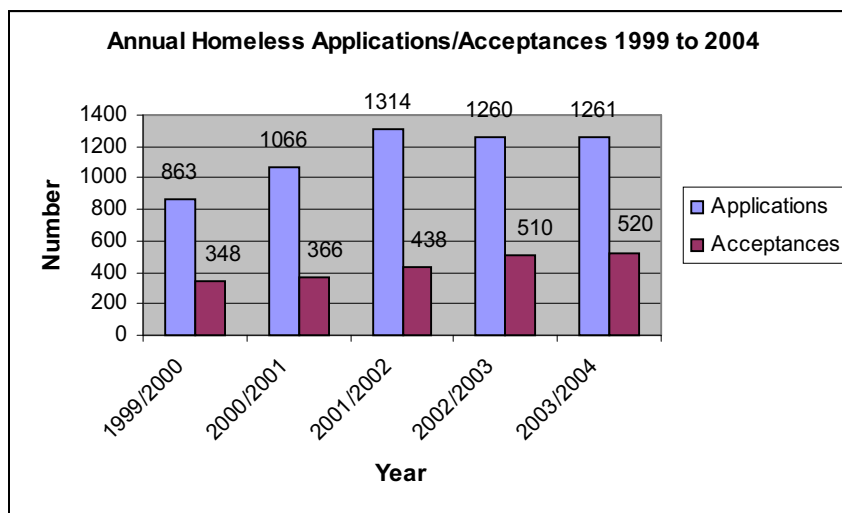
Source: 2001 Census data from the National Statistics Websites

According to figure three, the main reasons for economic inactiveness is unemployment (30%), permanently sick/disabled (22%) and people classing themselves as economically inactive. According to the Census, 34% of people were long term unemployed, 17% were aged over 50 and 10% had never worked. The census also found that whilst Wolverhampton had a slightly higher than average number of full time students and school children (5.3% as opposed to 5.1%), 40.7% of people did not have any qualifications, which is significantly above the national average of 29.1% According to a report for the Wolverhampton Task Force on Local Economic Prospects (2002), restructuring of the local economy with the decline of manufacturing in the city has led to the high levels of unemployment in the city. It has been forecast this level of unemployment will continue to rise as the manufacturing industry declines in the city.

3.1.5 60.5% of people own their own homes in Wolverhampton, 24.9 % rent from the council, 10.4% rent privately or live rent free and 4.2% rent from housing associations or registered social landlords. 47.4% of respondents to the census formed single person households (15.6% of this figure is pensioners living alone). According to the draft West Midlands Homeless Strategy report (CURS, 2004), Wolverhampton has 1497 concealed households, which is defined as households who have not yet presented to the City Council as homeless but have the potential to do so.

3.1.6 With the reduction in household size and increasing prevalence of single person households, the number of dwellings required is increasing. Over the last five years the number of homeless applications and acceptances has increased as figure four shows:

Figure Four: Homeless Applications and Acceptances to Wolverhampton City Council 1999 to 2004¹²



Source: Wolverhampton Homeless Services Statistics

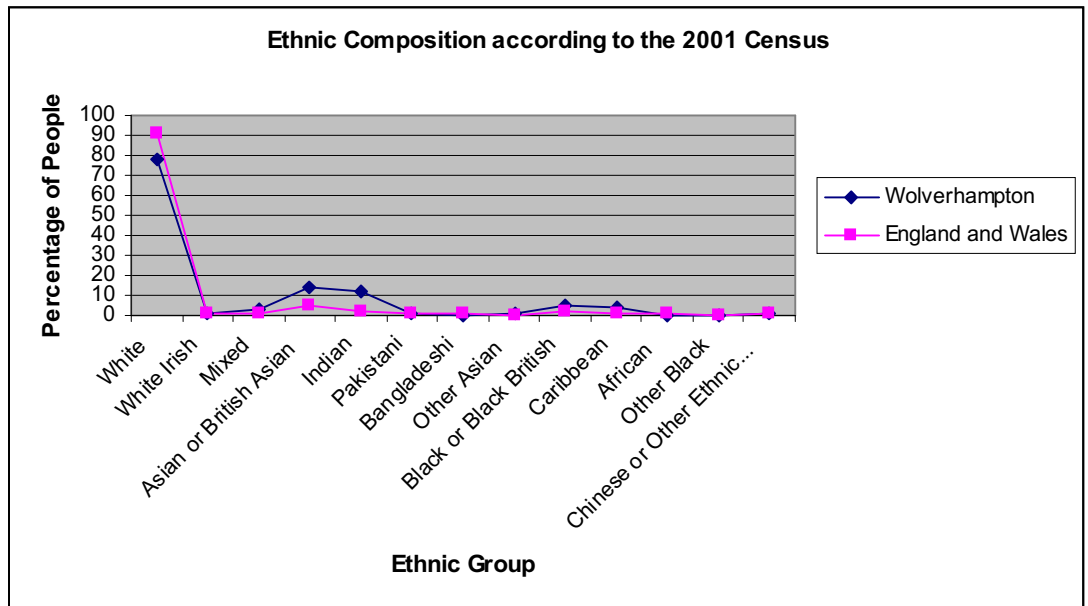
Since 1999, there have been 5764 applications to the homeless unit at the City Council, 38% of which were accepted as being in priority need and re-housed. Since 2002, the number of applications has decreased slightly, but the number of acceptances has increased. The reason for this is that the local authority's duty has altered as a result of the 2002 Homelessness Act, increasing the number of people eligible for housing. For example, 16-17 year olds, people who have been in care, the armed forces or prison are now classed as priority groups. Whilst this should have the effect of increasing the number of homeless applications, many people may be re-housed by other organisations, for example by social services or enter hostels directly, without applying to homeless services.

