

Young People's Experiences of Leaving Homelessness: A South Wales Study

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I fy nheulu, diolch am eich amynedd a'ch cariad, rydw i wir yn sefyll ar ysgwyddau cewri.

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Abstract

Understanding how homelessness is experienced is key in developing meaningful and effective interventions. In recent years there has been a shift from research concerned with routes into homelessness towards investigations of exits from homelessness. Despite much being known about the predictors of homelessness exits, less is known about how this phenomenon is experienced. There is a lack of UK based research, with young people who have experienced homelessness being highlighted as a particularly marginalised and hidden group. This study examines the experience of six young people who have successfully exited homelessness in South Wales. An interpretative phenomenological analysis of semi-structured interviews led to four main themes: 'The hardship of homelessness and the perilous task of exiting', 'The importance of people', 'How I survived', and 'It's on me to change'. Findings highlight the hardship experienced by young people when exiting homelessness including financial insecurity, relationship challenges, and shame. This study brings new light to the importance of resilience, hope, pride, inner resourcefulness, and personal growth for young people exiting homelessness. These novel findings are considered within the framework of posttraumatic growth (Tedeschi & Calhoun, 2004) which challenges the narrative of vulnerability of young people who are homeless, by highlighting the creative ways in which they respond to adversity. Working within a framework that allows for the emergence of posttraumatic growth narratives and the use of a relationally informed approach is supported. The findings also support the use of assertive and consistent efforts in engaging young homeless people, as well as ensuring that financial support is provided. It is argued that a reconceptualization of preventative strategy is required, one which acknowledges the challenging period of maintaining a tenancy post-homelessness. There is a need for longitudinal research on how young people achieve long-term stability after leaving homelessness.

Key Words: exiting homelessness, youth homelessness, interpretative phenomenological analysis, qualitative research, post-traumatic growth

1. Introduction

1.1 Overview

This study explored young people's experiences of exiting homelessness in South Wales. In this chapter, the researcher's personal and philosophical position is outlined. An overview of the contemporary literature exploring homelessness is presented, along with relevant key policy documents pertaining to homelessness in Wales. Key terms and psychological theory relevant to the area of study are also outlined. To conclude, information is presented on youth homelessness.

1.2 Personal and Philosophical Position

1.2.1 *Researcher's Personal Position in Relation to the Area Under Study*¹

Positionality refers to the world view and position an individual adopts about a research task (Holmes, 2020). This will concern the individual's ontological and epistemological assumptions, and the assumptions held about human nature. These are said to be shaped by an individual's values and beliefs, which may be influenced by their gender, political allegiance, ethnicity, social class and so on (Holmes, 2020). A statement of positionality is said to be important in qualitative research as it allows the reader to assess the effect of the researcher's characteristics and perspectives in relation to the area being researched and the conclusions that are drawn (Wilson et al., 2022). In this section, I will attempt to position myself as a researcher.

There are an almost endless number of reasons why I decided to engage in this research topic, with an overview of all of these being beyond the scope of this chapter. I have not experienced homelessness, but I do have family and friends who have experienced forms of homelessness. For this reason, I am considered an 'outsider researcher' (Bridges, 2001) as I do not have direct personal experience of the phenomenon under investigation. I believe the story of my interest in homelessness is rooted in my upbringing in a small,

¹ This section is presented in the first person for the researcher to communicate their personal position in relation to the area under investigation. The remainder of this document will be presented in the third person.

forgotten about, ex-coal mining valley in South Wales. I experienced financial and housing insecurity from a young age. I learnt adversity could lead to deep trouble within the human soul, resulting in health problems, violence, addiction, and nihilism. In these situations of hardship and insecurity people do not feel in control of their own destiny, resentment towards those in power builds, leading to further feelings of disempowerment and helplessness. Left to go about its business unchallenged, this perpetual state of destitute can corrode the human spirit, leaving scars in the process. I view homelessness as one of the knives that leave these scars. It is this connection with adversity and human suffering that drew me to this subject.

I believe being housed is an intrinsic human right, whilst appreciating there are no easy answers to the 'problem' of homelessness. However, I wonder if those who experience homelessness have at least some answers for what needs to change to eradicate it for those who do not wish to live without a house. I also believe it is likely they do not hold all the answers, as we sometimes need the council of others to find the best path forward.

My hope is that this research can be the manifestation of this coming together of experts who have experienced homelessness, and those who have not, to find solutions. I hope to highlight the reality of homelessness for a select group of young people in South Wales. I approached this process with a strong desire to not engage in a political point scoring battle, because at the heart of this issue lay humans, not pawns. Despite this, I have not naively assumed my identity and beliefs could be bracketed entirely from this exploration. Through my personal experiences and the experiences of those who have sought my support, I have grown to believe in the human spirit's ability to survive, resist, and flourish under the pressure of the sharpest and heaviest knives. This, along with my values of freedom, justice, and empathy, inevitably influenced the work presented in the pages that follow; I invite the reader to hold this in mind when engaging with its content.

1.2.2 Critical Realism

The philosophical position adopted in undertaking this research is best described as critical realism (Bhaskar, 1975). Critical realists assume a realist ontology and a subjectivist epistemology (Fryer, 2022). The position taken here is that a reality exists 'out there' independent of observers (Easton, 2010), however a participants' description of said reality might not be a pure representation of reality itself and is mediated through a filter of human interpretation (Fletcher, 2017). For example, when interviewing participants about their experiences, it is possible they will not be aware of all factors that influenced this experience (Harper, 2011). Data collected from participants is not necessarily presented as a reflection of 'direct' reality, but instead the interpretation and sense making of reality. This sense making will be shaped by the participants' context and the researcher's context.

1.3 Key Terms

Key terms are presented in Table 1. The term homelessness will be used to describe hidden homelessness, statutory homelessness, and rough sleeping, unless otherwise specified.

Table 1

Key Terms and Definitions

Term	Definition
Statutory homelessness	Statutory homelessness refers to all households who are owed a homelessness duty by a local authority (Ministry of Housing, Communities and Local Government, 2019). A homelessness duty is when there is a duty to provide accommodation for those in need of housing assistance, however, not everyone qualifies for statutory homelessness, as they are not necessarily deemed in 'priority need'. There are four main groups considered to be in 'priority need'. These are households with dependent children, pregnant women, those in an emergency (e.g., fire, flood, or other natural disaster), and those

Term	Definition
	considered vulnerable. Those considered vulnerable include people who are disabled, care leavers, the elderly, those who are fleeing violence, those with a serious health condition, and people with serious mental health difficulties. There may also be specific 'special reasons' why someone might be considered vulnerable and therefore deemed to be in 'priority need.'
Hidden homelessness	Hidden homelessness refers to those who are experiencing homelessness but are hidden from statistics as they are often dealing with their situation informally (Crisis, n.d.). This might include staying with family and friends, sofa surfing, living in unsuitable housing such as squats, or sleeping in a car (Clarke, 2016; Fitzpatrick et al., 2018).
Rough sleeping	Rough sleeping refers to people without a shelter of any kind (Public Health England, 2020). Rough sleepers are those individuals who are seen sleeping on the streets, and consequently are the main image the public has of homelessness.
Core homelessness	The model of core homelessness was developed to present a more reliable estimate of homelessness across the UK. Core homelessness refers to those experiencing the most severe forms of homelessness (Watts et al., 2022) which includes rough sleeping, living in sheds, garages and other unconventional buildings, sofa surfing, hostels and unsuitable temporary accommodation (e.g., B&Bs). The model of core homelessness was developed to present a more reliable estimate of homelessness across the UK.
Concealed household	Households containing more than one family unit.
Hostel	In this study young people used the term hostel to refer to supported accommodation; where accommodation is provided alongside support, supervision, or care. The term hostel is also used by young people to describe establishments or organisations which provide food and lodging, often with no/low cost to the person.

Term	Definition
Temporary accommodation	A broad term describing temporary housing for people who are homeless.

1.4 Homelessness in Wales

1.4.1 Scale²

As homelessness is recorded differently in each nation, and because many people who experience homelessness are not recorded in official statistics, there is no official national figure for how many people are homeless in the UK (Crisis, n.d.). In 2019, overall core homelessness in Wales stood at an estimated 8,890 households; this included over 5,000 people sofa surfing, almost 2,000 in hostels and similar accommodation, 550 in unsuitable temporary accommodation, 460 rough sleeping, and around 600 staying in unconventional accommodation (Fitzpatrick et al., 2021). The most populous area, South Wales, has the highest rates of core homelessness (Fitzpatrick et al., 2021). It is predicted Wales has a slightly lower homelessness rate per head compared to England, but a slightly higher rate than Scotland (Fitzpatrick et al., 2021); these differences may be explained by higher rates of homelessness in London, as well as larger cities in England. Since 2015, there has been a trend of increasing numbers of Welsh households that are defined as statutory homeless and threatened with homelessness (Welsh Government, 2022). Between 2021 and 2022, a total of 11,704 households in Wales were owed a duty to help secure accommodation, with over 4,000 of these identified as unintentionally homeless and in priority need (Welsh Government, 2022).

Estimating the true scale of hidden homelessness is a greater challenge (Office for National Statistics (ONS), 2023). Using household surveys, Crisis (n.d.) have predicted the scale of hidden homelessness in terms of concealed households. In 2016, they found adults in concealed households was estimated at over three million in England, an increase of over

² Many of the figures reported in this section are estimates; it has been suggested that the true figures are likely to be higher (Crisis, n.d.)

30% since 2008. According to the ONS (2023), limited evidence available suggests some groups, including women, young people, and ethnic minority groups, are more likely to experience hidden homelessness. According to data gathered through the English Housing Survey, from 2019 to 2021, 538,000 households had someone staying with them who would have otherwise been homeless; of these, 64% were male and 36% were female (ONS, 2023). These estimated figures are not available for Wales, however, a recent major campaign to tackle hidden homelessness was launched by the Welsh Government in 2020, highlighting the seriousness of the issue.

1.4.2 Homelessness Policy, Legislation, and Strategy

An overview of policy and strategy related to homelessness is presented in Table 2. This provides the reader with the wider context within which homelessness is experienced in South Wales.

Table 2

An Overview of Welsh Homelessness Policy, Legislation and Strategy

Policy, strategy, or legislation	Summary
Strategy for Preventing and Ending Homelessness (2019)	<p>The Welsh Government outlines its strategic approach to prevent and address homelessness in this policy document.</p> <p>There is a strong emphasis on preventing homelessness wherever possible, and when not possible to ensure that it is rare, brief, and un-repeated. There is a focus on early prevention, and that homelessness should be viewed as a public services issue rather than a housing issue alone. The Welsh Government states that they are shifting their focus to a rapid re-housing approach, towards long-term housing led solutions. Suggested preventative measures include preventing the risk of problems arising through education and good tenancy support; providing targeted support to groups at risk to stop problems</p>

Policy, strategy, or legislation	Summary
	<p>developing (e.g., referrals to family support services); and intervening once a problem occurs to ensure it does not get worse, such as clearing rent arrears to avoid eviction.</p> <p>A whole-system approach is endorsed, which involves alignment across organisational boundaries to support change (i.e., investing in improved access to mental health and wellbeing support). A key part of this is ensuring specialist multi-disciplinary teams are supporting individuals to address their needs using a trauma informed approach (see section 1.7.3). The need for improved data on homelessness in Wales – and that hidden homelessness is an issue that needs to be captured in figures so that effective and timely support can be offered – is acknowledged. There is currently limited data regarding the implementation of this strategy and its impact to reliably judge its effectiveness.</p>
The Housing Act (Wales) 2014	<p>The Act introduced changes in the way homelessness is addressed in Wales, ensuring that help is available for those at risk of homelessness and those who are homeless. It focuses on early intervention to prevent crises, best use of resources (including private rented accommodation), ensuring local authorities work to help find people the best housing solution, and partnership across organisations to find sustainable solutions (Ahmed & Madoc-Jones, 2020). Evidence since the implementation of the Housing Act (Wales) 2014 suggests that it has been received positively by several organisations (Ahmed & Madoc-Jones, 2020). Local authorities have reported undertaking more preventative work, with it being reported that almost two thirds of households threatened with homelessness having it prevented across Wales since the implementation of the Act (Ahmed & Madoc-Jones, 2020). However, significant challenges including increased administrative work, more bureaucracy, and high workloads have been reported by local authorities (Ahmed et al., 2020), suggesting that issues of</p>

Policy, strategy, or legislation	Summary
	<p>resources may not have been addressed. The number of people who are sleeping rough has continued to rise, and securing housing for those with mental health difficulties was reported as the biggest challenge facing service providers (Rogers et al., 2020). Furthermore, much of the prevention work carried out has been criticised for focusing on individual factors, therefore obscuring structural issues such a lack of affordable housing (Ahmed & Madoc-Jones, 2020). How the implementation has been experienced by those experiencing homelessness in Wales is not clear.</p>
<p>Ending Homelessness in Wales: A High-Level Action Plan 2021-2026</p>	<p>The strategy set out in this document is in line with those outlined in the Strategy for Preventing and Ending Homelessness (Welsh Government, 2019). There is a strong emphasis on prevention, but additionally a pledge to build 20,000 new low carbon social homes for rent in Wales. There is a commitment to shifting the focus of policy and practice towards long-term housing solutions, away from emergency and temporary services. In this document, the Welsh Government outline a list of actions to help them achieve the goal of ensuring that homelessness is prevented whenever possible, and rare, brief, and un-repeated if not. These include expanding the provision of Housing First, continued support for rapid rehousing, increasing housing supply and accessibility, developing a valued and highly skilled workforce, adopting assertive outreach approaches, reform of family mediation provision, and improving mental health and substance use provision and accessibility. Whether this strategy has met its aims in Wales is yet to be seen.</p>

1.5 Homelessness, Trauma, and Adversity

In this section, definitions of trauma and adversity as used in this study are outlined. This is followed by a review of the literature regarding the interplay between homelessness

and trauma. The relationship between how trauma is conceptualised, and service provision is also considered.

1.5.1 Defining Trauma

There is a lack of consensus on the definition of the concept of trauma (Krupnik, 2019; Isobel et al., 2017). When considering the etymology of the word, the meaning of trauma according to its Greek origin is 'wound' (Merriam-Webster, 2016 as cited in Isobel et al., 2017). Based on this, psychological trauma is often used as an umbrella term for mental injuries or 'wounds' that can occur following experiences (Isobel et al., 2017). The definition of trauma often associated with posttraumatic stress disorder (PTSD) aims to be relatively narrow and distinct, as outlined in Criterion A of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5):

"The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s): direct exposure; witnessing the trauma; learning that a relative or close friend was exposed to a trauma; indirect exposure to aversive details of the trauma, usually in the course of professional duties" (American Psychiatric Association, 2013, p. 271)

The definition offered by the American Psychological Association (2016, p. 6) broadens this definition by including psychological threat: "Trauma refers to events that are shocking and overwhelming, typically involving major threat to the physical, emotional, or psychological safety and well-being of the individual victim(s) and loved ones and friends (as well as to others)". A further broadening of the construct of trauma is offered by the following definition: "Any event that has had a lasting negative effect upon self and psyche" (Shapiro, 2017, p. 39). The diversity in how trauma is defined in the literature highlights the different approaches taken and the ongoing lack of agreement on what constitutes psychological trauma. In summary, the event itself, how it is subjectively experienced, and the impact it has on a person(s) are all weighted differently in terms of their importance across contemporary conceptualisations of psychological trauma (Isobel et al., 2017).

