The TARA project: Homeless women, identifying and addressing complex needs
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The TARA Project:

The TARA project was a longitudinal study of the service needs of homeless women. The aim of the project was to ‘track’ homeless women as they moved through the homeless system to identify their service use and service need. The research team followed participating women over the course of 18 months after successfully recruiting 38 women to the project from a range of different services between September and December 2011. 28 of the participants were interviewed at the second stage 6 months later, and 22 women (52% of the initial cohort) at the third and final interview. The research team also interviewed key workers about specific clients (where permission was granted) and also about general issues affecting those working with homeless women. We have information, through the ‘tracking’ method, relating to the 16 women who we did not follow through to final interview.

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

Summary of Key Findings:

- The prevalence of complex and gendered issues impacting on the participants’ lives was high (table above). 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.

- Out of the 38 women who interviewed at any time, 37 reported having experienced mental health problems. This included diagnosed mental illness as well as mental health impacts related to the wider complex needs identified. This highlights the need for more widespread training relating to mental health issues in the context of complex trauma.

- In order to address the wide range of complex needs identified, participating women said they needed somewhere that was emotionally and physically safe in order to begin to address the complex issues they face. For the majority, women only specialist services provided a relatively safe place where these issues could be addressed.

- Recommendations for service providers include a focus on how a pivotal key worker role would address concerns about a lack of coordinated provision through joint working, particularly around complex needs. Workers identified difficulties when clients were engaged with multiple services affected the ability of clients to focus and for individual workers to take responsibility.

- Women within the research moved through different forms of supported housing, with different levels of support, during the course of the project. It is not clear if this progression through the system was impacted by the closure of the Women’s Night Service, from where 12 women were recruited.

- Based on judgments made by the research team on the basis of information from all of the interviews it was determined that 14 women (from the final 22 interviewed) could be viewed as being at a more positive place at the end of the research, with only 4 women being at a more negative place than at the outset.

Table: Presence of difficult experiences in the lives of the participating homeless women, disclosed at interview (1-3) or apparent (4).

<table>
<thead>
<tr>
<th>Issue</th>
<th>Interview 1 (n=38)</th>
<th>Interview 2 (n=29)</th>
<th>Interview 3 (n=22)</th>
<th>Total &amp; apparent N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex work</td>
<td>7</td>
<td>8</td>
<td>5</td>
<td>12 (32%)</td>
</tr>
<tr>
<td>Drug abuse issues</td>
<td>21</td>
<td>16</td>
<td>14</td>
<td>22 (56%)</td>
</tr>
<tr>
<td>Alcohol abuse issues</td>
<td>25</td>
<td>15</td>
<td>11</td>
<td>23 (56%)</td>
</tr>
<tr>
<td>Mental health issues</td>
<td>33</td>
<td>26</td>
<td>19</td>
<td>37 (97%)</td>
</tr>
<tr>
<td>Criminal justice involvement</td>
<td>16</td>
<td>11</td>
<td>8</td>
<td>27 (71%)</td>
</tr>
<tr>
<td>Child abuse/neglect/sexual abuse</td>
<td>14/13/13</td>
<td>16/15/14</td>
<td>11/10/9</td>
<td>24 (63%)</td>
</tr>
<tr>
<td>Domestic violence past</td>
<td>16</td>
<td>11</td>
<td>8</td>
<td>30 (79%)</td>
</tr>
<tr>
<td>Domestic violence current/recent</td>
<td>6</td>
<td>3</td>
<td>5</td>
<td>9 (24%)</td>
</tr>
<tr>
<td>Sexual violence past</td>
<td>10</td>
<td>9</td>
<td>7</td>
<td>21 (55%)</td>
</tr>
<tr>
<td>Sexual violence current/recent</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>5 (13%)</td>
</tr>
</tbody>
</table>

I am back in a situation where I am dependent on my controlling partner, feel unable to sustain work, and see no way of independent of all levels...but I'm safer here than on the streets. I'm depressed and despite anti depressant medication, feelings of hopelessness still overwhelm me as I am not living. My life, at all... just staying alive. I did not have the strength to sustain the homeless situation and as you can understand from my story, greatly fear having to do this again... but who knows... maybe I will have to at some point.

Messages from participating women

The hardest bit is when you try and mask it... And you're trying to take that mask off again but you're too frightened, because you feel like you've failed, you've let people down. And trying to get them to understand that you know "I made a mistake again"... you know you've allowed a friend to go... We ain't perfect, we're addicts, we've got an illness... it tells you in the big books and everything - we've got an illness and it's always going to be there, there's not a magic cure for it...

Key Conclusions:

- Many homeless women experience complex needs and high levels of multiple issues
- It is important to recognise how different issues intersect, particularly in relation to gender and issues of safety
- Women may initially find it difficult to disclose issues related to children, their own experiences of child abuse, and sexual violence
- Importance of building trust and returning to difficult questions by re-introducing opportunities for disclosure beyond initial assessment

Key Recommendations:

- Using pivotal key workers who can work across statutory and voluntary sector boundaries is likely to improve the experience of women using these services
- The recognition of complex and multiple trauma as a factor affecting homeless women’s ability to access support from services
- The need for women only spaces where complex trauma and it’s impact can be safely addressed
- ‘Safety first’ policies which prioritise women’s safety (emotional and physical) as the starting point for providing any service
- Recognition of homelessness as a gendered experience which impacts differently on men and women.

Further information is available from the TARA team, please contact: e.williamson@bristol.ac.uk