

**The Experiences of Men who have had Multiple
Moves Within Projects for People who are
Homeless**

Coral Westaway

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1. Abstract

Homelessness and rough sleeping has dramatically increased in the UK over the past six years. Links between welfare changes, inequality and social exclusion are pronounced. This study looked into the experiences of a particular group of people experiencing homelessness; those with complex needs who had had multiple moves round homeless projects. Qualitative research of the lived experiences of those experiencing homelessness is limited, particularly for this group of individuals in the UK. An Interpretative Phenomenological Analysis was applied to interviews undertaken with six men with these experiences. The four main themes from this analysis were *Moving forward vs no way forward*, *Being here has really helped but it's only temporary*, *Being treated as different* and *Desperately longing for yet deeply fearing relationships*. These themes were supported with extensive participant quotes and were contextualised in the current literature. The themes reflect and demonstrate: Challenges with hope and future plans and the role of substance use; Relationships to help in the context of conditionality and the temporary nature of projects; Issues regarding coherent identity development and stigmatisation; and Complexity around forming relationships. These findings develop our understanding of this population and support improvements in practice. A clear role for Clinical Psychologists in this area was identified and recommendations across domains of individual, service level and community practice were presented.

2. Introduction

2.0 Overview

This chapter will set the context for the study laid out in this paper, initially positioning myself as researcher and explaining how I came to undertake this research. Terminology and definitions around homelessness will be deconstructed and language considered. I will outline the field by providing a general history of homelessness and homeless policy within the UK, providing recent statistics. Some policy and government publications, as well as literature from relevant third sector organisations will be used to contextualise this study before commencing a thorough literature review. The rationale for this study will be explained, with reference to its relevance to the field and clinical practice.

2.1 Positioning Self as Researcher

Professionally, I became interested in people living without stable housing through placements undertaken in a forensic unit and on an adult acute in-patient ward. Some of the people that I was seeing in these settings had experienced many moves; across mental health in-patient wards, prison or forensic units, hostels, supported accommodation or unstable temporary housing and rough sleeping. Permanence seemed to evade them, first as children and later in their adult lives. Earlier work within a children-in-care service had exposed me to many of the pervasive abuses, neglects and traumas that can impair relationships with self and others from an early age, as well as the sad stories of children encountering frequent moves around foster care and care homes. The adults I was working with shared early life experiences with many of these

children, demonstrating a profoundly unjust trajectory from the start. Hearing firsthand of trauma to children, and witnessing the emotional and relational difficulties that resulted, has provided me with insight into the world of adult distress. I have been drawn to working with those who are deemed 'hard to reach' or 'hard to engage', as a small way of countering the powerlessness I can feel at the extent of the problems.

I have been aware of, and pained by, dominant narratives within society placing blame within the individual. I have seen how these narratives de-contextualize, marginalise and shame those in an already difficult situation. Such discourses can suggest that homelessness is a life style choice, rather than considering the social, historical and political undercurrents and structural systems that keep some people in power and some people in poverty.

Personally, at times I have chosen a lifestyle that would be considered fringe to many; however, I have always been privileged with this being by choice rather than by necessity. I could always return to the mainstream when it suited me. I have also had close relationships with people who have lived on the periphery of a normative culture, and have been alerted to ways in which poverty can push people further out.

I recognise that it is clinically and ethically important to hear the voices of people who are marginalized, and this has prompted my choice of research. As researcher, I also feel cautious about stepping in, as a stably housed, middle class, white, well-educated professional, and colluding in the promotion of dominant cultural expectations e.g. that

everyone wants regular work and a house. I agree with Crisis (2005) that the basic housing that is acceptable for a human is “supportive, affordable, decent and secure”. Whilst recognising the need to be mindful of my privilege, I realised that undertaking this study did not involve promotion of which type of home is best, rather, that a safe, secure home is. The ethics of undertaking research in the area of ‘homelessness’ will be explored further throughout this study.

2.1.1 Personal Epistemology

As researcher, my active involvement in data generation is unequivocal, and it is necessary to be mindful of and explicit about my position, my epistemology and my ways of seeing the world. This is relevant to the whole construction of this study. Factors including individual experiences, the systems I have been raised in; family, culture, education, and the theories and approaches that I invest in; humanism, attachment theory, narrative approaches and social constructionism, inform my worldview.

Having background training in person centred therapy (Rogers, 1951), I hold a firm view of the client as an expert on their own experience. Through personal therapy, training and clinical practice, I have experienced and witnessed constructivism at work, as people reclaim and reconstruct their histories and reframe their experiences. However, undertaking clinical training at a university with a social constructionist philosophy has informed my views of the relational and systemic components of meaning, understanding and reality. I reject a positivist view of an objective reality,

and this position informs my relationship to the concept of homelessness and the value I have placed on hearing individual stories and experiences from those who are best placed to make sense of it: those living it. Cronley (2010) critiqued the social construction of homelessness and argued that those with the most influence over societal understanding of homelessness are those who see social problems as individually located. She highlighted the need for researchers to “reframe the homeless debate in an empirically based paradigm that connects personal problems with social issues” (p. 319). As mentioned, I reject a view that locates blame within a person, subscribing instead to a view that identifies broader influences, including political, economic and societal ones. Coming from this worldview informed a non-blaming position in relationship to participants, and also promoted further inquiry and consideration of dominant discourses, when participants located the blame within themselves.

2.2 Definitions of Homelessness

Any definition of homelessness has political, legal and moral connotations. Exclusion and inclusion criteria increase or decrease figures, which inevitably reflect poorly or positively on the current Government, whilst excluding or allowing individual access to services. Shelter (2014) explain that “you should be considered homeless if you have no home in the UK or anywhere else in the world available for you to occupy. You don't have to be sleeping on the streets to be considered homeless.” They also highlight types of homelessness that are generally more hidden, including: temporarily staying with friends, living in overcrowded conditions, being at risk of violence in your home

and living somewhere without legal rights, such as a squat. Crisis (2005) identified that “homelessness is the problem faced by people who lack a place to live that is supportive, affordable, decent and secure.” Rough sleepers are the more visible face of a broader and less visible issue.

2.3 Language

“Speaking isn’t neutral or passive. Every time we speak, we bring forth a reality. Each time we share words we give legitimacy to the distinctions that those words bring forth.” This quote from Freedman and Combs (1996, p. 29) points to the responsibility we each hold to consider the language we choose to use. This feels particularly important when working with marginalized groups, such as those experiencing homelessness, who already experience levels of stigma.

Appendix H provides extensive consideration regarding language and language use. Within this study, for readability I will refer to people experiencing homelessness as PEH and for the group represented in this study, those who have had multiple moves around services I will use PEHMM.

2.4 Policy and Government

Homelessness and mental health policy has been high on the political agenda since 1990 when the Mental Health Foundation and the Department of Health developed the

Homeless Mentally Ill Initiative (Shelter, 2008a). This initiative was designed to fund help, through outreach teams and specialist hostel places, for people with mental health problems who were also sleeping rough in central London. HM Government (2011) reported that in London, 39% of rough sleepers had mental health problems, 37% had been in prison, 12% in care and 3% in the armed forces. Their figures from 2011 propose that an average of 1,768 people were sleeping rough in England on any one night, with the majority in the capital. More recent figures show that these numbers increased 30% between Autumn 2014 and 2015, and 102% in the 5 years from 2010 to 2015 (Department for Communities and Local Government, 2016). **This means** that in 2014, with a population estimate for England of 54.3 million people (Office for National Statistics, 2015), rough sleepers made up approximately 1 in 20,000 people in England. In 2015, with an overall population rise in England of 500,000 this figure rose to 1 in 15,000 (Office for National Statistics, 2016). In 2014 there was an annual average of 8,500 users of day centres for PEH in England, equating to approximately 1 person in 6,400 of the wider population (Homeless Link, 2015). Other figures show the much wider extent of the problem, highlighting that last year 275,000 people in England approached their local authority for homelessness assistance, that equates to one person in every 200 or 0.5% of the population (Fitzpatrick, Pawson, Bramley, Wilcox & Watts, 2016).

The Government implemented a major, national initiative to tackle rough sleeping, No Second Night Out (NSNO, Homelessness Link, 2014a), which reported that 67% of those worked with were taken off the streets after their first night sleeping out. This project appeared to show positive results, particularly in the early stages when funding

was available. However, only 52% of services reviewed reported that long-term or entrenched rough sleepers could access their NSNO services, meaning that in nearly half of the areas covered there appeared to still be a group of people who were not getting equitable access to services and were slipping through the gaps; “a cohort of those with complex needs remain rough sleeping” (p. 17).

Reductions to Government spending on welfare is reportedly linked to increasing rates of homelessness (Loopstra, Reeves, Barr, Taylor-Robinson McKee & Stuckler, 2015). Hastings, Bailey, Bramley, Gannon and Watkins (2015), in their review on the impact of cuts to local government budgets, found that cuts have and continue to “hit the poorest people and places the hardest, with those least able to cope with service withdrawal bearing the brunt” (p. 26). Fitzpatrick et al. (2016) shockingly found that 1.25 million people in the UK experienced ‘destitution’, (defined as being unable to afford two or more of the following: shelter, food, heating their home, lighting their home, weather appropriate clothing and footwear and basic toiletries) at some point during 2015, including 312,000 children. These reports go some way to highlighting the extent of pronounced poverty in the UK and to contextualise this study within current social, political and economic conditions.

2.5 Multiple Exclusion Homelessness

Homelessness is a vast problem in the UK, with rough sleeping being the visible end of an extensive and seemingly growing issue. The homeless population have a significantly lower age of mortality than the general population, dying an average of 30

years before their securely housed counterparts (Thomas, 2012). A small minority of those without stable and secure housing would meet criteria for Severe and Multiple Disadvantage (SMD). Bramley and Fitzpatrick (2015) define SMD, which they suggest closely maps on to other terms such as ‘complex needs’ and ‘chronic exclusion’, and profiled “people who had experienced some combination of homelessness, substance misuse, mental health problems, and offending behaviours” (p. 11). They explain that SMD stems from the structural roots of poverty and long-term economic marginalisation and combines with family and individual level sources of disadvantage, particularly a high degree of childhood trauma and limited education. There is, they suggest, substantial overlap between PEH, those with substance use problems and those detained by the criminal justice systems, but explain that our current support systems particularly “struggle to deliver positive outcomes in more complex cases” (p. 44). In their review of the key SMD literature, Duncan and Corner (2012, p. 17) advocate areas for further research, including a “need to address the disconnected understanding of individual adults facing SMD”.

Bowpitt, Dwyer, Sundin and Weinstein (2011), explain the term Multiple Exclusion Homelessness (MEH), also widely used in the literature to refer to PEH who “suffer deep social exclusion often due to a combination of ongoing issues in their lives and non-engagement with, or exclusion from, effective contact with support services” (p. 3). In their interviews with 108 people with experiences of MEH (MEHP) and 44 ‘key informants’ (managers or frontline staff) they found that for some people, meeting survival needs and demands of drug or alcohol dependencies came before securing accommodation. They identified that support agencies can “serve to resolve or

reinforce” MEH (p. 4), highlighting the constrictions other agendas can impose on services, particularly those mainstream services not designed to meet the specific requirements of MEHP. Differing priorities of MEHP and support agencies were identified, whilst flexibility, individualisation of care and staff going above and beyond were highlighted as particularly helpful aspects of support experienced.

In the past few years consideration has been given to how systems have historically failed MEHP. The recognition of a need for systemic, joined up approaches has begun to filter through to practice (Billiald & McAllister-Jones, 2015). With the introduction of Psychologically Informed Environments (PIEs, Johnson & Haigh, 2010; Breedvelt, 2016), recognition of the value of psychological contributions has begun in the field of homelessness, particularly with MEHP. This study aims to further our understanding of MEHP, people who can be identified through both chronicity and frequency of moves around services.

2.6 Clinical Relevance

Historically, homelessness has been viewed as a sociological issue, with housing related solutions. It has only been within the last 10 years that the discipline of psychology has begun to identify its role in this area. In 2011, HM Government’s publication ‘Vision to End Rough Sleeping’ proposed a shift in practice from providing homes, to tackling underlying issues.

Foster and Roberts (1998) proposed that homelessness is about internal states of mind as much as the physical realities of housing problems, suggesting that these need to be addressed and worked with for a person to truly move forward. In 2009, the American Psychological Association's president, James Bray, commissioned a task force to identify how psychology could contribute to ending homelessness. An extensive report was published (APA, 2010) highlighting the multiple roles for psychology within this area, including research, practice, training and advocacy and the "potential for the profession to improve outcomes in this vulnerable population" (p. 5).

The link between mental health and homelessness is a complex one. It appears that one aspect of this regards the heterogeneous nature of the 'homeless population'. The definitions provided illustrate that homelessness can span a very broad spectrum of experiences, ranging from a brief period of "sofa-surfing", at one end, to long term rough sleeping, broken by periods of institutionalisation (prison, mental health inpatient hospital) at another. Evidently, individual reasons for and experiences of homelessness are going to vary dramatically. Even so, research strongly supports the existence of a relationship between mental health difficulties and homelessness, (Maguire, Johnson, Vostanis, Keats & Remington, 2010). Philippot, Lecocq, Sempoux, Nachtergaele and Galand's (2007) literature review of homelessness in Western Europe showed a "prevalence of mental disorders (sic)... with rates of 58 to 100%" (p. 491), within the homeless population. Mental health can be related to homelessness in a variety of ways: it could be seen that mental health difficulties increase a person's vulnerability to becoming homeless (explored further in the work of Scanlon & Adlam, 2005); homelessness could be seen to increase a person's vulnerability to mental health

problems or worsen existing difficulties (O'Hara, 2007); and/or mental health problems can be seen as an additional barrier to accessing affordable housing, through poorer employment opportunities and thus greater poverty, stigma and higher isolation from community (APA, 2010). Mental health difficulties appear to be particularly pronounced for the chronically homeless, also referred to as long-term or entrenched rough sleepers (Homeless Link, 2014b).

Fazel, Khosia, Doll and Geddes (2008) report that up to 70% of the homeless population have a presentation consistent with a diagnosis of 'personality disorder'. Maguire, Munwar, Levell, McClean and Matthews, (cited in Maguire et al., 2010) found that amongst street homeless and hostel dwelling adults 58% reached diagnostic levels for a 'personality disorder'. Maguire et al. (2010) reiterate, in this context, that 'personality disorder' can more helpfully and accurately be relabelled as complex trauma. Research suggests that a large portion of those chronically rough sleeping have a history of complex trauma (Johnson & Haigh, 2012) and that prevalence of childhood abuse is higher amongst those experiencing homelessness than in the general population (Sundin & Baquley, 2015).

Scanlon and Adlam (2005; 2006; 2008) offer the frame of the "unhoused mind", through which to see homelessness. "Homelessness is viewed from this perspective as both symptom and communication of unhoused and dismembered states of mind that are characteristic of patients diagnosed with personality disorders" (Scanlon & Adlam, 2005, p. 453). They highlight that people with a presentation of a 'personality disorder',

“are often denied services because the self-harm, and/or violence and/or self-neglect with which they present is held to be intentional and so a reason to be denied health care” (Scanlon & Adlam, 2006, p. 10). This suggests that a history of complex trauma can leave an individual with understandable relational issues which make maintaining housing incredibly difficult, and which may result in frequent evictions from hostels and failed attempts to move towards a longer term housing solution, or home. Additionally Keats, Maguire, Johnson and Cockersell (2012) explain the potential impact of complex trauma on a person’s behaviour, particularly suggestive of difficulties in forming trusting relationships and managing emotions, both of which could make staying in any one place both challenging and threatening.

As explained, there are a group of PEH who also experience what has been referred to as MEH, a complex set of circumstances and difficulties that services have struggled to best serve. The difficulties attached to experiences of complex trauma, in relationship formation and presentation have been associated to this section of PEH and their experiences of multiple evictions from hostels or frequent moves around services. This study is particularly interested in this group of people and their experiences, referred to here in the context of the multiple moves they encounter, as PEHMM (people experiencing homelessness and multiple moves).

2.6.1 Role of Psychology

Pascale (2005) proposed that there is a danger in focusing on mental health difficulties or substance use issues when we speak about homelessness as it can remove the

spotlight from economics. A wider discussion regarding the medicalisation of distress is beyond the scope and focus of this study. However, what is relevant here is the recognition that “most research focusing on poverty related behaviour is concerned with the conduct of the poor rather than the rich” (Harper, 1991 p. 194). There is a risk, within studies with PEH of a focus on the individual excluding a broader acknowledgement of economic, political and societal issues. Medicalisation of mental health and locating problems within individuals, serve particular functions in society through redirecting/negating curiosity “about inequality, poverty, abuse and other forms of victimisation and exclusion” (Harper, 2013, p. 80-81). Therefore, within this study, I will endeavour to view the person in context, holding wider levels of influence in mind (Bronfenbrenner, 2005).

The British Psychological Society (BPS, 2008), explain that the role of the psychologist is to promote social inclusion. We are better placed to do this if we understand more about exclusion and people’s experiences of this. Despite findings promoting the value of therapeutic input with PEH (Cockersell, 2011), in 2010, only two clinical psychology services working with PEH existed in the UK (Jarrett, 2010). A role that promotes social inclusion could be conceived at multiple levels: individual, familial, organisational, societal and political. This study will further consider the role of a Clinical Psychologist within this field and provide recommendations for clinical practice.

It is beyond the scope of this chapter to provide a full review of literature concerning homelessness, or even concerning those experiencing homelessness with additional complex presentations. The current study is concerned with learning more about the lived experiences of men experiencing homelessness who have encountered multiple moves round services. The following review will critique literature relevant to this concern. Gaps will be highlighted that support the relevance of this study.

2.7 Systematic literature review

The previous section provided background and context for this study. The main aim of this systematic review of theoretical and empirical literature was to identify and explore the current literature base in the area of homelessness. Specifically, whilst an extensive body of literature exists within the area of homelessness, the focus of this study was on the complex end of homelessness; people with multiple exclusion homelessness (MEH) and their own experiences. Fitzpatrick, Bramley and Johnsen (2013), explain that, in line with other research, their findings showed a much higher prevalence of males than females experiencing MEH (78%) and were “concentrated in the middle age ranges” (p. 5). For this reason this review, and wider study, largely focused on the lived experiences of adult males, employing search terms designed to elicit qualitative accounts of experience rather than quantitative data.

Therefore, search terms included: homeless* and experience* and/or qual*. Searches were conducted for peer-reviewed articles using the databases Scopus, MEDLINE, Web of Science, psycINFO, and psycARTICLES. The process of inclusion and exclusion of

articles is illustrated in Figure 1- please consult the figure for exclusion rationales. After removing duplicates, a total of one hundred and ten articles were returned. The titles of these articles were screened and sixty-four articles were removed. After exclusion at the title screening the abstracts were reviewed. A further twenty-six articles were excluded at this stage. Six articles were included, following identification through reference checks; the full text of each of these 26 articles was read. Seven further articles were excluded after reading.

The remaining 19 articles will now be considered. Of these, four were conducted in the United Kingdom, five in Canada, one in Australia and nine in America. Given the small number of UK studies, it was decided not to make this an exclusion criterion. All of the articles involved qualitative methodologies with semi-structured interviews with PEH. The sample sizes ranged from four to 500. As explained, the term 'homelessness' can refer to a large, heterogeneous population. Most articles described criteria for inclusion in their study, in relation to current and historical housing or lack of; however, in a number of studies this information was absent or unclear. Due to the necessary brevity of this review a summary of all articles will be provided with a wider critique of the most relevant articles.

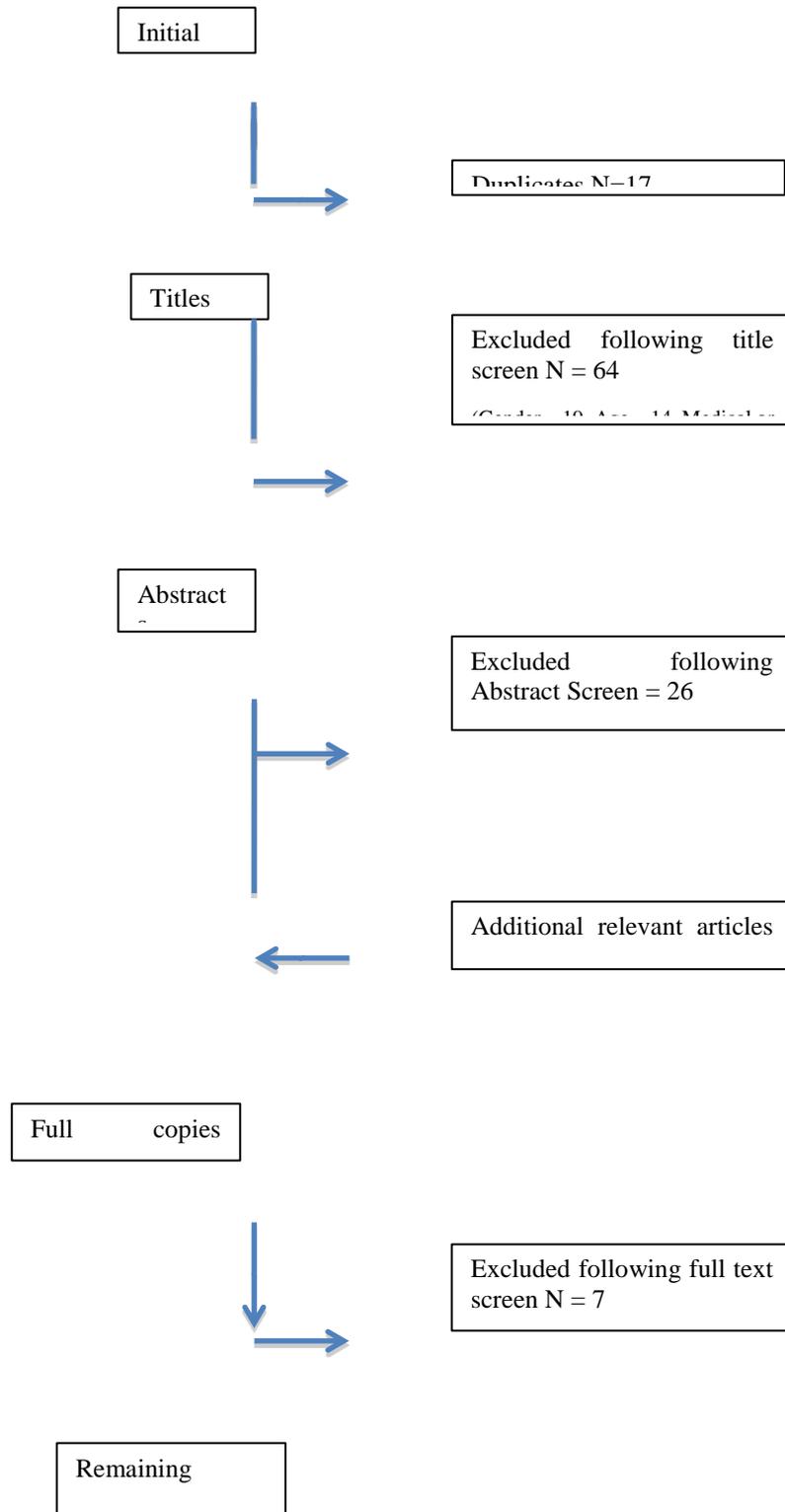


Figure 1: Adapted QUOROM flowchart of

This section will review the 19 relevant studies identified, drawing themes from the literature as well as identifying gaps and contrasting views.

Seven articles in this review focused on PEH and their views of services. Two of the articles focused on individuals' experiences of a particular model of treatment, that of Housing First (HF). The HF model contrasts with a Treatment First (TF) model which has traditionally been employed in this area, advocating that people accept and engage with treatment before being offered housing. Jost, Levitt, and Porcu (2011) present the findings of interviews with 20 adults who had been part of a specific HF treatment programme in New York. This programme identified and housed the most vulnerable and long term street sleepers. Jost et al. selected a six-month time frame of the programme and requested interviews with all those re-housed in this period. Of this cohort 20 out of the 23 people re-housed agreed to interview. The participants reported a range of time homeless, including moving between street sleeping, temporary stays with friends and family and in shelters, of between 1 and 40 years, with a mean of 8 years, showing the extensive variation in experience in many of these studies. Researchers asked participants about their perceptions of the programme, and whether previous experiences had affected their engagement with this programme.

The article reported that many participants recounted negative perceptions of homeless services, informed by previous experiences, particularly related to the expectations of TF services. This provides evidence, the study suggests, of how negative encounters can leave individuals "disillusioned and resistant to seeking or accepting help" (p. 256).

Participants spoke about readiness to change and developing trust in the programme through workers following through with promises and hearing positive feedback from others. Adjustments that people found necessary in moving off the streets were discussed, including the isolation that this could involve, particularly in the early stages, as well as the benefits to safety. The researchers acknowledged that participants may feel reluctant to fully divulge their experiences due to concern that negative responses might impact on their housing situation or their relationships with staff. Whilst the researchers were not affiliated to services, and confidentiality was explained, participants may have limited or modified their responses due to concerns about information getting back to services.

Zerger et al. (2014) explored another aspect of the HF model, specifically the meaning attached to temporary housing, whilst waiting to secure permanent housing in a HF scheme. Whilst fairly specific to the HF model, this study also offers some insights into the experiences of those waiting for housing, or in a longer term state of transition. The findings suggested that waiting periods affected both service users and support staff negatively, heightened emotions and stress, and affected service users' capacity to maintain trust in and engagement with services. Additionally, non-housing recovery goals were put aside and not addressed whilst waiting for housing.

