

Consultations on the Changing Futures delivery proposal

Who we consulted

We held two Zoom sessions with people with lived experience recruited through the Sheffield Recovery Forum. One was open to all and had 9 attendees; one was for women only and had 5 attendees.

We held two sessions at Cathedral Archer Project. During a drop-in of current service users we spoke to 4 people. We also held a consultation session with 5 people with lived experience of being street homeless.

Thanks are due to all these people who gave freely of their time and opinions, and to Tracey Ford and Tim Renshaw for helping to arrange and facilitate the sessions.

The consultation questions are in the attached presentation. Discussions were free-flowing and wide-ranging but the key points are captured under the headings below.



Changing Futures
consultation question:

Features of a core team

"Someone to listen and who has time to listen. Someone who's interested in me and what I want."

The best person I worked with, "She listened, she understood. But she knew when to tell you straight."

"You need a consistent worker. A lot go off sick or chop and change. You just start getting a plan in place and then it falls down like dominoes."

"Tell them to be ready to see all sorts!"

- Everyone agreed that the values of a team and a worker are really important. Aspects of this mentioned included integrity; compassion; patience; being open-minded and free of prejudice; personal resilience; having boundaries; not just fixing a problem but staying with the person beyond it.
- Ways of working should include treating the service user as an equal, and not making promises you can't keep.
- Workers do need some advanced knowledge around areas such as addiction and mental health.
- Recruitment should really test out the values of the candidates.
- There was some dissent about 'empathy' and whether a worker can truly have this without lived experience. There is definitely extra value in a worker who's 'been there.'

- There was also some disagreement about ‘going the extra mile’ – it is appreciated, but it can create a dependency.
- An analogy of a bus journey was used: you don't need someone to get on when you're in crisis and just ride with you to the next stop, or a series of people to get on and off. You need one person to stay with you all the way to the depot!
- Outreach model to find people who are struggling – go to where they are. Anxiety is unseen but can be the cause of people disengaging. They mustn't be forgotten or written off.

Holding and sharing information about clients

- It's about sharing information at the right time and with the right people, and asking consent: “I think this person needs to know your story, is that OK?”
- Liked the idea of a ‘passport’ or ‘personal profile’ which had key information about an individual, including their history and who else is working with them. They could choose which services they showed it to/had access to it.

Involving people with lived experience

"I want people stuck in that place to look at me and see, wow, I can do that."

"Give people a say by giving us roles."

- People with lived experience can create things themselves, they don't have to wait for permission from mainstream services.
- Volunteers, mentors, recovery buddies – all act as role models, showing that change is possible.
- Welcome to have the opportunities to feel heard and feel valued.

Positive activities

"When you put down the drugs or drink, you have a drug or drink shaped vacuum in your life - you have to fill it with something positive or you will relapse."

"Finding something else you are interested in - closing that door behind you and seeing others open."

- The concept of ‘aftercare’ came up, but this didn't necessarily mean continuing care from the same team, more something constructive to fill your time.
- What's already out there isn't advertised properly, it relies on personal connections for you to find out about it.
- People can point to the marketable skills that they have, but there are many barriers to actually getting a job, not least employers being wary of a criminal record.

Increasing awareness of multiple disadvantage

"If you have a bad first experience [with a service], then you get barred or you bar yourself."

"People can have these issues, but they are still people."

- Services should ask, “Is there anything else we can do for you?” and know how to signpost you. More places should have that information.
- Leaflets are useful but it was discussed that they go out of date. Better to have something simple with a link to a more up-to-date version online.
- Staff need to be more tolerant of people who are stressed to their limits and are unable to articulate themselves. If workers are confident in dealing with that behaviour it makes all the difference.

Feeling safe and supported as a woman

"There's more homeless girls out there than we give credit to."

"We need more women supporting women. Just going along to the doctor's, having a coffee and a chat afterwards."

- Risks of having an abusive partner under the same service. Even if there are “women only” sessions he will get to hear about it and turn up.
- Single-sex spaces are preferred – less threatening, less likely to provoke jealousy in a partner.
- There are times when it’s legitimate to meet a couple together – when they are joint tenants for example. But services should make every effort to speak to a woman alone, even if under a pretext, so she can disclose any abuse.
- Understanding of the hormonal changes brought about by stress, substance misuse or stopping using.
- Women-only activities – craft groups, cookery classes etc.
- Creative, safe ways of sharing phone numbers and other information.
- Homeless women are likely to avoid the city centre as it doesn’t feel safe.

Other themes that emerged

"I know what I need but no one will give it to me."

"Researching all over the place for information when your head's all over the place. You need it handed to you on a plate almost - you just walk in and explain what you need."

- Access to mental health assessment and treatment is causing a lot of frustration. It needs to improve, but more peer support/mutual aid groups would also help bridge the gap. Timely access to counselling was also mentioned.
- A one-stop shop/ “everything under one roof” arrangement would be attractive and reduce stigma.
- Out of hours support – not necessarily all night but at least evenings and weekends. Knowing how to speak to someone who will understand, who can help you stick to your plan.
- City centre facilities can make life very convenient if that is where you are based, but they are also competing to provide the same service, while there’s nothing further out.