The approach to trauma taken in this study is influenced by the narrow and broad definitions outlined above and can be summarised as such: trauma refers to an experience that creates a sense of fear, helplessness, or horror, that overwhelms a person's resources for coping (Hopper et al., 2010), that can have long lasting adverse effects on the individual's functioning and mental, social, emotional or spiritual wellbeing (US Department of Health and Human Services, 2014). This definition is considered satisfactory as it considers the event, how it is experienced, and the impact that it has on the person, and it is not too broad that trauma is trivialised (Weathers & Keane, 2007). The approach taken here is also influenced by the Power Threat Meaning Framework (Johnstone & Boyle, 2018) where instead of viewing responses to trauma as abnormal or inappropriate – which in the psychiatric tradition would be conceptualised as a set of symptoms indicative of an underlying pathology – emotional, interpersonal, and behavioural responses, such as intrusions, substance misuse, and risky behaviour, are viewed as understandable responses to horrific and overwhelming experiences. This might include nuanced and person specific responses to trauma which might lay outside of the traditional psychiatric conceptualisation.

1.5.2 Defining Childhood Adversity

Before continuing, it is important to outline what is meant by 'childhood adversity' in the current study, and how this is both similar, but also distinct from trauma. Childhood adversity refers to negative events occurring during childhood that are outside the control of the child, have the potential to alter normal development, and have the potential to cause harm along with stress and suffering (Burgemeister, 2007). According to the definition of trauma adopted by this study, trauma is when an event – which might be an adverse event according to the above definition – creates a sense of fear, helplessness, or horror, that overwhelms a person's resources for coping.

1.5.3 The Relationship Between Trauma and Homelessness

Impacts of traumatic stress can be severe and long-lasting; it can interfere with a person's sense of safety, sense of self, their ability to self-regulate, their perception of self-

efficacy, and relationships with others (Herman, 2015; Hopper et al., 2010; Van der Kolk, 2014). One way in which trauma has been widely studied is through the conceptualisation of adverse childhood experiences (ACEs). ACEs encompass adverse events which occur before the age of 18 that are likely to be traumatic, such as abuse, neglect, and severe household dysfunction (Liu et al., 2021). A meta-analysis of 37 studies, with a total of 253,719 participants, found at least four ACEs increases risk for a wide range of health outcomes, including obesity, diabetes, cancer, drug and alcohol abuse, mental health difficulties, and interpersonal and self-directed violence (Hughes et al., 2017). In a survey of 2,028 adults in Wales, it was found those with four or more adverse childhood experiences (ACEs) were four times more likely to be a high-risk drinker, 14 times more likely to be a victim of violence in adulthood, and 16 times more likely to have used crack cocaine or heroin (Bellis et al., 2016).

In a recent meta-analysis, it was found almost 9 in 10 homeless adults have been exposed to at least one ACE, and more than half have been exposed to four or more, suggesting that lifetime prevalence rates of ACEs in the homeless population are substantially higher than in the general population (Liu et al., 2021). A literature review in the same study found that exposure to ACEs among adults experiencing homelessness is associated with suicidality, depression, substance misuse, and victimisation. Earlier studies have found a similar trend; for example, a study of 152 American homeless men found they were substantially more likely to have experienced physical, emotional, or sexual abuse when compared to the general population (Deck & Platt, 2015); and a recent mixed-methods study of 115 individuals with experience of homelessness in England found 92% reported experiencing trauma at some point in their lives, with 50% reporting more than five traumas (Irving & Harding, 2022).

It has been recognised not only do experiences of adversity and/or trauma predict homelessness (Hamilton et al., 2011; Woodhall-Melnik et al., 2018) but homelessness itself can be experienced as traumatic (Pope et al., 2020). In a recent study, 28% of participants

reported trauma because of the process of becoming homeless and 38% reported trauma as a result of homelessness (Irving & Harding, 2022). In a study of men's experiences of chronic homelessness, participants not only reported trauma precipitating homelessness, but they reported trauma because of experiences whilst homeless which included mistreatment from services, external threats to their safety, and direct violence (Pope et al., 2020).

Evidence presented in this section points to a vicious cycle of trauma, poor mental health, and homelessness; trauma and poor mental health can precipitate homelessness (Hamilton et al., 2011), and make it more difficult to cope with homelessness (Mind, 2017), whilst being homeless can lead to further victimization, adversity, and trauma (Goodman et al., 1995).

1.5.4 Trauma and Service Provision

How trauma is understood and conceptualised is likely to influence homelessness service provision. As already mentioned, there is currently no consensus on the concept of trauma, which could result in a tension for service providers when designing treatment pathways. If trauma is defined narrowly, more akin to the DSM-5 PTSD conceptualisation, it is possible that significant numbers of those with experiences of homelessness will not be considered 'traumatised', which might result in otherwise understandable behaviours and interpersonal styles being decontextualised and viewed as troublesome and devious. Without recognising the role that trauma and adversity has played in a person's life, services might be more likely to blame the individual for their homelessness without consideration of wider structural issues (Belcher & DeForge, 2012). A move towards trauma informed approaches within homelessness services, which (see section X) adopt a broader definition of trauma, might help to recontextualise behaviours as adaptations to traumatic experiences (Hopper et al., 2010). The implications of this paradigm shift in services are discussed later.

1.6 Homelessness Research

Much of the research on homelessness to date has focussed on predictors of entry to, and exit from, homelessness. A comprehensive review of this literature is beyond the scope of this study, but a summary of some key findings is offered below.

1.6.1 Predictors of Homelessness

Understanding predictors of homelessness is important when considering effective preventative measures. A common finding is that people experiencing homelessness are not a homogenous group, instead they are remarkably diverse. They include men, women, single people, families, older people, younger people, and people from all ethnic backgrounds (Peressini, 2009). There is some evidence that reasons for homelessness can vary between groups (Tessler et al., 2001), and it has been argued homelessness interventions need to be developed to meet the distinctive needs of each group. In the late 90s and early 2000s, this came to be known as the Heterogeneity Hypothesis (Peressini, 2007). To test this hypothesis, interviews with over 250 homeless people in Canada were carried out, investigating the association between sociodemographic risk factors and self-reported reasons for homelessness (Peressini, 2009). Only limited support for the hypothesis was found; specific pathways into homeless is only affected by gender and/or age, however, this finding is far from replicated in the wider literature. Elsewhere, identified risk factors have included poor physical and mental health, substance use, poor housing conditions, poor family functioning, and socioeconomic disadvantage (Folsom et al., 2005; Phinney et al., 2007; Shelton et al., 2009). Male gender and African American ethnicity have been found to independently predict homelessness in samples of Americans (Folsom et al., 2005). Furthermore, unemployment and less than a high school education has been found to predict homelessness (Caton et al., 2005; Washington et al., 2010). A recent meta-analysis of 116 studies found evidence that physical abuse, foster care experiences, history of incarceration, suicide attempt, mental health difficulties, and substance misuse are independent risk factors for homelessness (Nilsson et al., 2019). Summarising over 40 years

of research on predictors of homelessness, Giano et al (2020) found that demographic predictors include race, gender, and age; and structural predictors include lack of affordable housing, lack of mental health support, poor economic conditions, discrimination, and welfare reform.

Despite several studies investigating predictors of homelessness, there is an overwhelming focus on individual factors which might not only obscure wider structural issues, such as lack of financial and housing support, but also miss the underlying causes of such predictors, which might include welfare reform and impacts of an unregulated housing market (Fransham & Dorling, 2018).

1.6.2 How do People Exit Homelessness

Understanding what allows people to exit homelessness is useful when considering interventions to tackle homelessness, however research in this area is less common. In a systematic review of 18 empirical studies, Nilsson et al., (2019) found being female and having a partner were predictors of increased chances of exiting homelessness, whereas relationship problems, psychotic 'disorders', and drug use difficulties decreased chances of exiting. In a sample of almost 400 homeless adults, multivariate analysis found income support and subsidized housing were associated with exits from homelessness (Zlotnick et al., 1999). Family dynamic and social support have also been associated with exiting homelessness, such as having family or friends to stay with (Stanford Centre for the Study of Families, 1991 as cited in Thompson et al., 2004). Greater volume of interactions with services have also been associated with exits from homelessness (Cohen et al., 1993). Furthermore, a person's 'willingness' to participate in treatment has been found to be predictive of positive outcomes (Erickson et al., 1996), however, this finding does not explore systemic factors that might impact on an individual's ability to participate in treatment.

1.7 Key Homelessness Interventions

Several approaches have been developed to tackle homelessness. The leading approaches are presented here, along with a summary of their evidence-base.

1.7.1 Treatment First Models

Treatment first (TF) includes programs that require participants to demonstrate housing readiness, prior to being granted housing; it has traditionally been the dominant approach to tackling homelessness in Europe (Busch-Geerstema, 2013). TF approaches often require people to abstain from drugs and alcohol, and to participate in mental health treatment should they require it. These approaches often use a staircase system, in which accommodation is provided in a series of stages. Participants demonstrate their ability to move from one level of accommodation to another, usually in accordance with agreed targets, and with an end goal of independent living (Tainio & Friedriksson, 2009).

This approach has been criticised by many for excluding those who are either unwilling or unable to demonstrate housing readiness, especially those who are unable to abstain from drugs or alcohol (Woodhall-Melnik & Dunn, 2016). It has been argued that the move to independent housing may take years and as such participants can get 'lost', that service user choice and freedom is limited, and unnecessary strain is caused by moves between different accommodation (Busch-Geertsema, 2013). Despite this, TF programmes have been found to assist some individuals in exiting homelessness, mainly those who are willing to engage with mental health and substance use services (Gulcur et al., 2003; Kertesz et al., 2009).

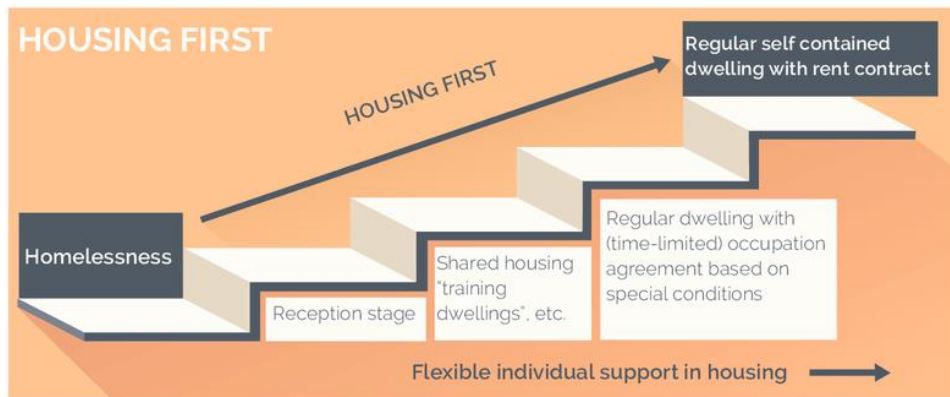
1.7.2 Housing First Models

Housing first (HF) is an approach to tackling homelessness through housing and support provision, with a focus on access to permanent housing with tailored wraparound support (National Housing Federation, n.d.). In this approach people are not required to be 'ready' for housing, instead, secure housing is considered a stable platform from which to address other difficulties. Housing is viewed as an immediate need that cannot be delayed (Tsemberis et al., 2004). The approach was originally developed in the USA, and has been used to reduce chronic homelessness, especially for people with serious mental health and

substance use difficulties (Busch-Geertsema, 2013). Figure 1 summaries the main differences between a TF and HF approach.

Figure 1

Visual Representation of Differences Between HF and TF Approaches (Pleace, 2016, p. 15)



Several Randomised Control Trials (RCTs) have found compared with treatment as usual (TAU), HF produces greater improvement in a number of outcomes including housing stability, quality of life, and reductions in alcohol use and re-offending (Aubry et al., 2019; Patterson et al., 2013; Kirst et al., 2015). It has also been found to lead to improved outcomes for both older and younger adults (Chung et al., 2018) as well as ethnic minority groups (Stergiopoulos et al., 2016). On the other hand, evidence of improvements in mental health, substance abuse, and physical health outcomes has been lacking (Tsai, 2020; Tsemberis et al., 2004). Also, in existing RCTs TAU has been vaguely defined (Tsai, 2020), raising concerns regarding validity of findings. Furthermore, a meta-analysis of 44 unique housing models, including HF, found all models achieved significantly greater housing stability compared to TAU, but no single model emerged as superior (Leff et al., 2009).

1.7.3 Trauma Informed Approaches

As mentioned previously, there is evidence of a relationship between trauma and homelessness. Trauma-Informed Care (TIC) is an approach to health and care interventions

which is grounded in understanding that trauma exposure can impact an individual's biopsychosocial development (Office for Health Improvement & Disparities, 2022). TIC is different to Trauma-Specific Services (TSS), in that TSS are designed to directly address the impact of trauma (e.g., symptoms of Post Traumatic Stress Disorder), with goals of decreasing symptoms and facilitating recovery, whereas TIC is an overarching framework that guides the organisation and behaviour of entire systems (Hopper et al., 2010). TIC has been widely endorsed as an approach for supporting people experiencing multiple disadvantages, including people who are homeless (Department for Levelling Up, Housing & Communities, 2023). The main tenets of TIC are summarised in Table 3.

Table 3

Common Principles of TIC

Common TIC principles	Definitions
Trauma awareness	This might involve training staff to improve understanding of how various symptoms and behaviours might represent adaptation to past traumatic experiences. Practices might be adapted with this awareness of the potentially devastating impacts of trauma. Trauma awareness might also involve helping employees to understand and deal with vicarious trauma, and how they may be triggered by certain responses and behaviours of the people who use services.
Emphasis on safety	TIC works towards ensuring physical and emotional safety for service users and providers. A key aspect of the emphasis on safety is ensuring that re-traumatisation is prevented through the top-down modification of policies, procedures, and treatment so that they are not likely to mirror common characteristics of traumatic experiences.
Opportunities to rebuild control	Control is often taken away from individuals in situations that are traumatic. Homelessness itself can be seen as disempowering. Therefore, TIC in homelessness services emphasises the importance

Common TIC principles	Definitions
Strengths-based approach	<p data-bbox="451 297 1342 479">of choice for service users. This might also include involving service users in the design and evaluation of services, as well as acknowledging that lack of control because of traumatic experiences can cause difficulties in developing trusting relationships.</p> <p data-bbox="451 548 1342 678">TIC is strengths based; it aids service users to identify their own strengths and to develop skills to cope. Empowerment of those who use services is prioritised.</p>

Settings in which TIC is implemented have been found to have better client outcomes than TAU for severe mental health and post-trauma symptoms, as well as reductions in problematic drug use (Cocozza et al., 2005; Morrissey et al., 2005). A recent systematic review of 23 studies evaluating effects of organisational TIC interventions found evidence that staff knowledge, attitudes, and behaviours related to TIC improved after participating in TIC training (Purtle, 2020). However, it is less clear how these changes are retained over time and how, or indeed if, they translate into improved outcomes for service users. In their commentary, Berliner and Kolko (2016) welcome TIC in increasing awareness of impacts of trauma for service users, however, they question how much TIC principles move beyond principles of good care, which should not just be reserved for those with experiences of trauma. They also argue that it is not clear how TIC improves the lives of service users, and advocate for development of agreed upon and operationalised desired outcomes to be measured, so that impact can be determined.