Nelson, Clarke, Febbraro and Hatzipantelis (2005) used a narrative approach to explore self-reported changes in quality of life (QoL) comparing supported housing to life previously, for formerly homeless individuals. Twenty participants were recruited

using a convenience sample; selecting from 1,000 people accessing supportive housing across three Canadian cities. Participants were reported to have different types of accommodation (apartments, individual units, shared units, shared rooms) and different levels of support (some on site, some visiting from other sites); however, these differences were not considered as a variable or discussed in relation to the results. Additionally, five of the twenty interviews, a quarter of the sample, were excluded from the analysis as “too symptomatic or had neurological or memory problems that made it difficult for them to relate a coherent story” (p. 99). Expelling a quarter of a convenience sample feels not only unethical, but also leads to questions about the validity of any findings. In a population in which substance use, mental health problems, learning disabilities and brain injury are prevalent, a lot of stories are going unheard. Whilst findings suggest that participants attributed supportive housing to greater QoL, increased stability and beginning to develop positive identities, methodological issues in this study lead to questions regarding utility. Sampling and inclusion issues combine with unidirectional questions (e.g. asking does it *improve* QoL rather than *impact*) and a retrospective choice of analysis undermine this study.

Hoffman and Coffey (2008) drew from an extensive existing data base of over 500 interviews with PEH, conducted, transcribed and coded by a non-profit, homeless advocacy organisation. Whilst the large numbers of participants, staff and volunteers involved raises uncertainty about rigour of sampling, interviews and analysis, value can be seen in using such an extensive existing data set. Those involved in collecting the data did so with a vision to shift the “voice of expertise from policy makers and other professionals to share it with those experiencing homelessness” (p. 210). The authors

acknowledge the difference in the relational aspects of this data, as opposed to that collected by ‘academics’. They also speak about the value of individuation, through hearing unique stories, in contrast to quantification as often happens in larger, quantitative studies. Hoffman and Coffey looked specifically into participants’ experiences with services. Their findings showed that participants’ interactions with services were often seen as negative, highlighting experiences of objectification and infantilization. This provoked anger in many, and an opting out of services, as a way of maintaining dignity and self-respect. Whilst the researchers acknowledged the bureaucracy that could limit services, and recognised wider issues of poor wages, the cost of housing and cuts in service funding, they also proposed that provider – client interactions may offer some explanation as to why some people were not “moving through” the system. When individuals are dependent on services for survival, as can be the case with these services, Hoffman and Coffey named the power dynamics at play and that “complete avoidance is unrealistic” (p. 208). They discussed various strategies adopted to manage interactions with services, ranging from accommodation, which reflected a level of acquiescence, to avoidance, distancing and resistance. Whilst identifying the complexity of these relationships, they advocated treating all service users with respect, and the importance in facilitating encounters that maintain dignity.

Similarly, Padgett, Henwood, Abrams, and Davis (2008), found that themes promoting service use included acts of kindness by staff. They interviewed 39 formerly homeless ‘psychiatric consumers’, asking specifically about what helped or hindered their use of treatment for substance use and mental health difficulties. A grounded theory analysis was employed and produced themes that suggested severity of mental health difficulties

and substance use inhibited service use, as did restrictive treatment service ‘rules’ and lack of access to individual therapy. Padgett et al. suggested that findings supported the need for greater service user privacy and self-determination.

Another study with the aim of exploring health-care was conducted by Nickasch and Marnocha (2008). Issues seemed evident in their sampling; a convenience sample of 9 individuals, with a range of homelessness between four days and six months. Whilst a grounded theory analysis is reported, other aspects appear problematic, such as employing the term ‘homeless identity’ within questions, thus ascribing, rather than allowing participants to self-identify. A further question asked whether participants believed in an internal or external locus of control, and then used answers to this question to assert that “the great majority of homeless people have an external locus of control” (p.45). This claim appears to assume that answers to this question provide unequivocal evidence of the views of the great majority of homeless people, both overstating the findings of this research and underplaying their limitations.

The final study exploring the views of peoples’ experiences with services in this review was conducted by Oudshoorn, Ward-Griffin, Forchuk, Berman and Poland (2013). Oudshoorn et al. used a critical ethnographic methodology, immersing themselves in a community health clinic for PEH in Canada to explore the client-provider relationship. They interviewed 11 clients and 10 providers, as well as reviewing documents and policies and observing interactions through assuming the role of receptionist for three months. They observed that both clients and providers tended to view each other as

either 'good' or 'bad'. Clients saw providers as good when they were seen as caring, collaborative, worked to reduce the power differentials, were flexible with policies, and focused on systemic inequalities rather than individual weaknesses. Providers were seen as 'bad' when they consistently enforced policies, reacted negatively to clients, used power, judgements and limited services. Providers tended to assess clients on how they conformed to behavioural norms. Clients were seen as good when they divulged past traumas and shared their stories, helping to contextualise behaviours that challenged. If they were obedient, calm, compliant, in less of a state of crisis, didn't request many resources and sober they were also seen in a positive light. Demonstrations of violence, intoxication or substance use were not positively observed. Equally, those presenting with a sense of entitlement, making demands or being rude would be deemed as 'bad' by providers.

Oudshoorn et al. couched these findings within the context of formal and informal policies and policy development which framed, limited and restricted these interactions. They highlighted the competing demands of providing and policing resources and the inevitable conflict that resulted, widening the context to broader systems, government strategies and implementations. They cited Poland and Holmes (2009) advocating the move for healthcare professionals from a more moralistic and often stigmatizing role of 'helper' towards one of solidarity with clients; working together to address wider issues that lead to and perpetuate homelessness.

These studies highlight some of the features that have been shown to help or hinder interactions for PEH with services and providers. Features that appear to impinge on the helping relationship, reducing trust or desire to 'engage', include negative previous experiences with services, restrictive and limiting rules and procedures, power interactions and longer periods of instability. This moves the 'problem' from within the PEH and considers the role of organisational and service level factors. Oudshoorn et al. also identify that these service level factors occur within wider political and societal contexts. Compliance was identified in varying forms as a factor at play in the context of help provided. Interestingly, Padgett et al. (2008) suggested that different people employ different strategies to navigate requirements of compliance, leading to greater or lesser involvement.

Whilst eight studies focused more generally on people sharing their own experiences of homelessness, the remaining four studies focused on one specific aspect of this population's experiences. These were subjective perceptions of wellbeing, discrimination, pathways to recovery and attitudes to seeking help.

Padgett, Henwood, Abrams, and Drake (2008) focused on the role of positive social relationships in recovery. They conducted interviews with 41 participants, male and female, who accessed supportive programmes to move out of homelessness and address mental health difficulties and issues of substance abuse. Diagnostic criteria for mental health problems were employed to determine inclusion, whereas substance 'abuse' was not diagnostically defined, and was presumably identified by staff and participants. A

longitudinal design involved interviewing at three time points; zero, six and twelve months. The study saw fair completion rates, with all but one eligible for inclusion agreeing and three participants missing the interviews at six and twelve months.

A thematic analysis produced themes including ‘loner talk’; that many in the study had lost trust in relationships due to previous hurts and losses, including bereavements and rejections. The second theme highlighted the volatility of relationships for this group; family could provide warmth and support, or rejection. The authors emphasized mental health issues, substance use, bereavement and poverty as contributory factors to relational difficulties. Despite the loss of trust, positive relationships were desired but challenges to developing something meaningful were plentiful. Some participants cited staff and services as people to rely on; however, the temporary, transitional nature of these relationships was identified as distressing. Padgett et al. found that stronger social bonds did not totally correspond with positive ‘recovery’ outcomes, explaining that whilst positive life advances could be steady, negative changes could be abrupt.

A relational focus to this study offered information about the differing roles of relationships for PEH and the challenges that can be present. The authors highlighted the issue of previous relational losses and traumas, and set this work in a trauma context, advising that these experiences can understandably lead to a loss of trust in relationships. The study seems to suggest something of the complexity of relationships for PEH: that positive relationships are desired, and can offer warmth and support, but also can be out of reach or lead to rejection. Finally, this study drew attention to the

role of the relationships with professionals for PEH. These appear to be both important and valued but also temporary and transitional, perhaps therefore being unable to fulfil relational needs.

Discrimination was the focus for Zerger et al. (2014). Quantitatively they found that mental health problems, substance use, ethnic diversity, poverty and homelessness were all domains for high levels of perceived discrimination, particularly for those who had been homeless for more than three years. Qualitative methods elicited people's strategies for managing stigma, which left people feeling worthless, including social distancing, where people lost trust in others and isolated themselves. It was found that strategies employed could further entrench people into poverty and homelessness by exacerbating mental health difficulties and limiting access to support. Zerger et al. (2014) recommended that an intersectionality framework be utilised to develop further understandings of the impact such classifications as 'homeless' have to inform identity. Consideration will be given in the current study to experiences of stigmatisation and discrimination. Zerger et al.'s study places this research within a wider framework of identity development and stigma, as well as again highlighting the relational aspects of homelessness, or how experiencing homelessness can impair relationships and contribute to isolation.

The only Australian study in this review was conducted by Thomas, Gray and McGinty (2012) who investigated subjective wellbeing. They proposed that it is hard to maintain positive subjective wellbeing for PEH in the face of poverty, lack of personal safety and

intimate relationships but that connecting to others and staying and appearing normal, in contrast to marginalisation, can support this.

Whilst other studies were excluded for focusing on children or young people, a study by Collins and Barker (2009) was included as it was undertaken in a UK context, London, and also used an IPA analysis, both factors which made it more relevant and similar to the current study. The authors interviewed 16 young people, between the ages of 16 and 21 to examine their views about seeking psychological help. The young people were recruited through an emergency hostel. Whilst credibility checks were mentioned, the mode of analysis appeared quite confused, listing a thematic analysis and then calling it IPA, whilst also using tenets of narrative analysis. With no evidence of the interpretative aspects of IPA this study seems closer to a thematic analysis. Questions used in interviews appear to assume that participants want and need help; it is not explicit that this was asked initially as a question in its own right, limiting some findings with preconceptions. Themes identified for this sample surrounded rejection and abandonment. Previous perceived betrayals from friends, family, and wider society, left participants reluctant to trust or seek help; however, help would still be sought from those they viewed as caring, trustworthy and able to contain their distress. These findings further develop the common theme of difficulties with relationships, loss and related trust issues.

The remaining seven studies included in the review focused, more generally, on lived experiences. In the oldest study in the review Koegel (1992) used anthropology to

rethink widely held assumptions about PEH. Koegel and his team spent over two years observing 50 homeless adults with long term mental health problems and advocate the role of observation in addition to self-report. With examples, Koegel described how behaviours which would be seen as bizarre, were shown to be functional when enough context was identified. His findings add to the evidence that suggests that in the context of previous negative experiences with services, the 'difficult to engage' label should be positioned within services rather than within individuals.

McBride (2012) approached people sleeping in a city park and asked them to be involved, snowballing her sample from those initially recruited. As well as describing the experiences of people without accommodation, the author aimed to uncover any unmet need. She astutely acknowledged the reflexive nature of her research, discussing her use of bracketing and the dynamics of being a stably housed person and conducting research with a homeless population. Rigour was described in relation to triangulation, independent coding and data saturation as well as sensitivity to context. It was unclear exactly what "homeless for more than a year" referred to, whilst participants were recruited from a park, it may be assumed, but was not clarified, that this referred to continuous rough sleeping. Whilst some questions seemed largely neutral, others felt problem focused, failing to balance problems faced with asking about successes. Whilst a naturalistic setting was maintained, the ethics of approaching and interviewing people in a park are somewhat questionable. It is unclear whether this occurred on their first meeting, and if so, people may not have had time to consider their consent. Whilst not providing an incentive to participants in this study could be seen to support informed consent, it could also be seen to devalue the time provided by participants.

McBride found that participants in her study were not wanting for food, but other unmet needs were identified, including shelter, safety, trusting social relationships, transport and employment. Some participants also struggled with health and hygiene. Participants identified barriers to accessing services as separation of males and females, rules and criteria and the extensive criminalization of the homeless population. McBride's conclusions align with others; that practitioners needed to be working at a more holistic level, to address broader support needs, as well as advocating at a policy level to promote wider change.

One of the oldest studies in this review, Lafuente and Lane, (1995), used a framework of Bahr's (1973, cited in Lafuente and Lane, 1995) social disaffiliation theory. The authors explain social disaffiliation as a lack or loss of connection to social networks or structures leading to detachment from society. They drew on the work of Bahr (1973) and Bahr and Caplow (1973, cited in Lafuente and Lane, 1995) which listed types of affiliating bonds in society which are said to be absent among PEH: family, school, work, religion, politics, and recreation. This work asserts that a social network is a major source of power, and therefore a person experiencing homelessness is seen as powerless. Bahr identified three routes into disaffiliation. Firstly, he proposed people can become disaffiliated through external changes; natural changes, such as bereavement, and situational changes, such as redundancy. Secondly, he suggested disaffiliation can occur through what he saw as a 'voluntary' withdrawal, such as through drug addiction. Thirdly, Bahr proposed a lifetime of isolation from social

connections could be seen in the experiences of people with more pronounced disabilities.

Lafuente and Lane recruited ten men from a homeless shelter in New Orleans. Three themes were identified following a phenomenological analysis: rejection, uncertainty and social isolation. Rejection referred to experiences with family and friends prior to losing housing, and to subsequently feeling let down by services, and treated differently by others. Uncertainty contained experiences of helplessness, vulnerability and meaninglessness. Participants spoke about the impediments to rest and the lack of privacy. Finally, social isolation included disconnection from others, feeling alone and dependent on services. The authors saw their findings as consistent with social disaffiliation theory; nonetheless, the results appear to focus on consistencies with, rather than exceptions to, the theory. For example, they state that eight of their participants had no “kind of formal ties like marriage” (p. 217), but fail to discuss the ties of the other two. Bringing in the exceptions in addition to findings that supported the theory may have offered a fuller, more convincing, picture.

Riggs and Cole (2002), whilst focusing on young people’s accounts of homelessness, are included here as a rare, relevant IPA study in this area, which additionally was undertaken in the UK. The authors used IPA, in its infancy, to give voice to the smallest sample of the review, four. The article offers a rich description of participants’ experiences, drawing on Breakwell’s (1986) theory of identity and identity threat, illuminating the loss of identity and personhood through homelessness. Rejection is

positioned as potentially leading to ‘psychological homelessness’, a precursor to physical homelessness. Whilst they name some pertinent psychological implications of homelessness, in particular feeling isolated, alienated and lacking a safe space to belong, leading to withdrawal, there seems to be limited evidence of drawing cross case analysis, as would be expected in a current IPA study.

Hopper, Jost, Hay, Welber, and Haugland (1997) looked at the role of hostels for those experiencing homelessness and mental health difficulties in America. They identified four different roles of hostels: as part of a wider institutional circuit that people move round, as a more temporary transition to housing, as respite for support from family and friends that has been worn out and as part of a more nomadic life. In this study, the prevalence was for movement beyond homeless services to other wider institutions, such as prison and mental health in-patient stays. The different funding arrangements for provision of care in America and the UK create limited transferability to this study.

Boydell, Goering and Morrell (2000) used a symbolic interactionist perspective to interview 29 single adult users of shelters for PEH. Drawing from a wider study, this paper looked at the ways in which their participants presented past, present and future selves. They found that experiences of homelessness impinged on positive identity development and that it was difficult for participants to anchor to the present, either holding on to former identities or imagining positive future identities. They also introduced the concept of an “identity hierarchy” through which they distinguished themselves from those around them (p. 32). This work can be seen to link to Zerger’s

findings about the presence and impact of perceived discrimination and raises further questions about identity, particularly identity development over time and in relation to homelessness.

Bentley (1997) used a grounded theory approach to begin to map issues relevant to undertaking therapeutic work with PEH. She drew participants from a day centre in London that she had worked at, utilising her pre-existing relationships, to interview 12 adults. Whilst her questions used the word 'homeless' and could be seen to make participants feel different (e.g. "What it is like to be homeless in relation to mainstream society") this study was undertaken nearly twenty years ago. Bentley highlighted many important aspects of the impacts of homelessness, including a lack of psychological and physical safety, a loss of personhood and finding safety in withdrawal. Bentley named the relational difficulties experienced by PEH, as have been mentioned, and proposed 'pre-therapeutic work' to build safety and relationships.

Finally, Williams and Stickley (2011) provide the final of only four studies from the UK in this review. They conducted interviews with eight participants, seven men and one woman, recruited from homeless shelters in a city in the Midlands. The participants all reported fairly long-term experiences of homelessness, ranging from nine to twenty years. The authors used a narrative approach, keeping questions open to elicit participants' stories. They were interested in how the experiences of homelessness may have informed identity and mental health. Themes surrounded family breakdown and how loss of family roles and network negatively affected identity, rejection and stigma

with a loss of sense of self and identity. Williams and Stickley explained that whilst identity for most people may focus on family and occupation, for participants in their study, identity was defined by illness, drugs and exclusion, with detrimental effects to mental health, exacerbated by wider stigma. They conclude by suggesting that further research is needed that enables the voices of PEH to be heard.

Whilst rigorous, it should be noted that this review is not without its limitations. Six further studies were identified through reference checks and, whilst every effort has been made to uncover relevant studies, it is possible that some were missed. Themes that emerge from the literature surround experiences of loss and trauma and associated challenges with relationships, trust, rejection and abandonment. This has been considered in relation to ‘help’ or service provision; however limited evidence has emerged from the UK, representing its unique funding arrangements and the role of the welfare state. Research also suggests relevance of broader theories of identity and societal stigmatisation. As can be seen, the evidence base of lived experiences for PEH is limited, particularly in a UK context. Literature in this area highlights the need for further qualitative research to learn from PEH. No studies currently exist focusing specifically on the lived experiences of those PEH who have also experienced multiple moves round projects or services. As our recognition of the complexity of this population grows, as we recognise MEH and complex needs, a lack of qualitative research about the experiences of this population becomes evident.

2.8 Rationale

Whilst the literature on homelessness is extensive, the qualitative research into the lived experience of PEH is sparse. What does exist has been conducted by a range of health care professionals, including anthropologists, nurses, researchers and a small number of psychologists, with much of the research coming from North America. Whilst there is a subset of literature, critiqued here, that focuses on experiences with services, none of the studies identified were conducted in the UK, with its unique funding structure and service provision. Currently a lack of understanding exists regarding the psychological factors that make it challenging for a group of individuals to meet the demands of hostel placements, particularly from the person's perspective. These appear to be the people that Hopper et al. (1997) identify as 'moving around the institutional circuit.' It is vital that these factors are explored and better understood, in order to inform the improved commissioning of services. Understanding is also a route to increased empathy, both for professionals and within the wider population. It is, paradoxically, this particular group of individuals, who are most in need, who frequently fall between or across service remits and end up excluded from services due to their complex and multiple needs such as substance misuse, mental health, offending behaviour, undiagnosed learning disabilities, etc. This group are also, by extension, underrepresented in research, meaning that treatments that are generated for the homeless population are not valid for this subset of people.

This literature review failed to identify any current research which focused on the chronically homeless who experience multiple moves between services. The voices of

members of this population are currently missing and these people still experience multiple systemic failings. It appears that there is a gap in the evidence base, particularly within the unique context of the UK, looking at how individuals who are chronically homeless, and have experienced multiple moves between hostels, make sense of this experience. As a novel study in this area, utilising a qualitative approach, a homogenous sample was required. Reasons for choosing an exclusively male sample are explored in the methodology.

2.9 Aims and research question

The aims of this study are to hear from and privilege the experts by experience, the men who are homeless and have experienced multiple moves, and to learn how they make sense of their situation. Therefore the following question will be explored:

What are the experiences of men who are homeless and have experienced multiple moves?

3. Method

This study was concerned with exploring the meaning men give to their experiences of moving round hostels for people who are homeless. This section will consider how the exploratory nature of the research question informed a qualitative approach and the design, data collection and analysis using Interpretative Phenomenological Analysis (IPA). Personal and epistemological reflexivity will also be discussed.

3.1 A Qualitative Approach

Silverstein, Auerbach, and Levant (2006) identify that qualitative research can serve to generate rich descriptions of individuals' subjective experiences and the meaning given to them, which can be used to inform and improve clinical practice. The epistemology behind qualitative approaches rejects the positivist view of an objective reality. Rather, qualitative approaches aim to develop understanding of subjective accounts of people's unique realities. In the homelessness sector, the need for qualitative research is increasingly being recognised in order to "help tell the story of why, rather than just relying on data" (Albanese, 2015). Use of semi-structured interviews in qualitative approaches can create a space for participants to share their accounts, whilst being viewed as the expert on their experience (Reid, Flowers & Larkin, 2005). This allows for consideration of both similarities and, importantly, complexity and differences. Qualitative methods allow for greater flexibility and sensitivity, which is particularly important when working with participants who are vulnerable (Aldridge, 2014). As highlighted, there is an absence of research which directly asks men who have moved round hostels for PEH about their experiences. Thus, qualitative approaches were deemed highly relevant to the current study.

Furthermore, qualitative approaches also recognise the reflexive and inter-subjective nature of research, allowing consideration to be given to the uniqueness of the researcher, as well as the participants, and broader relational, societal and cultural influences. In line with my epistemological position and the aim that this study would

give voice to a marginalised group who are underrepresented in research, a qualitative approach was chosen.

3.2 Interpretative Phenomenological Analysis

Interpretative phenomenological analysis, (IPA, Smith, 1995) is a research approach which aims to “explore in detail how participants are making sense of their personal and social world,” with a particular focus on “the meanings particular experiences, events, states hold for participants”, and their “lived experience” (p. 53). Larkin, Watts and Clifton (2006) explain that IPA involves the study of a person with the aim of “capturing something of what is *important* to him in this context and with this topic at hand” (p. 111). With a focus beyond simply describing their experience, IPA researchers offer an interpretation of what this means for this person in this context. IPA is informed by concepts from phenomenology, hermeneutics and idiography.

3.2.1 Phenomenology

Phenomenology is a philosophical approach with a focus on how we understand what it is like, experientially, to be human (Smith, Flowers & Larkin, 2009). Willig (2013) explains that IPA highlights the impossibility of gaining direct access to the life worlds of research participants. Any explorations involve the researcher’s own views of the world as well as the quality of the interaction between researcher and participant. Therefore, the phenomenological analysis produced will be the researcher’s interpretation of the participant’s interpretations, descriptions and efforts to make meaning of their experiences.

3.2.2 Hermeneutics

Hermeneutics is the theory of interpretation. Smith and Osborn (2003) explain the process as an attempt to get an ‘insider’s perspective’ with the researcher’s own conceptions both complicating this process and also being essential to sense making. This two-stage interpretation, the researcher making sense of the participant making sense of their experiences, is viewed as a double hermeneutic (Smith & Osborn, 2003).

“Hermeneutic approaches view the knower and the known as fundamentally interrelated... interpretation necessarily involves an essential circularity of understanding” (Larkin et al., 2006, p. 113). Within IPA this circularity is thought of in terms of the hermeneutic circle, which identifies the continual relationship between the part and the whole. An analysis needs to take account of, and move between, the part in relation to the whole and the whole in relation to the part, each further illuminating the meaning ascribed to the other.

3.2.3 Idiography

Idiography involves the study of the specific or the particular, contrasting with nomothetic, which tends to focus more on what is shared and can be seen to generalise. IPA promotes an idiographic mode of inquiry, connecting deeply and in great detail with each person. A thorough, detailed analysis of each transcript allows consideration of each person’s experiences in their own right. This contrasts with a nomothetic approach, which looks more to generalisations, but has been criticised for losing the

individual voice. IPA therefore advocates working with a smaller sample (Smith & Osborn, 2003). The heterogeneous nature of the homeless population, including individuals who are rough sleeping and residing in hostels, has already been noted, as has McCarthy's (2013) recommendations for an intersectional approach to research in this area. IPA provides a mode of analysis which privileges each unique story.

Willig (2001, p.73) asserts that IPA allows "more room for creativity and freedom" than other approaches. Pringle, Drummond, McLafferty and Hendry (2011, p.22) suggest that this will be particularly relevant "if the views of groups that are difficult to reach are being sought". The homeless population are largely considered hard to reach, stigmatised and marginalised, particularly those who are chronically homeless or experience multiple moves (Flanagan & Hancock, 2010).

IPA allows for the exploration of individual experiences, whilst also highlighting any commonalities and differences in how a particular group, in this instance, men who are homeless and have moved round multiple hostels, make sense of their experiences. It takes into account the co-constructive and subjective processes of meaning making and promotes reflective and reflexive practice to work with these, suggesting reflective journals be utilised by the researcher and foresight bracketed as far as possible.

It also felt relevant to this study, and this population, that IPA draws on Heidegger's view of a person as always a 'person-in-context'. Once a first stage analysis reaches a description which has got as 'close' to the participant's view as is possible, the second,

interpretative stage of analysis “positions the initial ‘description’ in relation to a wider social, cultural, and perhaps even theoretical, context” (Larkin et al., 2006, p. 104). Whilst other qualitative methodologies were considered for this study, my desire for the method as a channel to give voice to individuals meant that few were deemed appropriate. Narrative analysis, seen as intellectually connected to IPA, was considered for its focus on individual story telling. On balance, it was decided that IPA considers narrative as one type of meaning making, whilst also looking more broadly, with a focus on experience (Smith et al., 2009). For these reasons, and for lending itself to the research question, IPA was chosen as the method of data analysis for this study.