3.1.7 Wolverhampton is also the location for the temporary housing of asylum seekers and permanent re-housing of refugees. Significant numbers of asylum seekers and refugees are sent to the West Midlands as it is felt to be an appropriate area with its long standing multi cultural population (CURS 2004)¹³. The 2001 census information reveals that Wolverhampton has higher than the national average Asian and Black communities.

¹² Data taken from annual PIE returns

¹³ Taken from the Consultation version of the West Midlands Regional Homelessness Strategy (October 2004) published by Curs at the University of Birmingham

Figure Five: Ethnic Composition in Wolverhampton and Nationally according to the Census 2001



Source: 1991 and 2001 Census data from the National Statistics Website

3.1.8 In the 2004 West Midlands Regional Homelessness Strategy (CURS 2004)¹⁴, one of the conclusions drawn about the region is that: *Pressure is being exerted on the homelessness services as a result of other policy interventions, including asylum seeker dispersal, prisoner release, as well as the perceived “pull” of the big city for younger households. This part of the region has the best developed infra-structure of homelessness advice and support agencies, but also faces a disproportionate share of the demand*

3.1.9 The statement about pressure placed upon homelessness services in the particularly urban part of the West Midlands region can be applied to all services that deal with vulnerable people. Anecdotal evidence from service providers during the service mapping review discovered that there has been an increase in the number of people using services such as the emergency food distribution and the drop in facilities in Wolverhampton. In particular, there has been an influx of young people and people from areas other than the locality.

3.1.10 Whilst these people place pressure upon direct access services in

¹⁴ Taken from the Consultation version of the West Midlands Regional Homelessness Strategy (October 2004) published by Curs at the University of Birmingham

Wolverhampton they will not be recognised by official statistics, for example the Census or the statistics collated by the homeless unit. This is because they are not resident or because they can not be formally accepted as homeless because they have no local connection.

- 3.1.11** Wolverhampton is also an area that has been targeted by NASS for asylum seeker dispersal and whilst there is service provision in place for asylum seekers and people who successfully obtain refugee status, there is a problem for people not formally recognised, for example section 55 asylum seekers or people who have had their applications turned down but are not deported and are therefore deemed illegal immigrants with no entitlement. This places pressure upon the direct access services but is not recognised in official statistics. The effect of this is that some peoples needs are not being fully met and that different services have different perceptions of the number of people requiring services.
- 3.1.12** There has also been an increase in the number of people coming from A8 countries (eastern European countries such as Poland and Czechoslovakia) who are not recognised as being in need through the European Union or the Government because they are economic migrants. However, some are still presenting to front line services as in need.
- 3.1.13** The review of the secondary data reveals that Wolverhampton has an unusual demographic in respect of its population age, ethnic groups, high levels of unemployment and low levels of qualifications. In addition to the resident population as measured by the Census 2001, there is an influx of vulnerable groups such as young people, asylum seekers to Wolverhampton, which although not recognised by official statistics (used by statutory organisations to determine need and commission services), have an affect upon the more direct access service providers.
- 3.1.14** Section 3.2 reviews the data received from the service mapping questionnaire and provides an analysis against the context of national policy and academic literature.

