NIHR School for Social Care Research

Homeless women

Outline of a research project funded by the NIHR School for Social Care Research

Improving the evidence base for adult social care practice

What are the social care and health needs of homeless women, and how can effective support services best be provided?

Many factors can lead to homelessness, including unemployment, family breakdown and the shortage of social housing. In the case of women, certain groups appear to be particularly vulnerable to homelessness, such as those with drug, alcohol, and/or mental health issues and women who have experienced sexual or other forms of abuse. As a result, women who are homeless often have complex social care and health needs, but all too often these needs are not fully recognised nor adequately met by statutory and non-statutory services.

For providers, there is the challenge of maintaining contact with homeless women over time and of identifying the most appropriate types of support to offer. For the homeless women themselves, there are often barriers to accessing services. Better understanding is therefore needed of how services can best support women to move out of homelessness.

This project

- will examine the service use and needs of homeless women and consider how these can be met efficiently in both the short and long term.

It aims to

- develop a method for 'tracking' homeless women across different housing and support services, taking into account the ethical aspects of doing so

- gain a fuller understanding of the complex needs of homeless women, including their social care and health needs

- identify the barriers that service providers face in working with homeless women over a sustained period of time

- understand how best to support homeless women to access, and maintain engagement with, support services

- devise appropriate targets that can be used to monitor the effectiveness of services for homeless women.

WHAT IS THE CONTEXT?

Homelessness can be precipitated by a range of factors, including unemployment, changes in housing policy, family break-up, financial problems, domestic violence and abuse, drug or alcohol dependency, and involvement in sex work. This means that women who become homeless are not a homogenous group – each has her own pathway into homelessness, individual support needs and a different potential route out of her situation.

It is therefore only through gaining an understanding of a person's particular life experiences that an appropriate and effective service response can be achieved. Arriving at such an understanding can, however, be a challenge for the providers of social care and health services. Homeless women may, by definition, be difficult to maintain contact with, and there is limited understanding of their interactions with public services. As a result, the service needs of homeless women are often poorly identified and inadequately met.

The insecurity of the homeless life, either on the streets or in temporary accommodation, exacerbates stress, loneliness, powerlessness and low self-esteem. The toll on a homeless woman's physical and mental health affects her ability to self-care, attend appointments and maintain contact with support agencies. It may also lead to, or worsen, reliance on drugs or alcohol as a mechanism for coping with daily life. Women who become homeless are also at high risk of losing their children, or of being unable to fulfil their parenting role.

A chaotic and impoverished life-style places barriers in the way of accessing and maintaining involvement with all services – so appropriate and sustained support is required. However, adults in these circumstances are rarely regarded as a priority for statutory services and it is often claimed that they 'bounce around the system' with no one agency taking overall responsibility for their support.

In order to address these challenges there needs to be a high degree of co-ordination between social care services, specialist health care agencies and housing support. Failure to engage with any one of these services can have serious consequences for individuals, potentially including admission to care institutions. Inevitably this is associated with significant costs to society. It is therefore important to develop specific strategies to support homeless women in ways that have the greatest benefits, to them as well as to society.

Given the current policy focus on outcomes, it is also important to identify appropriate outcomes that can be monitored for this social group. This is not straightforward, as many homeless women have complex and enduring needs, and providers face numerous potential setbacks, for example if individuals do not complete treatment/support programmes or when tenants leave supported housing schemes before they can be re-housed.

This project will explore in detail the experiences of a group of homeless women in Bristol over 18 months and their interaction with services. To achieve this, the researchers will develop a methodology to 'track' homeless women over time. This will lead to a better appreciation of the mechanisms and processes which support women to move out of homelessness towards more positive self-care and self-reliance. The research also seeks to develop outcomes measures that capture the complexity of work in this field.

HOW WILL THE PROJECT WORK?

This longitudinal study will follow up to 40 women in Bristol who are homeless or living in supported housing, and map how statutory and non-statutory services respond to their needs for social, health and other support services.

STAGE 1: Literature review

A literature review will examine current ways of working with homeless women and women with complex needs who are at risk of homelessness. Most of the literature will be in the form of agency and policy reports, but researchers will also draw on available academic publications. The research will address the multiple issues which are faced by homeless women.