Studies investigating impact of TIC on outcomes for the homeless population is sparse. One RCT comparing HF which included a TIC approach with TAU, found that HF with TIC led to greater improvement in housing instability, community functioning, and alcohol difficulties (Stergiopoulos et al., 2015).

1.7.4 Psychologically Informed Environments

The psychologically informed environments (PIEs) approach to working with homeless people (Johnson & Haigh, 2010) can be defined broadly as “services that are designed and delivered in a way that takes into account the emotional and psychological needs of the individuals using them and working in them” (Centre for Homelessness Impact, n.d.), and is considered trauma-informed in its approach (Department for Levelling Up, Housing & Communities, 2023). The five key areas considered when developing PIEs are summarised in Table 4. Early findings from services utilising this approach are promising for people experiencing or at risk of homelessness, with a decrease in evictions, increase in positive housing transitions, increase in engagement with health services, decrease in number of violent incidents, and improved staff-client relationships (St Mungo's, 2014 as cited in Cockersell, 2016; Ward, 2014; Williamson & Taylor, 2014, as cited in Cockersell, 2016). However, without carefully designed trials, it is not possible to conclude if these improvements are a result of PIEs generally, specific PIE principles, or other unknown factors.

Table 4

Five key Areas of PIEs (Keats et al., 2012)

PIE principle	Summary of principle
Developing a psychological framework	Ensuring that service delivery is underpinned by a single or several formal psychological frameworks and is made explicit to all staff. This should include staff training to address what change each approach is designed to achieve, and how they will need to work to ensure fidelity to the framework.
The physical environment and social spaces	Thoughtful design and management of environments, preferably with the input of service users, which reflects the different levels of engagement required by service users. This might include the redecoration of buildings so that they feel more inviting and safer; or

PIE principle	Summary of principle
	the offer of flexible informal drop-in spaces to cater for those who might find more formal setups threatening.
Staff training and support	All services involved in the care of service users should be included in the discussions about the development of PIE. Reflective practice is considered a key element; continuous learning, problem solving, and critical thinking skills are encouraged. Working with individuals with histories of complex trauma can be challenging and exhausting, a reflective approach is argued to help staff learn from experiences to improve the way they respond to and manage difficult experiences.
Managing relationships	Relationships are seen as a tool for change and every interaction between staff and clients is viewed as an opportunity for learning and development. It also involves encouraging management to delegate more responsibility and creativity to staff to encourage the capacity to self-manage, as well as staff encouraging development of autonomy in clients.
Evaluation of outcomes	Evaluation is key to know what is effective, in what situations and with whom. Measures can be at the policy, service, and individual level.

1.8 Youth Homelessness

Young homeless people have been found to have a very high rate of vulnerability (Clarke, 2016), with homelessness for this group having disruptive effects on education, employment, and establishing a stable and nurturing network (Heerde & Patton, 2020). Much like their adult counterparts, experiences of trauma have been found to be pervasive in young homeless people's lives before and during homelessness (Coates & McKenzie-Mohr, 2010). Substance use, sexually transmitted infections, and mental health difficulties are particularly prevalent in this population (Edidin et al., 2012). It has been found that many young homeless people accept physical and sexual victimisation as normal when it occurs, but later experience shame and relational difficulties, especially in relation to interactions

with health professionals (Heerde & Pallotta-Chiarolli, 2020; Watson, 2011). Moreover, mortality rates due to suicide in homeless youth is estimated to be between 12 and 40 times more elevated than those observed in the general population, with a history of abuse, mental health diagnoses, negative coping styles, longer duration of homelessness, and survival sex all found to be significant risk factors for suicidality in homeless youth (Flach & Razza., 2022).

In Wales, young people who are homeless often do not recognise themselves as such and are much more likely to experience hidden homelessness (Welsh Government, 2020). Having said this, the number of young people in Wales who were eligible for support (i.e., statutory homelessness) in 2017-18 stood at almost 700; a number which has increased consistently since 2015 (Jefferies et al., 2019). A 2016 survey of over 2,000 young people in the UK found rates of homelessness were much higher than previously thought, with 26% stating they had slept rough at some point in their life and 35% stating they had sofa-surfed (Clarke, 2016).

Some of the most reported reasons for youth homelessness include poverty, family conflict, and abuse (Embleton et al., 2016). According to Quilgars et al. (2008) the main trigger for homelessness among young people is relationship breakdown, usually with a parent or guardian. There is evidence childhood trauma, poor psychological health, and drug or alcohol misuse can place young people at an increased risk of homelessness (Martijn & Sharpe, 2006; Coates & McKenzie-Mohr, 2010). Furthermore, a 2015 Welsh survey found high rates of experiences of abuse, school suspension, and mental health difficulties in a sample of young homeless people (Smith et al., 2015). Once in homelessness, young people face several personal and social inequalities including increased risk of mental health difficulties, physical health risks, social exclusion, and trauma (Bender et al., 2010; Hodgson et al., 2015; Watson & Cuervo, 2017). In summary, young people who experience homelessness have multiple needs, and have worse outcomes across many domains compared to young people who do not experience homelessness.

It has been argued research on homelessness often focuses on negative aspects of the experience, with homeless youth being represented as devious or troublesome (Stokes, 2017). Although pathways into homelessness are well established, pathways out of homelessness are less clear. It is argued there is need for a strengths-based inquiry into this process.

1.8.1 Emerging Adulthood

The concept of emerging adulthood (a period from mid-teens to late twenties) was developed to capture a specific developmental period between childhood and adulthood, to reflect the longer transition to adulthood that has emerged in industrialised countries in the 21st century (Arnett, 2007). The theory of emerging adulthood describes developmental milestones achieved during transition into adulthood, including identity exploration; exploring possibilities related to employment, ideology, and relationships; a period of normative instability; a sense of being in-between childhood and adulthood; and a heightened focus on self, with less obligations to others (Arnett et al., 2014). These developmental stages have been argued to be particularly salient to young homeless people, because many are experienced prematurely, end early, are avoided, or skipped entirely (Williams & Sheehan, 2015). How young people experience these stages within the context of homelessness has not been explored in previous research.

1.8.2 A Welsh Homelessness Charity

Several organisations in Wales provide support for young people experiencing homelessness or at risk of homelessness, one such service is HC³, a charity whose mission is to eradicate homelessness for young people in Wales. They offer 24 hour supported housing projects, where support workers help young people with a wide range of needs, from emotional wellbeing and safeguarding, to accessing work, education, and community activities. As a values-based organisation, they are committed to implementing PIE

³ HC is the pseudonym of a Welsh homelessness charity and will be used throughout this document to maintain confidentiality.

principles and practice is approached in a person-centred, trauma-informed way. The current study was supported by HC and further details of their involvement is provided in later chapters.

1.9 Resilience and Vulnerability: Two Key Discourses

Discourses of trauma and vulnerability regarding young homeless people is unsurprisingly ever present in the literature. It is important that homeless youths' vulnerability to trauma is understood to ensure effective care and support is delivered, which might include specialist trauma focused therapy. However, it is possible for a trauma framework to be overstated (Hyndman, 2018). In their commentary on TIC, Berliner and Kolko (2016) argue it is just as important to convey that most young people demonstrate resilience and do not have persisting trauma-related problems when implementing TIC. For example, in a sample of over 1,000 children who had experienced both violence and physical/emotional abuse, almost 70% demonstrated resilience in the form of sub-clinical levels of posttraumatic stress symptoms (Miller-Graff & Howell, 2015).

It is possible that through the lens of trauma informed practices, clients are seen as a 'vulnerable victim' in need of treatment (Pupavac, 2001). It has been argued that in the 21st century this conceptualisation of the vulnerable self as one that possesses problems of social risk, is used as justification for containment of people through social risk management via therapeutic services. Instead of viewing responses as adaptive or resilient, they are instead pathologized as 'abnormal'. Therefore, any reluctance to engage in the therapeutic endeavour, either by the provider or service user, is viewed as socially irresponsible. Pupavac (2001, p. 361) states that an "individual's emotional state is therefore no longer a personal matter but becomes public property". Discourses of trauma and vulnerability might therefore understate the potential of young homeless people's agency; alienating and further disempowering, rather than attending adequately to their strengths.

In recent years, there have been pockets of research examining resilience demonstrated by young homeless people (Malindi & Theron, 2010). This has included an

examination of personal strengths which are relied upon when navigating homelessness (Bender et al., 2007). Interviews with young homeless people in New York led to the generation of five themes highlighting attitudinal and behavioural dimensions of resilience, namely (1) perception of homelessness as a surmountable obstacle, (2) externalization of homelessness, (3) creation of support systems, (4) maintenance of personal health, and (5) use of music and creative expression as emotional outlets (Miller & Bowen, 2020). A focus on strengths of young homeless people could contribute to the thickening of alternative narratives and stories (White & Epston, 1990), which could help young people see themselves as empowered and capable (Rice, 2015). Having said this, Hyndman (2018) discusses the dilemma of employing strengths-based approaches that acknowledge resilience of individuals whilst being careful to not overstate the power of agency, which could lead to a blaming of the individual for 'lacking resilience'. Sugarman (2015) argues the resiliency discourse of the positive psychology movement replicates the neoliberal culture from which it emerges; and that it assumes by managing our thoughts, we can choose our emotions. It is asserted that it excludes the actions of others and ignores people's historical and cultural context, as well as the wider socio-political landscape (Hyndman, 2018).

The current study will add richness to our understanding of how young people see and experience themselves as they exit homelessness, within the context of these two discourses.

2. Systematic Literature Review and Research Aims

2.1 Aims of Systematic Literature Review

The introduction provided the broad context of homelessness and youth homelessness in Wales, including key interventions, theoretical concepts, and empirical evidence. However, it has not provided an in-depth understanding of how people exit homelessness, and how this process is experienced. Therefore, a Systematic Literature Review (SLR) was carried out to understand this in greater depth, before the focus shifts to young people's experiences specifically.

Initially, the current review aimed to answer the question 'What does the existing empirical literature tell us about how people exit homelessness?' Through scoping the literature this proved to be a well-reviewed area, yielding a very high number of search results relating to facilitators, barriers, experience, and variables related to exiting. It is acknowledged that an in-depth exploration of these areas would be valuable, however such an exploration was beyond the scope of this review. The SLR question was therefore further refined to 'What does the existing empirical literature say about how people experience their exit from homelessness?'

2.2 Methods

2.2.1 Search Strategy and Search Terms

It was recognised through scoping searches that homelessness research is carried out across multiple disciplines, with a variety of approaches taken. This includes research conducted by those with backgrounds in nursing and social care, to those whose background is more in government and policy. It was felt that the selection of databases should accurately capture the broad nature of research in this area. Consultation with the library information officer and pilot searches allowed for the identification of the most relevant databases to ensure inclusivity was achieved. Scopus and PubMed were selected due to the vastness of their databases, and because they include peer-reviewed journals from a broad range of disciplines, including the health and social sciences. Social Care Online was selected due to it being one of the largest databases for research within social

care and social work, which accounts for a significant proportion of homelessness research. APA PsycNET was selected to ensure relevant psychological and social science literature was captured. Furthermore, Google Scholar and reference lists of relevant studies were reviewed to ensure that no studies had been missed in primary searches.

The search strategy (see Table 5) was informed by conducting several pilot searches to capture commonly used terms and through discussion with the supervisory team. These showed that a varied terminology is used in titles and abstracts of studies pertaining to experiences of exiting homelessness. To account for this, broad search terms were selected to ensure that the literature search was inclusive. The initial search was conducted using broader terms, which were refined following a process of becoming better acquainted with the literature. The search initially included terms related to 'people' however these terms yielded a high number of irrelevant studies, and after consulting with the library information officer, it was decidedly dropped. For similar reasons, search terms related to 'experience' were not used.

The literature search was conducted between October 2022 and January 2023.

Table 5

Search Terms

Terms relating to exiting		Terms relating to homelessness
exit* OR	AND	homelessness OR
leaving OR		homeless OR
transition		"sofa surfing" OR
		"insecure housing" OR
		"temporary accommodation" OR
		"temporary housing" OR
		"homeless person*"

2.2.2 Eligibility Criteria

Once search results were obtained, inclusion and exclusion criteria (see Table 6) were used to screen titles of each study. Duplicates and non-peer reviewed literature were removed, and this was followed by abstract and full text review for eligibility. Eligibility criteria were developed based on the SLR question. As the aim was related to experiences of exiting homelessness (as described by formerly homeless persons themselves), the decision was made to only include qualitative research (or mixed method research, where participant first person experiences could reliably be extracted).

The initial search produced a total of 2321 studies. By applying eligibility criteria and excluding duplicates, this was narrowed down to a final 15 studies. Studies were excluded if data related only to experiences of those who had excited homelessness could not be reliably extracted (e.g., when research included views of family and practitioners). A PRISMA flow diagram (adapted from Page et al., 2021), presented in Figure 2, provides an overview of this process. Table 7 presents a summary of data extracted from all 15 studies.