3.2.4 Limitations of IPA

Whilst appropriate for application in the context of this study, Willig (2013) identified three main limitations to IPA which inform the potential scope of any study using this mode of analysis; role of language, explanation vs. description and not giving enough attention to the construction of meaning. Whilst IPA is seen to be inductive, with open, exploratory questions enabling emergence of information not previously considered, Willig identified its potential limitations in relation to the role of language. She queried the centrality of language for analysis of meaning, and whether participants are able to use language to capture the nuances and complexities of their experience. The suitability of verbal accounts has been queried, particularly with participants who have experienced impairments to their cognitive functioning or verbalising abilities. Certain studies have chosen to exclude participants for substance use, traumatic brain injuries,

or other difficulties. Whilst deemed something to hold in mind, potential cognitive impairment did not seem a legitimate reason to preclude participation in IPA.

IPA, Willig (2013, p. 95) reports, focuses on perceptions: ‘reality’ as people perceive it. She asserts that to understand the experiences of our participants well enough to explain them we may need to look to conditions “far beyond the moment and location of the experience itself. They may be found in past events, histories or the social and material structures within which we live our lives.” The temporal nature of IPA can limit what can be found using this method of analysis. This study, using IPA, can only provide information on how the men were describing and making sense of their experiences at a particular point in time, the time of the interview.

Finally, whilst IPA subscribes to a relativist ontology, grounded in a symbolic interactionist perspective in which meanings are seen to develop through social interactions, bound up with shared symbols and processes, much of the language used, such as emerging themes, is more suggestive of discovery than construction (Willig, 2013, p. 97). Therefore, within this study I will aim to use language that reflects the co-constructed nature of IPA and my epistemology.

3.3 Design

3.3.1 Recruitment

A purposive sampling strategy was used to recruit a group of individuals who shared experiences of moving round hostels for people who are homeless. In line with an idiographic approach, IPA promotes a small sample size, in order to allow depth of analysis. Smith et al. (2009) propose that for student research, a sample size of between three and six participants should strike a balance between collecting meaningful data, identification of similarity and difference and allowing the student to not be overwhelmed.

Two hostels, run by a charity, with a remit for residents who had experienced long-term rough sleeping, or who had complex needs which had not been adequately met elsewhere, were contacted through a supervisor who had previously worked there, and advised about the study. Both hostels agreed for their residents to be approached and invited to join the study. Recruitment from just two hostels allowed positive relationships to be developed with staff; this proved very useful in a context in which structure and relationships were different from those I had experienced in most other settings. Service managers at each hostel identified residents that met inclusion criteria for the study and were deemed to not be at undue or unmanageable risk of distress by participation. A support worker, or volunteer, then introduced me to the men in turn; we explained the purpose and aims of the study, went through the participant information sheet (see Appendix A) and asked if they would want to be involved. It was made clear that participation was completely optional and that choosing not to be

involved would not result in any detrimental treatment or lack of services. For those who agreed to be involved in the study, a convenient date and time was arranged at which I would return to conduct the interview. Participants were advised that they could withdraw up to a month after completion of interview.

3.3.2 Inclusion and exclusion criteria

Whilst it has been claimed that research with PEH has ignored the experiences of women (May, Cloke, & Johnsen, 2007), statistics suggest that the homeless population, or at least those who use shelters and rough sleep, is predominantly male, 83%, (Homeless Link, 2014). Philippot, et al. (2007), described the profile of European, including the United Kingdom, homeless as predominantly men, around 40, mostly unmarried. Neale (1997) observed that the literature on housing and homelessness assumed that men's experiences were normative, ignoring gendered aspects of homelessness, unless considering women. This gives credence to employing an exclusively male population, when using a small sample size for an IPA study. It was hoped that the non-directive style and rigorous analysis would allow for emergence of gendered issues as applicable.

Within IPA a homogenous group is needed (Smith et al., 2009). Therefore, it was required that all participants were single (non-cohabiting) males, between 25 – 65 years of age. Philippot et al. (2007) also identified country of origin as a key demographic variable in the experience of homelessness and so only men who were born in the UK were recruited. As previously mentioned, a distinction exists within the research

between transitory, episodic and chronic homeless. This study focused on those who were either chronically (for a long time) or episodically (repeatedly) homeless. It was anticipated that participants would also have been multiply evicted from hostels; however, it became apparent that, as will be discussed subsequently within the discussion chapter, this criteria was difficult to determine. Therefore, for this study all those recruited had been living in hostels or rough sleeping for at least two years and had moved through at least three different hostels, often with many more moves identified. None of those who offered to be involved were turned down.

Figures show that the prevalence of substance use within the homeless population is fairly high. St Mungos, (2013) reported that 64% of clients had issues with substance use (drugs and/or alcohol). Homelessness Link's health audit (2014b) self reports, which may under-represent severity, showed 39% had or were recovering from drug problems, with 36% reporting having taken drugs in the past month (compared to 5% in the general population) and 27% had or were recovering from an alcohol problem, with many more drinking heavily. It appeared that to adequately reflect this population, use of a substance could not form an exclusion criterion. Instead support workers were asked to advise regarding level of substance use and capacity of each individual to meet with me and undertake an interview on the day.

3.3.3 Challenges to recruitment

Much has been written about the under-representation of the homeless population, one of a number of groups identified as 'hard to reach' in research. Patel, Doku and

Tennakoon, (2003) assert that the challenges involved in recruitment with this population do not justify exclusions from research. They suggest that additional attention be given “with the initial emphasis being on building trust and aligning the research goals with those of the minority community” (p. 232). Hough, Tarke, Renker, Shields, and Glatstein (1996) advised that recruitment and retention of this population may require more work, persistence, and flexibility than other research may require. For these reasons I was prepared that the issues the men I was trying to meet with may be facing, including having no permanent base, relationship difficulties, substance use, mental health issues and previous negative experiences with services, may have made involvement in this study less appealing or manageable for them. I allowed myself longer to meet with the men in the hostel and just to spend time in the hostels, allowing people to become more familiar with me, whilst also becoming more comfortable myself. I learnt that for some of the men a designated appointment slot did not work. Weekends were often more convenient for people as the hostel was quieter and there were less other appointments. I therefore began spending longer stretches of time (e.g. a whole afternoon or weekend days), at the hostel, undertaking interviews at times that suited participants. Medical, legal and other appointments as well as one arrest delayed interviews and I learnt to be patient.

3.3.4 Sample

Ten men were identified as meeting criteria for inclusion across the two hostels. Two men declined involvement straight away and two men initially agreed, but subsequently changed their minds. Recognition and appreciation of people offering their

involvement meant that no one was turned away. The sample, therefore, consisted of six men, reflecting the upper end of the recommended 3-6 bracket. This was deemed appropriate due to the data, at times, being less rich than may be the case with other populations. Table 1 provides more information regarding the men, the nature and timescales of their homeless and hostel experiences and moves. All men were between 30 and fifty years of age. Some details have been omitted from the table to avoid identification of individuals and pseudonyms have been used throughout.

Table 1: *Participant homelessness information*

Participant pseudonym	Anthony	Bradley	Charles	Doug	Eric	Frances
How long homeless?	Approx 10 years	Approx 10 years	Approx 5 years	ND	20 years +	2 - 3 years
Reason given for initial homelessness	Family difficulties and heavy alcohol use	Drugs; Moved area	Fed up of the status quo	Marriage break up; MH issues FD	Drug use; Chose rough sleeping	Evicted from home
No of hostels*	3	5	3	ND	4	3
Reason given for moves	MH issues; GSN	Prison; Rent arrears	GSN	ND	Drug use; prison	GSN; One shut by council
Prison?	ND	Yes	Yes	ND	Yes	ND
Evicted from hostels?	Yes	ND	Yes	Yes	ND	Yes
Reasons given for eviction	GSN; suicide attempts	ND	Fighting; prison	ND	ND	Fighting
Rough sleep?	Yes	Yes – 2 days	Yes	ND	Yes - extensive	ND

* Number of different hostels participant identified that they had resided at, including supported housing. Multiple stays at the same hostel not counted

MH = Mental health. GSN = Greater support needs. FD = Financial difficulties.

ND = Not disclosed.

3.4 Ethical Considerations

Ethical approval was sought from the University of Hertfordshire Research Ethics Committee Board. The ethics approval certificate can be found in Appendix B. The core ethical considerations for the study are outlined below. Within this study particular ethical issues were encountered, a fuller exploration of these can be found in Appendix I.

3.4.1 Informed consent

All potential participants were given information about the study prior to inclusion (see Appendix A for participant information sheet). This covered aims of the study, practicalities of what would be involved for those who participated, possible disadvantages, risks or benefits of taking part, confidentiality, contact details and details of agencies for further support. When a person agreed to be interviewed, a subsequent time and date were arranged to conduct the interview, to allow for reconsideration. At the time that we met again, the participant information sheet was revisited and participants were asked to sign a consent form (see Appendix C) to confirm their understanding of, and agreement to, the requirements of the study. Individuals were advised that they could withdraw from the study at any time, with no negative consequences, and that they could withdraw their interview from analysis up to a month after it took place.

3.4.2 Confidentiality

Confidentiality and its limitations was clearly outlined in the participant information sheets and participants were read the information, as well as receiving a paper copy and the option to ask any further questions. All information gathered was held securely, consistent with the Data Protection Act. Consent to audiotape interviews was obtained and participants were informed that transcripts would be anonymised and recordings would later be destroyed. Participants were notified that quotes from their interview would inform, and may be present in an anonymised form in, a doctoral thesis and subsequent journal article.

3.4.3 Potential distress

It was acknowledged that whilst efforts would be made to minimise distress experienced, the interview may touch on sensitive information and participants could become distressed. In order to ensure that language used was sensitive and not unduly distressing, the interview schedule (Appendix D) was peer reviewed in a service user consultation, and revised accordingly (this will be further discussed in regard to interview design). The researcher explored the possibility of potential distress, prior to commencing the interview, with both the participant and a relevant staff member. Further details of organisations available for support were made available to participants in the participant debrief sheet (Appendix E) after the interview was completed. None of the men interviewed expressed interest in the contact details. Anthony was the only participant who expressed some level of distress at having spoken about difficult experiences. He advised that he would go to drink to numb the discomfort. He

explained that this was standard for him, but that each encounter in which he shared his experiences involved, for him, offloading, and each time it got easier. Whilst he would continue to use alcohol as a way to manage at this time, he also saw talking about difficulties as a way of reducing their load.

3.5 Data Collection

The following section will explain the process of data collection undertaken within this study.

3.5.1 Interview design

The aim of interviewing within IPA is to try to enter the participant's world. Smith and Osborn (2003, p.57) note that, as experts, participants should "be allowed maximum opportunity to tell their own story." Semi-structured interviews, therefore, allow participants to somewhat direct the interview and introduce topics that had not been preconceived by the interviewer. An interview schedule (Appendix D) was developed in line with the research question, informed by relevant literature and supported by a supervisor with rich experience of working with this group of men. A service user consultation provided feedback on structuring of the schedule and use of language. Specifically, members identified the word 'eviction' as overly harsh, suggested this may be upsetting for participants and recommended it be removed. We agreed that "asked to leave" was more considerate phrasing and was used instead.

3.5.2 Interviews

The interviews began with open questions, asking participants about themselves. The schedule then covered questions about their experiences in relation to homelessness and hostels, considering the past, the present, the future and themes around relationships and identity. I was mindful of language used, specifically not using ‘homeless’ as an assumed adjective, instead asking for ‘housing history’ or reasons why someone moved from a hostel. Smith et al. (2009) recommend that the schedule be used as a flexible guide, shaping but not dictating the interviews. All participants requested to be interviewed at the hostel, and meeting rooms were used. Each interview lasted between 40 and 70 minutes. All interviews were digitally recorded and later transcribed. Following the interview, participants were debriefed and given a £10 voucher as a token of appreciation. Personal reflections were kept by the researcher, in order to support future analysis.

3.6 Data Analysis

Interviews were transcribed and then analysed using IPA and following strategies as identified by Smith et al. (2009) which will be detailed below. Transcription of two interviews was undertaken by the researcher in order to immerse myself in the data. Due to time restrictions the remaining four interviews were transcribed by a professional service, extensively used and recommended by previous colleagues. A confidentiality agreement contract was completed.

3.6.1 Individual and cross participant analysis

In line with the idiographic nature of IPA, the following stages were undertaken with each interview individually. Attempts were made to bracket themes or issues highlighted in previous transcripts.

1. Initially, interview recordings were listened to and transcripts read and reread in an attempt to immerse myself in to the participant's world. A reflective diary was used at this stage to further bracket off, but still record, my initial thoughts, feelings and reflections. This stage involved developing an impression of the overall interview, to subsequently inform the hermeneutic circle, relating the whole to each word, phrase, line and section.

2. Once familiar with the material, initial notes were produced, using the descriptive, linguistic and conceptual frameworks described by Smith et al. (2009). Smith and Osborn (2003, p.51) explain that "a detailed IPA analysis can involve asking critical questions of the text....What is the person trying to achieve here? Is something leaking out here that wasn't intended? Do I have a sense of something going on here that maybe the participants themselves are less aware of?" Therefore curiosity was employed, whilst thorough and detailed notes were made on the transcript.

3. After the whole transcript had been analysed, and notes had reached the point of saturation, emergent themes were identified and labelled. Smith, Flowers and Larkin (2009, p.92) explain the process of generating themes. "Themes are usually expressed

as phrases which speak to the psychological essence of the piece and contain enough particularity to be grounded and enough abstraction to be conceptual.” Consideration was given to keeping themes ‘experience close’, returning to the text to ensure themes preserved the original meaning. A balance between grounding in the data and a level of interpretation and conceptualisation was sought, endeavouring to capture ‘essence’.

4. Connections were then sought across emergent themes and super-ordinate themes developed. I found that participants’ own words or phrases often best encapsulated the sub-themes, particularly when using metaphor. A summary table of themes and quotes was developed to provide an audit trail of how themes were reached. (See Appendix F for an example of a transcript with analysis and an audit trail of themes for interview with Erik).

5. This procedure was repeated for each individual interview.

6. Finally, each analysis was considered in relation to the whole set, and a set of themes that brought together, and best reflected, all the interviews was developed. Again, this was checked in relation to, and supported by, verbatim transcript extracts which were summarised in a table. These themes provide a framework through which to understand the experiences of men who have moved round hostels for people who are homeless. They are reported in a narrative account which forms the basis for the results section.

3.7 Quality in Qualitative Research

A number of guidelines for evaluating the quality and validity of qualitative research have been developed. Yardley's (2000; 2008) criteria have increasingly been applied with IPA, (Smith et al., 2009), and these have been used to consider the quality of this study. Yardley highlights four main areas by which qualitative studies should be measured: Sensitivity to context, Commitment and rigour, Transparency and coherence and Impact and importance. These are evidenced in table below.

Table 2 - Evidence of study against Yardley (2000) quality criteria.

Quality criteria	How evidenced and achieved
Sensitivity to context	
Consideration of relevant theoretical and empirical literature	An extensive literature review was undertaken and used to identify gaps in the evidence base. This informed the research question and the study. The existing evidence was considered in relation to the findings of this study. IPA encourages bracketing and being open to, and even actively searching for, the unexpected. Use of verbatim extracts to underpin themes ensured that analytic claims were grounded in the participant's accounts.
In-depth engagement with the topic/ Sensitivity to perspective and socio-cultural context of participants	Prior to undertaking this study I was acutely aware that I was hoping to enter a world of which I had very little personal experience. In order to address this I attempted to learn about the world through shadowing outreach workers who's aim was to accommodate rough sleepers. I spoke to drug support workers, hostel staff and others who worked with this population, learning about their views and experiences. I spent time at the hostels and became more familiar with the

	<p>language and the issues that residents were experiencing day to day. These experiences, I feel, allowed me greater insight, greater empathy and greater sensitivity when I met with participants.</p> <p>They didn't, however, revoke my differences from those I was meeting with and it felt important that our differences, and my privilege, particularly in relation to gender, ethnicity, being stably housed and level of education, were named and discussed with interviewees where appropriate. This, combined with use of a reflective diary and supervision, enabled me to be sensitive to spoken and unspoken relational issues in regard to power and privilege.</p> <p>IPA is idiographic in nature, promoting the importance of hearing the individual voices. This in itself allowed sensitivity to and valuing of difference. Use of verbatim quotes enabled individual voices and experiences to be heard.</p> <p>As someone with 10 years of therapeutic experience, I was aware of the 'interactional nature of data collection' (Smith et al., 2009, p. 180). Grounded in my therapeutic skills, whilst recognising that this was research rather than therapy, but armed with the belief that positive encounters can of themselves be therapeutic, I entered these encounters with an expectation that I would be meeting with men who may have experienced difficulties in relationships, traumatic early lives, negative interactions with professionals and a lack of a stable home. With this in mind I drew on my training in person-centred therapy and employed the core conditions of high levels of empathy, unconditional positive regard and</p>
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	congruence when I conducted my interviews. I also took very good care of myself in order to remain grounded and non-critical and appreciative of what people were doing for me.
Commitment and rigour	
Thorough data collection;	Efforts were made to ensure that the participant was comfortable during interview, through frequent visits to the hostel, developing a rapport with staff and participants and undertaking the interview at a convenient time for them. Purposive sampling allowed for a sample who were homogenous in criteria identified in the literature.
Depth/breadth of analysis.	Depth and breadth of analysis was broadened through discussions with peers and supervisor and undertaking group, practical analytic sessions.
Methodological competence.	Methodological competence was developed through reading the relevant literature, attending teaching and a further specialist IPA lecture. Knowledge and understanding of IPA was also shared and expanded with peer support groups.
Transparency and coherence	
Transparent methods and data presentation;	Detailed descriptions of the procedure are provided to assist transparency. An anonymised transcript with analysis is included in the appendix, with the associated audit trail. Tables are used to link quotes with themes and quotes are used extensively in the write up of results. This allows readers to understand the process of interpretation, and themes were sourced from text.
Coherence and fit between theory and method: reflexivity.	The literature review demonstrated a rationale for this study. Use of IPA was justified in line with the research question and the absence of previous research. Results spoke to the

	<p>experiences of participants whilst retaining a cautious recognition of the interpretative nature of IPA.</p> <p>Both personal and epistemological reflexivity was employed and described, providing additional reasoning for use of IPA.</p>
Impact and importance	<p>Rationale and need for this study was identified in the literature review. Consideration will be given to how these findings fit in to, and broaden, the existing evidence base. Recommendations for clinical relevance will also be provided.</p>

Validity and quality were also established via peer support and supervision. A whole transcript was independently analysed by my research supervisor and themes identified were deemed to be in line with my own analysis which was seen as reflective of the data. A peer support group was established with peers who were also using IPA. The members of this group simultaneously analysed a section of an early transcript, and again these analyses mapped on to my own. Themes were also discussed and developed in discussion with peers and supervisors throughout the process, demonstrating triangulation and soundness of analysis. To increase transparency, a sample of a transcript including analysis is provided in the Appendix (Appendix F) with my audit trail, demonstrating the process undertaken and allowing for an independent audit.

3.8 Reflexivity and Epistemological Position

At the start of the introduction I discussed my professional and personal interest in this study and my positioning in relation to personal epistemology: I identify with moderate constructivist and social constructionist approaches, not dismissing a ‘real world’ but

believing that we negotiate and understand it through discourse. Or as Willig (2013, p. 19) explains “seek to make connections between the discursive construction of a particular localized reality and the wider sociocultural context within which this takes place”. This is in line with IPA, which privileges discourse whilst also providing scope for interpretation of this discourse as located within, or shaped by wider systems. My epistemological position, therefore, co-constructs meaning based on these beliefs of the world. Whilst I have attempted to bracket off my assumptions, used a reflective diary, and stayed ‘experience close’ to the participants’ experiences by using direct quotes, I have made sense of the data through my particular life lenses. The existing literature base has assisted in guiding this sense-making and yet, I fundamentally disagree with ‘knowledges’ that ultimately locate problems within individuals and therefore, would never have seen data in a way that supported this view. From this epistemological stance and with awareness of my own position, it is acknowledged that the current interpretation of the data is just one possible interpretation and therefore, the aim is not to generalise the findings, but rather to add to understandings and possibilities for meaning-making in relation to male PEHMM.

4. Results

In response to the research question, *What are the experiences of men who have had multiple moves within projects for people who are homeless?* A detailed Interpretative Phenomenological Analysis of 6 participants’ accounts was undertaken. Four master

themes appeared to best encapsulate the information provided. These master themes and associated subordinate themes are outlined in Table 3 below.

Table 3; Master Themes

Master Themes	Subordinate Themes
<p>MOVING FORWARD Vs. NO WAY FORWARD</p>	<p>Working up to moving on</p>
	<p>Drink and drugs can take their toll</p>
<p>BEING HERE HAS REALLY HELPED BUT IT'S ONLY TEMPORARY</p>	<p>Help can be conditional but it's still help</p>
	<p>Forever is an illusion</p>
<p>BEING TREATED AS DIFFERENT</p>	<p>Being seen as an addict, you're treated differently</p>
	<p>Comparing self to those around me</p>
<p>DESPERATELY LONGING FOR YET DEEPLY FEARING RELATIONSHIPS</p>	<p>Craving connection</p>
	<p>Getting close, I risk being hurt, again</p>

These themes provide one possible account of what it is like to experience multiple moves within and between projects for people experiencing homelessness. They do not cover every aspect of the participants' experiences; rather they were chosen for prominence and salience, in addition to relevance to the research question. In order to improve readability, some word repetition, expressions such as "um" and brief comments from the researcher which do not add context, such as 'mmm', have largely been removed. Three dots... indicate that a quote has been edited to remove superfluous

information. All identifying information has been altered or removed. Whilst these themes highlight commonalities between participants' experiences, they are also used to reflect divergence. The following chapter will use verbatim excerpts to illuminate the main components of each theme. Page numbers and line numbers will follow each quotation in parentheses.

4.1 Moving forward vs no way forward

This master theme aims to capture participants' mixed feelings about moving forward. On one hand, participants could express hope and positivity about the future, but on the other, could convey a sense of stuckness. Alcohol and drug use seemed to feed into both of these; the toll that it had taken on the participants and those around them seemed to add to a hopeless sense of future; however, engaging in moderation or alternatives to substance use could be seen as one way of moving forward. Subordinate themes were constructed as *Working up to moving on* and *Drink and drugs can take their toll*.

4.1.1 Working up to moving on

This theme attempts to illustrate some of the complexity of moving on for these participants. Five of the men spoke about the future and hopes for the future. However, these were often tenuous and discussed in broad, vague terms. An intended forward direction was largely identified, but specific, tenable plans were nominal.

I want to get out of here, I think my objective or motive is to get out of here now and that's what I'm gonna do my best to do that. (Francis, 62/1953)

Hope for change was a general theme expressed by the men in this study, for example Bradley spoke about wanting different things from those he saw around him:

I'm trying to change, change myself man I'm not happy just doing what they're doing, you can't be doing what they're doing for the rest of their life, huh? (16/493)

Many of the men spoke of looking forward, Erik spoke about moving on from the past.

I'm not thinking what happened yesterday that's gone by can't change about what happened yesterday, I'm thinking about tomorrow yeah what I can do tomorrow what I can do the Monday Tuesday Wednesday, yeah? All about those things. (41, 1333)

Whilst most of the men spoke of wanting change, there were rarely specific plans identified of how this could be achieved, or sometimes even what this change could look like.

...you know, get myself some work and stuff like that (Charles 34/1092)

Some of the men identified factors they felt would help them move forward and which stimulated hope.

I believe in God, yeah, believe in God. I'm a Christian, that gives me hope.
(Charles, 28/902)

Whilst Francis explained how he can experience setbacks.

I was just building some stuff up and I thought to myself yeah ok, but then I just thought oh sod it, it's Christmas yeah it was an excuse in there. There's always an excuse. (27/885)

Some of the men identified a desire to help other people in the future. Whilst some of these plans were very general, Erik identified some specific plans:

I do want to give something back... the staff... they say Erik you know dealing with alcoholics, people with drink and drug problems and that – you'd be great at it. So I'm actually, not at the moment I'm still like on my methadone, and maybe 6 months from now. I'm starting volunteering work as well so maybe at the end of it I could get a job. (Erik, 21-22/ 683)

The only man who didn't express hope for the future was Doug. Doug spoke about how his wife's affair, the breakdown of their marriage and her stopping his contact with his children led him to give up.

And I gave up, I said this is fucking shit, if that's the way it's going I can sit round, I'm not gonna get up for work no more, I'll start taking drugs and

I'm gonna start drinking, and that's where I am. I gave up on life. I gave up on everything. (10/270)

Charles explained how over time, his problems seemed to increase, waning hope and making progression feel less possible.

When you overdo it you know you lose your course. You know you, you lose something; you lose something over the years as it goes on because like it builds up (23/733)

Bradley explained that doctors tried to medicate him, but he knew that medication wouldn't make his problems go away; rather, he identified the need to address and sort out problems that were present in his life.

They try putting me on an anti-depressants yeah, and I was say, I refused them yeah. Why do I want a tablet to cover up me being depressed yeah when the life I'm leading is going to be a depressing life, yeah. So why, why cover up that depressing life when really I should be sorting that, that part of my life out. (23/729)

In this excerpt, it can be seen that even when very low, Bradley was able to hold on to hopes; hopes that things could be *sorted out*. He expresses a view that professionals were trying to get him to cover issues over, rather than addressing them. This may suggest a lack of hope of a better future for this group of men, in the wider system.