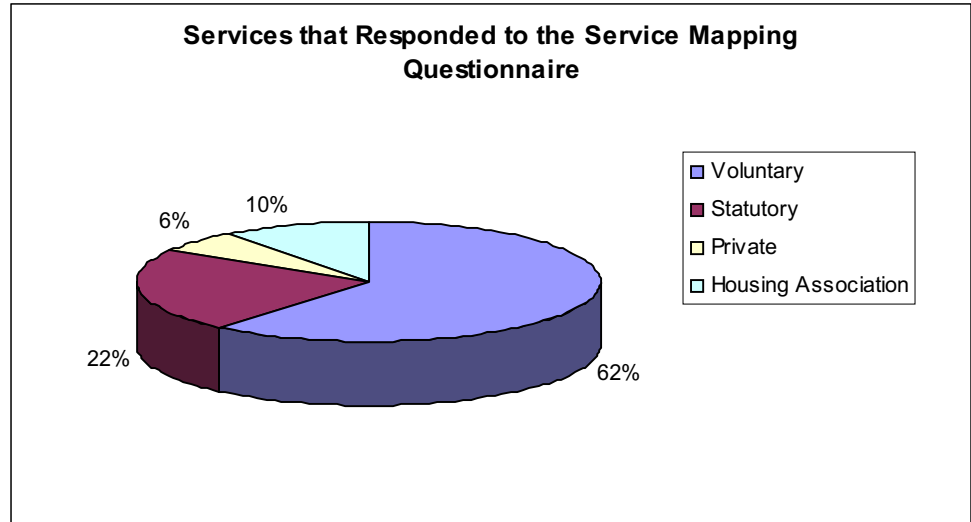
3.2 Service Mapping Questionnaire Results

Service Composition in Wolverhampton

- 3.2.1** There are a wide number of services providing support to vulnerable people in Wolverhampton. 152 services were identified and questioned as part of the service mapping review.
- 3.2.2** Organisations were categorised by their target service user group and whether they are a private, statutory or voluntary service.

3.2.3 Figure six shows the breakdown of services that responded to the service mapping questionnaire

Figure Six: Breakdown of services who responded to the Service Mapping Questionnaire by sector



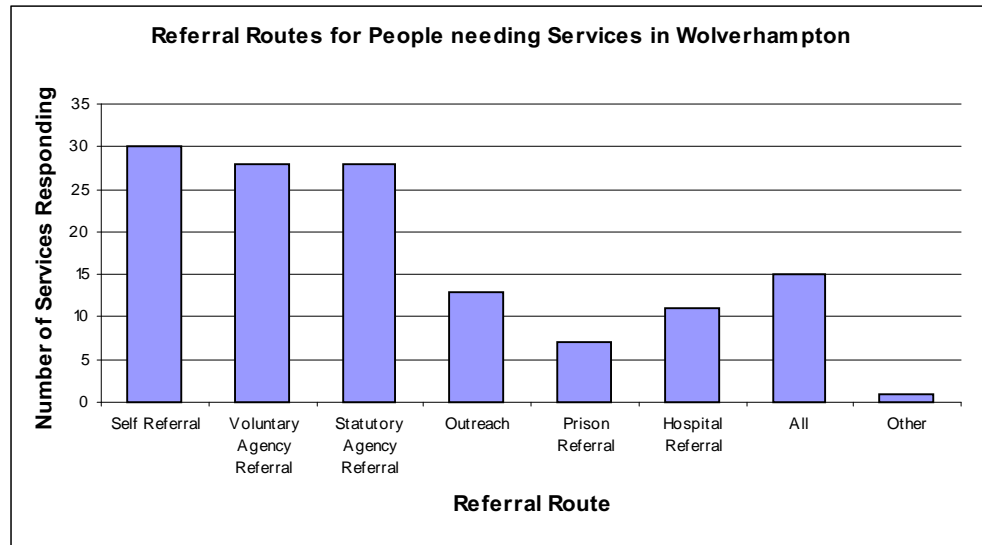
Source: Service Mapping Review

3.2.4 As figure six illustrates 62% of the respondents to the survey were voluntary organisations who in Wolverhampton are generally small front line organisations, with few staff and a number of volunteers.

3.2.5 22% of responses were from statutory organisations, such as Wolverhampton Primary Care Trust, the West Midlands Police and Wolverhampton City Council. The response from statutory organisations is lower than that of voluntary organisations because whilst these organisations provide front line services, a lot of staff work strategically behind the scenes. Also many front line services come under the umbrella of these main stream organisations and are therefore not seen as separate entities. The reason for this is that whilst there are sub sections of an organisation, a person usually has one main point of contact and referral from which they will be referred.

3.2.6 Figure seven shows the referral routes for service users in Wolverhampton.

Figure Seven: Referral Routes for Service Users



Source: Service Mapping Questionnaire

61% of services accepted people self presenting. Of the 30 that replied, 54% were from the voluntary sector and encompassed a wide range of services including advice, housing and support organisations. In comparison only 20% of statutory services accept self referrals.

3.2.7 Few private companies responded to the questionnaire.

3.2.8 Few Housing Associations responded to the questionnaire. Those that did were housing associations who worked in the immediate city area and who dealt with vulnerable people, for example, homeless, young people, older people, people who have been affected by domestic violence and people affected by mental illness.

