

The TARA Project: A longitudinal study of the service needs of homeless women

Research findings

KEY POINTS FROM THE RESEARCH

- The homeless women in this study were struggling to survive the impact of a large number of traumatic, and often gendered, life events. These experiences contributed to the multiple service needs they identified. All services should recognise the gendered nature of homeless women's experiences, and the impact these gendered life events have in terms of complex trauma.
- Both service users and practitioners recognised the need for a pivotal key worker role to facilitate access across services. This includes sharing information with workers about clients' progress through the system as a whole, as well as facilitating better joint working across agencies with often competing aims and objectives.
- When asked about the services and support they were receiving the participants did not voluntarily refer to involvement with adult social care services. When explicitly prompted participants immediately associated social care with children's social workers and talked about either their own experience of social services as a child, or in relation to their involvement with regards their own children. None of the participants referred to having a social worker for themselves as adults. In relation to wider support, they did refer to mental health teams, workers within

The aim of the study was to identify homeless women's experience of the wider support system over time.

This research recognises that the experience of being 'homeless' may well be different for women than for homeless men. This is partly due to the 'invisibility' of women who may not sleep rough but end up in precarious, and often dangerous, places instead, and because the notion of 'home' has different gendered connotations for men and women.

The study was conducted by researchers from the School for Policy Studies, University of Bristol and led by Dr Emma Williamson. Further information about the status of the various outputs from this project, including public engagement activities, is available at www.bristol.ac.uk/sps/research/projects/current/RK7228/index.html or by emailing Dr Williamson at e.williamson@bristol.ac.uk.

housing services and a wide range of third sector support workers. This finding suggests that other workers, often housing support workers, are fulfilling functions that in the past social workers would have carried out, for example by providing and co-ordinating services.

- From the women's accounts we found that re-telling their life story to a large number of practitioners, over and over again, in order to access services, was felt to be humiliating and disempowering and contributed to the impact of complex trauma. Women are willing to tell their stories if they feel valued and listened to. Where they

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share personal information they want to be involved in information-sharing decisions and for disclosures to result in a greater understanding of their needs across different services.

- Service users preferred practitioners who treated them as human beings, genuinely listened to them, and took the time to build meaningful and trusting relationships. Where these relationships existed, clients felt supported to begin to take control of their own lives. Practitioners often felt that their services lacked the resources to adequately build meaningful relationships with clients.
- Stable and emotionally and physically safe environments are essential to addressing the needs of homeless women. Women are unlikely to be able to access services related to their emotional well-being and traumatic histories while they feel vulnerable and insecure. In order to recognise that homeless women may not feel safe or ready to disclose traumatic personal information, questions about the potential issues affecting clients should be asked at different points in time and not just at an initial assessment.
- Service users recognised the constraints on workers in terms of funding cuts, however, this often resulted in them feeling worse, guilty about having a service and less supported. Organisations need to ensure safeguards are in place to prevent low staff morale, where this exists, from compounding the barriers which prevent women being able to access services.
- Many women, including those who had made progress over the course of the research, still felt vulnerable at times to relapse and felt that some form of on-going, low level support (such as on-demand, infrequent telephone contact with a pivotal key worker) would reduce the risk of them, and other homeless women, re-entering the system. Commissioners need to recognise that limiting provision to only short term interventions is an inefficient use of resources, and a failure of care, if it results in women becoming homeless again.

METHODOLOGY

The research design involved interviewing women using homeless services three times over a period of 18 months. The participating women ranged in age from 19-59 years old. We experienced difficulty identifying younger women to participate in the study primarily due to a lack of engagement in the research by generic young people's services. Those who provided services relating to the issues raised in table 1 below, often did not recognise that their service users might be at risk of 'homelessness'. We also interviewed 15 practitioners, from a range of services, asking both general questions about their roles and experience, as well as about their experiences of working specifically with individual clients.

An essential part of the research process was to 'track' women who might be moving and changing phone numbers several times within the duration of the study. In terms of 'tracking' women, the majority of the participating women gave us permission to speak to the service where we recruited them which enabled us to locate a number of women whom we might not otherwise have found. It is particularly interesting that in terms of providing consent for the research team to speak to other 'third party' agencies, all but one of the women gave us this permission. In terms of the type of permission given, women either gave full or partial consent for all the services they were in contact with. Full consent allowed us to ask services how a client was progressing, whereas partial consent limited us to whether services had been offered. Those women who gave partial consents were more likely to be in contact with probation and other criminal justice agencies. There were some key lessons learned from the experience of tracking which included:

- The need for careful management of tracking through third parties including allowing participants choice in the information-sharing/consent process, explaining the benefits of sharing personal information and the potential risks;
- Building meaningful relationships between the research team and participants;

- Ensuring that relationships exist between the research team and service providers;
- Including the expertise of service user advisors across the lifetime of the research;
- Recognising the importance in all of these relationships of maintaining values.