This comment from Doug conveys something of the hopelessness that some of the men communicated.

You get me, and the more you take away from people is the more you make people feel worn down. ...There's nothing to fight for anymore. (18/558)

Working up to moving on described how participants expressed hopes, desires and often intentions to move forward but that steps often felt unclear or unplanned. Some expressions of hopelessness were identified and it was clear that moving forward was not an easy or straightforward process. This suggests that men who have experienced multiple moves round services have a complex relationship with hope and unclear or unstructured plans for the future.

4.1.2 Drink and drugs can take their toll

This subordinate theme explains how substance use related to the participants' sense of hope and progress. Substance use is seen here as very present in the lives of the men and those around them. It can be viewed as both a way of managing, and as something that blocks moving forward.

Whilst Doug spoke more generally about *people*, rather than specific references to self, having problems with alcohol and drugs, all other participants spoke of personal difficulties with substance use. Francis explained how prevalent substance use problems were in hostels.

You've got to be really lucky to avoid it in here. I think the real mistake they make is they mess people up with drink; I mean there's drinkers who come in here who end up drinkers and drug takers (35/1127)

For some of the men they identified periods of their life in which substance use dominated. Bradley spoke about his experiences selling drugs, how he would work from 9 – 5. He spoke about the impact on his health of drug use as well as repeated issues with the police and time in prison.

...just took over my life ... it was just a really low patch in my life man, you know it just took something over. (17/554)

Erik explained that whilst he was using, sourcing drugs, and money for drugs, were his exclusive focus, leaving no space to think about the future.

I didn't really care about the hostel to tell you the truth cos the only thing that meant anything to me at the time was taking drugs, so you know it's only when I stopped taking drugs that I, I don't want to be here you know I want to get a room and go home and watch TV and all that. But um yeah basically like I mean when you're taking drugs on every, every day like I mean I was

taking like three or four hundred pound worth of drugs a day so I was doing shop lifting from morning 'til night and it was like 'if the shop's open I'm going in it to steal something'. (Erik 4/104)

This quote demonstrates how for many of the men, substance use has overshadowed everything, meaning that there has been no space to think of anything else, including hopes and plans for a future.

Many of the men spoke of health implications of substance use, either for themselves or those around them. Anthony described his health deteriorating.

I ain't getting any younger and I'm ending up with more injuries. Physically, to my body. I'm losing parts of me body. Even lost parts but. And. I dunno, I just, I look at my son and I think "my God", and when I have a shower and all that, I look at the scars on my body and all that, all what frigging alcohol done to me. (28/891)

Many of the participants spoke of the prevalence of trauma and loss through substance use. The multiple losses in their stories could be seen to leave hope as a fragile thing. Anthony spoke of the traumatic death of his sister at a young age, whilst taking drugs that he had introduced her to, and the lifelong guilt and self blame that he feels, whilst Erik spoke of leaving and losing his girlfriend, because she continued to use drugs and he was trying to get clean.

I had a lovely girlfriend, well she was taking drugs also and you know she ended up, well I left her and she ended up dying. (Erik 9/275)

Hostel life had also exposed the participants to the death of other residents. Many spoke about death, and traumatic experiences in quite matter of fact terms, reflecting how familiar these experiences have become and suggesting that participants were disconnected in some ways from emotional responses to death and loss.

...when you put that much pressure on your body it's gonna um react isn't it, to that. And beyond you're gonna get jaundice, you're gonna have a heart attack or you're just gonna collapse because your body can't take it. And as I said I've seen that jaundice thing before in the other hostel ... and since I've been here about two or three people have passed away ... they've died in their room. (Charles, 17/540)

Participants' accounts seemed to be full of traumatic losses. These appeared to relate to the challenges identified in moving forward, either keeping the men looking backwards to the past, or doubting the possibilities of a positive future.

I haven't got enough hours to tell you how many people I lived with that have died through drugs. (Erik, 10/320)

Some of the men spoke about the reasons for their substance use, and how drugs or alcohol could help them manage traumas and losses from the past, as well as contextual challenges of homelessness.

If I was on the street I will tell you and I will guarantee you right now I would be taking drugs and drinking at every moment I possibly can... because drink and drugs will knock you out and you'll go to sleep... and you don't think about family, kids and all that. So the drugs take over your mind and everything (Erik, 20/632)

Many of the men spoke of the numbing effects of substance use, whilst also clearly acknowledging the risks to their own lives.

That's why I drink, to block it out. To stop me going through that sort of pain, day in, day out man. I can't do that man. I can't see my son, 'cos of me drinking, just one thing on top of another and you get, basically what you do is just fricking drink yourself to death. (Anthony, 33/1069)

Charles spoke about using drugs to relax, and how they can help him forget his troubles. He explained that other people save up and go on holiday to relax, but when you're out of work and you have no money, a holiday is not available to you. Here Charles speaks about how poverty can keep you trapped; drug use is accessible, where other, more culturally acceptable, options of forgetting problems are not.

...relax and enjoy yourself and then when you're relaxed enjoying yourself you forget about certain things. You forget about it, right, gone, hmm, like it didn't even happen. ...there's other important things to do like going on holiday for instance, you know saving up the money and going on holiday ... if you go on holiday somewhere nice then you know you can get that stuff free you don't have to pay for it. (22/722)

Many of the men spoke about successes in getting control over drugs, regaining a sense of self and also making sacrifices.

Being here has helped me change the way I used to act. And yeah get more of yourself back and I don't, and the drugs don't control me no more, yeah yeah. I control, control the drugs. Yeah I can take it or leave it. (Bradley, 34/1095)

Use of substances was related to use of services and moves around services. In this quote Erik explained that to access help, and remain in one hostel, it was required that he stop using substances. He identified that up until this point, he had chosen drug use over regular accommodation.

I didn't really want to give up drugs but if I didn't give up drugs one, I'm going to die and two, I'm not going to get, people's not gonna wanna help, because I'm not helping myself. So you know it's you've got to give things

back you know what I mean and you have to sacrifice some things to get where you want. (Erik, 40/1303)

Whilst many of the men expressed an interest in reducing substance use, Charles described how difficult it can be to stop using substances.

...drink and drugs has other effects on you as well, it makes you forget a lot of things that are happening currently you know in real time. And then it gives you mood swings as well. And then it makes time go faster and then you get into a situation where because you are in that kind of spiral then you want it to go faster you see because you've gotten into that kind of um spire or sphere or um of er real time activities over a period of time that it's like a wall that's going round and round and round you're so used to it that you're just going with it without realising all the drugs and that do you know what I mean? ...

R: It's hard when it's going. To come off that?

Yeah. It's hard when it's going to take it off and kind of like what you know or to even remember that you've stepped on it, like one of those when you go to the fun-fair on those spinning wheels and stuff like that. Hard to try and get off and when, when you get off it's, you're spinning. (32/1040)

This quote epitomises how substance use seemed to lessen a sense of control for participants. Charles talked about substance use speeding up time; futures rushing past without recognition. He also named the habituation of *just going with it*. Charles explained that even once substances are discontinued, the world still spins. This shows

how substance use could fuel multiple moves, and keep people stuck, through a sense of disconnection from ‘normal’ life, and an inability to plan or connect with thoughts of the future. This quote also highlights the vulnerability of a person once they manage to stop or reduce substance use, suggesting that this point may not end difficulties.

In *Drink and drugs can take their toll* multiple losses and traumas associated with substance use were identified, which appeared to impair participants’ notions of hope. These difficulties also related to frequent moves, as substance use was identified as keeping participants in the present, without planning for the future, or securing greater stability.

The two subordinate themes came together in the master theme of *Moving forward vs no way forward* to encapsulate the mixed feelings for men who have moved multiple times round the homeless system; expressing desire to move forward but appearing to lack the resources or appropriate support to do so. The findings suggested limitations for the men existed in perceiving, and working towards, a different future.

Doug’s interview appeared to communicate hopelessness and despair. My worldview informed my perception of this as hopelessness. My values include a belief that people are doing the best they can with the resources they have available. This belief forms part of the lens through which I viewed and interpreted my interactions with the participants. It informed my perception, emphasising hope or hopelessness where others may have seen the participants in ways that I would view as more critical. It was important to me that the audience of this research were invited also to view the participants from a non-blaming stance. What I interpreted as hopelessness felt

incredibly uncomfortable for me to sit with and there felt very little space for Doug to consider future options. Being with other participants felt easier, or lighter, even when they were communicating difficult experiences. Hope may have been one factor that made interviews easier or harder and opened or closed further avenues of discussion and questions.

4.2 Being here has really helped but it's only temporary

This master theme aims to capture the men's experiences of help. Whilst all of the men spoke positively about support from particular staff, many commented on the conditional nature of the help they received. Reports covered participants' experiences of a lack of help, and how this affected them. This also included some of the challenges around frequent moves and no sense of permanence. This was conceptualised as the subordinate themes of *Help can be conditional but it's still help* and *Forever is an illusion*.

4.2.1 Help can be conditional but it's still help

This subordinate theme acknowledges the positive experiences that many of the men reported, particularly more recently. It also speaks of their notions of conditionality of care, and how they have negotiated this, or how this has contributed to frequency of moves.

Many of the participants mentioned lacking help or support in the past and how this had contributed to the long-term nature of their difficulties.

You know it's like, when you sleep on the streets yeah like my little sister's never ever taken drink or took drugs, she knows this now 'cos I've sat down and talked to her about how I've gone on over the years and that. She was knocked back. "I don't blame you for taking drugs 'cos if I was how you're at I would have also ended up taking drugs or drink". You know so, that's someone who's never smoked a fag in her life.

R: What do you think she means by that?

She means that why is nobody helping you. (Erik, 15/577)

For some of the men their current hostel provided the very basics, and they were grateful for that.

...positivity of the place was that the fact that it was there, it was just there it was a charity and you know, it's a place to help, to help yourself, help yourself to help, help you to help yourself you know to kind of not desolate and on the street, just be able to kind of pick yourself up and ...get back into the mainstream, into the world. That was the main positive side of it. (Charles, 12/361)

Some of the men spoke about their experiences in previous hostels and how the provision of 'just the basics' meant that these were merely seen as a place to stay. These

hostels were places through which the participants passed, without recognition of progress, and were contrasted with projects that offered more; demonstrating care and support and seen as helping.

So they helped me. They were staff members. They were really supportive and then the other ones in other hostels really I just haven't been, it's just been somewhere literally for me to go and sleep at night. And somewhere to do drugs, I didn't try to better myself, engaging or anything nothing really, you know, I wasn't using the place to its full extent (Bradley, 20/644)

Particular members of staff had gone above and beyond, demonstrating a level of care that the participants had not always experienced with professionals.

Most of them yeah they really, do actually give a shit, like my keyworker it was his day off and he was home with his kids, he's phoning from his home on my birthday to wish me happy birthday and to see what I was doing. (Bradley, 33/1069)

The social benefits of communal living were mentioned by some of the men. There was a suggestion that there were negative aspects to moving on that weren't often overtly acknowledged. Doug explained the horror of loneliness.

...the worst thing is loneliness, well who needs a 'isn't it a lovely flat' and you're sitting down all on your own. It's not a good feeling, yeah, and that's the reason why some people would rather be here, because in this hostel

there is such a community, and it feels like, you know what I mean, there's someone around you and staff But, to put someone else, out in the real wide world, to say, 'oh there's your keys' and, it's like oh hell (5/122)

This quote suggests that the men could experience a fear in regard to moving on, and what it may involve. They communicated a lack of confidence about taking next steps. For Francis, he explained the difficulties he experienced prior to coming in to the hostel, and the benefits of being in the hostel system; being here had stopped his isolation.

...before I came here I was, I wouldn't see no one, I had the council trying to ring me ...no one was getting in the house, I wasn't letting nobody in. So I wasn't seeing anybody so for a long time that was going on. So since I've been in here yeah I've been more, I've been mingling so to speak. ... I was really isolated but that was partly my own choosing. By the time I realised what was going on or didn't want to do that anymore, it was too late it had gone too far. I couldn't turn back...But yeah, I've changed a bit, yeah this is how I used to be. You know I just lost it and now, because of being in these places I'm chatting to people ... it's helped me a lot. (Francis, 48/1528)

However, some of the men talked about what they saw as the conditions attached to receiving help and how these linked to the multiple moves they experienced. In this quote Anthony explains how, he felt, expectations of him led to exclusion, despite mental health difficulties.

...staff in here, they listen to you. And if you don't work with them you get exclu.. that's the part I don't agree with, when you get excluded you're that depressed yeah, and they're excluding you, and you're feeling suicidal and all that lot. That's the part I don't agree with. (Anthony, 18/571)

Erik felt that conditional support prolonged his time on the streets.

I was on the street and then someone would come along and it was 'well I'll see what I can do' and you know er we'll do this, we'll do that. And he's like well if you don't turn up you know I'm not going to help you. (Erik, 15/469)

However, most participants spoke about learning to comply. Bradley explained that *going with the system* had led to his longest *ever* stay.

At first, you know I was a nightmare ... I was just seeing how far I could push it... I found out quite quickly that everyone gets treated differently. I just ended up going, with them, the system and that the staff and they keep wanting to help and things like that. Yeah so I worked with them. It's the longest I've ever been in one hostel. (Bradley, 31/1014)

Charles appeared to express mixed feelings about the requirements of services to comply.

Services you know they try to help, I've not really had a really bad bad experience with services. They tried to help and they're there, so if they try and they're there then you have to kind of get on that kind of bandwagon and you know be more with it you know. Get on get on the bloody bus or do whatever and move along... Diversify or blend in. (Charles, 31/1005)

Erik was the most explicit about his perception that he got more help because he did what was expected of him.

'Cos they see that I am engaging and everything I'm getting so much more help. I don't know if I would, I mean this is silly and I don't like putting the hostels down and that, but I don't think me personally if I didn't engage with what I was doing, I don't think they would help me. (7/218).

Anthony described why it was so hard to access help. He explained that the conditions expected of him felt unmanageable, particularly in relation to his past traumas and the associated pain. For him 'engaging' in the way expected did not feel achievable.

R: Why do you think you didn't take the help at that time?

Cos I'm hurting, I still am. (14/422)

This theme has suggested that men who have had multiple moves experience the conditional nature of help as a factor in their trajectory round services. Participants

reported some positive experiences of help in their current settings, but also spoke of dissatisfaction and disbelief regarding their earlier experiences of not being helped.

4.2.2 Forever is an illusion

This subordinate theme explains the participants' experiences of the temporary nature of the hostel system. This included requirements for moving on, as well as a high turnover in staff. The impacts of time limitations are discussed.

Anthony spoke about how happy he was currently and how he would rather stay put. This demonstrates something different; this hostel appears to have stopped multiple moves for him. However, Anthony identifies that he has no control over this aspect of his future. The hostels have a limited time period that people can stay.

I don't mind even staying here for the rest of my life, you know what I mean, 'cos it's like a studio flat, that's the way I see it. Obviously it ain't gonna happen like that but, this is the best hostel I've been in. (21/667)

Moves were frequent occurrences for the men. There were many different reasons given for these. Bradley explained that the decision of when it is time to move can be made for you.

I've got X company come and see me on the first about moving on 'cos they say I'm ready to move, I'm not enjoying it. (14/435)

For Anthony, it was felt that he needed additional support, beyond what the previous project offered. Whilst the environment was unable to meet his needs, Anthony had heard this as the problem being him.

They only come once a week. And I threatened to commit suicide there. In B Hostel, I slit my wrists. And staff in there said to me, they can't handle me, I need more support. (Anthony, 20/640)

Some of the participants expressed a sense of being an inconvenience; that they couldn't stay anywhere too long, and that they could easily outstay their welcome. Charles mentioned staying with a friend and a family member and spoke similarly about both:

I stayed there for a bit but it was only meant to be for a little bit and obviously you know you've got, you can't stay in places too long, you've got to move on and sort yourself out and stuff. (Charles, 8/248)

Francis explained the sense of not being at 'home' and therefore having to keep moving on.

Cos when you're in people's places it's difficult isn't it? I mean you feel obligated when you get up, make his bed, on the sofa and you don't know what time you get up, you feel a bit weird, a bit strange... It's how that works all the time. It doesn't matter if you're in a hostel or anywhere you'll always

sort of you can always overstay your welcome so to speak. It's always best to know when to go. Know what I mean?

R: How would you know when to go?

Oh believe me you'll know. Little hints like er leaving the cases in the front of you... You know you can tell if people, you're getting on people's nerves. (Francis, 29/936)

He explained that the limitations on people's stays weren't always made explicit, or the impact always considered. These implicit conditions appeared to create barriers to some people feeling 'at home'. There was a sense of always waiting to move on and not feeling safe or stable.

...like the staff in here they want to create a community. I mean [sigh] like some of the stuff they come out with you feel like well, I dunno, the way they talk I mean you could be here forever. But that ain't gonna happen. It doesn't make any difference what they say, that is not gonna happen. And a lot of them don't want to move anyway out of here 'cos they like it. But it does make a... 'cos after two years they're gonna move you out whether you like it or not. And not necessarily to a flat; to another hostel...people shouldn't really be thinking oh yeah we're gonna be here for a good long while or whatever 'cos there's a few people who really like it here. (Francis, 33/1067)

Many of the men spoke about the impact of the high turnover of staff and the loss of relationships.

I had support, don't get me wrong I did have support then but a lot of the staff... Cos it's the turnaround in the staff it was just like the turnaround in the people in the hostel!

R: Oh ok so there was no stability in the staff?

Yeah so you'd have a keyworker for maybe a couple of months and then you, you wouldn't even know they left and you'd go there and no seen such and such for a time, 'oh she left last week'; 'he left last week'.

R: And what did that do to you?

Well that that sort of er thought shit this is just I'm sorry for swearing but this is just like a roof over my head so you know so I didn't really I was just looking for the roof at the time, the roof over my head you know (Erik, 4/127)

Many of the men perceived a lack of investment from staff in a relationship, they encountered staff leaving without saying goodbye or even letting people know. Without a perceived investment from staff, Erik explained how he did not invest, seeing it as just a roof over his head. Similarly Bradley found staff turnover a particular challenge.

And like I've had this other drugs worker now, Regina, and for ages I'd just sit there and not say anything. And then I got to really know her and we get on well now and thinking yeah, and when I went there last week someone,

she's leaving so I get another worker another woman worker and that and she do you know I just said to her what, I said I'm not doing it, it means I've got to do it all again, it means I'm just gonna, the barriers are just going to go up, you know and I'm not I'm not explaining my life story again to a new drugs worker do you know what I mean. They write it all down and that and I'm just gonna 'look look on the computer, look on the files'.

R: Oh wow.

I'm not like a broken record, I'm not explaining it all again.

R: What's that like when someone new starts?

It's fucking awful man. For me it is cos it means I've got to go through all, it's annoying man, you put like your trust in people and that and then when they disappear and I get really paranoid as well. I mean ...there's so many things like I've told drug workers and that - it's like really like, heavy stuff.

(Bradley, 24/783)

The use of the phrase 'broken record' can be seen to highlight the dehumanizing effect of people frequently leaving. Bradley conveyed the sense of opening up, people disappearing and him feeling increasingly unsafe or even further traumatised by loss and perceived abandonment. He suggested it felt easier to shut down than connect with emotions again and again, only to be left. Issues of trust were very prevalent for Bradley, reporting his 'trust issues', whilst also holding honesty as a core value. Bradley provided multiple references to his honesty, even in situations in which honesty may seem unexpected, such as selling drugs.

I was such a good worker I was honest, didn't rip no one off and things like that. (19, 595)

Bradley appeared to communicate that even when he couldn't trust other people, they could still trust him. He explained that he asked staff at his current hostel, just to be honest with him, even if that might be uncomfortable. Their acceptance and positive response to this request seemed to allow Bradley to begin to develop trusting relationships with staff.

And I've said to all the staff members I don't want that, I just want you to be honest with me do you know what I mean even, even if I'm gonna end up being embarrassed or whatever I don't care, I just want honesty cos I'm being honest with you guys, using them guys and they, they really helped me man (21/675)

Frequent moves were identified as detrimental to developing relationships.

I will just like observe because I know that I will not be in this place for that long or whatever (Charles, 13/409)

In summary, this theme suggested that some men who have had multiple moves experience the impermanent nature of the hostel system as a contributory factor in their lack of stability. Whilst recognising positive experiences, the men in this study spoke about further experiences of loss and of not being able to access help that they needed.

As researcher, in the interviews I was drawn into my sense of what I saw as the injustice of the men's experiences. They spoke largely at an individual level or sometimes about the organisation or 'system'; neither they nor I opened this up to asking about political or societal levels. Whilst keeping language neutral within a research context, validation offered when injustice was communicated may have created a space where this was welcomed or even encouraged. Wider literature I had read during this research, alongside my position of viewing the problem as located outside of the individual, informed my stance. Whilst others may have highlighted individual's not taking responsibility I instead placed greater emphasis on systemic failures. It felt important that I attempt to communicate this to readers of this research and invited me to view and privilege issues beyond the individual. My sense of injustice informed my desire to communicate and highlight treatment that I viewed as unequal or discriminatory.

4.3 Being treated as different

This major theme aims to capture the men's experiences of sense of self and identity. Participants reported being viewed in stigmatizing ways. The negative perceptions of others were seen by the participants as influencing the treatment and support they received. There was also reference to seeing themselves in a negative way. However, some of the men highlighted particular differences between themselves and other people experiencing homelessness, sometimes using downwards social comparisons.

4.3.1 Being seen as an addict, you're treated differently

Experiences of stigma were highlighted by many of the participants. There was a general expression of awareness of stigma in this area. Most of the men provided examples of perceived differential care that they attributed to discrimination.

Francis spoke about his experiences in hostels, living with lots of different types of people. He referenced wider societal stigma about PEH.

...these are the people you step over in the streets sort of thing, you know.

(Francis, 64, 2027)

Participants spoke about this stigma permeating their relationships, conveying a sense of shame and embarrassment to family.

'Homelessness' or being homeless did not form much of the participants' narratives or appear to inform their identities. Minimal use of the word 'homeless' was made by the participants. The references that were made, often related to participants' interactions with services. For example, Anthony's only reference to 'homeless' was when speaking about requesting services (a letter to the town hall '*saying I'm homeless*').

Charles and Erik both appeared to use the word to mean sleeping rough or on the streets. Doug told me that 'I've never been homeless', seeing it as something on TV, distant and not about him. As well as rough sleeping, Erik used the term homeless in relation to how staff saw him, 'looked down on me because I was homeless'. He also spoke

about homelessness in the past tense, 'I've been homeless'. Francis' only reference to homelessness was in response to a question asked by me, in which he suggested homeless referred to 'not having your own home'. This was not something he explicitly related to himself.

Anthony introduced himself as an alcoholic and frequently used the term to self identify. He spoke about an alcoholic identity stemming from the traumatic death of his sister when he was sixteen years old. For Anthony, alcohol seems to represent many things in his life. As mentioned, it served to block out painful memories, but in some ways it also seemed to represent a link to his sister and the times they shared together, serving to both disconnect from the present and also in some ways reconnect with the past.

I become an alcoholic at the age of sixteen. 'Cos I, I lost my sister from taking drugs. I blame myself for it. 'Cos I was the one who introduced it to her. And, I never got over that. That's when I turned to drink I suppose. I used to drink with my sister, 'cos I was really close with her (1/10).

*...my sister was a, she loved her drink though, yeah she was an alcoholic,
(2/51)*

He spoke about concerns about how his son would view him in light of his drinking, considering his identity as an alcoholic and as a father.

I don't want him to think oh his dad's a low life and an alcoholic. That's what I am, I am an alcoholic, I ain't gonna deny that, but I want him to look at me like Daddy's doing his best to get help. (15/462)

Anthony carried on to express a desire for a more positive father identity, and the desire to do 'normal' father-son activities.

I'm hoping to take him to a football game. (15/470)

Additionally, participants spoke about perceived experiences of stigmatization and discrimination from professionals. Erik spoke about feeling he was viewed as less than human. He attributed people's judgements to his use of drugs, being out of work and experiencing homelessness.

...they were sort of a I suppose in a way looking down on me 'cos I was homeless and that, but they're no different from me - they're working alright, I'm taking drugs or whatever, but I'm still human you know what I mean. And it does, you know and I did find that over the years ... there's a lot of people that I, that I've known for years and I've experienced all the hostel situation, a lot, I'd say 98% of the staff do look down on people (5-6/158)

For Erik, his experiences with services were predominantly critical. He explained that this contributed to him 'disengaging' and contributed to his long-term homelessness. It was only very recently that he had had encounters with professionals where he had

experienced respect and consistency. These encounters were profound for him and enabled him to begin to see himself in different ways, starting something positive that grew.

... some of them they'll do it right, some do it wrong. But you know at the end of the day the ones that I met I'm glad I met them because they're the first ones, the first like stone in the water and make the ripple, there's only this moment now it's this big. (18/557)

Some of the men spoke of experiences of medical professionals treating them differently. Bradley reported, that he was discharged prematurely from hospital. He believed that differential care was provided to him because it was discovered that he was living in a hostel.

It makes a big difference yeah so I'm treated differently. So if another doctor would have kept me in, should have kept me in, 'cos the district nurses that come and said should have kept you in really 'cos I was I couldn't move for three and a half weeks I was stuck upstairs. (30/976)

...when they find out you're an addict they treat you totally differently... Yeah, I dunno man there needs to be some sort of change where like, do they have to know? Alright they need to know if you've got like Aids or Hepatitis C and things like that but they don't, I don't know why he needs to know you're an addict. (30/966)

Bradley spoke about the lack of privacy he had experienced. He queried the clinical rationale for information sharing, suggesting, like other confidential information, his historical status as a drug user should be on a need to know basis, but that this had not been the case for him. He expressed a sense of this information being used against him, being punished or treated as a criminal, and that he was not allowed to be seen as an equal, or to move away from his history. His account suggested that all of his health problems were attributed to previous drug use.