3.2.9 There are currently four multi agency services in Wolverhampton. These are:

- Omari Housing Association
- Wolverhampton Domestic Violence Forum
- Base 25
- Youth Organisations of Wolverhampton (YOW)

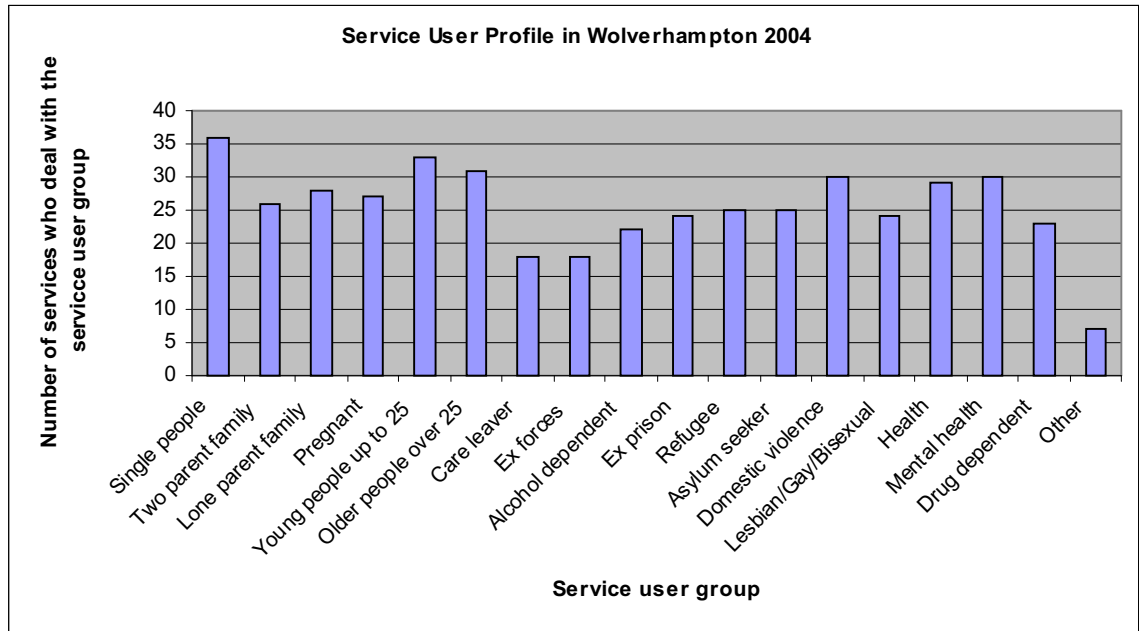
3.2.10 All of these multi agency projects are focused upon the provision of services to certain populations in Wolverhampton, whether they be geographic, needs, age or ethnicity based. There is currently no

organisation that meets all of these needs and joins all these organisations together. As described in the background research section, people who are socially excluded are often multiply excluded. These multi-agency organisations and networks seek to assist people within their remits but often face problems when people no longer meet their criteria, for example they are over the age that the organisation can help them, or although in need they do not meet the organisations strict risk assessment criteria.

Service User Group

3.2.11 The questionnaire attempted to map the main service user groups in Wolverhampton. Figure three shows the breakdown:

Figure Eight: Groups of Service Users



Source: Service Mapping Review

3.2.11 As figure two shows there are a large number of services who deal with a variety of different people. People often present with more than one problem and would therefore fit into more than one group, for example a young person who may be pregnant and also have a drug or alcohol problem.

3.2.12 Because people can not be easily categorised, the services provided are difficult to define, complicated and often duplicating other agencies sole or main purpose. For example, there are many services that try to offer an inclusive service to all their service users. Services have their

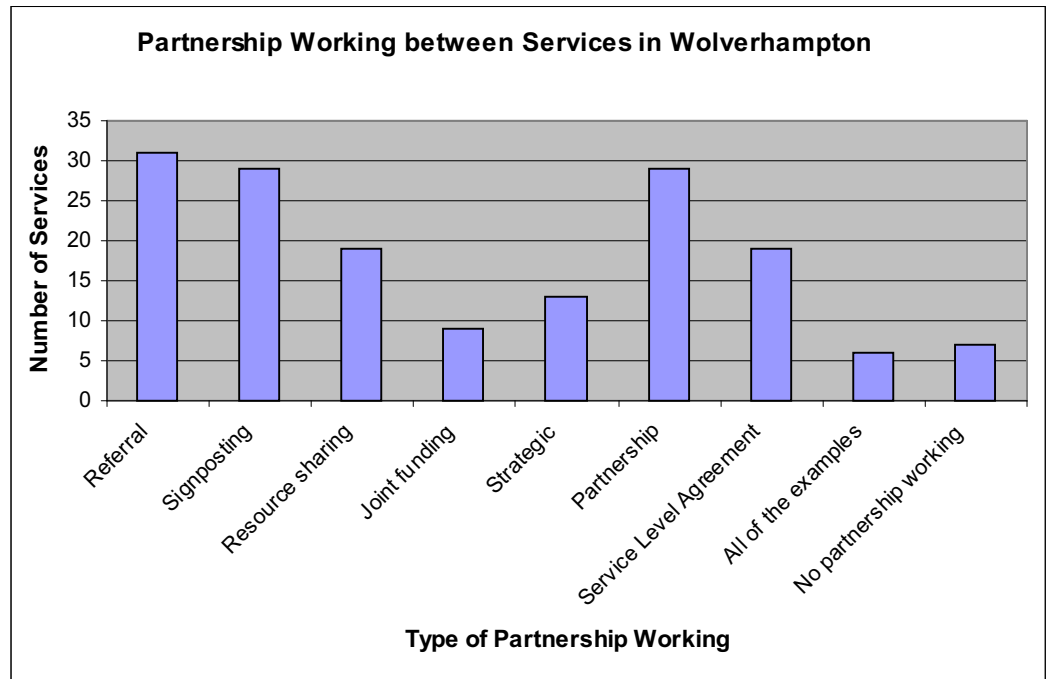
formal direct services and then many offer an informal service in addition. An example of this is the food distribution services who also offer advice and advocacy for service users. Whilst this is essential for service users, some services need to concentrate on their core purpose to deal with people needs rather than demands and also ensure that their services are equitable to all. This is a difficult task for many services, particularly small voluntary organisations that have neither the resources nor the time to monitor the services they provide and as a result formalise their service provision procedures.