Table 6

Participant Eligibility Criteria

Inclusion criteria	Exclusion criteria
1. Available in English language	1. Not available in English
2. Empirical research	2. Not empirical research (e.g., review or theoretical paper)
3. Published in a peer-reviewed journal	3. Unpublished work or grey literature
4. Refers to people's experiences of exiting homelessness (i.e., first person accounts)	4. Focus is not on people's experiences of exiting homelessness (e.g., experiences of those currently homeless)
5. Participants are formerly homeless individuals	5. Participants do not have experience of exiting homelessness (or unclear)

Figure 2

PRISMA Flow Chart of Search Process

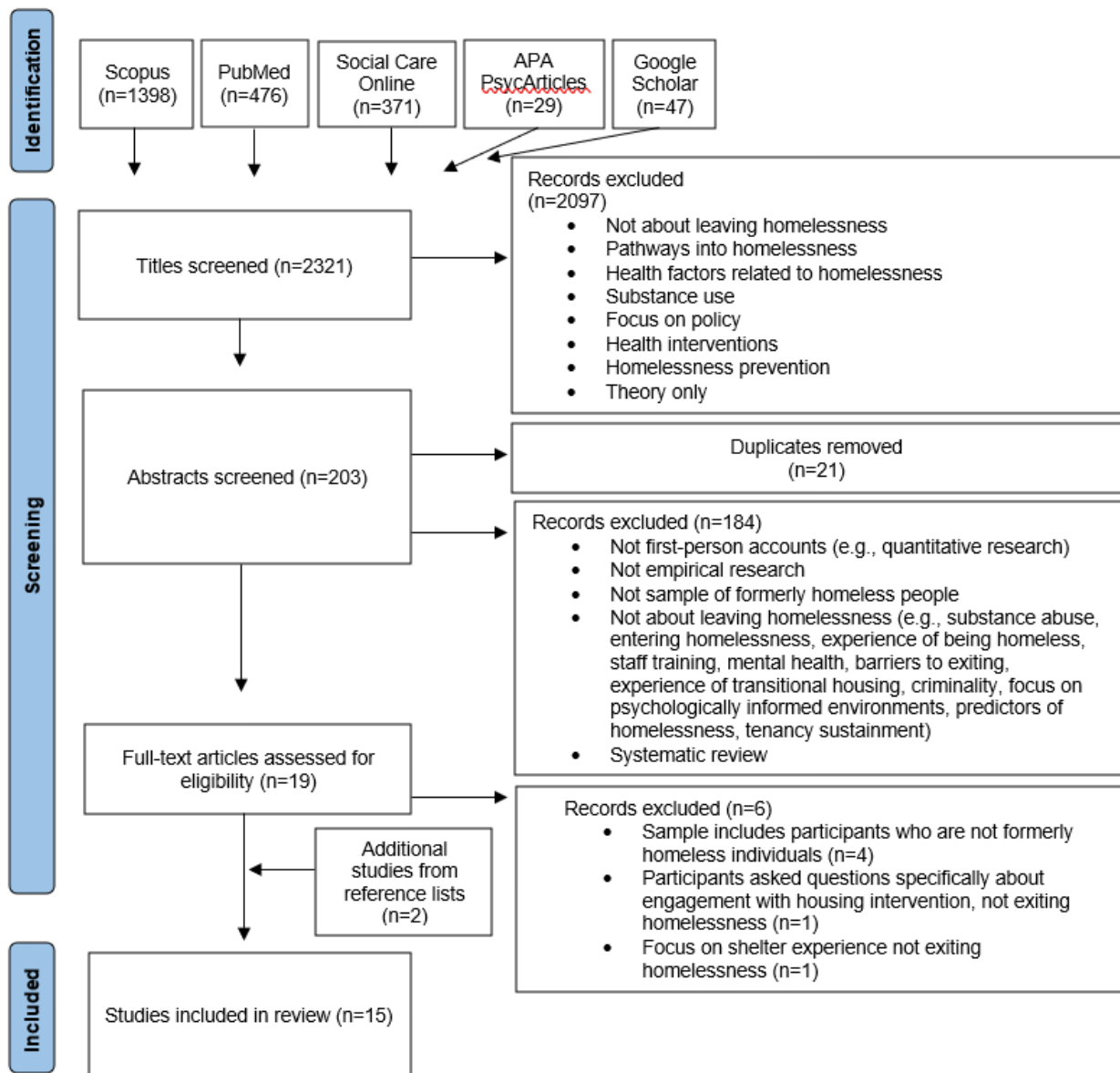


Table 7*Summary of Studies Included in SLR*

Author/s (year), title, location	Aims	Methodology	Participants	Key findings
Brueckner, M., Green, M., & Saggars, S. (2011) The Trappings of Home: Young Homeless People's Transitions Towards Independent Living Australia	To explore how young people experience and negotiate discursive barriers during transition into more permanent accommodation.	Data collection: Semi structured interviews Data analysis: Interpretative phenomenological analysis and Foucauldian discourse analysis	19 formerly homeless young people 15 females 4 males	The authors argue that young people produce the discourse of the 'normal' home occupier and endeavour to position themselves within this discourse. Young people spoke about their new residence being places of security and permanence, which allowed them to start making decisions about how they wanted to live their life. New accommodation was seen as a step towards independence and an escape from a negative past - towards a 'normal' adult life. Young people started to see themselves as responsible and competent and questioned why

Author/s (year), title, location	Aims	Methodology	Participants	Key findings
				<p>and how others did not get their lives in order. Young people made considerable effort to make their homes homely.</p> <p>Authors argue that discursive barriers positioned the young people as outsiders rather than the responsible home occupiers they viewed themselves to be. Young people reported that feelings of being at home were constrained by the power imbalance between them and youth workers. Young people described feeling scrutinised by support workers and feeling a loss of control. They felt that they were treated differently to other tenants.</p>

Author/s (year), title, location	Aims	Methodology	Participants	Key findings
Heuchemer, B., & Josephsson, S. (2006) Leaving Homelessness and Addiction: Narrative of an Occupational Transition Sweden	To gain an understanding of occupational aspects of homelessness and the transition from homelessness	Data collection: Semi- structured interviews Data analysis: Narrative analysis	2 formerly homeless female adults	Themes related to experiences of exiting homelessness included: 'Identifying a gap as a condition for change': This described how becoming aware of the distance between current and wanted life, facilitated change. 'Change through acting': Change was accomplished by actively engaging in the change process through action. 'Narrative arenas offer possible emplotment': Certain settings, such as NA meetings allowed the young people to start enacting new roles, such as the role of a 'former homeless person'.

Author/s (year), title, location	Aims	Methodology	Participants	Key findings
				<p>'Broader time perspective': Upon exiting homelessness, the young people created a new plot that included past, present, and future as opposed to the limited time perspective characteristic of homelessness.</p>
				<p>'Less dramatic intensity': A less dramatic life is described as positive, as opposed to the high intensity of homeless life.</p>
				<p>'New lived plot influenced by factors beyond one's control': Financial struggles and paying back debts accumulated when homeless were reported. Roles played within families felt beyond the participant's control.</p>

Author/s (year), title, location	Aims	Methodology	Participants	Key findings
Karabanow, J. (2008) Getting off the Street: Exploring the Processes of Young People's Street Exits Toronto, Montreal, Halifax, Ottawa, and Vancouver, Canada.	To highlight paths and processes involved in getting off the street from the perspectives of young people and service providers	Data collection: Semi- structured interviews and focus groups Data analysis: Content analysis and constructivist grounded ‘theory foundations’	128 young people and 50 service providers 24 males 27 females	<p>Experience of prejudice was also mentioned, along with missing out on education opportunities.</p> <p>Exiting homelessness for the young people in this study included several different stages: contemplation, motivation to change, securing help, transitioning from the street, changing routine, and ‘successful’ exiting.</p> <p>Participants spoke about how becoming disenchanted and bored with street life precipitated courage to change.</p> <p>Factors such as increased responsibilities, having social support, and motivation and</p>

Author/s (year), title, location	Aims	Methodology	Participants	Key findings
				<p>commitment also helped with the transition away from the street. Participants spoke about the importance of accessing services and securing work. Cutting ties and missing street life was a theme for many.</p> <p>‘Successful’ exiting was characterised by having stability, being in control, feeling proud, and increase in self-esteem.</p>
<p>Karabanow, J., Kidd, S, A., Frederick, T., & Hughes, J. (2016) Toward Housing Stability: Exiting Homelessness as an Emerging Adult</p>	<p>To explore lived experiences of homeless youth as they negotiate their changing identities among the individual, sociocultural, and economic tensions of transitioning out of</p>	<p>Data collection: Semi-structured interviews Data analysis: Thematic analysis</p>	<p>51 formerly homeless young people 90 males 38 females</p>	<p>Participants described their current lives in terms of fragility and instability. For most, opportunity for experimentation and identity exploration was limited by factors outside of their control.</p>

Author/s (year), title, location	Aims	Methodology	Participants	Key findings
Halifax & Toronto, Canada	homeless and street contexts and cultures			<p>Participants spoke to a feeling of marginalisation within the context of histories of abuse and neglect, and ongoing mental health and substance use struggles.</p> <p>For many, their current space was not a home, but only a roof over their head. They reported anxiety associated with day-to-day tasks such as budgeting and arranging a social life.</p> <p>Feelings of being disrespected by rules and structures of shelters and supportive housing were shared - young people shared how they felt infantilized.</p> <p>Young people spoke about deeply personal decision-making</p>

Author/s (year), title, location	Aims	Methodology	Participants	Key findings
				<p>processes that signalled "being ready" to leave homelessness. This included transitioning from short term to long term thinking.</p> <p>Negotiating relationships was a challenge for many, this included family, creating new friendships, and distancing themselves from old friends associated with homelessness. Those who felt safe and supported described having a key individual in their lives who was consistent, present, and provided unconditional love (often a family member). These relationships were often still complex and strained.</p> <p>Young people spoke about the</p>

Author/s (year), title, location	Aims	Methodology	Participants	Key findings
Kidd, S, A., Frederick, T., Karabanow, J., Hughes, J., Naylor, T., Barbic, S. (2016) A Mixed Methods Study of Recently Homeless Youth Efforts to Sustain Housing and Stability	To explore the pathways of youth who have achieved basic stability after a period of homelessness	<p>Data collection: Interviews and life review.</p> <p>Battery of quantitative measures.</p> <p>Data analysis: Mixed methods.</p>	51 formerly homeless young people 24 male 27 female	<p>importance of basic amenities and routine.</p> <p>Education and employment were a conflicted area. Some spoke of negative associations with education stemming from history of bad experiences at school. History of mental health and trauma made focusing very difficult.</p> <p>Researchers identified three stages of exiting homelessness: 'marginal stability', 'stable but stuck', and 'gaining momentum'.</p> <p>The first stage consists of achieving housing for a short period of time but then losing it. The second stage consists of</p>

Author/s (year), title, location	Aims	Methodology	Participants	Key findings
Halifax & Toronto, Canada		Paired samples <i>t</i> test to explore if quantitative measures change over 1 year period, and thematic analysis.		<p>finding housing but struggling to move beyond basic stability, and those in the third stage were experiencing some successes in their professional and personal goals.</p> <p>Quantitative findings revealed a modest decline in wellbeing over the first-year post homelessness. Community integration declined. Hope steadily and significantly declined. Self-concept coherence remained unchanged. Quality of life and mental health significantly declined.</p> <p>Participant narratives reflected a demoralizing and long process of transition. Initial hope and optimism were often followed by</p>

Author/s (year), title, location	Aims	Methodology	Participants	Key findings
				a challenging path. Youth described loneliness as they cut off from old networks and distress as they began to reflect on trauma.
Marshall, C, A., Lysaght, R., & Krupa, T. (2018) Occupational Transition in the Process of Becoming Housed Following Chronic Homelessness Eastern Ontario, Canada	What is the experience of occupational transition of chronically homeless persons during the process of becoming housed?	Data collection: Semi-structured interviews Data analysis: Descriptive Phenomenological Analysis	11 formerly homeless adults 8 male 3 female	Themes included: ‘Coping with the quiet’ which included the experience of boredom when living in housing. ‘Negotiating substance use’, which included the subthemes of ‘renegotiating social relationships’ and ‘environmental influence on substance use.’ ‘Resuming familiar occupations’ included several subthemes related to adapting to new

Author/s (year), title, location	Aims	Methodology	Participants	Key findings
Mayock P., Corr M, L., & O'Sullivan, E. (2011a) Homeless Young People, Families, and Change: Family Support as a Facilitator to Exiting Homelessness Dublin, Ireland.	To better understand the benefits that young homeless people derive from supportive family relationships	<p>Data collection: Life history interviews (Denzin, 1982), one initial (phase one) and one follow up 12 to 18 months later (phase two)</p> <p>Data analysis: Unspecified qualitative analysis</p>	Phase one: 40 homeless young people aged between 14 and 22 years 23 males 17 females Phase two: 30	<p>routines, ability to make occupational choices, and resuming long-term goal acquisition.</p> <p>'Occupations to give back', 'occupation as social inclusion', and 'meaning of spiritual occupations' were all further themes.</p> <p>The study found that young people cited access to affordable housing, engagement with drug treatment and participation in education/training were key factors in exiting homelessness.</p> <p>Support from family and increased contact was commonly reported amongst those who</p>

Author/s (year), title, location	Aims	Methodology	Participants	Key findings
			young people re-interviewed from phase one	<p>exited. Improved communication and trust served to help overcome issues that previously undermined relationships. Some young people struggled with the demanding nature of renewing and maintaining relationships. Breaking ties with former peers was seen as important but was challenging for many. Feelings about family were complex and often conflicting.</p> <p>Taking responsibility and abiding by rules was something young people spoke to which helped them adjust to their new living situation. Breaking ties with former peers was also a part of this, and this was challenging for many.</p>

Author/s (year), title, location	Aims	Methodology	Participants	Key findings
<p>Mayock P., O'Sullivan, E., & Corr M, L. (2011b)</p> <p>Young People Exiting Homelessness: An Exploration of Process, Meaning and Definition</p> <p>Dublin, Ireland.</p>	<p>To (a) further the development of discussion and debate on the conceptualisation of homeless exits and (b) examine experiences of homeless young people</p>	<p>Data collection: Life history interview (Semi-structured) one initial and one follow up 12 to 18 months later</p> <p>Data analysis: Qualitative. Cross sectional analysis at each wave of data collection. Longitudinal analysis examined changes in life stories over time.</p>	<p>40 homeless young people aged between 14 and 22 years at phase one.</p> <p>30 of these interviewed at phase two.</p> <p>17 of the 30 interviewed had exited homelessness.</p>	<p>Emotional and practical support from family, peers, and services were important when seeking housing opportunities. For those who returned home, success hinged greatly on their relationship with their parents. Adhering to rules, a change in parent behaviour, and young people's behaviour were described as necessary but sometimes challenging in the process of exiting homelessness, with many finding rules restrictive.</p> <p>Dissociating from former friends was described as important but challenging, especially for those who were drug users. Young people described building new,</p>

Author/s (year), title, location	Aims	Methodology	Participants	Key findings
				<p>more positive relationships, demonstrating agency in the process.</p>
				<p>Taking responsibility, changing behaviour, engaging in treatment, stopping, or decreasing drug use, and education were all seen as key parts of creating a new life. Managing day-to-day tasks, financial stress, and budgeting, and maintaining a healthy diet were all reported as challenges.</p>
				<p>Young people viewed their exits as positive, those who returned home valued being cared for and appreciated the utility of limits and boundaries being set by parents, even if they found it</p>

Author/s (year), title, location	Aims	Methodology	Participants	Key findings
Parsell, C., Tomaszewski, W., & Phillips, R. (2014) Exiting Unsheltered Homelessness and Sustaining Housing: A Human Agency Perspective Brisbane & Sydney, Australia	To (a) extend the current evidence about exiting homelessness and sustaining housing for highly marginalized groups and to (b) explore how people place themselves as centrally important in the outcomes they achieve	Data collection: Quantitative surveys and three qualitative interviews at baseline, and 12-16 months later Data analysis: Thematic analysis	77 adult clients of exiting homelessness programmes. 69 of these were in secure housing at baseline and follow up 54 male 23 female	difficult at times. The move out of homelessness conferred a sense of achievement, purpose, and self-worth. Sustaining housing included two dominant themes: ‘sustaining housing as a personal choice’ and ‘support programmes facilitate necessary behavioural change.’ Participants reported that they played a central role in determining whether they would pursue housing. Authors conclude that presence of street outreach and availability of housing were central components of people’s

Author/s (year), title, location	Aims	Methodology	Participants	Key findings
				expressions of agency and ability to realize their desired outcomes.
<p>Phipps, M., Dalton, L., Maxwell, H., Cleary, M. (2021)</p> <p>More Than a House: Women's Recovery from Homelessness in Australia</p> <p>Sydney, Australia</p>	<p>To investigate women's lived experiences of exiting homelessness</p>	<p>Data collection: Unstructured photo-elicitation interviews</p>	<p>11 previously homeless women</p>	<p>Themes included ‘finding the right house’, ‘making a house a home’ (the difference between objective concept of house and subjective concept of a home), ‘connection’, ‘self-confidence’ (moving from homeless to feeling confident in own ability to make choices), and ‘helping others.’</p>
<p>Raileigh-DuRoff, C. (2004)</p> <p>Factors that Influence Homeless Adolescents to Leave or Stay Living on the Street</p>	<p>To describe contributing factors that influence and assist homeless youths’ homelessness exits</p>	<p>Data collection: Semi-structured interviews</p> <p>Data analysis: Content analysis</p>	<p>10 formerly homeless adults, who were aged between 13 and 18 years when homeless</p>	<p>Factors influencing leaving the street included the help of people, help of organizations, individual strengths, hope, and dreams.</p>