It appeared that some of the men had accepted negative views of themselves. Bradley communicated that he has internalised a lack of deservedness, viewing his healthcare needs as of less value or importance than that of others.

I can understand in a way that there's all these other people, sick people and that yeah and I'm there. and it's 'cos of what I've done to myself in the past, 'cos I'm an addict, do you know what I mean it's what I've done to myself so they've got no sympathy and they think oh you've done it to yourself and that, this is the repercussions and that yeah?

That's the way they think and that's where I think sometimes, like sometimes ...when I've had too much gear or whatever they want to put me in an ambulance I say no no I'm alright. Won't let them call an ambulance, I say no 'cos this is my own thing I'll be alright, someone else could be dying 'cos you've got an ambulance for me. So I do understand but sometimes you can't be treated like that, yeah. (31/991)

Bradley appears to communicate a tension between feeling undeserving, and a sense of injustice at the treatment he has experienced. Despite poor treatment, in this interview, Bradley is able to suggest that this treatment is unacceptable; however, this is mediated by use of the word *sometimes*.

Doug spoke very little about the present, his current sense of self or identity. His focus was mainly on the breakdown of his marriage and associated difficulties within his family. He did, however, identify perceived stigma and discrimination in relation to the legal system and a lack of support to maintain contact with his children. Doug identified his class and race as factors that he felt went against him.

...if you've got guys like me, and you've got upper class white people judging us, all we want is access. A reasonable access to see our children. (16/479)

This theme has reflected on the differential and negative treatment that participants reported. Previous losses were identified that meant that the men already had concerns about relationships, but they reported that trust was further violated. It can be seen that this treatment led to the men 'disengaging' and feeling unable or unsupported to access help.

4.3.2 Comparing self to those around me

Some of the participants compared themselves positively to those around them, using downwards social comparisons, or a hierarchy of homelessness. Some comparisons focused on substance use.

...it got to the stage where I was taking cannabis, speed, cocaine. I was like a bit up and down on drugs, you know what I mean? I never, I never injected. I don't believe in that. (Anthony, 3/66)

Charles referenced his moderation frequently. Others compared themselves in relation to perceived mental health difficulties.

Bradley explained that he had managed to maintain his identity and sense of self through addiction. His use of his full name (pseudonym) appears to encompass his whole self, which is presented as far more than just the part that he identifies as an addict. He conveys that he has held on to important parts of himself, such as his morals and his honesty and that in turn these have enabled him to survive addiction. Bradley compares this to others he sees around him, contrasting his experiences with others who have not managed to maintain themselves.

I've still got morals and ... I am an addict but um I'm more I'm more Bradley John Jenkins than an addict myself and generally other people like they've just let the addict take over yeah? So I'm more Bradley John Jenkins than I am an addict. (15/477)

Francis, conversely, did not highlight differences between himself and others. He went to lengths to normalise the people he had encountered within homeless projects; explaining to me that people there were *just people*. Francis acknowledged that you can get both good and ‘horrible’ people wherever you go, but that his experiences with people here had shown that, whilst they might encounter stigma from others, they were really ok.

And I've got out and I meet people who a lot of people in the street probably would try and, 'aw avoid', 'get away from them, look at them'. And they're the sort of people that you would try to avoid I suppose. But yeah they've turned out, yeah, I wouldn't say they were really good friends or anything like that but, they've got such good stuff that you know they're ok. (50/1600).

Bradley's sense of difference meant that he did not want to associate with other residents outside of the hostel. For him, he had found, in a new hobby, a place where he felt accepted and welcome. He explained that other people involved in this hobby had welcomed him in and even strangers had helped and supported him. Whilst trust has been noted as a challenge for Bradley, within his new hobby, he developed trusting relationships and shared his past difficulties. This hobby appeared to strongly contribute to Bradley's sense of self, particularly a post-addict identity. Whilst this was presented as relatively secure, Bradley's reluctance to invite others from the hostel in to this world suggests that it may feel fragile, or that he has some investment in not mixing with other, less desirable, parts of his life. The hobby is even promoted as

fulfilling, so that, unlike other times in his life, he does not require drugs, rather it is referred to as a way of managing and reducing anxiety. The hobby appears to make him feel 'homed', safe and accepted, it enables a sense of 'moving on' as a choice.

All the people in the hostel they say oh we want to come, we want to come man. I always say yeah yeah yeah but I know they won't come and my (new hobby) friends and that man, if they saw, I couldn't take them 'cos they're normal the people I see out, they're normal as normal gets. (7/219)

This master theme drew on experiences of stigmatization and their impact on identity for men who have had multiple moves. It has been demonstrated that, within this study, homelessness did not appear to play a major part in identity, whilst substance use seemed more central. Participants' experiences of differential treatment were highlighted, as were techniques for managing threats to identity, such as the use of a 'hierarchy of homelessness'. Injustice was again a prevalent feeling when interviewing and hearing participant's accounts. As mentioned I hold values of social justice and equality and these encouraged me to hear and highlight when I encountered injustice as I view it in the accounts of the participants.

4.4 Desperately longing for yet deeply fearing relationships

This final major theme aims to describe the ambivalent, fragile nature of relationships for the participants. All of the men spoke about relationships. Many of them craved and sought positive, supportive relationships, and some reported experiencing these.

However, many gave examples of relational traumas which had impacted on their capacity to trust and invest in future relationships. The experiences appeared to create a perception of intimate relationships as highly fragile, that the men dealt with in different ways. Many men reported keeping themselves at a distance. A fear and avoidance of intimacy can be seen to maintain a lack of stability and perpetuate multiple moves.

4.4.1 Craving connection

Many of the participants expressed a longing or craving for positive, supportive relationships, highlighting the reciprocal nature of healing and the benefits of being heard.

When you are the state like I was in, an alcoholic, and depression, you need people that you can actually talk to. Cos if you're on your own ... you do silly things man, you slit your wrists or you might hurt someone else.
(Anthony, 30/978)

For Francis, the possibility of connecting with someone in an authentic, open way felt like something of a dream.

If you could sit down and turn around and say well no I'm messing this up, I just don't know why I'm not doing this or I'm not doing that you know and... I in my mind yeah that's, yeah. (62/1969)

For some of the participants there were particular relationships that they longed for. As mentioned, Anthony's sister died when he was 16. In an argument his mother told him that he was to blame. She died without ever retracting this claim. Anthony still longed to hear forgiveness from his mother; he seems stuck between the longing and the knowing that this cannot happen.

And now she's passed away so she can't even say I'm sorry. To me, I still, think my mum's gonna fucking turn up somewhere. ... Probably wishful thinking that she'll turn up and say, "Son I'm sorry for..." so in that way I can move on. ...Yeah, I ain't gonna hear that man... I just want to hear it from her mouth (Anthony, 6/177)

Bradley also longed for a relationship with his mother. Both his mother and father stopped speaking to him for 3 years. Even though unsuccessful attempts were incredibly upsetting for him, Bradley persisted to attempt contact.

And usually when they don't answer yeah I like self harm myself. By self harm I don't mean cut myself I go and use drugs and that, that's a form of self-harming. (10/315)

Despite the many relational challenges described, for some of the men, positive connections with others were shown to elicit positive responses. Erik explained that when people 'invested' in him, he felt a responsibility to 'step up'; suggesting reciprocity of investment.. Erik contrasted this to other experiences, when people didn't

try to help him he would also not want to connect with them. Erik spoke of feeling a commitment to not letting those who helped him down.

...that person might go out of their way push that little bit extra which I do believe happened to me, yeah... And do you know that makes me, it's made me a different person because I'm getting more support. I feel good and I don't feel like I want to let them down because they've gone out their way to help me, yeah, and it's that is a is an excellent thing you know what I mean.

Bradley explained that for him, in his new hobby, he had found a place in which he had been able to develop safe and trusting relationships and these had profoundly affected him.

And all the guys and that they know my past and that but the one that got me into it basically he saved my life cos I got excused from hospital and I see him. That saved that saved my life that man, yeah you know just yeah my hobby man, I love it. (Bradley 6/173)

Whilst Erik and Anthony both spoke of intimate partners, only Erik spoke positively about this, identifying that whilst this was a fairly new relationship, his partner was also his best friend. He explained that now they both look out for each other. The use of the word *ourselves* in this extract suggesting a union or joining between them.

I'm helping her and help, she's helping me so we're just gonna work together and think of ourselves for a change. (21/670)

After many years without support, when Erik finally started to have the connections he had longed for, he wanted to share his appreciation with others. The following excerpt shows him grappling with a response from a staff member. Whilst it is assumed that this response was well meaning and designed to encourage Erik to take credit for his progress, it can also be seen to invalidate their relationship and Erik's experiences of the connection and gratitude that he felt.

I really do appreciate what they've done for me. And I don't want to let people down. But then, when I say that to them they say 'it's not about us Erik it's about you'. I wish, I do understand that but I've got to give something back, you know (21/685)

This subordinate theme has drawn on the men's reports of seeking or wanting intimacy. The following subordinate theme conveys the fragility of relationships for this group of men.

4.4.2 Getting close, I risk being hurt, again

Many of the men reported numerous traumas and losses. These seemed to have had a significant impact on their expectations of future relationships, often showing evidence of fearing intimacy or avoiding it all together.

A large part of the interview with Doug focused on his familial difficulties. The hurt he described at discovering his wife having an affair, their subsequent break up and being prevented from being the father he had envisaged, was palpable and permeated most aspects of his account. Doug spoke about his perception that his wife turned his son against him.

...her plan was to make him hate me. And she succeeded. She succeeded. She made him hate me. But more than anything, he hates himself... So all this drama that his mum's pumped him in for eight years. Dad drinks, dad doesn't love us. (Doug, 12/336)

He explained the monumental loss that he had experienced and how he felt amputated by it. As with other participants, this loss was purported to have taken his planned future from him and left him unable to trust.

...family is strength, togetherness is strength. What's the saying, united we stand, divided we fall. So, if you've got your family, it makes you feel strong. Even if you've got half a family, every now and again, it can make you feel strong. But when a woman says 'you ain't gonna see your kids, not at all, she's taken one of your legs off of you, so you're limping ain't ya, 'cos you got no strength.

Some of the men described attempts at intimacy, however, these could be thwarted. For example, Doug described attempts to open up and connect, but felt that when he did so he was hurt again.

See, from time to time, every time I try to show a little bit of love for him, he, um, hustles me, and I think because the way his mum brought him up, he doesn't see me as his father, (15/460)

Other participants also described relational traumas. As mentioned, the loss of his sister to drugs, left Anthony with extensive guilt. He explained that his relationship with his sister was particularly precious, as she was the only person he felt he connected to.

I was really close with her. I fought all my brothers and all that. The only person I got along with was my sister. (1/26)

The loss of this central relationship in his life, in such a harrowing manner, appeared to have affected Anthony's capacity to connect, or his belief that this was possible. He explained that, whilst he was in a relationship, relationships don't work for addicts. As someone who strongly self-identified as an addict, Anthony very clearly expressed a belief that relationships don't work for him.

I know two addicts, together, it don't work man, but at the moment, ... I reckon, from experience, I need to take a step back, she can take a step back as well, sort yourselves out and then see what happens in the future, probably

none of this will happen, but that's the way it works... It just don't work, trust me. (Anthony, 23/739)

Bradley also described a relationship with his mother as both incredibly precious and so fragile that he was scared of it. Bradley described the first time, after three years that his mother had spoken to him.

I call it and she and she answered and I was just babbled so quickly, mum I wouldn't stress you out I'm not going to ask you anything, please can I speak to you and that and she starts talking to me man. She started talking to me and she went and sat down. (11/331).

Bradley explained how excited he was to be back in touch with his mum, whilst at the same time being so incredibly fearful of ruining things that he had not yet called back. His expectation of failure, fear of shattering the relationship, of losing contact with his mum again and the deep associated hurt, perpetuated Bradley's separation.

...things have changed and that yeah so we're taking it slowly, it's fucking weird. But now I've stopped this, now I'm, I'm too scared to phone back because I don't want to mess anything up. (12/364)

Francis also described in his experiences, how people can hurt you.

See the trouble is once you're nice to people they they get really silly and joke, people get really silly. Where they try and sort of take the piss out of you. (49/1579)

Many of the men presented ways of coping, or minimising the anticipated hurt, by keeping themselves separate. Doug explained his dilemma; whilst not wanting to be alone he had learned that getting too close makes you vulnerable to being hurt. He advised that he kept a distance.

I don't really get too close to people. You don't want to be alone, but you don't wanna get too close.

R: So a bit of a fine balance? Yeah , ok. What's the danger of getting too close?

P: As I just said, familiarity breeds contempt. There's too many people might know your soft points innit. So they can start taking you out and deal with it like that, I don't like people knowing me too much about me, if they know your weak points then they can play on it.

R: It can make you a bit vulnerable?

P: Well yeah, cos you opened up 'int ya. I don't like to open up. (Doug, 6/154)

Charles also explained that he feels more comfortable alone. He described himself as a *single person, never married*. Charles did not mention any close relationships, either

positive or painful. Whilst he said he spoke to people, he also expressed a preference for a level of solitude.

I'm not saying I keep away from them no I don't ... I say hello to people and I speak to people but you know also like to be my myself ... because I feel a little bit more relaxed, because some people you know you you don't really know um you know what's... not so much, you just feel a little bit better (22/662).

Francis also communicated a preference for being alone, telling me multiple times that it didn't *bother* him. The way he explained this, suggested to me that he was claiming this alone as a choice, preferential to that which seemed to appear as his only other option, a rejection. If he dismissed others and expressed disinterest in them, he appeared to say, he was better off than if they rejected him.

Most of the people I knock about with I don't really care if I don't see them anymore, I've had enough of them anyway. So I'm on my own for my own, because that's the way I choose to be. Not because I'm... they sh..., you know get rid of, what they call they shun is it? ...when they don't talk to you, or turn their back on you. (11/339)

This theme has demonstrated how participants' experiences of previous relational breakdowns, losses and traumas have created fear or trepidation regarding future intimacy. Many of the men reported avoiding intimacy as a strategy to keep them safe;

however, it was acknowledged that this risked isolation and loneliness. Encountering these men I found them largely open and generous in sharing their experiences. I felt sad at their pain and also hopeful; if they could open up like this to me, even in a one-off scenario, then they could also do this with others. I feel my hope was palpable and my appreciation for their generosity encouraged them towards greater openness. My personal values of hope and optimism informed my belief that change and growth is always possible. These values informed my positioning in relation to the participants accounts, endeavouring to always communicate participants at a position in time, rather than a final destination.

The findings presented here go some way to demonstrate the challenges that men who have had multiple moves round the homeless system encounter. A clear context of trauma is evidenced; impinging on hope, plans and the development of relationships. Frequent moves have been highlighted in the context of pronounced substance use; as a coping mechanism but also as a source of instability. Help was presented as positive at times, but also could be lacking, discriminatory, conditional and temporary, demonstrating some of the many challenges these men are required to navigate in their search for safety. These findings will now be considered in the context of existing theory and literature.

5. Discussion

The findings of this study will now be discussed in relation to the research question, previous literature and theory. Clinical implications will be highlighted,

methodological issues considered and suggestions for future research will be provided. Finally, reflections will be made, both personally and regarding epistemological position.

5.1 Summary of results

This study aimed to answer the research question “*What are the experiences of men who are homeless and have experienced multiple moves?*” This major research question will now be considered with relation to the themes identified.

5.1.1 Looking forward, planning and the role of hope

The first theme identified in this study relates to hope. Participants expressed a general desire to change and progress; however, the complexity of this was pronounced. A master theme of *Moving forward vs no way forward* captures the ambivalence between hope for movement and a sense of ‘stuckness’. A subordinate theme of *Working up to moving on* illustrates that these men were not starting from a place where progress was easy. The second subordinate theme, *Drink and drugs can take their toll*, portrays complicated relationships with substances that have been both a source of coping as well as a major contributor to losses.

The findings of this study go some way to bring to light certain factors that can make hope and progress complicated, problematic and at times untenable for this group of men. Weingarten (2010) explains how “trauma clamps down on hopefulness; fear

trumps hope” (p. 12). Whilst hopes were expressed, and direction occasionally identified, hopes tended to be general. Using a stages of change framework, participants in this study could be seen to be in pre-contemplative or contemplative stages; either thinking or not thinking about change but with little evidence of actively working on change at this time (Prochaska & DiClemente, 1983).

Substance use was widely cited, and often associated with personal traumas, bereavements and losses to self and loved ones. This was seen to contribute to a sense of stuckness; it often felt difficult, in the face of these losses, for participants to see a way forward. However, moderation or reduction of substance use was presented as indication of progress and could be seen to contribute to a sense of hopefulness. Within this study, substance use was seen as a way to manage past losses, and current situational challenges, through helping forget or numbing, whilst also being seen as something that kept people stuck. Substance use seemed to be a block to being able to plan or look to the future. Whilst substance use continued to be necessary to manage emotional pain and distress, the active embodiment of hope through future planning and positive action felt out of reach. Other studies have highlighted the use of substances by PEH as a way of coping with difficult life situations and suppressing pain (Williams & Stickley, 2011), whilst also being a block to accessing wider services and associated support (Padgett, Henwood, Abrams & Davis, 2008).

Whilst McBride (2012) reported optimism and hope amongst her participants, who were seen to discuss plans and the future, hope felt somewhat more fragile within the reports

in the current study. *Working up to moving on* could be seen to represent a ‘pre-hope’ stage, in which it may not yet feel safe enough to fully hope. Cockerell (2011) demonstrated that for PEH who undertook therapy, movement from pre-contemplation to action was facilitated, providing evidence for hope to be held within the system, even when it feels too fragile for service users. Enacted hopes, or hope as a practice may link to Weingarten’s (2010) concept of reasonable hope, a process of making sense of the present and preparing for and working towards preferred futures, with an emphasis on process rather than destination. Some studies have suggested PEH have an external locus of control and fatalism (Nickacsh and Marnocha, 2008) or a sense of feeling trapped and needing others to offer opportunities (Bentley, 1997). However, using a framework of reasonable hope opens the possibility that PEHMM need greater scaffolding to be able to hope for, envisage and plan their preferred futures. Bentley’s finding that her participants demonstrated an inability to perceive the possibilities of change raises the question of where our preferred hopes are formed. Knowing something of the histories of these men, one could suggest that they did not have a positive point of reference through which to anchor hopes for the future. Weingarten explains that reasonable hope involves “working not waiting; we scaffold ourselves to prepare for the future” (p. 7), but she also talks of the necessary relational nature of this; people need a compassionate other to facilitate hope and growth.

One reported hope for the future, from the participants of this study, was to help others in a similar situation. To use personal experiences to help others is a noble hope, and yet, I wonder if this demonstrates the limited positive role models that are available to this population. What possibilities are seen as available to PEHMM? What narratives

of hope exist in these systems? Hoffman and Coffey (2008) suggest that, for progress, it is important that PEH feel that becoming part of “mainstream society” is possible for them (p. 219).

Nelson, Clarke, Febbraro and Hatzipantelis (2005) found expressions of hope and reflections of positive future selves from their participants. However, they observed that “the frameworks in which hope resided were those that are socially and culturally supported—work, money, saving and helping others” (p. 103). These culturally supported goals are a considerable, and I expect, seemingly insurmountable distance from participants’ current realities. Reasonable hope requires something attainable; the first step of many potential steps between individuals and their preferred lives. Reasonable hope can also work in temporally more accessible realms; a hope for the next hour, day or week rather than for ‘one day’. This further supports the need for future research exploring the opportunities for hope in this population, exploring which hopes or plans are allowed, promoted or privileged, and which are disallowed or go unheard.

Nelson et al. (2005) remind us of the importance of context for recovery, particularly the value of stable desirable housing. This bodes the question, how far ahead can people allow themselves to look to the future, when the present is uncertain and unstable? This will be returned to in the discussion of clinical implications.

5.1.2 Relationships to help

A theme of the factors that facilitate or impinge help was found within this study. This included previous experiences of trauma, help being seen as temporary and conditional, frequent moves and instability as well as positive encounters with care and support. These were shown in the master theme of *Being here has really helped but it's only temporary*, and the subordinate themes of *Help can be conditional but it's still help* and *Forever is an illusion*.

Within this study participants equated help to demonstrative care and support. Current experiences of care and support, for all but one of the men interviewed, meant that they reported highly positive experiences of their current hostels. Padgett, Henwood, Abrams, and Davis (2008) found that acts of kindness from professionals that went above and beyond normal duties were significant to participants. The findings of the current study would support this, with examples often given of particular caring incidents that were highly valued. The men in this study expressed noteworthy gratitude for help that could be seen to meet minimal survival needs; specifically, they were appreciative of being off the streets. Social aspects of hostel life, for some, were also seen as pivotal in their progress.

On the other hand, perceptions of poor help or a lack of help were highly prevalent within this study. Poorly managed or overlooked endings were particularly painful. Recognition of the value of relationships with professionals, and the investments participants made to these were often felt to be lacking, and at times not reciprocated,

causing hurt, disappointment and exacerbating previous relational traumas. These experiences were identified as factors that could ultimately lead the men in this study to move on or 'disengage'. This supports Jost, Levitt and Porcu (2011) who also found that previous, negative experiences with services left individuals reluctant to seeking help.

A strong finding of this study related to participants' perceptions of a conditionality to the help that they received; if they did not abide by explicit or implicit rules, they would not receive help, or, that certain aspects of help would be unavailable to them. Previous studies have identified a similar sense of conditionality to care (Oudshoorn, Ward-Griffin, Forchuk, Berman & Poland, 2013; Padgett, 2007), whilst Thompson, Pollio, Eyrich, Bradbury, and North (2004) framed this differently, as the necessity for 'willingness' from service users. This would support a view that the required compliance, proposed by those in the current study, could also be viewed by services as a need for 'engagement', again locating the problem within the individual. Padgett et al. (2008) found that rules and restrictions could undermine involvement with services, whilst other studies highlight the gamble involved for the service user; allowing themselves to become comfortable, whilst fearing they may fail and face eviction again (Padgett, 2007; Koegel, 1992).

Hoffman and Coffey (2008) offer an alternative view, speaking of the power inequities between service users and service providers. They explain that total 'opting out' is unrealistic due to the system providing "necessities for survival" (p. 208), but that the

power relations at play can offer an explanation why some PEH fail to ‘move through the system’ (PEHMM). They explain that some people develop survival strategies, seen in the current study as learning to acquiesce to what is required, or, some people can opt-out, resulting in further evictions and moves for this group of people. Opting out, at these points, could feel like a rare opportunity for self-agency. In a group who can experience an erosion of their sense of personal agency, through homelessness (Bentley, 1997), Hoffman and Coffey (2008) found that opting out could provide a sense of dignity. They explain the complexity involved in relationships when service providers are trying to manage under-resourced services; however, issues of using resources to elicit certain behaviours can be seen to create inequitable, fragile, relationships. The Housing First treatment model (summarised in Shelter, 2008b) was established as a counter to a conditional model of treatment. This model viewed safe, secure housing as a basic, fundamental human right, rather than a reward for successful compliance. It was felt that a stable base would enable any further support to be much more accessible and successful.

Another theme found strongly in this study was that of impermanency and frequent moves; of participants, other service users and the staff around them. It was suggested that impermanence was not overtly acknowledged, or helpfully managed within systems, leaving individuals feeling relationally or psychologically unsafe and abandoned or devalued. For people for whom trust is already fragile, from previous losses and relational traumas, this could feel particularly damaging.

It was felt that services, particularly helpful services, attempted to create a community. Whilst in once sense this was seen as positive or useful, the temporary nature of this 'community' was seen to undermine its value. Some participants wanted to believe and invest; they attempted to overlook time limitations on staying at the hostel, proposing that they would like to stay forever. However, for some, they acknowledged that this was never an option; a required departure seemed to loom on the horizon, never allowing for roots to be planted. Explicit, or more often, implicit needs to move were identified as barriers to developing a 'home' and contributed to a lack of safety. Riggs and Coyle (2002) identified limited opportunities for PEH to develop attachment to and identity with a place, or an emotional bond with their environment, leading to further isolation and alienation.

Multiple issues with impermanence were identified in this study. Firstly, moving often felt out of the participants' control, whether this was promoted as 'moving on' (forward) or not. Negative aspects of 'moving on' were highlighted as were issues regarding who decides what 'moving on' means and when it occurs. For some of the participants in this study, 'moving on' from what they saw as the most stable, safe and supportive place they had ever been in was not a desirable outcome, and could in fact be a daunting or overwhelming one. It appeared that this fear or lack of confidence could relate to aspects of hope, and went some way to explain why future plans could be vague or not translated to action. Other factors that reduced participants' sense of stability included the high turnover of staff. Participants shared experiences of key-workers leaving without telling them, which was seen to communicate a lack of investment and led to participants 'disengaging' or shutting down as a method of self-protection. From this

is can be seen that poorly managed endings contributed to a lack of perceived safety and acted as further blocks to future relationships developing.

For some, moves came about when services could not meet their needs; however, this was communicated, or at least internalised, as a problem in the individual being too great to manage. This study found further evidence of messages of being a 'burden' or not belonging having been internalised by participants. These views contributed to repeated moves and a sense that "you can't stay in places too long, you've got to move on" (Charles, 8/248).