3.2.13 From another point, some larger organisations can be over bureaucratic and make engagement for service users and related services difficult. An example would be a service user who has mental health problems but also has substance misuse issues. Access to either substance misuse or mental health services can be difficult for such people as services find the source of the problem difficult to detect. The barriers can then lead to further complications for the service user because their chaotic lifestyle can lead to problems with maintaining their tenancy (if they have one), problems with personal relationships and possibly with the Police. Therefore, the longer a person is not treated appropriately, the more services that become involved and the higher the cumulative cost.

Partnership and Multi Agency Working

3.2.14 According to the results from the service mapping research, 85 % of organisations who responded to the questionnaire undertook partnership working with other organisations. Figure nine shows the types of partnership working undertaken.

Figure Nine: Partnership Working between Services in Wolverhampton



Source: Service Mapping Review

63% of organisations refer service users to other organisations and 59% sign post to other services. In comparison, only 39% share resources and have service level agreements, whilst 18% have joint funding arrangements.

3.2.15 Achieving a smooth and equitable relationship between agencies is one of the primary difficulties in multi agency working.

Barriers include:

- Organisational and professional boundaries
- Lack of understanding surrounding professional remits, duties and limitations
- Lack of understanding or trust, inadequate or unequal funding between partners
- Differing aims and remits
- Inadequate staffing
- Time in developing and sustaining relationships

(Scottish Executive 2001)

3.2.16 The division between sectors makes this understanding of remits and professional boundaries particularly acute. For example, the priorities of a front line voluntary organisation will contrast with a for profit private provider.

3.2.17 According to the Scottish Executive (2001) joint working between voluntary and statutory agencies is more likely to occur than partnership working between private businesses, community organisations and housing associations. In particular this joint working occurs when:

- There is an identified gap and need in service
- There is funding available

It is often the case that statutory agencies assume the role of providing and therefore monitoring funding, whilst the voluntary sector provide the front line services. As a strategic and statutory body, the organisation (for example; Local Authority/Police/NHS) must ensure that the money is accounted for and is being used to best advantage and value. Therefore strict regulations and guidelines are set about the delivery of services and the monitoring of these services.

3.2.18 This can lead to a conflict between services because of a lack of understanding between the strategic and provider elements of services. One of the common problems is the changing of goalposts by the strategic bodies as central funding and the regulations alter. Organisations that have depended upon certain funding streams which have allowed them to practice in a certain way have had to deal with changes imposed by Central Government, which has placed restrictions upon them. The issue for providers, especially with those who have dealt with the same client group over a period of time, is that these changes are difficult to implement with a vulnerable client group.

3.2.19 Another is changing the culture of voluntary organisations. This is not such a challenge for larger national voluntary organisations but local providers find changing requirements difficult. For example with the need to monitor need and use of services, organisations need to dedicate staff hours to office work and provide resources, such as computers and a database package. This is expensive and some small organisations do not always have the staff to even open their doors to the people they are providing services to. For staff whose primary concern is the immediate needs of the person presenting to the service, this can cause resentment towards the imposed regulations and strategic authorities who impose them as part of funding agreements.

3.2.20 According to the Community Asset Feasibility Study (2003) *the limited budgets and resources as well as lack of clear service delivery pathways has led to short termism in service provision*. This conflicts with the more long term aims of the statutory bodies that provide the funding.