Author/s (year), title, location	Aims	Methodology	Participants	Key findings
Seattle, USA			6 male 4 female	Participants reported that leaving homelessness was a positive experience for them.
St. Arnault, D., & Merali, N, (2019) Refugee Pathways out of Homelessness in Urban Alberta, Canada: Implications for Social Justice-Oriented Counselling Canada	Investigate pathways out of homelessness among a mixed sample of adult refugees who had experienced homelessness after arrival in Canada	Data collection: Semi-structured interviews Data analysis: Constructivist grounded theory	19 refugee adults with experience of homelessness since arriving in Canada 8 male 11 female	Four pathways out of homelessness were revealed. Pathway one included ‘hoping and praying’ - trust in God prevented them from giving up. Pathway two included drawing on family assets to move up the income ladder. Pathway three included crying out for help and stumbling on an advocate and pathway four included advocating for themselves. The theory presented suggest that a combination of identifying human asset to devote towards housing cost, actions by

Author/s (year), title, location	Aims	Methodology	Participants	Key findings
Thompson, S, J., Pollio, D, E., Eyrich, K., Bradbury, E., & North, C, S. (2004) Successfully Exiting Homelessness: Experiences of Formerly Homeless Mentally ill Individuals St Louis, Missouri, USA.	To identify and describe the processes that empowered previously homeless individuals to exit homelessness and reach housing stability	Data collection: semi structured interviews Data analysis: Mixed methods – unspecified qualitative procedures and quantitative analysis (Chi square analysis)	12 formerly homeless adults with a diagnosed "mental illness", mean age of 40 78% male	advocates in making housing accessible, and self-advocacy for better language training and housing that would facilitate an upward socio-economic mobility all contributed to ‘successful’ exits from homelessness. Participants spoke about how relationships were helpful and sometimes unhelpful in their journey. Feelings of loneliness and an inability to turn to others for help was reported. Helpful behaviours of service providers included 'encouragement', 'human worth', and 'positive attitude'. Many reported difficulties related to searching for employment, this

Author/s (year), title, location	Aims	Methodology	Participants	Key findings
				<p>included accounts of being treated poorly in temporary or part-time positions. Maintaining employment was also a challenge, and many reported that they became discouraged with the type of work they were offered, so stopped searching.</p> <p>An experience of 'hitting bottom' followed by a decision to leave the streets was a consistent finding. This often involved a pivotal event.</p> <p>Substance abuse was described as a barrier to leaving homelessness, with addiction described as being associated with alienation.</p>

Author/s (year), title, location	Aims	Methodology	Participants	Key findings
				The cyclical nature of homelessness was described, with participants speaking of feeling happy and not wanting to return to homelessness.
Thullien, N, S., Gastaldo, D., Hwang, S, W., McCay, E. (2018) The Elusive Goal of Social Integration: A Critical Examination of the Socio-Economic and Psychosocial Consequences Experienced by Homeless Young People Who Obtain Housing Toronto, Canada	To share perspectives of formerly homeless young people as they transition to independent housing	Data collection: Participant observation, interviews, and questionnaires Data analysis: Critical ethnography	9 formerly homeless young people 5 male 4 female	Young people reported believing prior to and during their exits from homelessness, which obtaining a home would open further opportunities such as education and satisfying occupation. Themes such as ‘outsiderness’ highlight how young people instead described the transition to housing feeling as a sort of ‘no man’s land’, no longer a part of the homeless community, yet not a member of mainstream society.

Author/s (year), title, location	Aims	Methodology	Participants	Key findings
				<p>Participants described experiencing the stigma of poverty and its impact on self-esteem and sense of control.</p> <p>Participants were not able to describe what strategies, other than money and a positive attitude, which would help them navigate society.</p> <p>They described feeling isolated and lonely, partly due to self-imposed distancing from their old lives.</p>

Author/s (year), title, location	Aims	Methodology	Participants	Key findings
Webb, J., & Gazso, A. (2017) Being Homeless and Becoming Housed: The Interplay of Fateful Moments and Social Support in Neo-liberal Context Toronto, Canada.	To understand the stories of adults who have transitioned out of homelessness	Data collection: Semi-structured interviews Data analysis: Narrative analysis from the life course perspective – a secondary analysis	15 adults who had transitioned out of homelessness selected from previous study of 70 adults. Results focus on experiences of 3 males and 2 females.	Participants told stories of moments or series of moments that triggered feelings of resiliency, isolation, grief, fear that motivated them to become housed. Participants stories revealed how becoming housed occurred through the intersection of individual, fateful moments with both informal and formal sources of support.

2.3 Quality Appraisal

2.3.1 Overview of Studies

The current review is the only synthesis of studies exploring people's experiences of exiting homelessness. It synthesises findings of studies from the USA, Canada, Ireland, Sweden, and Australia; no UK studies met eligibility criteria. This range of geographical locations is considered a strength; however, it is acknowledged that these are predominantly westernised countries. Themes found across geographical locations in this review may not remain when including non-western participants. It is possible that exclusion of studies that are not available in English led to a more western demographic. Further research investigating experiences of those exiting homelessness in non-western countries is strongly encouraged. Provided the lack of UK based studies, the reader should hold in mind that the findings from the current review might not be applicable to a UK context which the subsequent empirical study is concerned with. Without any studies exploring the experience of exiting homelessness in the UK to date, it remains to be seen whether differences exist between these countries. Having said this, given that the UK is also an industrialised Western country and has many similarities in the way it responds to homelessness to the countries included in the review, it is posited that the themes may offer an indication of the UK experience of exiting homelessness.

Another strength of this study is the range of methodology employed across studies. These include thematic analysis, narrative analysis, grounded theory, life story methodology, critical ethnography, and Foucauldian discourse analysis. In terms of gender, there is a good representation of both male and female participants across studies. Eight studies include experiences of young people, with most highlighting the need for further research into the growing problem of youth homelessness (Karabanow et al., 2016). Several studies utilise follow up methodology which is useful in investigating what factors allow people to sustain tenancies after exiting homelessness. Factors included personal responsibility and agency, behaviour change, engaging in treatment, social support, and renegotiating relationships.

2.3.2 Evaluation of Quality

The quality of studies included in the review was evaluated using the critical appraisal skills programme (CASP) tool for quality appraisal in qualitative evidence synthesis (Long et al., 2020). This Cochrane Qualitative and Implementation Methods Group endorsed method was selected as it provides an in-depth structure for quality checking qualitative studies. It covers a range of quality indicators including whether a study's theoretical position is conceptually coherent, methodological/analytic rigour, and ethical considerations (see Appendix A for full checklist). An overview of the quality checklist for each study can be found in Table 8.

Two studies use a mixed methods design (Kidd et al., 2016; Thompson et al., 2004), however, as the SLR question is concerned with how people experience their exit from homelessness, quantitative aspects of both studies are not relevant for this review as it does not help answer the SLR question. The focus was instead on the larger qualitative aspects of these studies.

All studies had a clear statement of aims of the research and a qualitative methodology was appropriate in each case, with studies largely seeking to explore experiences of people who have exited homelessness. Every study – apart from four (Heuchemer & Josephsson, 2006; Karabanow, 2008; Parsell et al., 2014; Raileigh-DuRoff, 2004) – employed a research design that was appropriate to address the reported aims of the study. Four studies lacked enough information to determine if the appropriate research design was employed. For example, Heuchemer and Josephsson (2006) used a case study design, neither this nor the narrative approach implemented was justified by the authors.

Six studies (Brueckner et al., 2011; Heuchemer & Josephsson, 2006; Karabanow et al., 2016; Kidd et al., 2016; Phipps et al., 2021; Thompson et al., 2004) lacked sufficient information to be able to decipher if the study's theoretical underpinnings (e.g., ontological, and epistemological assumptions) were conceptually coherent. Many studies did not state their ontological or epistemological assumptions, nor did they make their guiding theoretical framework clear. For some studies, these need to be assumed based on limited information

presented on the methodology employed. One study attempted to combine Interpretive Phenomenological Analysis with Foucauldian discourse analysis (Brueckner et al., 2011). Although the authors justified why these frameworks were chosen, there was no consideration or comment regarding possible conceptual and epistemological clashes.

With regards to recruitment strategy, all studies described strategies appropriate to the aims of the research. All studies apart from one (Karabanow, 2008) met criteria for data collection that addressed the research issue. For one study (St Arnault & Merali, 2019) this was a real strength, with an in-depth description of the interview process, including a justification for the setting, which went beyond information offered by other studies. Karabanow (2008) provided insufficient information to make a judgement on quality of data collection.

Only one study (Thullien et al., 2018) adequately considered the relationship between researcher and participants, and two studies somewhat met these criteria (Marshall et al., 2018; Thompson et al., 2014). Marshall et al. (2018) considered the lead author's employment at a recruitment site as a strength, as the author was known to be trustworthy, which they state facilitated data collection. The study also discussed the lead author's familiarity with interpretative phenomenological approaches and how this influenced choice of this theoretical orientation. They argue that she would not be able to bracket out her understanding of homelessness, as is common in phenomenological research, and that this prior knowledge enhanced data collection and analysis. However, the authors do not mention critically examining the role between researcher and participants. Thompson et al. (2014) state that they ensured interview protocols were developed and critiqued by a panel of researchers to keep potential biases through wording of questions to a minimum. They also describe training interviewers in non-directive interview techniques. The authors report that interviewers were not associated with service providers who supported participants, nor did they have any relationship with participants prior to interviews. However, the authors do not report critically examining the impact of these relationships, as well as their own relationship with participants, on the integrity of the research. In their study – the only to fully

meet criteria for adequate consideration of relationship between researcher and participant – Thullien et al. (2018) describe a critical ethnography methodology. The lead author maintained a reflexive journal, in which they critically examined how their own position and social graces⁴ (Burnham, 2012) may have influenced interpretation of data. They also discuss how perspectives were discussed with participants during emerging analysis, which helped strengthen interpretation. All other studies offered insufficient information to be able to make a judgement on whether relationship criteria were met. Even though this may have been considered by authors across studies, absence of this consideration in studies is considered a weakness.

With regards to consideration of ethical issues, four studies (Heuchemer & Josephsson, 2006; Marshall et al., 2018; St Arnault & Merali, 2019; Thullien et al., 2018) were deemed to meet this criterion. All four discussed how the research was satisfactorily explained to participants to obtain informed consent. For one study (St Arnault & Merali, 2019) this was a real strength, with an excellent amount of information on how the research was described provided. Three studies (Heuchemer & Josephsson, 2006; Marshall et al., 2018; St Arnault & Merali, 2019) considered issues related to confidentiality and ensuring anonymity through pseudonyms and removing identifiable information. Two studies (Raileigh-DuRoff, 2004; Thompson et al., 2004) somewhat satisfied criteria for consideration of ethical issues, both studies discuss consent being obtained, however there is limited detail provided on how the study was explained to participants. No studies discussed how the impact of the research on participants was managed before and after the study, this is considered a weakness, especially given the emotionally challenging nature of experiences that many of the participants in the studies were asked to reflect on. Most studies provided insufficient information to allow for an accurate quality appraisal of ethical issues.

Seven studies (Heuchemer & Josephsson, 2006; Kidd et al., 2016; Marshall et al., 2018; Phipps et al., 2021; St Arnault & Merali, 2019; Thompson et al., 2004; Thullien et al.,

⁴ The social graces (Burnham, 2012) is a framework for understanding aspects of identity (e.g., gender, religion, race, education, class, sexuality) and how they shape our practice, whether that be research or clinical.

2018) met criteria for sufficiently rigorous data analysis. Two studies (Phipps et al., 2021; St Arnault & Merali, 2019) offered an in-depth description of the analysis process that went far beyond what other studies offered. Seven studies did not provide sufficient details for a judgement to be made on rigour of data analysis. These studies often named the method of data analysis but failed to provide a satisfactory description of what analysis entailed. One study (Mayock et al., 2011a) failed to meet criteria as findings were presented without any information on the method of data analysis.

All studies presented a clear statement of findings that are explicit and tried to link these findings to other literature. All studies are deemed to be valuable in terms of either their contribution to an under researched phenomenon (i.e., people's experiences of exiting homelessness) and/or their implication for improving practice and policy to better support people who are homeless.

Overall, the studies were deemed to be of sufficient quality to be included in the thematic synthesis. Where weaknesses were identified, these were often a result of insufficient information being provided by authors, as opposed to clear issues of quality. Limitations identified should be held in mind when the findings of the review are presented.

Table 8

Quality Assessment of Studies

<i>Authors</i>	<i>Clear statement of aims</i>	<i>Methodology</i>	<i>Research design</i>	<i>Theoretical underpinnings</i>	<i>Recruitment strategy</i>	<i>Data collection</i>	<i>Relationship between researcher and participants</i>	<i>Ethical issues</i>	<i>Data analysis</i>	<i>Clear statement of findings</i>	<i>Valuable?</i>
Brueckner et al. (2011)	Yes	Yes	Yes	Can't tell	Yes	Yes	Can't tell	Can't tell	Can't tell	Yes	Yes
Heuchemer & Josephsson (2006)	Yes	Yes	Can't tell	Can't tell	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes
Karabanow (2008)	Yes	Yes	Can't tell	Yes	Yes	Can't tell	Can't tell	Can't tell	Can't tell	Yes	Yes

<i>Authors</i>	<i>Clear statement of aims</i>	<i>Methodology</i>	<i>Research design</i>	<i>Theoretical underpinnings</i>	<i>Recruitment strategy</i>	<i>Data collection</i>	<i>Relationship between researcher and participants</i>	<i>Ethical issues</i>	<i>Data analysis</i>	<i>Clear statement of findings</i>	<i>Valuable?</i>
Karabanow et al. (2016)	Yes	Yes	Yes	Can't tell	Yes	Yes	Can't tell	Can't tell	Can't tell	Yes	Yes
Kidd et al. (2016)	Yes	Yes	Yes	Can't tell	Yes	Yes	Can't tell	Can't tell	Yes	Yes	Yes
Marshall et al. (2018)	Yes	Yes	Yes	Yes	Yes	Yes	Somewhat	Yes	Yes	Yes	Yes
Mayock et al. (2011a)	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	No	Yes	Yes
Mayock et al. (2011b)	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Can't tell	Yes	Yes

Authors	Clear statement of aims	Methodology	Research design	Theoretical underpinnings	Recruitment strategy	Data collection	Relationship between researcher and participants	Ethical issues	Data analysis	Clear statement of findings	Valuable?
Parsell et al. (2014)	Yes	Yes	Can't tell	Yes	Yes	Yes	Can't tell	Can't tell	Can't tell	Yes	Yes
Phipps et al. (2021)	Yes	Yes	Yes	Can't tell	Yes	Yes	Can't tell	Can't tell	Yes	Yes	Yes
Raileigh-DuRoff (2004)	Yes	Yes	Can't tell	Yes	Yes	Yes	Can't tell	Somewhat	Can't tell	Yes	Yes
St. Arnault & Merali (2019)	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes
Thompson et al. (2004)	Yes	Yes	Yes	Can't tell	Yes	Yes	Somewhat	Somewhat	Yes	Yes	Yes

<i>Authors</i>	<i>Clear statement of aims</i>	<i>Methodology</i>	<i>Research design</i>	<i>Theoretical underpinnings</i>	<i>Recruitment strategy</i>	<i>Data collection</i>	<i>Relationship between researcher and participants</i>	<i>Ethical issues</i>	<i>Data analysis</i>	<i>Clear statement of findings</i>	<i>Valuable?</i>
Thullien et al. (2018)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Webb, & Gazso (2017)	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Can't tell	Somewhat	Yes

2.4 Results of SLR

A total of 15 studies were included in this review and a thematic synthesis based on guidance specified by Thomas and Harden (2008) was conducted; results of which are presented below, along with a summary of themes and subthemes (see Table 9). Thematic synthesis was employed as it offers a systematic and transparent framework of generating higher-order themes and key messages from a large number of qualitative studies (Cochrane Training, n.d.). The clear and well-defined steps presented by Thomas and Harden (2008) was a further reason for selecting this approach, particularly since the researcher was not experienced in synthesising qualitative data for the purpose of a systematic literature review. First, data was extracted from the findings and results section of each paper. Secondly, free line-by-line coding of these data was completed. Finally, using the software NVivo, codes were organised into related areas to construct analytical themes that helped answer the review question. For a full list of studies in each subtheme, see Appendix B.