Collins and Barker (2009) found that previous hurts and perceived betrayals from family or services could make PEH more reluctant to seek help due to damage to trust. They found that asking for help could be exposing, but that some participants continued to "make tentative leaps of faith in the offers of help" (p. 381). The current study found both of these experiences represented. Frequent moves can be seen to minimise a sense of safety, particularly for those who have experienced traumas (Harvey, 1996). Robinson (2011) saw PEH as enduring "extreme multidimensional displacement" which she feels is not adequately "represented in dominant, operational definitions of homelessness" (p. xvii). The findings of this study support the need for greater consideration for PEHMM regarding stability, permanency and agency in this area.

Questions came from this study in regards to how a 'temporary' hostel can make people feel both physically and psychologically safe and 'homed'. It also identified the

problem of this 'homed' state being used as an indicator of readiness to move. Bentley (1997) identified the need for 'pre-therapeutic' work to establish psychological safety to enable any further work to take place. She acknowledged that a "lack of trust, feelings of detachment, helplessness and emotional withdrawal conspire to make it harder for helping services" (p. 204). Collins and Barker (2009) advised that services need to be aware of rejection and abandonment issues in PEH and find out from individual service users how their previous experiences impact on their attitudes to seeking help. However, Harvey (1996) explained that a supportive environment can sufficiently promote recovery without the need for clinical intervention. She emphasized that a 'failed' recovery reflects "the ecological deficits of a larger recovery environment". Useful help, to mediate this, she explained, involves reducing isolation and increasing social belongingness (see subsequent section on intimacy). Fundamentally, Harvey stressed, physical safety and psychological stability are necessary pre-conditions to trauma work, and yet, these were not strongly identified as felt by the participants in this study.

Identity and Stigma

Concepts of identity, and perceived stigmatization were present in this study. Participants felt strongly that they were treated differently, receiving worse care, because of others' perceptions of them. A master theme of *Being treated as different* describes participants' sense of discrimination as does the subordinate theme *Being seen as an addict you're treated differently*. The second subordinate theme *Comparing self to those around me* explains a process through which participants self identified through

difference to those around them, particularly seeing other residents in less favourable ways.

Much has been written about trauma and its links to identity construction. Terr (1983) explained that experiencing traumatic events can significantly impact upon an individual's sense of self and self worth. Herman (1992) explained that this is particularly detrimental if experienced earlier in life, and prolonged or multiple traumatic events impair identity development more than singular events, which can lead to a fragmented sense of self. For the men in this study identity appeared to be partly informed by earlier life traumas; however, stigmatization was also prevalent in their discourses of self and self as perceived by others.

Goffman (1963) proposed that through stigmatization, someone is “reduced in our minds from the whole and usual person to a tainted, discounted one” (p. 3). In Zerger et al.'s (2014) study, poverty and homelessness were both shown to be major sources of perceived discrimination. This was particularly the case for those who had been homeless for three years or more. Thomas, Gray and McGinty (2012) suggested that the use of universal narratives portray PEH negatively and ignore or minimise strengths and life experiences.

Bentley (1997) explained that PEH can experience society as denying their right to exist. Participants in Riggs and Coyle's (2002) study identified experiences of a loss of personhood and being a non-person, ignored and rejected by others. This, they claimed,

threatened a secure or coherent sense of identity and self. Bentley (1997) found that people felt others viewed them as ‘outsiders’. She named a theme, “loss of uniqueness”, which included components of being ignored, seen as different from others and rejected by services. Additionally, Nickacsh and Marnocha (2008) identified a lack of compassion experienced by the participants in their study, comprising a sense of judgement. The findings of this current study, in relation to identity and stigma, offer support for these previous findings. Participants reported experiences of being seen as lesser by others, or less than human, and a sense of dehumanisation was described. This was linked with, but not exclusive to, differential, lesser care or service provision from professionals. Participants identified poor, judgemental or prejudicial treatment received. They also felt that they were an embarrassment or unbearable to loved ones and family members. These experiences of stigma, discrimination and intolerance were seen to negatively impact constructs of identity and personhood.

In formation of identity, Williams and Stickley (2011) suggested that whilst, for the stably housed population, identity is largely constructed in relation to family and occupation, for PEH identity can often be constructed in relation to substance use, ‘illness’ and exclusion. Hyden (2008) explained a commonly held view, “it is through creating ... narratives of our own lives that we come to develop and possess an identity and a sense ... of self” (p. 37). Construction and reconstruction occurs, he suggests, through the telling of and listening to stories of self. For many of the participants in this study, there has been very little opportunity to speak and be heard, to be supported to develop a coherent sense of self. I wonder whether, for these men, identity is more ascribed and adopted than co-constructed in a preferred way.

Another point identified within this study involved participants making downward social comparisons (Festinger, 1954). This was specifically in relation to those around them, other PEH, in relation to substance use, prevalence of, or perceived severity of substance used, e.g. *“I never injected. I don’t believe in that”*, Anthony, 3/66, mental health and life choices. This has been recognised elsewhere in the literature, for example in his study Parsell (2010) found that participants described other participants in relation to their difference. He saw this as describing “who they were not, which is recognised as a way of claiming who one is” (p. 188). Boydell (2000) also saw social comparison as a way of acquiring or reinforcing self-concepts in PEH. She saw a negative appraisal of others as a coping mechanism. A homeless identity hierarchy was described in which individuals compared themselves to other PEH. This was suggested as a tool which allowed PEH to feel better than others and this enhanced their sense of self. Lafuente and Lane’s (1995) findings also included reference to PEH comparing other PEH negatively to themselves and rejecting others as lesser. In contrast, a counterpoint to this was also present in the data, although only very tentatively, with e.g. one participant normalising those in the hostel, identifying their humanity and commonalities. It may reflect a lack of distance that enabled him to realise “they’re just people” and “they’re ok” (Francis, 50/1600). Weingarten (2003) saw ‘compassionate witnessing’ as a counter to ‘othering’ or dehumanization, which she explains “depends on the felt experience of distance” (p. 4). This sense of recognising humanity through closeness could explain Francis approach, which contrasted with a hierarchy of homelessness in this study.

Whilst being seen as ‘different’ for Thomas et al.’s (2012) participants was linked to inferiority, attempts were made to be seen as human and ‘normal’ in order to minimise marginalisation. This appears to link to the findings of the current study in that some participants expressed and shared aspects of a ‘better’ or more ‘preferred self’ (Freedman & Combs, 1996), both with professionals and with others outside of homeless services.

In speaking about homelessness as an ascribed identity, Parsell (2010) explained that for those he interviewed, homelessness was not a defining feature of identity; rather, they identified in relation to substance use. Parsell explained that understanding use of substances was paramount in understanding the people in his study’s experiences and sense of identity. Within this study, ‘homelessness’ or being homeless did not form much of the participants’ narratives or appear to inform their identities. These reports support Parsell’s findings; the participants in this study also did not seem to define themselves or their identities in terms of homelessness. Nonetheless, some participants felt that providers of services, or professionals defined them in this way, and sometimes this ascribed identity was perceived as a critical one. For some, as in Parsell’s study, identity was stated in relation to substance use, as in Anthony’s case, ‘I’m an alcoholic’, or Bradley’s ‘an addict’. This study would support Boydell Goering and Morrell’s (2000) suggestion that within PEH a socially ascribed identity can be very different to a self-ascribed identity. However, whilst Boydell et al. found that participants within their study preserved and presented past selves, e.g. a particular occupation, this was not often the case within this study. This may be related to the more chronic nature of homelessness within this study, as some of the participants did not speak about previous

employment or other aspects of previously occupied identity spaces at all, and may not have had significant past employments.

The field of environmental psychology offers insight in to the relationship between home and identity. Manzo (2003) explained that our relationship to a place can be one way in which we “explore our evolving identity” (p. 53). Whilst a full description of this work is beyond the scope of this study, Lien (2009) offers a useful summary. Having a safe and stable home has been identified as necessary for positive identity development (Padgett, 2007) and self-orientation in the world (Wardhaugh, 2000). Padgett (2007) demonstrated that for his participants, considerations of future were only possible when they had established secure, safe housing. Without this stability it makes sense that, for many of the participants in this study, reference to future selves was fairly limited. Those who spoke of the future and hopes of future selves were also those who expressed positive close relationships, in which, it appeared, preferred selves (White & Epston, 1990) were welcomed and valued.

To conclude, this section has contextualised the findings of this study in the wider body of literature on PEH, supporting theories around the impact of stigma on identify formation in PEH, particularly PEHMM. The employment of a hierarchy of homelessness has also been seen in many, but not all, participants in this study. Preferred and future identities were limited in the reports of these participants, suggesting potential areas for clinical focus as will be discussed subsequently. In support of Parsell’s findings, the men in this study did not appear to ascribe to a

‘homeless identity’ and it would seem prudent, as Zerger et al. (2014) suggest that future research with PEH does not focus exclusively on one identity dimension, but rather considers the interaction of multiple domains of identity, particularly those identified by the individual.

5.1.4 Trauma and separateness, Intimacy and connection

A theme that powerfully ran through the findings of this study was the theme of loss of connection and intimacy within the context of trauma. The master theme of *Desperately longing for yet deeply fearing relationships* captures the precarious and often contradictory navigation for participants of the two subordinate themes; *Craving connection* and *Getting close I risk being hurt again*.

Research has show that experiences of trauma, particularly interpersonal traumas, can lead to an avoidance of relationships and separateness (Janoff-Bulman, 1985; van der Kolk, 1987). Previous studies in the area of PEH suggested that experiences of familial rejection can contribute to a ‘psychological homelessness’. This was described as “not belonging, feeling isolated, rejected or alienated, lacking an emotional attachment to or identification with a place and having no safe space for psychological ‘belongings’ such as thoughts and feelings.” (Riggs & Coyle, 2002, p. 19). Bentley (1997) suggested that without this safe psychological space, people withdraw. For Bentley’s participants, a lack of a physical and psychological safe space meant that emotional withdrawal was seen to offer them the most psychological safety. Bentley proposed that the experience of homelessness removes social roles, limiting typical relating. She found that those in

her study had minimal social contact with people who were not experiencing homelessness. Bentley explained that the loss of social roles, and associated social interactions, due to homelessness, self-perpetuated withdrawal and isolation and ‘trapped’ people.

Thompson, Pollio, Eyrich, Bradbury and North (2004) similarly saw participants’ reports of isolation and relational difficulties with family as evidence of “institutional disaffiliation, or the weakening ties to societal institutions” (p. 428). Within this current study, whilst a social withdrawal and isolation was identified, it was not seen as a result of a loss of social roles. Rather, it was identified in the context of relational trauma, broken trust and fear of intimacy. It was these factors that appeared to kept people at a distance. Zerger et al. (2014) saw ‘social distancing’ as a technique used by PEH to navigate discrimination. The findings of the current study would support this, whilst also recognising that ‘social distancing’ or avoiding intimacy also served other functions, and can be seen as an understandable response, developed to reduce the chance of further relational hurt. Furthermore, my findings would support those of Padgett, Henwood, Abrams, and Drake (2008), who found that ‘loner talk’, or seeking privacy, could be a response to a lack of trust. One of the participants in Padgett et al.’s study used a phrase that Doug also used in this study, “familiarity breeds contempt” (p. 335). This was used by Doug to explain why he kept his distance from others.

In spite of this, Padgett et al. identified that their participants still sought social connection; however, this was on their own terms. Similarly, this study found

ambivalence about relationships. As mentioned, relationships were seen as posing a risk or a threat, often informed by previous relationship breakdowns, bereavements or losses, but participants, in the main, still explicitly craved connection. This ambivalence demonstrated, in regard to relationships, from the participants in this study may relate to what Adlam and Scanlon (2005) refer to as the “oscillation between the intimacies of inside and the distances of outside” (p. 459). This can be seen as a contradictory struggle between fear of, and longing for, connection. In Padgett et al.’s study the participants identified few trustworthy relationships with family or friends. Within this study, only two of the men identified positive relationships perceived as trustworthy; one with a relatively new partner and the other with recently established friends through a mutual hobby. Both participants placed great value on these connections. These experiences contrasted with the majority of reports, showing previous relationships and associated losses as detrimental. This would be in line with Padgett et al.’s findings that social relations could propel PEH “forward or pull them back – or both” (p. 338).

If trauma leads to disconnection, then recovery can be conceptualised through reconnection and broadening social networks (Harvey, 1996; Bentley, 1997). Orr (2002, p. 135) eloquently described what was required to move forward, following a trauma that has severed all relationships.

...the task that makes life worth living again - is to re-connect the self to the world. To do that, you need to re-weave the web, to risk the spinning of new threads until they form a sustaining pattern that the self can inhabit.

This quote captures the predicament of many participants in this study, namely the balance between the *risk* and the *necessity* of trying again, of spinning new threads and attempting new relationships. For some of the men in this study, the risks currently felt too great. This left them separate and often lonely. As Orr explains, without taking these risks, there is nothing sustaining for the self to inhabit.

For the men in this study who were able to risk new relationships in response to their desire for connection, reciprocity was highlighted, particularly in relation to investment. When someone was seen to invest in them, they would respond in kind. These connections were highly regarded by participants, and in some instances were used to demonstrate turning points in their progress. Bentley (1997) reported that participants in her study viewed meaningful relationships as life affirming. She also explained that a safe space developed with a significant other could be a powerful contributor to recovery. Clearly, there is power in positive connection.

This section has discussed the findings of this study that show ambivalence to relationships in the participants. It has built on trauma theories, which demonstrate the detrimental impact of trauma on relationships, leading to separation and withdrawal. The findings further broaden understandings of the function of withdrawal, demonstrating that, for these participants, the function was often self-protection. Craving connection, identified in participants in this study, is contextualised in terms of attempts to recover from traumatic disconnection. For some participants in this study

this was possible, and for others it was not currently possible. The relevance of this to clinical practice will be further explored below.

5.2 Clinical Implications

The findings from this study support a very clear role for Clinical Psychologists working with PEH, and in particular PEHMM. Beyond the obvious role of individual therapy, specific implications for clinical practice cover multiple domains; individual, service and community/societal.

5.2.1 Current best practice

Johnson (2016) provided an extensive review of recent thinking in best practice, looking at similarities, as well as differences across five key, international models of practice to “address the more severe psychological and emotional needs of those who are homeless” (Johnson, 2016, p. 1). These models are Psychologically-Informed Environments (PIEs, Johnson & Haigh, 2010; 2012), Trauma Informed Care (Hopper, Bassuk & Olivet, 2010), Pretreatment (Levy, 2010; 2013), Housing First (see Shelter, 2008b), and system wide approaches (Billiald & McAllister-Jones, 2015). These approaches sit at the developmental edge of this field and all have some relevance to the findings of this study and their applicability to clinical practice. A brief summary of each will be provided and recommendations will be linked as applicable throughout this section.

The central task of a PIE is “creating and managing supportive relationships and aspirations”, with a purpose of enabling change (Johnson, 2016, p. 2). The PIE’s were conceived in the UK as part of the Royal College of Psychiatrists’ Enabling Environments Initiative (Keats, Cockersell, Johnson and Maguire, 2012). Five key areas of a PIE are identified as “developing a psychological framework, the physical environment and social spaces, staff training and support, managing relationships and evaluation of outcomes” (p. 2).

Trauma Informed Care (TIC) is presented by Johnson as similar to PIEs, developed in America. The similarities in these approaches, Johnson explains, include that they both prioritise the role of trauma in both presentations and treatments of people “who become stranded in long-term homelessness” (Johnson, 2016, p. 3). TIC places emphasis on establishing safety and it is a strengths based approach. However, PIEs can be seen to be a somewhat broader concept, informed by psychological thinking in relation to trauma.

Levy’s (2010; 2013) work on Pretreatment, similarly to the TIC, places emphasis on building safety, whilst also focusing on goals to positive change and transition onwards to more stable accommodation. Levy recognised the challenges of building relationships with PEH. Much of this work is spent establishing ‘engagement’ through developing a shared language or common narrative and plan. Pretreatment could be seen as a practical, applicable, yet person-centred way of establishing the overarching values of a PIE or TIC.

Housing First (HF) is a model that has previously been described in this study; a values based approach that promotes the right to safe secure housing, contrasting with a conditional treatment first approach. HF is developing an evidence base in America but is an approach that is still relatively new to the UK. Finally, Johnson highlights the move towards whole system approaches, recognising the historical failings of multiple systems for PEHMM. These approaches explore inter-agency working, attempting to address exclusion at an institutional level. (Billiald & McAllister-Jones, 2015).

Implications for Clinical Psychology in relation to PEHMM will now be considered across the four themes identified in this study; hope, help, identity and intimacy. Recommendations will also be presented across the domains of the individual, services and community. It is imperative that all implications are considered in the current political and financial circumstances. Since 2010 the British government has employed austerity measures, including the “the biggest cuts to state spending since the Second World War” (Poinasamy, 2013, p. 2). Poverty has increased (Fitzpatrick et al., 2016) contributing to particular challenges in the charitable sector, health and social care, leaving services and staff under-resourced and overwhelmed. This context will have impacted on the themes identified and no individual or organisational criticism or blame is intended; rather, it is recognised that individuals and services are doing their best in very challenging situations.

5.2.2 Looking forward, planning and the role of hope

INDIVIDUAL

It was identified within this study that hope and planning tended to be vague and unstructured for PEHMM. Weingarten (2010) argued that hope is too important to be the responsibility of an individual, rather that hope is something we ‘do with others’. This study demonstrated the need for greater scaffolding in regards to hope, including what is hoped for and how a fragile hope can be sustained within the contexts of the lives of PEH.

Levy’s (2010;2013) concept of Pretreatment feels useful here. Levy explained that progress “hinges on two people developing a trusting relationship and an effective communication that becomes goal centred, while always believing in the possible” (2013; p. ix). This model recognises the importance of a strong and trusting relationship, based in a shared language, to inform specific and focused goal based action towards greater permanence. Weingarten’s (2010) concept of “reasonable hope” (p. 5) is also relevant here, referring again to the relational nature of change, and explicating scaffolding to support the development of desired, achievable small steps in a preferred direction. With PEHMM this would involve achievable, more temporally close goals, such as for the next hour, day or week. Whilst these would be informed by a broader direction, identified by the individual, staff would need to assist in mapping out individual steps on this journey

SERVICE

The challenging nature of offering therapeutic containment and support to those who have experienced trauma and find engaging in ongoing relationships challenging should not be minimised. Robinson (2011) calls this an “unbearable ache” (p. xiii) and calls for greater acknowledgment for the affective dimension of this work. Fonagy and Target (1997) identify the ability to reflect on one’s experience as a key component of fostering resilience. Staff reflective practice is used extensively within healthcare settings in the UK, particularly mental health services (Hartley & Kennard, 2009). It has been widely demonstrated to increase staff wellbeing and improve outcomes for service users (Hargreaves, 1997; Ablett & Jones, 2007; Ritter, 2011). Reflective practice has been shown to promote more understanding relationships and to improve group dynamics (Kurtz, 2005). Whilst much of this literature stems from inpatient units, or health settings, as has been mentioned, there is a significant overlap in these populations. Kurtz (2005) found that reflection was particularly useful for staff working with people with complex presentations, as is the case when supporting PEHMM.

The aims of reflective practice have been summarised as creating a safe space to contain anxiety and stress, to make links between feelings and interactions with service users, and developing a broader reflective culture (Heneghan, Wright & Watson, 2014). As identified, a philosophy of reflective practice underpins PIEs and this study strongly supports this as a practice and a philosophy. Clinical psychologists have been identified as “potential leaders in this work” (Heneghan et al, 2014, p. 324).

Relationships to help

INDIVIDUAL

Within a context of therapeutic containment and support, endings within services for PEHMM, appear highly significant. This is a topic that appears to relate to the framework of managing supportive relationships within a PIE, or an emphasis on safety in TIC. Many (2009) suggested that traumatic loss histories make ending therapy more challenging. It was advised that endings should be “controlled, predictable and paced” (p. 23). Cognitive Analytic Therapy (CAT, Ryle, 1989) offers one useful example of working towards endings in therapeutic relationships; acknowledging the inevitability of endings and working with this to address previous losses and provide a better ending.

Ryle and Kerr (2002) explain how the time limited nature of CAT is used to address issues such as separation, mourning, dependence and independence. In this context, the ending of therapy, and the feelings surrounding this, are used to explore unresolved endings and develop alternative ways of managing them. The number of sessions remaining is made explicit, and highlighted each week to enable planning and consideration. “Goodbye letters” are also a key component of CAT work and managing endings. A goodbye letter summarises work that has been undertaken during therapy, as well as issues that remain. It is a vehicle through which to identify potential future difficulties, reiterate progress made thus far and how this can be used to manage any setbacks. CAT is one example of a model that would be useful when working with PEHMM and providing a structure for better endings, or the techniques highlighted, used to manage endings could be applied outside of CAT therapy sessions.

SERVICE

Linked to the concept of good endings, is the concept of 'moving on'. This study has built on evidence that suggests people can be 'moved on' by the system before they feel ready, and that this can be detrimental. Regular staff reflection, and 'complex case' discussions are being used in good practice to support staff to support PEHMM; (EASL a London based social enterprise). Staff reflection could be seen in this context to minimise placement breakdown and reduce multiple moves.

Identity and Stigma

INDIVIDUAL

This study has raised the theme of identity and the challenges to coherent identity development that homelessness can create. Hyden (2008) explained the positive role of telling and hearing stories in the formation of a coherent sense of self. Increased coherence has also been positively correlated to mental wellbeing (Eriksson, & Lindstrom, 2007). Therefore, it is recommended that work with PEHMM prioritises attempts to create spaces for the development of coherent self-narratives, with a particular focus on alternative or preferred identities, those that take them beyond stigmatization. TIC employs a strengths based approach, focusing on abilities and positive characteristics rather than primarily focusing on difficulties. For example, Bradley, within this study, was seen to be developing an alternative, preferred identity through development of a new hobby, and associated friendships.

Group and community based approaches might be particularly helpful when working with PEHMM. Work in this area has been linked to empowerment and social action. For example, Holland (1992) established a model in which residents of a West London housing estate worked through individual therapy and group work and then went on to be involved in wider community and advocacy groups that challenged broader issues of inequality.

An example of a community group, with a strengths-based focus on identity development, for which there is a growing evidence base, is the Tree of Life approach, a tool used in Narrative Therapy, (Ncube, 2006; Denborough, 2008). This approach sees people working in groups and using the metaphor of a tree to represent their life. Each person draws their own tree, each part of the tree representing a different aspect of the person's life, including history and heritage, skills and abilities, hopes dreams and wishes, significant people etc. Each individual joins with the group, bringing trees together into a forest of life, emphasising a collective position before considering together the shared storms of life

Additionally, the use of strengths-based approaches, including narrative therapeutic techniques or practices, such as the Tree of Life, could help create contexts for "compassionate witnessing" (Weingarten, 2000). Weingarten explains that when people find the distress of others unmanageable, and withdraw, sufferers stop talking. This study has evidenced that PEHMM often learn to stop talking. A strengths-based,

group approach, would enable sharing of 'safer', strengths based material and could be used to both encourage and model compassionate witnessing.

SERVICE

Community groups such as the Tree of Life, routinely employ peer support workers or experts by experience to co-facilitate. The value of this is increasingly being recognised, both for facilitators and service users (Repper & Carter, 2011). This would feel particularly relevant in a context of PEHMM in which substance use support workers or counsellors are routinely 'ex-addicts' and hence experts by experience. This could be seen to further model positive outcomes for this population.

Trauma and separateness, Intimacy and connection

INDIVIDUAL

When undertaking work at an individual level with PEHMM it is essential that trauma considerations play a central role. Harvey (1996) highlighted the need for physical and psychological safety to precede trauma work. PIEs and TICs both highlight the centrality of trauma histories in working with PEHMM. Therefore, therapeutic work with this population may benefit from holding in mind, and attempting to further establish safety.

SERVICE

Weingarten (2000) advises that “voice is contingent on who listens with what attention and attunement. Voice depends on witnessing” (p. 392). When hearing distress feels unmanageable to people and they withdraw, sufferers stop talking. The needs and wellbeing of staff is pivotal to a therapeutic environment, and reflective practice would support staff to ‘bear witness’. There is a challenging balance for staff to negotiate between being available to ‘be there’ with PEHMM and their distress, whilst also being able to regulate their own emotions and be clear about their roles and wider responsibilities. Safety is also important for staff. Adlam and Scanlon (2005) highlight the need for supportive teams, for “individual workers to become members of teams within which they feel *housed*” (p. 463). Clinical psychologists in this role could spend time through reflective practice, case discussions and supporting team dynamics, to develop the safety and cohesion of the staff team.

Additionally, at a service level, the role of evaluating outcomes continues to be highly valued. This is a key part of the PIE mandate and, moving forward, developing applicable, relevant outcome monitoring and service evaluation, as well as policy level development, could be undertaken by a clinical psychologist.

COMMUNITY

Adlam and Scanlon (2005) suggest that staff often feel “we must *coerce* him into a more compliant group membership. This is often in order to abstain from the opposing impulse, which is to *exclude* him altogether” (p. 454). Harvey offers a counter to this dichotomy, a “community-wide regard for pluralism and diversity” (p. 5). She demonstrates the need to value diversity, not work to coerce to a common norm. This

suggests that there is a broad role for clinical psychologists within this area to promote recognition and appreciation of diversity and to, contextualise challenging behaviours. Haigh, Harrison, Johnson, Paget, & Williams (2012) explain that within PIEs “behaviour, even when potentially disruptive, is seen as meaningful, as a communication to be understood” (p. 3).