- 3.2.21** For local strategic bodies, such as the Local Authority and Primary Care Trust who must apply Central Government legislation in a local context, the conflict between strategic and provider aims is challenging. With the Labour policy concentrating upon 'defining and monitoring need' (Jordan, 2001), statutory services are charged with implementing measures across all sectors to increase effectiveness and efficiency. Policies such as Supporting People, which was implemented in 2002/2003, aim to facilitate sustainable solutions that increase partnership and multi agency working to support vulnerable individuals. The reality is that with national cutbacks in spending in 2004/2005, many providers are facing challenging deadlines and restricted resources to provide these more sustainable solutions. Also as organisations try to meet nationally set requirements for funding, the immediate local and constantly changing need of vulnerable individuals is not taking priority and people are still falling through gaps in service provision.
- 3.2.22** However, divisions do not only exist between sectors but also between providers within the same sector as well as within organisations.
- 3.2.23** Lack of good relations between staff and organisations can also create a barrier to providing services to individuals. Indirectly people become prejudiced and put barriers up towards effective partnership working with certain agencies and organisations.
- 3.2.24** For larger organisations, divisions between sections, particularly front line and strategic staff are an issue. Within Wolverhampton, these large organisations are the statutory bodies, such as Wolverhampton City Council. To a lesser extent, divisions between sections and staff are similar to those dividing voluntary and strategic sectors, for example there is not always a shared understanding of each sections priorities, roles and responsibilities. However, geographic location and working for the same organisation eases some of the barriers to partnership working. These barriers to joint working have been recognised by some organisations, for example the City Council, and this has led to restructuring in order to facilitate more effective working.
- 3.2.25** Problems also exist between services. Different services have different ideologies, ethos and approaches behind them which can cause difficulties in service provision.
- 3.2.26** An example of this is with the religious organisations that provide services to vulnerable people in Wolverhampton. Whilst meeting the immediate needs of people, some use it as an outlet for spiritual advice, whilst others just provide for the immediate needs. However

all have the ethos of unconditional acceptance in their service provision. This means that if someone approaches the services for help, in whatever form, then they are in need. There is no attempt to define this need and whilst the projects try to work for the longer term future of an individual they tend to deal with the immediate issue presented.

4. Main Findings and Related Recommendations

4.1 This section summarises the main findings to emerge from the literature review, questionnaire and observation of services.

4.2 The findings and recommendations are grouped under the categories of:

- Service need and demand
- Service provision
- Multi agency working

Service Need and Demand

Findings

F1. Wolverhampton's population is decreasing, with a 2% reduction in numbers of people resident in the City between the 1991 and 2001 census. However, the number of households has increased by 3% between 1991 and 2001. This is as a result of the population ageing and the number of people living alone rising. The number of lone parent households have also increased since 1991, by 2.9%.

F2. Wolverhampton has a 1.9% higher than average unemployment rate. This is because of the number of people who:

- Are lone parents
- Have long term ill health
- Are long term unpaid carers
- Are retired
- Are classed as permanently sick and disabled
- Are unemployed as a result of manufacturing decline in the West Midlands

F3. Other economic indicators show that Wolverhampton has fewer people with any form of qualifications (11.6% fewer than the national average).

F4. The researcher's observation of services revealed that there is a daily migration of service users from outside of the city. Reasons for people commuting/migrating into Wolverhampton from surrounding areas include:

- The lack of services in surrounding areas
- People preferring to access services outside their immediate area
- For some individual groups, the reputation of Wolverhampton being a good area for service provision.

F5. Another issue is the continued use of services after the initial need of the Individual has been met. This is because:

- There is a lack of ‘move on’ provision for people exiting services
- Services do not question the continued usage by an Individual (this is especially the case where need for the service needs to be proved for maintained funding)
- Record and monitoring systems are non-existent or have minor importance in some organisations therefore resulting in people’s progression not being monitored other than by staff recall. However, this is dependent upon the funding stream as organisations funded through Supporting People have to complete detailed monitoring.
- People develop friends through certain services and maintain those friendships by continuing to use the same services

F7. Continual use of services after the initial need has been met can be detrimental. Not only is it a demand rather than a need, but also people might not be able to move on and resolve issues that are holding them back. However, there will always be individuals who need long term support and use of these services.

Recommendations

R1. To tackle the high level of people without qualifications and employment, training and post retirement employment should be encouraged. There is a significant number of educational facilities offering training but these should be more widely publicised through all agencies that come into contact with vulnerable people. The directory of services, published alongside this report identifies a number of services that offers training, life skills and employment. Another source of information is the learning and work website (www.learningandwork.com) which has information on a large number of organisations across the area. Work needs to be done to ensure that duplication of services is not taking place, which could be ensured by all training and employment organisations feeding into a multi agency database run by Front Door Wolverhampton or by another agency with a number of partners, such as Supporting People at Wolverhampton City Council.

R2. Regular and joint monitoring between all of Wolverhampton’s services needs to be regularly undertaken in order to maintain an accurate picture of need. An agreed multi agency proforma will mean that people will have to complete the information in a way that data can be shared and compared. A neutral, non funding multi agency body, such as Front Door Wolverhampton could undertake this work.