Table 9

SLR Thematic Synthesis: Themes and Subthemes

Theme	Subthemes
Relationships	Cutting old ties Building and repairing Relationships that 'pull people out' Loneliness
Recovery	Mental health Drugs and alcohol Routine Support of services
Responsibility, agency, and change	Moments Wanting to change

Theme	Subthemes
	Growing up too fast Pride
Filling time at the tail end	Boredom Employment and education
Hope	It's the stepping-stone out Future orientation

2.4.1 Theme 1: Relationships

In all studies, the role of relationships in people's experience of exiting homelessness was identified as a major theme.

2.4.1.1 Subtheme: Cutting Old Ties. Six studies reported on the process of ending relationships in transitions out of homelessness. Participants reported the importance of ending old relationships associated with their homelessness in their journey towards greater stability. Despite noticing that old relationships may be a bad influence on them, the process of breaking these social ties was described as emotionally challenging by many.

"The hardest part is getting rid of people that you've known for so long, even though you guys are kinda like fucked-up friends, they're still people that you care about and you see every day." (Kidd et al., 2016, p. 215)

2.4.1.2 Subtheme: Building and Repairing. Building new supportive relationships and forming positive connections was reported as an important part of moving out of homelessness in six studies, especially for those who felt it was necessary to cut old ties to be able to progress.

"I think it's having a network of people outside of street life. Because I mean, when you're on the street, your whole world, your whole family, everyone you spend time with, everyone that you see is pretty much out and about here. But once you're off the street, your friends have places to live, you know?" (Karabanow, 2008, p. 783)

As well as forming new relationships, repairing old ones was an experience that participants shared in five studies. This often included renegotiating agreements, addressing tensions, and finding a new 'comfort zone' with family and friends.

"She's (Mum) learned to trust me and that's the biggest thing." (Mayock et al., 2011a, p. 396)

2.4.1.3 Subtheme: Relationships that 'Pull People Out'. Almost all studies referred to the role of the support of friends and family in their exits from homelessness.

"We drove my mother's car to Seattle because we heard that it offered homeless youth resources to get off the street. We wanted to succeed. It is helpful when you can motivate each other. You don't want to let that person down and you don't want to let yourself down. You have that extra boost that makes you stronger." (Raleigh-Duroff, 2004, p. 564)

The support that participants across studies reported receiving not only concerned practical and emotional support, but support through the boundaries set by those around them.

"I had put them (parents) through an awful lot and they still came back and I am so lucky to have them but they don't tolerate it when I am active (using drugs)." Mayock et al., 2011b, p. 817)

2.4.1.4 Subtheme: Loneliness. There were nine studies in which participants reported a profound feeling of loneliness as they exited homelessness. During the transition out of homelessness, participants reported finding themselves in a sort of 'no man's land', as described by the authors of one study: "After leaving the shelter, participants existed in a sort of 'no man's land'— no longer an insider in the homeless community yet barred from insider status in mainstream society" (Thulien et al., 2018 p. 94).

The consequence of ending old relationships and difficulties in forming and sustaining new relationships because of past trauma, can leave people feeling isolated and

alone. A lack of family support for some can further compound these difficulties. Some chose to stay in contact with homeless friends and services in a bid to fight isolation.

"I was quite sad to leave you know when we actually did get our own place ... It was good getting a house but it still didn't feel like a home ... we missed here. It was weird ... We would wake up and just come back here during the day ... I liked just coming back here." (Phipps et al., 2022 p. 1432)

2.4.2 Theme 2: Recovery

Most studies referred to issues that can be understood as related to recovery. These issues related to mental health difficulties, substance use, support of services, and routine. In most studies, the word recovery was not mentioned, however the complexity and idiosyncratic experiences of what is understood as recovery within the context of exiting homelessness is captured.

"And I don't know how much I'm going to recover because I think it takes a long time, I haven't got a long time." (Phipps et al., 2022, p. 1433)

2.4.2.1 Subtheme: Mental Health. Seven studies referred to how people dealt with mental health in their exits from homelessness. Some felt they were able to learn to cope with mental health difficulties, and that stable housing provided the space for this kind of recovery. For many, the mental health difficulties they were having to recover from were a result of their homelessness experiences.

"I think when you've left a situation, everything feels unsafe and everyone feels unsafe" (Phipps et al., 2022, p. 1430)

As mentioned in other themes, participants across studies also had to deal with emotional and psychological upheaval linked to changes across dimensions of personal and social life in the move to more stable housing, which could impact wellbeing.

2.4.2.2 Subtheme: Drugs and Alcohol. Ten studies referred to experiences of drug and alcohol use in the journey out of homelessness and it appears that drug and alcohol addiction is commonplace. For many, seeking treatment to begin recovery from addiction was described as key in being able to exit homelessness, as one participant describes:

“Getting off the street is not possible until youths are willing to . . . shift their focus from drugs and alcohol to engaging in steps to leave the street and to leave behind their street friends.” (Raleigh-Duroff, 2004, p. 565)

Participants across studies spoke about how drugs and alcohol helped them cope with the difficulties of homelessness and in some instances helped them stay connected with others. For many, there was a realisation that addiction was interfering with their goals and hindering growth.

“Today I’m no longer a dope fiend, but I had to strip myself buck naked, emotionally, in order to allow myself to grow. I could not grow as long as I did dope—it’s that simple.” (Thompson et al., 2004, p. 428)

2.4.2.3 Subtheme: Routine. Six studies referred to the importance of routine in the journey out of homelessness. Studies described participants experiencing routine as useful in providing stability, opportunities, and in facilitating drug treatment. Through new routines, participants reflected on the detrimental impact that a lack of routine had on them when they were homeless.

“The way I used to live, I used to think everything was grand, everything was great, and looking back on it now, it was a horrible way to live. The way my life is now, I get up in the morning, I have my shower and get dressed and I go out and do what I have to do for the day. Like there was probably weeks when I didn’t shower or have a clean set of clothes and just the thoughts of having to go back to that would be just horrible.” (Mayock et al., 2011b, p. 819)

It appears that for many, establishing routine was an essential part of their exit from homelessness.

2.4.2.4 Subtheme: Support of Services. Eight studies described participants experiences of support of services being helpful in their journey out of homelessness. Participants shared their experiences of strong relationships they developed with support staff, as well as the encouragement and belief instilled in them by these relationships.

“They would say, ‘sit down and I’ll talk to you about what you’re thinking, see what you want to do, and see what we can do about this’...That bit of encouragement gives you what you need to go out there and boast ‘I can do this.’” (Thompson et al., 2004, p. 427)

Services referred to were mainly temporary accommodation support services, however in some instances, participants spoke about support they received from drug and alcohol services, healthcare services, mental health services, and social services.

In a minority of cases (Brueckner et al., 2011; Karabanow, 2008; Karabanow et al., 2016) participants’ experiences of a lack of support or unhelpful support from services were described. Participants described feeling patronised and not being taken seriously by services:

“it’s just like “I gotta go home” and people go “why do you have to go home” and I go “my ‘parents’ coming to check my unit and talk to me. Cause it actually feels like that, it feels like you’ve got somebody every week coming into your home.” (Brueckner et al., 2011, p. 10)

2.4.3 Theme 3: Responsibility, Agency, and Change

Ten studies described participants’ experiences of taking responsibility, wanting to change, and developing a sense of agency in their exits from homelessness.

2.4.3.1 Subtheme: Moments. Four studies discussed participants describing ‘fateful moments’ that sparked their decision to exit homelessness. Experiences of violence, becoming pregnant, or just feeling fed up with homelessness allowed people to want to change their lives and build stability.

“Then I looked at my life and realized, where am I going? I wasn’t happy with how things were so I decided to try and change it... I was like, I can’t do this anymore. I can’t just do nothing. I’m going to have to make a change.” (Karabanow, 2008, p. 776)

2.4.3.2 Subtheme: Wanting to Change. Nine studies described how participants spoke about their willingness to change and deeply personal decisions to leave

homelessness. Participants described wanting to change as seeking and accepting support, relying on oneself, and taking personal responsibility. Some of these sentiments are captured by one participant:

“Mostly, the only resource that will get the person off the street is the person themselves. They have to get off, they have to be wanting something. They want to be able to grasp something. If they don’t want to grasp anything or want to move on, they’re not going to move on.” (Karabanow, 2008, p. 778)

2.4.3.3 Subtheme: Growing up Fast. Leaving homelessness came with a need to develop independence to take care of day-to-day tasks of everyday life. For some, this was a difficult transition as stressors of independent living did not necessarily exist in the same way when they were homeless. In two studies, participants described experiences of needing to ‘grow up too fast’ (Karabanow et al., 2006; Mayock et al., 2011b). Described, was a fear of taking on too much and the stress of dealing with housed life. Financial stress was also a part of the ‘growing up’ process, with formerly homeless individuals sometimes needing to rely on support grants and welfare to survive. This is captured by the authors of one study: “Difficulties in managing day-to-day responsibilities, emerged as sources of insecurity and stress, particularly among those who could not depend on parents or carers for support with everyday tasks” (Mayock et al., 2011b, p. 819).

2.4.3.4 Subtheme: Pride. Six studies in this review described participants experience of pride in their achievements, often related to their successful exits from homelessness. Participants described feeling proud of their engagement in employment and education, as well as being able to provide for themselves financially.

“You get pride in paying things like that, paying the bills, because like I’m showing to me Ma I can survive.” (Mayock et al., 2011a, p. 397)

2.4.4 Theme 4: Filling Time at the Tail End

This theme refers to ways in which participants in nine studies described how they used and managed their time after exiting homelessness.

2.4.4.1 Subtheme: Boredom. In four studies participants describe experiencing a lack of activity, quietness, and boredom after exiting homelessness, especially during early periods following transition. This is often a stark contrast to the chaos of homeless life, and something that people must adjust to. For some, coping with boredom meant returning to drugs or crime.

"I'm still smoking a little bit of weed and that. Like, I quit completely for like a month or two, and I started up because I have nothing else to have fun with." (Marshall et al., 2018, p. 39)

Others filled their newfound free time with meaningful activities.

"Initially I couldn't stay in the house for that long. I would go to cafes and I did a course" (Phipps et al., 2022, p. 1431)

2.4.4.2 Subtheme: Employment and Education. In nine studies, employment and education was described as an important aspect of the journey out of homelessness. Employment was seen as important for prospects, routine, and financial stability. In some cases, people spoke about finding meaning in their work.

"They needed someone to serve food at night, so that's where I started. That opened up different opportunities to me and then I started to get my identification back and it made me feel better about myself so there was meaning." (Thompson et al., 2004, p. 427)

For others, finding secure employment was a challenge due to a lack of experience, qualifications, and past behaviour (e.g., substance use, criminal record). In these cases, participants described feeling disheartened by the process of looking for work and would therefore feel like giving up entirely.

"I went for a couple of interviews at [large department store] just for stacking shelves ... And I was thinking surely I'll get in here. But because there was such a gap in my CV, I think anyway, a letter came back saying, "Thanks for your time but you've been rejected", or whatever to that effect anyway. That sort of gave me a kick back,

saying, "Jesus, they don't think I can stack shelves" ... how qualified do you have to be to stack fucking shelves?" (Mayock et al., 2011b, p. 818)

2.4.5 Theme 5: Hope

Seven studies discuss the role of hope in the journey out of homelessness from the perspective of those who have successfully exited.

2.4.5.1 Subtheme: It's the Stepping-Stone Out. In one study, hope was described as the "stepping-stone" toward participants achieving what they wanted (Raleigh-Duroff, 2004, p. 566). Some spoke of the importance of hope in getting them out of homelessness, as well as the role of dreams and a desire for something more.

"If you don't have hope you cannot make it. [Then] you are unable to recognize [chances] when they come along. Hope kept my eyes open to the doorway when it opened." (Raleigh-Duroff, 2004, p. 6)

For others, after finding stable housing, hope for a future that is better than the past was expressed, such as dreams of moving up the housing ladder and finding meaningful employment. Hope comes from a few different places in these accounts; from within, from others, and from occupation.

2.4.5.2 Subtheme: Future Orientation. In five studies, related to hope was a move from short-term thinking to long-term thinking, such as planning ahead and having a 'positive attitude'. In two studies, participants reported stability and security of housing facilitated future oriented thinking. Hope is not only described as important in leaving homelessness, but also at the point of establishing security. There is evidence that this security facilitates further hope and future-oriented thinking.

"I feel like I'm doing more meaningful stuff now because when I was homeless, the thought of doing things for my life was almost overwhelming. And now that I don't have that hanging over my head, I have a place. I'm safe. It's not going anywhere. And now I can focus on other things that I want to do with my life." (Marshall et al., 2018, p. 40)

2.5 Summary of SLR

This review set out to answer the question 'What does the existing empirical literature tell us about how people experience their exit from homelessness?' All studies reached consensus that relationships are an important part of this process. For many, supportive relationships with family and friends were seen to help people exit homelessness through the emotional and practical support offered, as well as through boundaries put in place by others. A common experience was the ending of old relationships – often those linked to homeless life – as people journeyed out of homelessness. This was described as a difficult decision for people to make, but one that they saw as necessary in their exit. Building new positive relationships and repairing old relationships – often with family – was also a common theme. Past trauma and mistrust sometimes made forming new ties difficult for people. This experience along with the need to cut old ties meant that loneliness was commonly experienced whilst exiting homelessness.