At a wider level, psychologists are in a position of power and privilege and can utilise this to challenge societal constructions of homelessness, stigma and marginalisation, as well as working collectively to promote more inclusive practice, and to lobby for welfare changes. For example, Psychologists Against Austerity offer explicit guidance on how to promote discussion and challenge myths about inequality (Peacock-Brennan & Harper, 2016). Psychology is part of the system and can perpetuate problems or promote and practice change. Cook (2013) spoke of both micro and macro ethics when working in this area. Micro ethics are our typical ethical practices, macro ethics, however, refer to us employing our privileges on behalf of those less privileged.

5.3 Methodological Considerations

A strength of this study was the use of a qualitative methodology, and specifically IPA, allowing for idiographic consideration and providing a voice to participants in an under-represented area of research. Limitations of IPA were named in the method section of this study (Willig, 2013). The reliance on language within IPA was identified as a possible limitation due to potential language based difficulties the participants may have presented. Many of the interviews did not generate as ‘rich’ data as may have been

generated from other populations. This could be attributed to a number of different reasons. Use of substances was highlighted within the interviews as incredibly present in the participants' lives and worlds. I was struck by the visibility of substances within the hostels I visited. Heavy and long-term use of substances can be seen as impairing a coherent narrative. This sample also identified a high rate of traumatic experiences and relational traumas, as has been reported in the broader population the sample was drawn from (Maguire et al., 2010). A lack of a sense of coherence has been linked to experiences of trauma; specifically, sense of coherence is seen as a mediator between traumatic experiences and subsequent mental health difficulties (Braun-Lewensohn, Sagy & Roth, 2011). A further potential explanation relates to the difficulties with trust and relationships that the participants identified (see Master theme 4).

Relational difficulties could be identified within some of the interviews and interactions with participants. For example, one participant explained that he used singing to manage difficult emotions, whilst another kept discussions at a largely surface level, suggesting that to go deeper felt too threatening. In response to these challenges, clinical skills were drawn on to facilitate the safest possible environment for the interview to take place in. Furthermore, I remained attuned and sensitive to the needs and experiences of the participants during interviews and the interviews were therefore conducted in a flexible and responsive manner. Given these levels of potential difficulties in interviews, the data could be seen as comparatively rich, and has been enough to sufficiently generate findings.

A further limitation is that, due to its ideographic data and small sample size IPA does not provide a method of analysis that generates results that can be generalised to wider populations. Furthermore, from my social constructionist stance it is acknowledged that this is merely one possible construction of an interpretation of the data and it should be noted that an alternative researcher may have drawn different conclusions from the data. In spite of this, a clear audit trail has been provided to enable transparency and demonstrate fulfilment of quality criteria. Furthermore, the results have been presented in the context of existing research in the field. Thus, this study can be seen to add to and enrich the existing knowledges within this field of research.

When considering the findings of this study the influence of power should be taken in to account. Whilst I had no affiliation to the projects in which the men were currently staying, or the broader services that were providing for them, the participants only had my word for this. It is likely that I, as a stably housed, mental health professional, represented a part of the same system as other professionals they come into contact with. This perceived association may have impacted on the participants' responses, potentially limiting what they felt able to openly share. This could be linked to expressions made by some of the participants that they did not want to appear ungrateful. It is possible that, despite my advice regarding anonymisation of data, participants may not have wanted to criticise for fear that it would get back to staff and affect the services they received. Positive reports, that this was the best hostel participants had experienced, could be seen in this context as positively biased. Whilst many negative comments were reported, and participants appeared to feel able to

criticise services, presenting with apparently open and honest accounts, it should be recognised that some responses may have been compromised due to fear of disclosure.

The setting of this study should also be considered. Willig (2013) advises that qualitative research is about studying people “in their own territory” (p. 9). Whilst participants were offered the option of meeting at a convenient location for them, all interviews were conducted at the hostels. Within this analysis hostels have been identified as temporary, with some participants expressing a limited sense of ownership about their residence. This raises methodological questions about where is the most appropriate venue for interviewing. It could be the case that hostels represent more a territory of services than they do particular participants, potentially increasing the impact of the previous point regarding compromised disclosures. Despite these potential limitations, it was a strength of the study that I really immersed myself in the environment, working closely with homeless services and with a field supervisor with great experience and links to the field. I endeavoured to develop the best understanding of the service level contexts that these men negotiate, in the time available.

Another point of reflection regards language used in the interviews. Each of the men within this study were referred by hostel managers as fitting criteria, which included having moved between different hostels, and spoke of multiple evictions. During the service user consultation in relation to the interview schedule for this study, it was suggested that the term ‘eviction’ was overly harsh and could be upsetting, it was agreed that the term ‘asked to leave’ would be used instead. In hindsight, I now feel that,

through avoiding the term 'eviction' my use of language may have become overly tentative. I wonder whether limited reference to eviction within the interviews reflects an unhelpfully sensitive or protective position that I assumed, avoiding explicit and thorough questioning about evictions and moves. This may have been informed by my expectations that participants would have difficulties with relationships, my desire to preserve our relationship and not overly intrude. Whilst evictions were mentioned by some of the participants, this was rarely given as a reason for moving hostel. I wonder whether evictions were under-reported in this study and if so whether this was in response to my questioning, my gender, or whether it came from the participants, from a sense of embarrassment, or not identifying this as the reason for moves. In retrospect I feel that these participants, and my relationship with them, could have managed more explicit curiosity. Specifically, if I were to undertake this study again, I would ask further regarding their moves and evictions, as well as asking wider questions such as whether life events and traumas identified had impacted on how participants related to others now.

Selection bias is relevant within this study. I initially identified that the population I was looking to interview were those who appeared to find most difficulties with involvement with services. However, it can be seen that those who participated are in many ways the least hard-to-reach of a hard-to-reach population; or who were, at the time of interview, in a position in which they were involved with services, and were willing to meet with me, and were therefore relatively 'engaged'. To recruit participants outside of services would present additional challenges and ethical questions (as discussed in the method section). A lot of comment is given to whether service users

‘engage’ or not with services, with ‘engage’ in this context often being used to refer to whether people work *with* services in a way that we would wish. However, it appears more accurate, when considering this population, to see all those with connections to services as ‘engaging’ in some way. Many participants spoke about their experiences of the conditional nature of help within services (subordinate theme 2a). Whether people are *working with* or ‘*pushing*’ *against* conditions of services, that people have contact at all is some form of engagement. There are others who, in contrast, have no contact with services, at all. This study highlights the importance of every encounter as an opportunity to build relationships.

Both strengths and limitations were identified in considering my position, as outside of the homelessness sector, and its impact on data collected. The value of participatory or peer research is increasingly being endorsed within the sector (Homeless link, n.d.) On the one hand being separate from participants and their care avoids the complications of dual roles and may enable more honest, open responses; it may be seen as safer to talk to a stranger. On the other hand, however, Parsell’s (2010; 2011) work, involving extensive fieldwork of over 200 hours led to his prudent assertion that “the longer a researcher spends with those researched, the more the researcher will learn about who the research participants are” (2010, p. 184). I believe there is a lot to be learned from these men. Whilst recognising the value of this study and necessary conditions of brevity, I feel an opportunity to develop a relationship prior to interview would improve the richness of data and analysis.

Whilst validity criteria have been demonstrated (Table 2), member validation was not used for this study. Literature presents conflicting views in regard to the value of member validation, or checking. Locke and Velamuri (2009) propose that there is still a lack of understanding regarding the relational complexities involved in member checking. They emphasise the lack of guidelines on how to undertake member validation and usefully use feedback obtained as reason to be cautious with this as a validity tool. These considerations, combined with the transitional nature of this population and the knowledge that at least some of the men interviewed had already moved on at time of analysis informed the decision not to use this tool.

5.4 Suggestions for Future Research

As mentioned, working exclusively at an individual level disregards the broader systemic and societal issues involved in homelessness. The role of the clinical psychologist is still in its infancy in the homelessness sector. It would be prudent to research the value of intervention beyond the individual.

This research was the first of its kind, using an in-depth qualitative methodology, such as IPA, to draw attention to the experiences of men who have moved multiple times round the hostel system. Working age men who were born in the UK were chosen initially to represent a majority, homogenous sample. Research has already highlighted the unique needs of women experiencing homelessness and a future study, employing a sample of women, may elicit both similarities and differences. Migrants are increasingly making up a larger portion of the UK's street sleepers, the unique

experiences of those born outside the UK would undoubtedly also offer further relevant information if researched.

Within recommendations for this study, the value of staff reflective groups has been expounded. Research exploring the use of these in practice, as well as further exploring support for staff and staff needs for working with this group would seem prudent.

5.5 Final reflections

In the introduction, I identified the factors that drew me to undertake this study. I positioned myself epistemologically and experientially in relation to the topic under review. It is recognised that my position informed all aspects of this study, from its inception to its conclusion.

One specific area in which I recognised my position informing this study, related to my expectation of the prevalence of trauma within this population. This stems from working in the CiC and forensic services. I became aware of my interest in early life traumas, but realised that this is already well documented (Maguire et al., 2010). I used my reflective diary, peer support and supervision to be vigilant for these assumptions and interests and attempted to bracket them off and continue to look with curiosity at the data beyond these. I aimed to hear and notice trauma, but not actively seek it or magnify it over other themes. As can be seen from the findings of this study, trauma is in there, but is not the whole story. It is interesting to reflect upon the increasing acceptance of trauma narratives within our society, however naming inequality or

disadvantage, and the impact that this has had is still relatively uncommon. For example, explanations of poverty were rarely provided by participants in this study.

Throughout this research I have felt challenged by use of language. The responsibility of ‘providing voice’, or speaking for, a group that have been so ‘othered’ through language (Pascale, 2005) did not escape me and I have attempted to use language with respect and informed consideration.

Personally, the experience of undertaking this research has been enriching. This adjective captures many aspects of my experience; the opportunity of being allowed into the world of six others, six strangers who generously shared extensively of their self, their life, their hopes and their fears. It captures the benefits of exploring literature that illuminates, broadens and liberates the constrictions of previously unaware assumptions held. What is not fully captured in this word are the challenges I have experienced. The challenge of sitting with, and containing another’s pain that appears unprocessed and overwhelming. The challenge of being a researcher rather than a therapist and knowing that the encounters I have valued are singular encounters and that I will not be able to follow the lives of the men whose stories I have extensively connected with. The challenge of navigating broken, less coherent accounts. Of being with, in a meaningful way, people who have lost trust in the safety of being with another. Working with these participants, being with their traumas, their chaos, their pain, for even the brief time that I have, has been both enlivening and, at times, deeply upsetting.

At times I have struggled whilst considering roles for a clinical psychologist in this area. I have grappled with a concern that individual work with this group can contribute to the perpetuation of a myth that the problem is internally located within the person. Lyon-Callo (2012) challenges when she states that “any research that doesn’t strive to directly transform society for the better is unethical and not worth doing” (p 128). I recognise the need to firmly locate homelessness in the context of poverty and inequality and see value in Lyon-Callo’s advice to work within communities to reduce barriers to collective action. My dilemma revolves around being with the individual and promoting individual voice, a call that is highly seductive, particularly when this work is valued (Cockerell, 2011) and the desire to maintain focus on systemic and contextual issues. I wonder if it can be a case of both/and. Tuhiwai Smith (1999) brings perspective, when identifying that whilst research with underrepresented or marginalised populations can provide an insight, it “does not prevent someone from dying” (p. 3). In a population whose premature mortality precedes that of the larger population by over thirty years, there is a clearly a lot of work to be done.

6. CONCLUSION

The aim of this study was to develop an understanding of the experiences of men who have had multiple moves within projects for people who are homeless. The use of Interpretative Phenomenological Analysis facilitated an in-depth and idiographic investigation of six participants’ lived experiences. Four major themes were identified; “*Moving forward vs no way forward*”, “*Being here has really helped but it’s only temporary*”; “*Being treated as different*” and “*Desperately longing for yet deeply*

fearing relationships". The themes were explored and contextualised within existing literature and seen to extend our understanding of men who experience homelessness and multiple moves. Findings largely supported recent developments in the area of Psychologically Informed Environments. Clinical recommendations spanned domains across individual, service level and community.

Finally, the words of Reynolds (2011) seem particularly valid when working in this area.

Working in contexts that lack social justice can seduce us into thinking we must do everything and this is where solidarity and collective ethics can be a great resource to us.....A spirit of solidarity invites us to witness and connect with the important work of others, helping us to envision our collective work as both desirable and sustainable. (p. 32).

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APPENDICES

Appendix A – Participant information sheet

Appendix B – Ethical Approval

Appendix C – Participant consent form

Appendix D – Interview schedule

Appendix E – Participant debrief sheet

Appendix F – Individual participant transcript excerpt with analysis (Erik)

Audit trail of themes

Appendix G – Table of themes by participant

Appendix H – Language

Appendix I – Ethical issues particular to this study

Appendix A – Participant information sheet

UNIVERSITY OF HERTFORDSHIRE

XXXX - Trainee Clinical Psychologist

PARTICIPANT INFORMATION SHEET

Title of study: Homeless

Introduction

You are being invited to take part in a study. Before you decide whether to do so, it is important that you understand the research that is being done and what your involvement will include. Please take the time to read the following information carefully and discuss it with others if you wish. Do not hesitate to ask about anything that is not clear or for any further information you would like to help you make your decision. Please do take your time to decide whether or not you wish to take part.

Thank you for reading this.

What is the purpose of this study?

I recognize that services as they are at the moment do not meet the needs of everyone. In particular, certain people experience being forced to leave hostels which are set up to offer housing to people without a permanent home. I am interested in learning about the experiences of people who have been asked to leave a hostel more than once. I am curious to learn if there are ways that services could better serve people in these situations.

Do I have to take part?

It is completely up to you whether or not you decide to take part in this study. If you do decide to take part you will be given this information sheet to keep and will be asked to sign a consent form. Agreeing to join the study does not mean that you have to complete it. You are free to withdraw at any stage without giving a reason. A decision to withdraw at any time, or a decision not to take part at all, will not affect any care that you may receive (should this be relevant).

Are there any age or other restrictions that may prevent me from participating?

This study is looking to hear from men between the ages of 25 – 65 who were born in the UK. If you feel this may exclude you but you would want to express your views then please speak to me to discuss this further.

How long will my part in the study take?

If you decide to take part in this study, you will be involved in a one-off interview for up to 90 minutes.

What will happen to me if I take part?

If you are interested in participating then please speak to a member of staff from this centre who will put you in contact with me. A visit will be arranged at a time convenient for you at the centre. I will ask you some basic information about yourself such as your age and check that you are aware of the study, going through this information sheet and asking you to sign a consent form showing that you agree to participate.

I will then undertake an interview with you asking you about your experiences of being homeless and using hostels. This interview will take up to 90 minutes and will include some set questions and some scope to explore topics that you bring. It will be recorded on an audio recorder and then later transcribed (written down) on to paper. You can ask for a break or stop the interview at any time and you can choose not to answer any of the questions asked. Once the interview is completed I will give you information of local support options available to you, in case you feel you would benefit from any further support. I will also advise how you can contact me for any further information about the project or if you decide you no longer want to be a part of the study.

What are the possible disadvantages, risks or side effects of taking part?

Whilst I will try to make this a comfortable experience, the interview may touch on topics that are emotionally sensitive or distressing for you. It is possible that you may feel upset or emotionally unsettled following the interview.

What are the possible benefits of taking part?

The interview will be an opportunity to share your experiences and thoughts. I want to hear what things have been like for you. Many people feel that this in itself can be a positive experience.

I hope to write this research up and will try to get it published in a journal of other research. Your views and experiences will contribute to a research evidence base, informing wider understanding, particularly around what is helpful and what is not helpful. Therefore, your interview may go some way to inform how services are developed in the future.

How will my taking part in this study be kept confidential?

I won't tell anyone that you've taken part in this interview, or if you've chosen to leave it. This interview will be just between you and me and you don't have to give me any information about yourself that you don't want to. All the information that you provide will be treated in confidence and stored securely. Any information that you provide that could identify you will be stored separately from your interview and the written version of the interview, which will have names and identifying information removed. Any identifying information will be kept in a locked container. The only other person who may see identifying information would be my supervisor at the University of Hertfordshire, Dr xxx

I might quote things that you have said but it should not be possible to trace them back to you because they will not be attached to any information that should identify you. Interviews that are stored on a computer will be password protected and only I will know

the password. At the end of the study I will delete the recording of our interview and will only keep the written version, with names and details taken out.

The only possible exception to confidentiality would come if I felt concerned about your safety or the safety of somebody else. In this instance I may need to speak to other people about my concerns. Where possible, I would always try to speak to you about this before I spoke to anyone else and would aim to keep you informed of this process.

What will happen to the data collected within this study?

The data that you provide will include the information that you give that could identify you, such as your name, the hostel we meet in, your age, as well as the words that we exchange in the interview. The interview will be recorded on an audio recorder and then this data will be stored securely and separately. It will be listened to by me in order to write it up and compare it to the interviews I complete with other people. When I write it up, I will change any information that could identify you, such as names of people or places. Any data stored electronically, such as the interview written up, will be password protected. Any paper held will be locked away and identifying information will be stored separately to interviews. You can decide that you do not want to be included in this study up to a month after the interview takes place. In this instance all of your data would be destroyed. Otherwise, identifying data will be destroyed after the study has been completed and non-identifying data will be securely stored for 5 years, in line with guidelines from the British Psychological Society.

Who has reviewed this study?

This study has been reviewed by:

The University of Hertfordshire Health and Human Sciences Ethics Committee with Delegated Authority.

The UH protocol number is LMS/PG/UH/00431

Who can I contact if I have any questions?

If you would like further information or would like to discuss any details personally, please get in touch with me through your key worker.

Although I hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University's Secretary and Registrar

Thank you very much for reading this information and giving consideration to taking part in this study.

**UNIVERSITY OF HERTFORDSHIRE
HEALTH & HUMAN SCIENCES
ETHICS APPROVAL NOTIFICATION**

TO Coral Westaway
CC Dr Lizette Nolte
FROM Dr Richard Southern, Health and Human Sciences ECDA Chairman
DATE 17/7/15

Protocol number: **LMS/PG/UH/00431**

Title of study: The experiences of men who ‘recycle’ round hostels for the homeless

Your application for ethical approval has been accepted and approved by the ECDA for your school.

This approval is valid:

From: 16/7/15 To: 22/7/16

Please note:

If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form (available from the Ethics Approval StudyNet Site <http://www.studynet2.herts.ac.uk/ptl/common/ethics.nsf/Homepage?ReadForm>) and your completed consent paperwork to this ECDA once your study is complete.

Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1. Should you amend any aspect of your research, or wish to apply for an extension to your study, you will need your supervisor’s approval and must complete and submit form EC2. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1 may need to be completed prior to the study being undertaken.

Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately. Failure to report adverse circumstance/s would be considered misconduct.

Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Students must include this Approval Notification with their submission.

Appendix C – Participant consent form

University of Hertfordshire

Consent Form

Title of Project: Homeless

Researcher: XXX

Please tick

1. I confirm that I have read and understood the Participant Information Sheet for this study. I have had the opportunity to consider the information, ask questions and have had these questions answered satisfactorily.
2. I am aware that my participation is voluntary and that I am free to withdraw from the study at any time without having to give a reason.
3. I know I have the right to change my mind about taking part In this study for up to **one** month after my interview
4. I agree to being recorded as part of this study.
5. I have been told how information relating to me (data obtained in the course of the study, and data provided by me about myself) will be handled: how it will be kept secure, who will have access to it, and how it will or may be used.
6. I am aware that if the researcher felt concerned about risk to me or to others then she may have to speak to other people about this, but would always try and discuss this with me first.
7. I know who to contact in case I feel need for any further support after the study and contact details have been provided.

Name of participant [*in BLOCK CAPITALS please*].....

Signature of participant.....Date.....

Name of Researcher [*in BLOCK CAPITALS please*]

Signature of Researcher.....Date.....

Appendix D – Interview schedule

University of Hertfordshire

Interview Schedule

Title of Project: Homeless
Researcher: XXX

Past

- Can you tell me a little bit about yourself?
- Could you tell me how you came to be at XXX (this hostel)?
- Can you tell me a bit about your past experiences living in hostel environments? (prompts – what was challenging, what was positive, experience of relationships with staff/other residents)
- Have you ever been asked to leave any hostels? (prompts – what led to this)

Present

- Can you tell me about your current experience at XXX (this hostel)?
- What would you say are the positive aspects of being in XXX (this hostel)?
- What would you say are the challenges of being in XXX (this hostel)?
- Has staying here made any difference to how you see yourself?

Future

- If you could, is there anything about your experiences with services over the years that you would change?
- If a change was going to be made to how hostels were set up and run, what would your advice be?
- Is there anything that you feel is important about your experience of staying in hostels that I haven't asked you about today?

- Would you mind telling me why you decided to give up your time and take part in this interview today?
- What has your experience of being interviewed today been like?
- If you were to suggest I do anything differently, what would it be?

Thank you very much for taking part.

Appendix E – Participant debrief sheet

University of Hertfordshire Debrief Sheet

Title of Project: Homeless
Researcher: XXX

Thank you so much for taking the time to share your story with me and participate in this study. The interview that we have just completed will help me to think about services for people who have had to leave hostels and how these could be improved.

What next

I will type up this interview and take out any information that could identify you.

If you decide you don't want to be a part of this study then you can leave the study and I will delete our interview, up to one month from today.

Once the study is over I'll delete the recording and keep the typed version.

I'm going to write up this study as a formal report to hand in to the University of Hertfordshire. I'm also going to try to get it printed in a Psychological journal.

If you have any further questions or queries, or you would like more information about the study then please let your support worker know and they can contact me. Or contact me at my University on the following number, 01707 286322.

Complaints

If you're not happy with any part of this study then you have the right to make a complaint. If you feel able to, then you can talk to me about this first. If not, you can speak to your key worker or my supervisor at the University of Hertfordshire, Dr xxx. Tel: 01707 286322

Further Support

If you have found any part of this interview distressing, or feel that you could do with further support then please speak to your support worker who will be able to help you access this. If no one is available to speak to and you feel unable to keep yourself safe, then please speak to your GP or, out of hours, go to A & E.