R3. Further work needs to be undertaken by local multi agency networks at a regional and national level. A greater understanding of the surrounding areas service provision is needed, as this directly impacts upon Wolverhampton, and meeting is

often the best way to initially share information. There are regional networks for housing, homelessness and supporting people but it is mainly strategic bodies, such as local authorities who take part in these. There are also voluntary networks at regional level which impact upon local issues and services. An audit of the regional network meetings and who attends them locally needs to be undertaken and contact established. These people can then be invited to feed into a network meeting on a regular basis in order to keep local services informed of changes to policy and service provision in the West Midlands. Whilst this currently occurs in existing multi agency networks in Wolverhampton, the information only covers the specified areas, for example, Domestic Violence or Supported Housing. Information needs to be shared between these networks to encourage greater understanding and unification of services. Rather than duplicate existing meetings and add to the workload of pressured service staff, greater unification could reduce the number of meetings people attend. The audit can be undertaken by the Front Door Evaluator who could then set up the network meetings.

- R4.** The integrated care pathway work that is being undertaken by the Primary Care Trust and its partners should be undertaken by all service providers in order to assist people to move on within their services or from their services. Front Door or statutory bodies such as the Local Authorities Supporting People Department could assist services in developing to meet the challenge of move on and identify how potential changes could be funded.

Service Provision

Findings

- F1.** National policy has moved from the provision of generic services to services aimed at empowering individuals. This has meant increased diversity in the types of services and interventions offered to service users. However, this has also complicated service provision to people.
- F2.** In order to address this, Central Government policy has focused upon the joining up of organisations to provide services to individuals. This has mainly been a political move which has been implemented on a local scale, for example with local providers and local authorities working together to tackle a specified issue, for example, anti-social behaviour, the needs of young and old people. As a result multi agency partnerships in Wolverhampton have a specialist approach.
- F3.** The Service Mapping questionnaire revealed that a majority (62%) of immediate front line services are provided by voluntary organisations in Wolverhampton. Statutory bodies, such as the Local Authority, Health Trust and the Police provide services and interventions but due to the scale of these organisations, services are often offered on a structured, referral and appointment basis. Due to the conglomeration of these services, there appears to be fewer services.
- F4.** The presentation of statutory services to the public can be ambiguous and confusing,

because of referral processes, paperwork and lack of publicity surrounding the different services.

- F5.** As a result of this lack of clarity, some smaller organisations tend to offer informal services in addition to their formal provision, for example advice and advocacy in addition to their sole purpose. Whilst this provides an important initial response in the short term for individuals, it can complicate, duplicate and even prolong the service provision process (although this is not the case for all individuals).
- F6.** There is a lack of out of hour services in Wolverhampton. Only 8% of services operate 24 hour provision, tending to be services, such as hostels, mental health support, emergency health care, housing and the West Midlands Police. Only 15% of service currently open at weekends, meaning that again services that are open are tending to be reactionary rather than proactive in their support of the vulnerable client group.

Recommendations

- R1.** Further research needs to be undertaken to establish how needs are met for vulnerable people at the weekend, evenings and during the nights. Some of this work has already been undertaken informally by the sharing of information between organisations at network meetings such as City Centre Churches Engaged and formally by the Supporting People audit of services in the city. Front Door can assist in this sharing of information as a multi agency body and suggest solutions to the gaps identified.
- R2.** Larger organisations could publicise the different teams in their reception areas in addition to increasing their sessional and outreach work through other organisations. This would provide greater accessibility for the user group.

Multi Agency Working

Findings

- F1.** There are multi agency partnerships in Wolverhampton and all focus upon specific need such as young people, old people, domestic violence and people with mental health issues. However this specialist approach can be exclusive, excluding some people who do not fit into the remit of the group.
- F2.** Outside the multi agency networks, organisations most commonly work in partnership though referral and signposting to other services on an everyday basis. Organisations also work together through service level agreements and joint funding but this is less common. Some work has been done and is being done to use joint referral processes for individuals and this has had varying success.
- F3.** According to the Scottish Executive there are a number of factors needed for the successful implementation of multi agency working and these are:

- Good working relationships
- Communication
- A clear demand
- Common understanding
- Shared aims and goals
- Expertise
- The availability of funding
- Adequate staff and time
- Senior political support
- Flexible and reflexive approach
- Developed at an operational rather than a policy level

F4. Joint working however often depends upon the agencies involved in the partnership, the priorities of the organisation and the individual member (from the organisation).