Disengaging from drug and alcohol use was described by many as a key part of exiting homelessness, which included engagement with support services. Most people described positive experiences of these services, especially hostel support staff, but some had negative experiences where they felt judged and patronised. Some people described an improvement to their mental health as they exited homelessness, but others experienced new stressors that negatively impacted their mental health, like the stress of dealing with independent life. Many were coping with trauma that resulted from homelessness during and after exiting. In terms of successfully exiting homelessness, and coping with 'housed life', establishing routine appeared to be key.

Many participants described moments when they decided that 'enough was enough'. They noticed that something needed to change and therefore decided to leave homelessness. Participants described taking responsibility as a key part of this process, as well as a personal willingness to change. For younger participants, this left them feeling that they needed to grow up too fast.

Despite recognising that education and employment are important in building stability whilst exiting homelessness, difficulties finding employment was a theme. Those who were able to find work spoke of how it brought them meaning. Another theme was the experience of boredom as people adjusted to the quieter life of being housed. In some cases, this was welcomed, as people expressed a renewed sense of freedom; in a minority of cases this led to people reengaging with drugs and crime.

Hope and future oriented thinking were experiences described by people as they exited homelessness; some attributed their success in exiting to hope. In some cases, the stability of housing provided space to make plans, which they had not been able to do whilst homeless. Furthermore, people expressed pride when reflecting on their journey out of homelessness, often seeing this as an achievement.

Strengths of this SLR are the inclusion of studies from a range of geographical locations and the range of methodological approaches adopted by these studies. Having said this, a phenomenological methodology could provide a more profound and detailed understanding of lived experience of the journey out of homelessness, beyond what is achieved in studies in this review.

2.6 Current Study Rationale and Aims

2.6.1 Rationale for Current Study

The current study will be the first known study investigating young people's experiences of exiting homelessness in a UK context. It is primarily interested in personal accounts of young people and how they make sense of this unique experience. For this reason, an Interpretative Phenomenological Approach (IPA) will be used. This will add to the currently limited phenomenological research within this area. Eight studies in the review included samples of young people and highlighted this group as particularly important within the field of homelessness research. As demonstrated by the small number of studies yielded in this review, voices of young people in the homeless literature remain underrepresented (Slesnick et al., 2017). There is not a single study investigating young people's experiences

of exiting homelessness in South Wales. It is hoped the current study will give this often marginalised and 'hidden' group a voice.

2.6.2 Aims and Research Questions

This study aims to explore young peoples' experience of leaving homelessness. It is interested in not only difficulties faced by homeless young people as they exit, but also stories of strength, resilience and hope that are often lost in the current literature. The research questions this study hopes to answer are:

1. How do young people in South Wales experience their journey out of homelessness?
2. What do young people in rural and urban South Wales experience as the factors that allow them to exit homelessness, within the context of policy and funding change?

3. Methodology

3.1 Design

3.1.1 Qualitative Research Design

This study was interested in personal accounts of young people and how they make sense of their experience of exiting homelessness. For this reason, a phenomenological approach committed to the examination of how people make sense of their lived experience was chosen (Smith et al., 2022). An outline of other methodologies considered and the reasons they were not chosen over IPA can be seen in Table 10.

Table 10

Consideration of Alternative Methodologies

Methodology	Description and reason for dismissal
Grounded theory	Grounded theory (Charmaz, 2014) is useful when the aim is to construct a theory that is grounded in the data collected (Chun Tie et al., 2019). Although it can be an appropriate methodology when little is known about a phenomenon, it is primarily concerned with creating an overarching theoretical explanation. The current study was interested in the experiences of individuals, and as such grounded theory was not considered the most fitting option.
Thematic analysis	Thematic analysis is a method for identifying, analysing, and interpreting patterns and themes in qualitative data (Clarke et al., 2015). It can be an attractive methodology due to its theoretical and practical flexibility, and it often produces broad, descriptive analyses that go beyond personal experiences. Where IPA – in line with its idiographic commitment – treats each participant's case individually, thematic analysis treats all cases as a single dataset from the offset. For these reasons, IPA was favoured to thematic analysis.
Narrative analysis	Narrative analysis is an approach concerned with making sense of how and why people talk about their experiences as a story (Earthy & Cronin, 2008). It is interested in the construction of narratives and how they contribute to the social construction of a phenomenon (Rosenweld &

Methodology	Description and reason for dismissal
	Ochburg, 1992). Although such an analysis could be a useful addition to the homelessness literature, narrative analysis' focus on how incidents are storied, and for what purpose, contrasts with this studies commitment to understanding how young people <i>experience</i> , not <i>construct</i> or <i>story</i> , their exits from homelessness.

3.1.2 Interpretative Phenomenological Analysis

Interpretative Phenomenological Analysis (IPA) was employed as its idiographic commitment (for a summary of the theoretical underpinnings of IPA, see Table 11) means that it can reveal intimate and nuanced accounts of exiting homelessness (Jeong & Othman, 2016). It has been argued that since IPA is compelled to privileging accounts of participants, it is a particularly useful methodology for investigating groups who may otherwise go unheard (Noon, 2018). This makes it a suitable approach for the current study which is committed to exploring accounts of a group who are underrepresented in the literature to date. The focus on the personal meaning and sense-making of young people who have experienced homelessness makes IPA a good fit.

IPA requires 'rich' data (Smith et al., 2022), participants need to tell their stories and describe their experiences in some depth. For this reason, semi-structured interviews were preferred as a data collection tool. A possible challenge of research utilising IPA methodology is that it can be seen to rely on the representational validity of language (Willig, 2013). It was recognised that some participants might not have the language skills or reflective capacity – given their age and experiences – to offer such detailed accounts readily. To account for this, adjustments were made which included providing a preview of the interview schedule to participants prior to the interview, and the incorporation of photo elicitation interviewing (Collier, 1957).

Table 11*Summary of the Theoretical Foundations of IPA*

Theoretical perspective	Overview and implications for IPA
Phenomenology	<p data-bbox="461 477 1374 712">Phenomenology is a philosophical approach to the study of experience (Smith et al., 2022). There have been different emphases among phenomenologists, but a common thread is an interest in examining what the experience of being human is like. In other words, it is interested in understanding lived experience.</p> <p data-bbox="461 779 1374 1066">Husserl (1983) thought it was possible to identify the key components of experience through a process of reflection and bracketing. His phenomenology involved stepping outside of our everyday 'taken for granted' experience, to examine that experience. In other words, we need to 'bracket' the taken for granted world to become conscious of our perception of that world.</p> <p data-bbox="461 1133 1374 1469">Heidegger (1962) questioned the possibility of any knowledge outside of an interpretative stance. He thought that our experience of the world is always perspectival, temporal, and always in 'in-relation-to' something. Heidegger stated that our experiences are always connected inter-subjectively; they are in communication with, and to be interpreted by, others. Consequently, the interpretation of people's meaning-making is central to IPA.</p> <p data-bbox="461 1536 1374 1771">Merleau-Ponty (1962) focused primarily on the embodied nature of our relationships to the world as 'body-subjects'; we can observe and empathise with another, but ultimately, we can never share entirely their experience, because that experience belongs to their own embodied positions in the world.</p> <p data-bbox="461 1839 1374 2020">Sartre's (1956) contribution to phenomenology is that our perception of the world is shaped by the presence of others; our experiences are contingent upon the presence and absence of our relationship to other people.</p>

Theoretical perspective	Overview and implications for IPA
Hermeneutics	<p data-bbox="464 297 719 331"><i>Implications for IPA</i></p> <p data-bbox="464 349 1366 633">Husserl established the importance of experience, and its perception. Heidegger, Merleau-Ponty, Sartre move us away from the descriptive phenomenology of Husserl, towards a more interpretative phenomenology. As such, IPA is not only interested in how people experience a phenomenon, but it is also interested in how people <i>make sense</i> of the things happening to them.</p> <p data-bbox="464 703 1358 831">Hermeneutics is the theory of interpretation (Smith et al., 2022). This approach involves an understanding of events through analysis of their meanings for the people in the events.</p> <p data-bbox="464 902 1378 1137">Schleiermacher (1998) thought that the interpretative analyst can offer a perspective on a text which the author is not, and that the possibility of an interpretation of this nature depends on sharing some ground with the person being interpreted; thus, acknowledging the intersubjective dimension of the endeavour.</p> <p data-bbox="464 1209 1385 1641">Heidegger (1962) discussed how the analyst cannot help but to look at any new stimulus in light of their own prior experiences and preconceptions. This is not to say that we should abandon efforts to 'bracket' our assumptions, instead Heidegger believed that priority should be given to the 'new object' when interpreting, rather than to one's preconceptions. He also posits that we may not be fully aware of our preconceptions, and that the prior experiences relevant to our interpretation may not be known until the stimulus (i.e., text) is encountered.</p> <p data-bbox="464 1713 1337 1895">The hermeneutic circle is picked up by most hermeneutic writers; it describes the process by which one's understanding of a text as a whole is established by reference to the individual parts, and one's understanding of each individual part by reference to the whole.</p> <p data-bbox="464 1966 719 2000"><i>Implications for IPA</i></p>

Theoretical perspective	Overview and implications for IPA
Idiography	<p>IPA involves a 'double hermeneutic' (Smith & Osborn, 2003); the researcher is trying to make sense of the participant, who is trying to make sense of the phenomenon of interest. In doing this, the researcher must be aware of their own preconceptions, in a reflexive manner, and the influence this has on the interpretation.</p> <p>Idiography, or an idiographic approach to psychology, is concerned with the particularities of each individual case (Smith et al., 2022). Unlike the nomothetic perspective, which is concerned with the study or discovery of general scientific laws, idiography is committed to the uniqueness of and specificity of each individual.</p> <p><i>Implications for IPA</i></p> <p>IPA is idiographic; it is an approach that offers detailed, nuanced analyses of lived experience (Smith et al., 2022). For this reason, IPA studies tend to have a small number of participants.</p>

3.2 Philosophical Position

3.2.1 Critical Realism

This study aimed to understand how participants have subjectively experienced and made sense of their shared phenomenon of exiting homelessness. A critical realist position is congruent with this aim, as it acknowledges that subjective experience of participants will reflect reality to a degree, but this experience may be influenced by the context in which they exist. Additionally, it fits with the hermeneutic underpinning of IPA, as its pluralistic approach (Fryer, 2022) allows for the fact that the analyst is implicated in constructing truth through their relationship with, and subsequent interpretations of, the subjective experience of the participant. A strength of the critical realist philosophical position is it is tolerant with respect to different research methods (Hood, 2016; Sayer, 1999).

3.3 Ethical Considerations

3.3.1 Ethical Approval

Ethical approval for this study was granted from the Health, Science, Engineering and Technology Ethics Committee with Delegated Authority (ECDA) at the University of Hertfordshire (see Appendix C). The Code of Human Research Ethics (British Psychological Society, 2021) and The Code of Ethics and Conduct (British Psychological Society, 2021) was used to ensure the study adhered to ethical guidelines. Table 12 provides an overview of the ethical considerations for this study.

Table 12

Ethical Considerations for Current Study

Ethical principle	Considerations for current study
Valid consent	To ensure valid informed consent all participants were sent a participant information sheet (see Appendix D) via email upon expressing their interest in the project. The information sheet provided necessary information about the research aims, the use and storage of personal data, and the participant's right to withdraw. Participants were invited to ask questions about the information sheet and what participation in the study would entail either via telephone or video conference call. Consent forms (see Appendix E) were sent electronically, and one signed copy was stored securely by the principal investigator and the other was retained by the participant. Prior to commencing the interview, the consent form was re-visited, and further verbal consent was obtained to either video or audio record the interview.
Right to withdraw	Participants were made aware of their right to withdraw from the study at any time without providing a reason prior to the completion of data analysis; in all cases this was at least one month after participating. Participants were reassured that any decision to withdraw would have no impact on any treatment or care that they

Ethical principle	Considerations for current study
Confidentiality	<p data-bbox="501 244 1378 327">may receive. No participants chose to withdraw during or following the interview stage.</p> <p data-bbox="501 394 1378 1182">Participants were informed that any identifiable information would be limited to the principal investigator only. All identifiable information has been removed or changed as part of reporting data in the current study and only pseudonyms are used. All participants were informed that their data would remain confidential unless in the event of safety concerns as outlined in the consent form. Participants were informed that a reputable third-party transcription service may be employed to transcribe interview recordings and that a non-disclosure agreement (see Appendix F for signed non-disclosure agreement) would be signed prior to any transcribing. Three interview recordings were transcribed to text by a professional transcription service and three were transcribed by the primary researcher. The disclosure of one participant resulted in a break in confidentiality for safeguarding purposes, please see Appendix G for a summary of the procedure that was followed in this case.</p>
Data protection	<p data-bbox="501 1256 1378 1890">Data was managed and stored in accordance with the Data Protection Act (2018), General Data Protection Regulations (GDPR), and the University of Hertfordshire data management policy. All participant data, including interview recordings and anonymised transcripts were stored securely on the university's OneDrive and double encrypted. Participants were informed that some identifiable information such as name and telephone number would be stored securely as above; this data will be destroyed by December 2023. Fully anonymised transcripts will be stored securely for 10 years by the University of Hertfordshire Doctorate in Clinical Psychology, as outlined in the participant information sheet. This data may be re-used or subjected to further analysis as part of a future ethically approved study.</p>

Ethical principle	Considerations for current study
Minimising harm	<p>Given the sensitivity of the research topic and considering this is a group of young people who are likely to have experienced adversity and trauma, minimising the risk of psychological and emotional distress was considered a priority. Participants were informed of the potential areas covered at interview, and that this might be upsetting for them. At the beginning of the interview, participants were reminded that they had the right to refuse to answer any questions. Interviews were prepared and planned according to the framework for sensitive interviewing in qualitative research (Dempsey et al., 2016). In line with the framework, a distress protocol (see Appendix H) was devised to protect participants if upset did occur. As suggested by DiCicco-Bloom and Crabtree (2006), psychological support was available for participants if interviews resulted in undue stress. As a clinical psychologist in training, the primary researcher used their therapeutic skills to both monitor levels of stress experienced and to offer support as needed during the interview. Breaks were offered throughout the interview. In addition, participants were provided with a list of emotional and mental health resources, including telephone numbers for several helplines in a full debrief form (see Appendix I). Participants were also offered the opportunity to seek further advice from the principal investigator during the full debrief at the end of the interview session. Furthermore, prior to participating participants were informed that they could opt to have a 'supportive person' present for the interview. A few participants opted for a break at around the mid-point of their interview, lasting five to ten minutes.</p>

The principal investigator takes the potential of psychological harm, discomfort, or stress to participants very seriously and as such considered carefully if the longer-term gains of the study outweigh the short-term immediate risks to participants. For reasons already outlined in the initial chapters of this document, and considering that the risk of harm was minimal, it was felt that this was the case. No participants reported psychological harm, discomfort, or stress during or following their involvement in this study.

Ethical principle	Considerations for current study
Ethical considerations regarding photographs	Hamilton Community Foundation's (2007) ethical considerations regarding consent and photographs was used as a framework. Participants were informed that the sharing of photographs was voluntary. They were informed that photographs would only be shared beyond the interview with their consent, and a decision to not give consent would have no impact on their treatment or eligibility to participate. Participants were required to sign a consent form giving permission to use and publish their photos to promote the project (see Appendix J), if they agreed to this. Photographs including any identifiable information remained confidential to the interview. If participants wished to photograph other people to be shared at interview, signed consent was required from the subject being photographed (see Appendix K). Participants were also sent a copy of a guidance sheet on taking photographs responsibly and ethically (see Appendix L); adapted from Hamilton (2007).