The following numbers may also be useful to you:

Samaritans 08457 90 90 90
X Area Community Mental Health Team 24 hours XXX

Appendix F – Exert of transcript of interview with Erik

Audit trail of themes

Initial list of themes (Erik)

Clustered list of themes (Erik)

Clustered list of themes (cross-interviews)

<p>There must be someone that can help me?</p>	<p>250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272</p>	<p>So something about that power.</p> <p>P5: Yeah that power difference you know and I mean in my experience you do hold things back from them because that they're there, do you know what I mean. Which I think is quite sad really because I'm there cos I've got problems and that um if I sit there and tell you about my problems and and all this I mean sometimes I've asked them to deal with it and 'oh well we can't help you with that' or whatever. Ok then well I mean look up, there must be somebody there that can help me with this. But some staff ok they'll write it down and then there's nothing else said about it. But in here I find that they do help you in here, which is, good.</p> <p>I: So you you've kind of given me quite a lot there..</p> <p>P5: Yeah.</p> <p>I: ...about different um different times and it sounds now things are in a much kind of place...</p>	<p>Experience of power difference between self and staff/others in different contexts. <i>From them – Generic, all staff/professionals seen as the same? 98%</i></p> <p>Power difference makes you hold things back. Sadness I'm there because I've got problems. Sad that the people who are meant to help I can't trust or rely on, or feel safe enough with to share. Not confident in relationship with staff. Previous experience of not being helped. Feeling fobbed off.</p> <p><u>There must be someone there who can help me - hope, disbelief, frustration? Desperately seeking help and it not being provided.</u></p> <p><u>Different experience in this hostel, of being helped. Is this the 2% or is this an overly generous rating given the conditionality of help received?</u></p> <p>Staff now are working with me.</p>
<p>Girlfriend died through drugs</p>	<p>273 274 275</p>	<p></p>	<p></p>

Appendix F – Excerpt of transcript of interview with Erik
 Key – Descriptive *Linguistic* Conceptual

Guilt	276	P5: They're working... Yeah they're working	
	277	with me.	
	278		Past – crime and girlfriends death. Girlfriend also taking drugs.
Turning point	279	I: And I definitely want to kind of have a think	I left girlfriend and she <i>ended up dying – ultimate</i>
	280	more about that, is it ok if we think about a bit	<i>end. <u>Guilt? - I left her (does he feel partly to</u></i>
	281	about in the past?	<i><u>blame?]).</u></i>
	282		
	283	P5: Yeah, well in the past, basically I mean	Death of girlfriend given as pivotal point in life –
	284	it was er basically all the shop lifting I was	event that caused change. Saw self as mortal – I
	285	involved with and I had a lovely girlfriend,	could die.
	286	well she was taking drugs also and you know	<i>Briefly touches on death of girlfriend and moves on.</i>
Learnt to focus on	287	she ended up, well I left her and she ended	<i>Painful? Sensitive. Spoke about holding back from</i>
me and my needs	288	up dying.	<i>professionals and yet, shared very intimate</i>
	289	I: Ohhhh..	<i>information.</i>
	290		
	291	P5: And um you know that that was then I	Everybody's different. <u>You can't generalise, we</u>
	292	did think shit she's died. Well, ahh there, it	<u>shouldn't all be treated the same.</u>
	293	could happen to me and that was what really	
	294	made me change. But I mean the experience	
	295	of the hostel life, the the people that I've	
Trouble cos of other	296	come across in the hostels um everybody's	I've learnt to focus on me and my needs. I'm
people	297	different like you know, you know. Some	thinking about me, not about what anybody else is
	298	people do it some people don't and you can	doing.
	299	tell that. And it's like you know my	
	300	experience is, to be honest the bottom line is	I'll help them if I can – <i>suggesting this is not about</i>
	301	when I'm in the hostel now where I'm	<i>being selfish, it is about looking after himself.</i>
	302		<i>Prioritise his own needs.</i>

<p>Drugs the sole focus</p> <p>They're only drug friends</p>	<p>303</p> <p>304</p> <p>305</p> <p>306</p> <p>307</p> <p>308</p>	<p>getting it I'm thinking about me. I'm not thinking about if anybody else in the hostel is doing this and that, course if I've got it I'll help them and things like that, but at the end of the day it's me I want to move on you know and they're not coming with me, you know what I mean, so. But before I'd be thinking about them and me, yeah?</p> <p>I: Right.</p>	<p>I want to move on. <u>Previously thought collectively, now thinking more individually. I am on my own</u></p> <p>Thinking about others would lead to trouble <i>Trouble cos of other people.</i></p> <p>Was begging. Always looking for money for drugs, shoplifting or begging.</p>
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<u>Erik – List of emergent Themes</u>		
	19. Regularly looked down on cos I was homeless	37. Learnt to focus on me and my needs
1. Ended up on drugs	20. Seen as less than human	38. Trouble cos of other people
2. Sleeping rough	21. Lots of experience	39. Drugs the sole focus
3. Had to seek out help	22. Learnt to stand up for myself	40. They're only drug friends
4. Shoplifting for drugs		41. So many losses to drugs
5. Prison	23. Made to feel an inconvenience	42. Prison got him clean
6. Stuck in cycle of crime, drugs and the street	24. Staff here are great	43. Guilt
7. Increasingly used to communal living	25. Cirrhosis of the liver	44. Getting in to trouble got me help
8. Action that sets all progress back.	26. When I engage I also get something back	45. Being on the streets doesn't get you help
9. Extensive homeless history	27. Given expensive medical treatment	46. Hostel access is conditional on engagement
10. Family arguments led to rough sleeping	28. Professionals gate keep medical services	47. Having to always move on
11. Previous associates as catalyst for drug use	29. I needed to get in trouble to get help	48. System doesn't fit the realities for people on the streets
12. The only thing that meant anything was taking drugs	30. Help is conditional on engagement	49. Having to explain and justify (self)
13. Only started wanting more when stopped drugs	31. Experience of power difference between self and others	50. Value in just talking
14. Drug use is prolific	32. Power difference makes me hold back	51. Services are limited by red tape
15. High staff turnover		52. If staff don't go above and beyond then I won't either
16. Staff would leave without you knowing	33. There must be someone that can help me?	53. 20 years in the homeless system
17. Noone here sees this as more than a roof over my head	34. Girlfriend died through drugs	54. Want to hold hope in individuals
18. Expectations placed on residents that weren't met by staff.	35. Guilt	
	36. Turning point	55. Homelessness as a commodity

56. Is anyone invested beyond money? 76. Drugs used to stop thinking 97. Lack of privacy in hostels
57. Power difference 77. Drugs take over everything 98. Keeps business private
58. Help is conditional 78. Loss of all basic comforts 99. Good relationship with staff now
59. Anyone in my situation would be driven to substance use 79. Working as a team to survive 100. Happiest I've been for a long time
60. Why is nobody helping? 80. Relationship provides someone to do it for 101. Brother wouldn't talk to me
61. Unworkable requirements block help 81. Investment in him and his achievements makes him want to give back 102. Embarrassed my family
62. If you can't help me, I'm not bothered 82. Importance of others witnessing his successes 103. Lost so much
63. Support engenders change 83. Change comes through reciprocal relationships 104. Hopeful things can get better
64. Someone investing creates a responsibility /commitment to the other 84. Don't want to let people down 105. Improved relationship with family
65. Don't want to let them down 85. Need to feel heard and understood 106. I was making Mum unwell
66. The power of forming a connection 86. Feels indebted 107. Guilt made me want to change
67. It's hard to get support 87. Starting to look to the future 108. Turning point
68. Positive encounters cause ripples that grow 88. Ex-addicts as role models 109. My behaviour affects others
69. Importance of regular contact 89. Wants to give back 90. All down to me 110. I've been so selfish
70. Being let down, makes me lose faith 91. Help was there 111. Aspects of self revealed through feedback from others
71. Homeless seen as less 92. Getting help changed my thinking 112. Knowing I meant something to others made me change
72. Being judged 93. Outwardly appears happy 113. Strained family relations
73. Learnt not to expect support 94. Keeps sadness to himself 114. My constant taking made family avoid me
74. Treatment as conditional 95. Girlfriend is best friend
75. Substance use essential when on streets 96. Relationship helps make hostel a home

115. Relationships as precious and to be held on to
132. Experienced a lack of care and interest in helping
151. People don't tell me things
116. Learn through suffering
133. Talking makes things happen
152. I want to share my experience
117. I started sorting myself out
134. Turnover of staff is crazy
153. People don't really listen
118. Keep myself to myself
135. Staff leave
154. Importance of experience
119. Moved out of hostel for prolonged absence
136. My experience is overlooked
155. I've made it across the river
120. Got problems
137. People talk at me
156. Giving up drugs was a sacrifice – I didn't want to but I knew I had to
121. You have to go and look for help
138. Being talked down to stops me talking
157. If I didn't give up drugs I would die
122. You have to keep trying
139. Ex-drug users as role models
158. Giving up drugs shows my commitment to helping myself
123. If I don't put my bit in I'm not going to get nothing
140. Prevalence of death
159. On the streets you don't think
124. Substance use major cause of homelessness
141. You're not bothered and you don't even try
160. Now I'm safe and warm I'm thinking about the future and planning ahead
125. Thinking about my needs is helping me finally get somewhere
142. Staff can make things happen
161. I've got to go out and get it
126. I'd do what other people wanted
143. Doing something for me demonstrates care
162. Now standing up for myself
127. Others look after themselves
144. Invest in me and I will step up
163. If people invest time in me they deserve to see returns
128. Staff here treat me like a person
145. Seen as a drunkard bum and chucked in the corner
164. If I don't give back, people's efforts will feel futile.
129. Treated bad everywhere I go
146. I've got to give something back
165. You have to keep asking for help
130. Don't like letting people down
147. Homelessness blocks normal experiences
148. If we both invest we both get back
131. Staff do something so I give something back
149. I couldn't do this alone
150. Just talk to me

166. I've worked hard for what I've got
 174. Critical situations as opportunity to encourage change
 181. Help me with my problems
167. If you don't help yourself you're going nowhere.
 175. I just want staff to do their job
 182. Frustration at lack of help
168. I want to help
 176. Helping others makes me feel great
 183. I want to give something back
169. Now grateful for help that's available
 177. Hostel environment can be very noisy
 184. Want to cheer people up
170. Do staff have the training they need?
 178. This is a complex job and staff don't often know how to do it
 185. I get down just like everybody else
171. I took control of the situation
 179. You're here to help me and you tell me you can't
 186. Recognition from others makes me feel good
172. Staff very unavailable
 187. Positive relationships help me maintain progress
173. They never gave a shit
 180. I want to be seen as a human

Erik – Clustered themes

Emergent Themes Participant 5 - Erik

1. DRUGS TOOK OVER EVERYTHING

- a) The only thing that meant anything was taking drugs
- b) Drugs are necessary on the streets to stop you thinking
- c) *Home, family, death of my girlfriend - So much lost to drugs*

2. FRUSTRATING POOR TREATMENT AND LACK OF HELP

- a) You're here to help me and you tell me you can't
- b) Why is no one helping?
- c) Services are limited by red tape
- d) Help is conditional
- e) Seen as a drunkard bum and chucked in the corner

3. I'VE LEARNT TO HELP MYSELF BUT I COULDN'T HAVE DONE THIS ALONE

- a) If you don't help yourself you're going nowhere
- b) Someone putting their time in to me makes me a different person, makes me want to give back

c) My behaviour affects others and others affect me – change is relational

d) Positive encounters cause ripples that grow

4. ONLY STARTED WANTING MORE WHEN I STOPPED DRUGS

- a) Relationships are so much better now
- b) Now I'm safe, warm and can think, I'm planning my future
- c) I want to help and share my experiences

DRUGS TOOK OVER
EVERYTHING

The only thing that meant
anything was taking drugs

Ended up on drugs
Drugs the sole focus
Drugs take over everything
Sleeping rough
Shoplifting for drugs
Prison
Got problems
Substance use major cause of
homelessness
Drug use is prolific
Stuck in cycle of crime, drugs
and the street

Drugs are necessary on the
streets to stop you thinking

Drugs used to stop thinking
Substance use essential when on
streets
On the streets you don't think
Anyone in my situation would
be driven to substance use
Previous associates as catalyst
for drug use

Home, family, death of my
girlfriend - So much lost to
drugs

Extensive homeless history
20 years in the homeless system
Loss of all basic comforts
Used cardboard for a blanket
Homelessness blocks normal
experiences like education
Family arguments led to rough
sleeping
Brother wouldn't talk to me
I was making Mum unwell

Embarrassed my family
Strained family relations
My constant taking made family
avoid me
Lost so much
Prevalence of death
So many losses to drugs
Girlfriend died through drugs
Cirrhosis of the liver

FRUSTRATING POOR
TREATMENT AND LACK OF HELP

You're here to help me and you tell me you can't

This is a complex job and staff don't often know how to do it

I just want staff to do their job

Help me with my problems

You're here to help me and you tell me you can't

Frustration at lack of help

Staff very unavailable

They never gave a shit

Do staff have the training they need?

People don't really listen

Experienced a lack of care and interest in helping

You're not bothered and you don't even try

Made to feel an inconvenience

Turnover of staff is crazy

High staff turnover

Staff would leave without you knowing

Noone here sees this as more than a roof over my head

Staff leave

My experience is overlooked

People talk at me

Just talk to me

People don't tell me things

Services are limited by red tape

Unworkable requirements block help

System doesn't fit the realities for people on the streets

Being on the streets doesn't get you help

Having to always move on

Getting in to trouble got me help

(x2)

Homelessness as a commodity

Help is conditional

Help is conditional

Treatment as conditional

Hostel access is conditional on engagement

When I engage I also get something back

Given expensive medical treatment

Professionals gatekeep medical services

Help is conditional on engagement

Lack of privacy in hostels

Having to explain and justify (self)

Expectations placed on residents that weren't met by staff.

Seen as a drunkard bum and chucked in the corner

Regularly looked down on cos I was homeless

Homeless seen as less

Being judged

Seen as less than human

I want to be seen as a human

Seen as a drunkard bum and chucked in the corner

Treated bad everywhere I go

Experience of power difference between self and others

Power difference makes me hold back

Power difference

Being talked down to stops me talking

Why is no one helping?

Why is nobody helping?

There must be someone that can help me?

If you can't help me, I'm not bothered

If staff don't go above and beyond then I won't either

Is anyone invested beyond money?

Being let down, makes me lose faith

It's hard to get support

**I'VE LEARNT TO HELP MYSELF
BUT I COULDN'T HAVE DONE
THIS ALONE**

**If you don't help yourself you're
going nowhere**

Giving up drugs was a sacrifice
– I didn't want to but I knew I
had to (OR HELPING SELF?)

Giving up drugs shows my
commitment to helping myself
Learnt to stand up for myself
(x2)

If you don't help yourself you're
going nowhere.

If I don't put my bit in I'm not
going to get nothing

I took control of the situation

I've worked hard for what I've
got

I've got to go out and get it

You have to go and look for help

Had to seek out help

You have to keep asking for
help

You have to keep trying

All down to me

Learnt not to expect support

Thinking about my needs is
helping me finally get
somewhere

Learnt to focus on me and my
needs

I started sorting myself out

**Someone putting their time in to
me makes me a different person,
makes me want to give back**

Doing something for me
demonstrates care

Invest in me and I will step up

If people invest time in me they
deserve to see returns

If I don't give back, people's
efforts will feel futile.

If we both invest we both get
back

Don't want to let people down
(x3)

Staff do something so I give
something back

I've got to give something back
(x3)

Feels indebted

Someone investing creates a
responsibility /commitment to
the other

**My behaviour affects others and
others affect me – change is
relational**

A relationship provides
someone to better myself for

I couldn't do this alone

Importance of others witnessing
his successes

Change comes through
reciprocal relationships

Getting help changed my
thinking

Aspects of self revealed through
feedback from others

Knowing I meant something to
others made me change

Support engenders change

Recognition from others makes
me feel good

Positive relationships help me

maintain progress

Now grateful for help that's
available

Need to feel heard and
understood

Guilt made me want to change

My behaviour affects others

I've been so selfish

Guilt (x2)

Turning point (x2)

Critical situations as
opportunity to encourage
change

Positive encounters cause
ripples that grow

Importance of regular contact
The power of forming a
connection
Working as a team to survive
Value in just talking
Want to hold hope in individuals
Staff here are great
Help was there
Relationships as precious and to
be held on to
Staff can make things happen
Talking makes things happen
Staff here treat me like a person

ONLY STARTED WANTING MORE WHEN I STOPPED DRUGS

Relationships are so much better
now

Good relationship with staff
now
Improved relationship with
family
Girlfriend is best friend
Relationship helps make hostel
a home
Happiest I've been for a long
time

Now I'm safe, warm and can
think, I'm planning my future

Starting to look to the future
Hopeful things can get better
Ex-addicts as role models (x2)
considering career

I want to help and share my
experiences

Helping others makes me feel
great
I want to help
Want to cheer people up

I want to share my experience
Lots of experience
Importance of experience
Learn through suffering
I've made it across the river

OTHER

Moved out of hostel for prolonged
absence

Increasingly used to communal living
Hostel environment can be very noisy
I get down just like everybody else
Prison got him clean

Keeps business private
Outwardly appears happy
Keeps sadness to himself
Keep myself to myself

FOCUSING ON OTHERS

I'd do what other people wanted
Others look after themselves
Trouble cos of other people
They're only drug friends

Cross interview master and superordinate themes with associated subordinate themes

Moving forward vs no way forward

Working up to moving on

Stopping drugs, I started wanting more

Relationships are so much better now

Now I'm safe I can think of my future

I want to help and share my experiences

Searching for something different

Hope is everything

Learning to navigate life's challenges

Changing self

Trying to change and better self

Wanting to be of use

Struggling to see a future

Prevented from being the man I'd wanted to be

Gave up on everything

Overdoing it makes you lose your course

Stuck in a negative cycle

Drugs, crime, prison and being moved on

Medication won't change a depressing life

No way forward

It's hard to feel you're getting anywhere

Drink and drugs can take their toll

Witnessing people drink themselves to death

Drugs took over everything

Drugs were the only thing that meant anything

You need drugs on the streets to stop thinking

So much lost to drugs

It's hard to avoid drugs

Witnessing the struggles around me

Holidays to relax and forget but I've only got drugs

Being here has really helped but it's only temporary

Help can be conditional but it's still help

Appreciating the efforts of staff

Being here has made me mingle

Hostels do try to help

Hostels link people to the mainstream

Help is conditional

Learning to go by the rules

Hostel provides company

Navigating the challenges of hostel life

Illusion of forever

I've had problems and always had to move on

Problems as systemic

Frequent moves keep me as just an observer

You can always overstay your welcome

Searching for an alternative to the status quo

Longing for somewhere I can relax

It doesn't take the pain away

Overwhelming emotions

Alcohol numbs the pain and guilt

Hurting

Mental health problems

Physical health problems & Mortality

Loss at all levels

Being treated as different

Feeling unsupported

Why is no one helping?

What do I need to do to get help?

Frustrating poor treatment and lack of help

You're here to help me but tell me you can't

Why is no one helping?

Taking it all on myself

If you don't help yourself you're going nowhere

I should help myself

I'm to blame

Being seen as an addict, you're treated differently

Seeing self as an addict

Alcohol as identity

No one helps an alcoholic

Seen as a drunkard bum and chucked in the corner

Realising people here are just people

The people you step over in the street are decent people

Wondering how others see me

Finding a place where I feel normal

Maintaining self through addiction

Seeing self as different to those who overdo it

You can't choose your neighbours

Fragility of relationships/Desperate for closeness but relationships aren't safe

Craving connection

Desire to be heard and understood

United through alcohol

I've learnt to help myself but I couldn't have done this alone

Someone putting their time in makes me a different person

My behaviour affects others and others affect me

Positive encounters cause ripples that grow

Getting close, I risk being hurt, again

Relationships don't work (for me)

It's fucking awful when people leave

People can wear you down

Loneliness is the worst thing

Being alone or being close, both hurt

Prevented from being a father

Loss of the life I'd planned

Family is everything but I've been cheated

Claiming alone as a choice, not a rejection

Family times are so precious and so fragile

I learnt to keep things private

If I keep out of it, it doesn't have to bother me

Appendix G – Table of themes by participant

Master and superordinate themes		PARTICIPANT					
		Anthony	Bradley	Charles	Doug	Erik	Francis
Moving forward vs. no way forward	Working up to moving on	✓	✓	✓		✓	✓
	Drink and drugs can take their toll	✓	✓	✓	✓	✓	✓
Being here has really helped but it's only temporary	Help can be conditional but it's still help	✓	✓	✓	✓	✓	✓
	Forever is an illusion	✓	✓	✓		✓	✓
Being treated as different	Being seen as an addict, you're treated differently	✓	✓	✓	✓	✓	✓
	Comparing self to those around me	✓	✓	✓			✓
Desperately longing for yet deeply fearing relationships	Craving connection	✓	✓			✓	
	Getting close, I risk being hurt, again	✓	✓	✓	✓		✓

Appendix H Language

“Speaking isn’t neutral or passive. Every time we speak, we bring forth a reality. Each time we share words we give legitimacy to the distinctions that those words bring forth.” This quote from Freedman and Combs (1996, p. 29) points to the responsibility we each hold to consider the language we choose to use. This feels particularly important when working with marginalized groups, such as those experiencing homelessness, who already experience levels of stigma. The BPS (2014, p. 14) code of human research ethics highlights the possibility that research “may lead to ‘labelling’ either by the researcher (e.g. categorisation) or by the participant (e.g. ‘I am stupid’, ‘I am not normal’)”, emphasising the need for careful and considered language use to ensure research is ethical.

Pascale (2005) examined what she described as the “cultural production of homelessness” (p. 251). She highlighted that for many in society, our only knowledge of people who experience homelessness is through the media. Pascale proposed a strong relationship between the cultural production of homelessness, politics and economics. She demonstrated that over time the term ‘homeless’ altered from describing someone who had lost their home, and could thus be empathised with and seen in terms of ‘it could be me’, to being associated with “substance abuse, mental health and free choice.” This shift repositioned people without homes as “other” or “universally alienated” (p. 259). Pascale questioned why people are termed ‘homeless’ rather than ‘houseless’, exploring the differential meanings associated to house and home. Whilst a house is seen as a commodity, she argued, a home represents community

and belonging. For this reason she purports that homelessness “is a profound cultural rejection”.

Parsell (2010) identified that ‘homelessness’ is an ascribed identity, rather than one that is enacted. His extensive time spent with people experiencing homelessness demonstrated that, for them, homelessness was not a defining feature of identity. “Participants largely acknowledged their homelessness, but contextualised it as both symptomatic of, and subordinate to, other far more significant life experiences” (p. 181). No participant in Parsell’s study perceived their homelessness as defining of either their personal or social identities. This suggests that homeless as a classification may not fit for those it is used to define, and therefore services designed in response may be somewhat off track. Parsell (2011) goes on to explore the connotations associated with the ascribed identity. “We know them as ‘homeless people’. Through derogatory representations, they have been portrayed as the embodiment of the negative identity they have been ascribed” (p. 442). This thinking led to my questioning usage of terms around ‘homeless people’.

A discussion with a professional working in this field highlighted the challenges associated with terminology. He explained that this was a long debated issue within services and highlighted the tension between on the one hand using terms which are more receptive to individually constructed identities, and on the other the complexities associated with leaving the word ‘homeless’ out of communications with those outside of the sector, highlighting the general convention of the term. This raises issues around

how the term homeless, in many senses, could be seen to mean more to professionals or the general population, than those the services pronounce to serve.

The complexity of issues informed my use of language within this study. I chose to acknowledge that I had initially been interested in the area of 'homelessness' and that use of this term positions this study within a wider academic body of literature and context. However, I also wanted to acknowledge that this may well not be an identity that participants ascribe to. McCarthy (2013) explains that an intersectional approach to research would allow for recognition of the fluidity and multiplicity of identity, moving away from a singular 'homeless identity'. The use of IPA within this study, and its idiographic nature, allowing consideration of individual experience and lines of difference shall be discussed further within the method section. Throughout this study I shall refer to 'people experiencing homelessness' (PEH) as a way of acknowledging that I am neither defining nor limiting people to this experience, whilst recognising this as a factor that framed this study. When considering the particular group of people who experience homelessness and multiple moves around homeless services I shall use the acronym PEHMM for readability. The title of this study reflects that it is governments, policy and services that design projects for people experiencing homelessness. I attempted to be mindful of my use of language within this study and will further consider the use or absence of phrasing around homelessness by the participants within the discussion.

Appendix I - Ethical issues particular to this study.

A number of ethical issues were identified that were specific to this study. They will now be considered.

Use of an incentive.

Wilkes (2013) highlighted the need to encourage and support the involvement of previously hard to reach participants in research. It can be seen that the participants recruited within this study are part of a wider cohort of those underrepresented in research, who have struggled with professionals and services at all levels. Hearing from members of this marginalised and stigmatised group was seen as key to enriching our understanding in this area.

Wilmot (2005, p. 7) reported that “due to the intensive (at least cognitively) and sometimes intrusive nature of the interviews, incentive payments are commonplace in qualitative research”. Furthermore, Wilkes noted that some groups, particularly professional groups, “are unlikely to agree to participate in research unless they are paid for their time. This has led some researchers to a view that, in the interests of fairness, all research participants should be paid a fee, not just those who demand it” (p. 33). Therefore, a token of appreciation, given after interview, is now often viewed as standard within research contexts. Wilkes highlighted the potential that mentioning an incentive within the information sheet could affect informed consent. This could be seen contentiously, suggesting that incentives could be considered differently depending on people’s access to finances. Recognition of the value of recruiting from

a hard to reach population was weighed against a desire to avoid coercion of involvement. It was felt that, as is routine in qualitative research, an incentive payment would be offered in this study. It was made clear, however, that receiving an incentive did not negate participants' right to withdraw.

Consultation with members of a service user group highlighted a potential dilemma between providing an incentive but creating temptation for those trying to reduce substance use, or withholding an incentive but providing prejudicial treatment. Festinger et al.(2005) investigated oft claimed accounts that research payments precipitate drug use or coerce participation, but found that “neither the magnitude nor mode of the incentives had a significant effect on rates of new drug use or perceptions of coercion” (p. 275). Furthermore, Hough et al. (1996) advised that incentive use with the homeless population is standard practice.

After full consideration of the above issues, and following consultation with the UH ethics committee, service-user group and managers at the two hostels, it was felt that thanking participants with a £10 voucher for the nearest supermarket demonstrated equitable treatment and respect for personal agency and autonomy. Many of the men expressed surprise and gratitude at this offering. One man, on returning from the supermarket prior to my departure from the hostel, told me with evident delight about the things that he had bought with his voucher.

Issue of recruitment of “vulnerable population”.

Firdion, Marpsat, and Bozon (1995, cited in Philippot et al, 2007, p. 496) explored the ethical legitimacy of interviewing homeless people. They advise that there can be a “humanistic legitimacy” to interviews when conducted respectfully, through enhancing participant’s self-esteem and promoting a position as a valued member of the wider community. My experiences were that for four of the six men, being involved in the interview was seen as potentially personally beneficial, with participants offering thanks for feeling heard and valued. One man appeared, whilst polite, unaffected by his involvement and the sixth suggested that the benefits in involvement, for him, were merely financial. With the potential exception of Anthony, mentioned above, and whose experience was reported as useful, I did not witness, perceive or subsequently hear of any detrimental effects of involvement on participants.

Where to recruit participants

Whilst this study’s focus was on those who have experienced multiple episode homelessness and multiple moves, consideration was given to where it was ethically appropriate to recruit participants from. During her extensive ethnographic research and support work with homeless populations, Robinson (2011, p. 167) talks about “invasions of privacy, such scenic exposure to the everyday rituals of sleeping, eating, washing, to the everyday bodily intimacies of lives lived hard in the generalised spaces of park edges, backstreets, drop-in centres and refuges.” As a subjectively and objectively perceived outsider (discussed further within the reflexivity section), dilemmas about undertaking research with people without permanent housing were

already at play. The discomfort only grew when consideration was given to approaching people in different contexts, particularly at locations where they might be being fed (“soup kitchens”), places they might be considering accessing services (drop in centres) or places where professionals might be seen to be intruding (the street for a rough sleeper). It was recognised that the people in these settings could be people who were even less represented in research, less linked in with services, and one could argue the importance of their being recruited and heard. However, this was balanced with concerns that my requests would be an unwanted intrusion, or worse still, would negatively impact on someone accessing other, more needed, services. For these reasons, recruitment was undertaken exclusively within the two hostels mentioned.