Recommendations

- R1.** A network that encourages members from all the different networks across Wolverhampton to meet should be organised. The meetings should not be need or geographically specific. Depending upon the occurrence, agenda and attendance, these meetings will be a good place for information sharing and support.
- R2.** There is a need to develop mutual understanding between services upon an operational level. Visits between organisations could be facilitated to allow people to see how different services work and the issues that they face.
- R3.** There is a move towards the integration of funding streams through local area agreements, which if successful will simplify bidding for funding by services in Wolverhampton. However, for this to be fully effective, an audit of all funding streams, including non statutory money, should be undertaken. Consultation of non strategic organisations at a broad level will aid co-operation between the voluntary and statutory sector.
- R4.** A concerted effort across all sectors to work together, through early consultation and network events could assist multi agency partnership and ensure more efficient and effective working for vulnerable people across Wolverhampton.

Acknowledgements

The researcher would like to acknowledge the role of the services in providing information through the questionnaire and the informal observation. I gratefully acknowledge the assistance and valuable contributions of the Evaluation Mentoring group, the staff at the Policy Research Institute, the members, directors and staff at the Front Door Wolverhampton Project.

Appendix One

FRONT DOOR SERVICE MAPPING QUESTIONNAIRE

This study is part of an evaluation of the Front Door Scheme that is being conducted by the Regional Research Institute, University of Wolverhampton.

As part of this process we are initially seeking the views of individuals such as yourself who are involved in the provision of services and support within the City.

The information you provide will be used to map the range and type of services that are provided in order to prevent replication in service provision as well as assess the potential for collaboration.

Please try and answer all the questions as fully as possible as this will help to ensure that the Front Door provides as comprehensive and effective a service as possible.

SECTION ONE: CONTACT DETAILS

To begin with, could you answer some questions about your agency/group and what it does:

Name of organization: _____

Name of person completing questionnaire: _____

Your role/job title: _____

Contact Telephone Number: _____

Fax (if applicable): _____

Email Address and or Web Address of Organisation (if applicable):

SECTION TWO: INFORMATION ABOUT SERVICE

1) What is the status of your organization?

(please tick one of the following options only)

Statutory []

Voluntary []

Private []

Multi agency []

Other (please state) []

2) Which of the following groups do you provide services to?

(please tick all that apply)

Men only []

Women only []

Men and Women []

Children []

3) Please state your client group (please tick all that apply):

Single People	[]	Ex Prison	[]
Two Parent families	[]	Refugee	[]
Lone Parent families	[]	Asylum Seeker	[]
Pregnant	[]	Domestic Violence	[]
Young People (up to the age of 25)	[]	Lesbian/Gay/Bisexual	[]
Older People (25 +)	[]	People with Health Issues	[]
Care leaver	[]	People with Mental Health Issues	[]
Ex Forces	[]	Drug Dependent	[]
		Alcohol Dependent	[]
		Other (please state)	

4) What Services do you provide?
(please tick all options that apply)

- Detox facilities []
- Health Treatment Tier One []
- Health Treatment Tier Two []
- Health Treatment Tier Three []
- Mental Health []
- Welfare/Benefits Advice []
- Advice/Advocacy []
- Counselling []
- Mediation (for example relationship counseling) []
- Health Advice []

Outreach	[
]
Education/Training/Employment Advice	[
]
Drop in/ Day Centre	[
]
Night Shelter	[
]
Hostel	[
]
Accommodation no support	[
]
Supported Accommodation	[
]
Floating Support (for people to maintain accommodation)	[
]
Specialist (please state)-	[
_____]

5) What Translation services are available within your organization? (please state in the space below)

SECTION THREE: ACCESS TO SERVICES

6) How do clients access you service (please tick all the options that apply):

Self-Referral by client	[]
Referral from voluntary agencies	[]
Referral from statutory agencies	[]
Client encouraged to access service by outreach workers	[]
Referral from Prison	[]
Referral from Hospital	[]
All of the above	[]
Other	[]

please state exactly what here:

7) Please state the times (by ticking all the relevant boxes) that your service is accessible in an average week

	Morning (7am-12pm)	Afternoon (12pm-5pm)	Evening (5pm-12am)	Night (12am-7am)
Monday	[]	[]	[]	[]
Tuesday	[]	[]	[]	[]
Wednesday	[]	[]	[]	[]
Thursday	[]	[]	[]	[]
Friday	[]	[]	[]	[]
Saturday	[]	[]	[]	[]
Sunday	[]	[]	[]	[]

SECTION FOUR: COLLABORATION WITH OTHER AGENCIES

8) Do you work in partnership with any other organizations?

(please tick one option)

Yes []

No []

If you answered 'Yes' to the last question, please indicate the type of partnership arrangement(s) you have below:

(please tick all options that apply)

- | | |
|-------------------------------|-----|
| Referral | [] |
| Sign posting to service | [] |
| Sharing of resources | [] |
| Joint Funding | [] |
| Strategic | [] |
| Partnership Agreement | [] |
| Service Level Agreement | [] |
| Joint Work with Client Groups | [] |
| All of the above | [] |

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

PLEASE RETURN THIS TO:

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