Practical lessons learnt in improving the ability of the research team to maintain contact with participants included: not telephoning in the morning, as those on any form of medication take time to surface, as do sex workers; recognising that women may not respond because they have no credit on the phone; and that some women were very wary of calls where they did not know who was calling. In this final case, a short text message, indicating who it was from and that a call would be made from the same number in five minutes, proved surprisingly effective.

MULTIPLE AND COMPLEX NEEDS

The prevalence of complex and gendered issues impacting on the participants' lives was high. This included experience of a range of

issues identified in Table 1.

The final column in Table 1 shows the total number, and percentage, of the original 38 participating women who either disclosed experience of the issues within any of the interviews or where it was apparent, to both the interviewer and key worker, that this was an issue. As table 1 illustrates it was important to have repeated contact with the women as some women were reluctant, understandably, to disclose longstanding problems at a first interview, and new problems could arise, or be recognised by participants, at any time.

The prevalence of complex and gendered issues impacting on the participants' lives was high. This included experience of childhood abuse, mental health problems, domestic or sexual violence, drug or alcohol dependencies, sex work and involvement with the criminal justice system. 13% of the participating women reported having 1 or 2 of these 'issues' to deal with, 34% had between 3 and 5 issues to address, and 47% mentioned 6–8 problem areas. 2 women (5%) identified dealing with 9–10 of the listed difficulties.

Table 1: Presence of difficult experiences in the lives of homeless women (disclosed at interview)

Issue	Interview 1 (n=38)	Interview 2 (n=28)	Interview 3 (n=22)	Total and apparent N (%)
Sex work	7	8	5	12 (32%)
Drug abuse issues	21	16	14	23 (61%)
Alcohol abuse issues	25	15	11	23 (61%)
Mental health issues	33	26	19	37 (97%)
Criminal Justice involvement	16	11	8	27 (71%)
Child abuse/neglect/sexual abuse	14/13/13	16/15/14	11/10/9	24 (63%)
Domestic violence past	16	11	8	30 (79%)
Domestic violence current/recent	6	3	5	9 (24%)
Sexual violence past	10	9	7	21 (55%)
Sexual violence current/recent	2	1	0	5 (13%)

21 of the 38 participating women (55%), as far as we are aware, had living children and of these, 29% had children who were under 18 at the time of the first interview. Of these, 4 women had no contact at all with any of the children; 6 had occasional contact with some, but not all, of their children; 1 was in regular contact; and 4 had some young children with them, but had no contact with others. This was the issue which participants found most difficult to deal with and therefore discuss. Even during later interviews participants found this aspect of their experiences difficult to talk about and in many cases we were only made aware that women had had children at later interviews. This area of homeless women's lives was also an issue for adult and children's practitioners who often struggled with the contradictions inherent with balancing the needs of women and their children.

PRACTITIONERS' PERSPECTIVES

In comparing the interview data from service users and practitioners we were able to identify some key areas of interest.

Workers identified concerns about the lack of follow-up information they received about clients who disengaged or were evicted from a service. In these cases workers often did not know what had happened to a client and therefore were not able to see the positive, or negative, outcomes for clients they had worked with. Practitioners expressed serious concerns about a lack of coordinated provision through joint working, particularly around complex needs and mental health support. Where some clients engage with multiple agencies, workers across the services sometimes abdicated responsibility because other service providers were involved with a client.

Practitioners discussed difficulties in setting clear boundaries in relation to the expectations of clients and service providers when working with service users. For example, if a client reduced their drug or alcohol use but had not stopped entirely. For some clients this was deemed a positive move, whilst practitioners might deem it a failure. In these cases practitioners sometimes drew on a concept of 'rock bottom' to justify a breakdown in the relationship between

ABOUT THE STUDY

The research team interviewed 38 women initially, 28 women six months later and 22 at a third and final interview. We also interviewed 15 practitioners both generally, and in relation to 11 clients.

The research used a tracking methodology to keep in contact with the women over this time and in order to collect information about participants who dropped out of the research.

This research obtained ethics approval from the School for Policy Studies Research Ethics Committee and had input from practitioners, service users and commissioners throughout.

workers and clients rather than considering whether expectations were realistic.

The majority of practitioners who were interviewed raised concerns about the reduction in time allocated to working with service users with complex needs. As a result of funding cuts and strains on services due to increased targets, agencies were often reducing the amount of time a client could access a service which many practitioners felt was counter-intuitive given the complexity of the needs being faced by this client group. This concern about the reduction of resources was not limited to our interviews with practitioners, but was also a theme which emerged within our interviews with the participating women. Many were aware of the cuts to services and the strain under which practitioners were operating. For many, uncertainty about the services they were receiving, whether support would be ending, or whether service funding would be cut, made them feel guilty about receiving services and further added to the complex issues they were attempting to address.

CONCLUSION

Homeless women are used to making themselves invisible in order to survive. Services need to work hard to build meaningful and trusting relationships to enable women to access appropriate services and to remove the barriers which currently prevent women from accessing the services they need.