A Ahmed and D Sodhi  The Housing and Support Needs of Women especially those from ethnic minorities (University of Salford, 2000)

Key findings and recommendations:

A number of key issues emerged from the research which have important implications for service providers in Rochdale and which need careful consideration in developing services for women, particularly BME women. These need to be considered in the light of the expected changes to the funding arrangements for supported housing and the proposals in the Green Paper – Quality and Choice a Decent Home for All - which will extend the ‘statutory safety net’ to a wider group of vulnerable homeless people which could lead to increase demand for supported housing.

It is clear from the research that few BME women access supported housing particularly African Caribbean women and lack of knowledge as noted earlier was seen as the main barrier by all those that took part in the research. Service providers felt that for Asian women language difficulties were an important factor and also referred to lack of trust in providers, inappropriate accommodation and expectations as barriers to access. In addition they suggested that most women were more reluctant to come forward and present as homeless because of the associated shame and stigma attached.

The BME women interviewed also referred to lack of knowledge and language as barriers to accessing supported housing but safety and fear of reprisals and the reputation of some schemes were also important. Many Asian women had very little knowledge about housing providers generally and in relation to their entitlement to welfare benefits.

Only a minority of service providers felt that services were responsive to different cultural needs. The Asian women interviewed felt that service providers were not culturally sensitive or responsive in the main…Service providers need to do more to ensure greater sensitivity and responsiveness to the cultural needs of BME women. This could be achieved through training, employment of more BME staff and consultation with BME community groups on the provision of housing and support.”