STAGE 2: Longitudinal study of homeless women

Forty women will be 'tracked' over 18 months as they move in (and out) of support services. Interviews will be carried out at three points: a baseline interview at 3 months and 2 successive interviews at 6 month intervals, plus additional contacts to maintain engagement. The baseline interview will discuss how women came to be homeless and their current use of services and service needs. It will ask if they will allow the research team access to information about their use of services from service organisations – which will also assist in the process of 'tracking' participants so that they can be located for follow-up interviews. This tracking process will provide access to a wealth of information already held by services for monitoring purposes but previously not available to academic researchers. The ethical considerations of service users' privacy will be prioritised.

The second and third interviews will explore how life has changed for women, their housing status, and their use and perception of services, including views on helpful/unhelpful service provision.

The range of women recruited will include:

- single women aged 16 upwards
- women aged 16 upwards with children
- women with needs relating to drugs, alcohol, mental health/dual diagnosis
- women working in the sex industry
- women at risk of offending
- women experiencing domestic abuse
- women from BME communities.

STAGE 3: Data collection from key workers

Contact will be made with the key service workers for each homeless woman in order to track their success (or otherwise) in their work with these service users. These interviews will take place at the three time points of the longitudinal study. Information will be collected on the individual and organisational goals relating to the service user, whether the workers believe these goals have been met, and any barriers to success. The data from the key workers may be the only follow-up

information available for any homeless women who leave the study.

STAGE 4: Commissioners and strategic managers

Telephone interviews will be conducted with six commissioners/strategic managers with responsibility for setting and/or monitoring outcomes which affect homeless women. These will include commissioners for housing, physical and mental health, drug and alcohol, domestic abuse services and adult social care. GP consortia and local authority health and wellbeing boards will also be contacted. The interviews will focus on the appropriateness of current outcomes measures for women with complex needs, whether these measures support or hinder effective ways of working, and how the measures might be improved.

STAGE 5: Analysis

The analysis will produce a structured case study for each woman. This will include which services women found helpful or unhelpful; how and why they were referred to different services; what the targets were in accessing services; and women's perceptions of how and why they came to use different services. Analysis of the service use data (from key workers) will chart the progress of individual women through (and potentially out) of services and identify any patterns or themes related to specific issues or problems faced by the women. Analysis of the commissioners and strategic managers' interviews will lead to suggested improved outcomes measures for this user group.

Project publications

A 'good practice' guide will be produced for service providers working with homeless women. This will describe the pathways towards recovery that have been identified by the research and outline ways of measuring related individual and organisational milestones and targets. The project team will also produce academic papers for peer review journals as well as practitioner reports to be disseminated through local and national conferences and seminars. Dissemination will take place at several points throughout the project and, where appropriate, will involve service users.

Research project outline

HOW DOES THE PROJECT FIT THE AIMS OF THE SCHOOL FOR SOCIAL CARE RESEARCH?

The project findings will promote an improvement in services for homeless women, in particular through multi-agency working to support individuals with multiple and enduring difficulties.

The research therefore has the potential to contribute to preventing and reducing the need for adult social care, and delivering integrated services. It will help to equip and support commissioners and practitioners to provide more effective social care services that make better use of resources. One aspect of this will be a better understanding of the types of services that help women to move out of homelessness, and guidance on how providers can better maintain contact with homeless women over the longer term so that they do not drop out of support programmes.

This study will help to demonstrate how housing, social care and health services can work together more effectively to create a multi-agency approach to homelessness services for women. By suggesting appropriate outcomes measures for homeless women's services, the project should lead to improvements in the way outcomes are monitored.

THE RESEARCH TEAM

This research is being carried out by a team of experienced researchers – Emma Williamson, Lorna Henry, Hilary Abrahams and Ailsa Cameron – from the Centre for Gender and Violence Research, and the Centre for Research in Health and Social Care, in the School for Policy Studies, University of Bristol.

This research builds on the previous research of the team which looked at the needs of homeless women in Bristol (see www.bristol.ac.uk/sps/research/projects/completed/2010/rj5274).

Project title:
A longitudinal study of the service use and need of homeless women

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Budget:
£299,251

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The NIHR School for Social Care Research

The School for Social Care Research was set up by the National Institute for Health Research to develop and improve the evidence base for adult social care practice in England. It officially launched on 1 May 2009 with funding of £15 million over five years.

Further information is available at www.sscr.nihr.ac.uk