3.3.2 Remuneration

Financial remuneration is seen to be ethically acceptable, appropriate, and justifiable by many research participants and researchers (Gelinis et al., 2018; Permuth-Wey & Borenstein, 2009). Some argue that payment can be coercive (Millium & Garnett, 1999), however an important distinction should be made between coercion and inducement. Whereas coercion is defined as influence by another person that controls a person's decision and deprives free choice, inducements are described as offers or opportunities that motivate someone to do something. Also, evidence suggests that payment offers do not blind participants to risks involved, and instead increase engagement with study materials and perception of risk (Bentley & Thacker, 2004; Cryder et al., 2010). Given that the group recruited in this study have been difficult to involve in research previously, inducement was not only seen as key in ensuring that the voices of young people who have experienced homelessness are heard, but more importantly it was seen as the most ethically responsible

option. To ensure coercion was avoided, several ethical safeguards were put in place – as described in Table 11 – including informing participants of their right to withdraw and that this would not impact payment. Offering a financial token of appreciation to young people for their time and opinions was seen as important, especially because participants were asked to share experiences that they may have not previously shared with many people, considering the shame and stigma that can commonly accompany experiences of homelessness.

The decision to remunerate participants was further supported by studies that have shown that participants feel they should receive compensation for their time (Bryant et al., 2007; Slomka et al., 2007), official recommendations that participants should not be financially worse off as a result of being involved in research (National Institute for Health and Care Research, 2022), and expert by experience consultation (see section 3.4). It is argued that the use of remuneration of participants as both a token of appreciation and incentive worked well and increased access for a marginalised group of young people.

3.4 Consultation with Experts by Experience

Involvement of the public in research can improve the quality and relevance of research, as well as allowing for greater accountability and transparency (National Institute for Health and Care Research, 2021). It ensures research focuses on issues and outcomes that are important to the public. Service user involvement in research has been found to benefit service users on a personal level, including gaining knowledge, and improvements in self-esteem, confidence, and overall sense of wellbeing (Minogue et al., 2005). Involvement of Experts by Experience⁵ (EbE) was seen as an important aspect of this study. There are different levels of EbE involvement in research including consultation, collaboration, and user control (Hanley et al., 2004). Consultation involves asking EbE for their views on research, for example, the design, appropriateness of measures and

⁵ The term EbE makes a claim for specialist knowledge being rooted in an individual's experience (McLaughlin, 2009).

resources, and potential issues with recruitment (Szmukler et al., 2011). The involvement of EbE in this study is best described as consultation. This method of involvement was chosen for its flexibility and ability to form one-off meetings at different stages of the project. It was acknowledged that authorship of the Major Research Project cannot be shared with EbE, so it was decided further involvement beyond consultation may not be appropriate.

The researcher met with an EbE consultant to share materials including consent forms, participant information sheets, and interview guide. EbE consultation was essential in ensuring that materials were relevant and 'made sense' to formerly homeless young people. Advice was sought on rapport building, including best methods of contact, interview style and setting; the impact of which on the design of the study is highlighted in relevant sections.

3.4.1 Further Involvement of Participants

All participants that took part gave consent to be contacted following their interview to arrange a further meeting to discuss findings of the study, and to be kept up to date with any developments. This involved inviting participants to review the researcher's analysis in a member checking session. Member checking allows the researcher to ensure that participant voices are accurately portrayed by allowing participants to confirm or deny the accuracy of the researcher's interpretation of the data (Candela, 2019). It has been described as an optimal means of assessing the validity of qualitative research and of attempting to equalize power relationships within the research relationship by allowing participants to have some control over their represented selves (Koelsch, 2013; Lincoln & Guba, 1985). It has been suggested member checking can have therapeutic benefits for participants such as empowerment, healing, providing a voice for the disenfranchised, and connection with others who have had similar experiences (Harper & Cole, 2012; Hutchinson et al., 1994; Koelsch, 2013). On the other hand, it has been posited member checking could cause harm to participants, especially when dealing with sensitive issues

when the participant might have disclosed painful experiences during interview, and that a cautious approach should be taken (Goldblatt et al., 2011).

Participants were informed that involvement in member checking was voluntary, and they could withdraw at any time. Although great care was taken in developing themes and remaining as close to participants' experiences as possible, participants were cautioned that the nature of themes may be upsetting; debrief information like the resources shared following the research interview was provided. Participants were offered a space to reflect on how they felt in the member checking session and were encouraged to provide open feedback on interpretations presented. Member checking via video call allowed the researcher to provide an overview of the analysis; the open dialogue that followed minimized risk of misinterpretation of the researcher's interpretations. Further details of member checking sessions can be found in Appendix M.

3.5 Participants

3.5.1 Eligibility Criteria

To ensure homogeneity, eligibility criteria was developed (see Table 13). Eligibility was determined via a telephone call prior to interview with the young person and their contact within HC.

Given the current study was concerned with experiences of young people exiting homelessness in South Wales, participants had to be aged between 16 and 25 and have experienced homelessness in South Wales. To safeguard this group of potentially vulnerable young people they had to be receiving support from the charity HC. This ensured young people had an established network of support around them during participation. Further precautions taken are outlined in the distress protocol in Appendix H.

In line with ethical research practice, young people who were deemed to lack capacity to consent to participate, were excluded. To ensure participants had relevant experience (i.e., exiting homelessness) required to address the research question, they had

to have moved into their own tenancy within the last 36 months, and still be residing in their own tenancy at time of recruitment.

Table 13

*Participant Eligibility Criteria*⁶

Inclusion criteria	Exclusion criteria
Aged between 16 and 25 years old	Young people who are unable to consent, such as those lacking capacity according to the Mental Capacity Act 2005
Lived experience of homelessness within the last 36 months	Not receiving support from HC at the time of recruitment
Residing in own tenancy with HC support at the time of recruitment	Deemed to be too distressed by HC staff, for example, due to considerable physical or mental health difficulties
Lived experience of homelessness in South Wales	

3.5.2 Recruitment

In line with IPA methodology (Smith et al., 2022), purposive homogenous sampling was utilised with clear and transparent inclusion criteria to ensure participants possessed qualities required (Etikan et al., 2016). This ensured participants were able and willing to provide information by virtue of experience.

Participants were recruited via the charity HC⁷ who have built strong and trusting therapeutic relationships with young people over many years and have recruited

⁶ Participants were not excluded based on their ability to understand and speak English as interpreters could be provided upon request. This offer was extended to participants who wished to complete the interview in their preferred language.

⁷ Given that young people who have recently experienced homelessness are potentially a difficult group to recruit, recruiting via HC was considered a strength.

successfully to projects in the past (Hampson & Hazel, 2015; Hodgson et al., 2015; Thomas et al., 2021). Study information – which included a poster (see Appendix N) and participant information sheet (see Appendix D) – was circulated to HC Project Managers in South Wales via email. Employees at appropriate business meetings and gatherings were asked to share the information with those eligible. If the young person expressed an interest in taking part in the study, they were asked to consent to an eligibility telephone or video call between the researcher and their Support Worker. This telephone served the added function of ensuring the primary researcher was not just another person who was entering and exiting their life rapidly. Moreover, it reduced risk of disappointment for the young person if they were not deemed eligible; ethically this felt important given the well documented difficulties of engaging this group in research. Following this screening process, participants met individually with the principal investigator to ensure they understood all aspects of their participation according to the participant information sheet. It was also an opportunity to ask questions, clarify details, and address concerns.

A key part of the recruitment strategy included developing a rapport with young people prior to their interview. It was not unusual to be in contact with a potential participant via text or telephone for up to eight weeks prior to the interview taking place. This was a resource heavy process but was seen as integral to building trust and to ensure participants felt comfortable in giving detailed and rich accounts of their experiences during data collection. Building a good working relationship with Project Managers and Support Workers was key in recruiting this hard-to-reach group. Meetings and correspondence between the supervisory team and HC employees were frequently held to explore recruitment challenges. Amendments based on these consultations included being flexible with arranging initial meetings and interviews 'out of hours', as well as being flexible in rescheduling interviews at short notice due to fluctuating motivation.

3.5.2.1 Recruitment Challenges. Young people who have experienced homelessness can be difficult to recruit (Ferguson et al., 2014). A significant amount of effort was put into

developing the recruitment strategy with this in mind; this included the addition of several adjustments discussed elsewhere. Initial plans were to recruit five to ten young people (in line with guidance for an IPA study, Smith et al., 2022), however recruitment was halted after recruiting six participants. The sample size is considered a strength considering that this group of young people remain a difficult group to engage in research. Given the time restrictions involved with a study of this nature, this smaller sample size allowed for an extensive and rigorous analysis that has shed light on an important, and previously under-researched area. According to Alase (2017), in a phenomenological research tradition sample size can be anywhere between two and twenty-five. For this study, a sample of six allowed for a meaningful in-depth exploration of participants' experience of exiting homelessness and is large enough to examine convergence and divergence within the timeframe.

3.6 Participant Information

Six formerly homeless young people aged between 18 and 25 years old participated. Demographic information along with some contextual information regarding their experiences of homelessness can be found in Table 14.

Table 14*Participant Demographic Information*

Pseudonym	Age	Ethnicity	Gender	Length of time spent homeless	Ages experienced homelessness	Length of time in housing since leaving homelessness	Form of homelessness
Josh	23	White British (Welsh)	Male	5 years	16-21	24 months	Street homeless, shelters
Anna	19	White British (Welsh)	Female	22 months	16-19	3 months	Street homeless, sofa surfing, hostels
Jack	25	White British (Welsh)	Male	6 months	22	36 months	Sleeping in car, sofa surfing
Aaron	19	White Caribbean	Male	36 months	16-19	5 months	Sofa surfing
Sophie	21	White British (Welsh)	Female	24 months	16-18	36 months	Sofa surfing, hostels
Grace	18	White British (Welsh)	Female	36 months	15-18	3 months	Street homeless, sofa surfing, hostels, refuge stay

3.7 Data Collection

3.7.1 Semi-Structured Interviews

Individual semi-structured interviews were selected for their strength in inviting participants to offer rich, detailed accounts of their experiences, which makes them optimal for IPA (Smith et al., 2022). Individual semi-structured interviews allow researchers to delve deeply into personal and social matters (DiCicco-Bloom & Crabtree, 2006) which allows for an exploration of personal meaning-making. A further strength of semi-structured interviews is that it is possible to follow idiosyncratic trajectories as conversations unfold (Magaldi & Berler, 2020), which makes it possible to focus on issues that are meaningful to participants, allowing diverse perceptions to be expressed (Kallio et al., 2016).

3.7.2 Photo Elicitation Interviewing

Photo-elicitation is now a widely used and well-established data collection method in qualitative research (Reid et al., 2018) and it has several strengths. It allows for researchers to understand experiences of participant's instead of imposing their own perception of a topic (Holloway & Galvin, 2016). It can help with establishing rapport and putting participants at ease, which can be especially important for groups such as young people (Bates et al., 2017; Collier, 1957). It can elicit richer accounts of phenomena under study (Frith & Harcourt, 2007) while prompting emotional connections to memories which provide more meaningful descriptions (Kunimoto, 2004). Another advantage of combining photo elicitation with semi-structured interviews is the former relies less on words (Bates et al., 2017) and it has been argued that images are able to connect with a deeper sense of human consciousness (Harper, 2002).

It was recognised that traditional semi-structured interviews alone may not be the most appropriate method of data collection for formerly homeless young people. Young people who have experienced homelessness are more likely to have cognitive functioning deficits (Fry et al., 2017) which could impact on their ability to use language alone to capture their complex experiences. Also, as a group, they experience disproportionately high levels

of trauma, abuse, and neglect (Bender et al., 2010), which makes rapport building a priority. Furthermore, homeless young people have been historically difficult to engage in traditional services due to several factors, including their transience (Ferguson et al., 2014), distrust of others, and feelings of being judged or dismissed by services (Hudson et al., 2010). It was felt incorporation of photo-elicitation in semi-structured interviewing could allow young people to feel more empowered to share their experiences.

3.7.3 Devising the Interview Guide

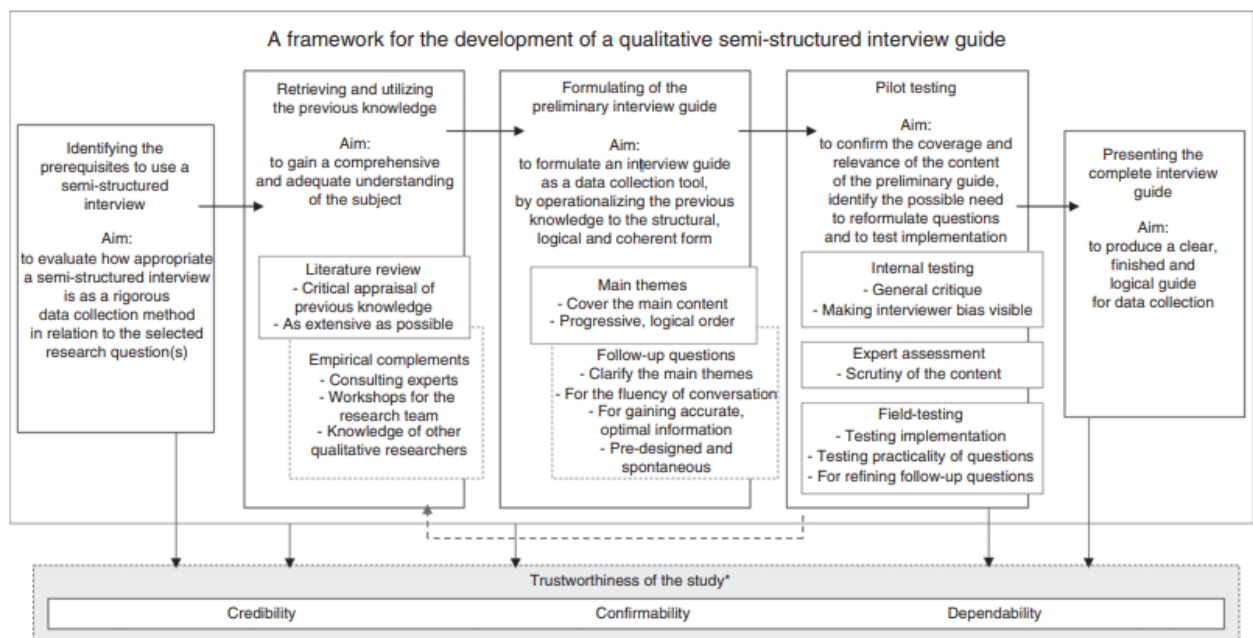
The interview guide was developed to cover various themes of young people's experiences of exiting homelessness. It was designed as a guide, so it could be used in a flexible manner to capture participant's individual experiences in line with an IPA methodology. A guide for constructing a semi-structured interview by Smith et al. (2022) was utilised to develop the interview guide (see Appendix O), along with the guide developed by Kallio et al. (2016) (see Figure 3); steps taken in developing the interview guide can be seen in Appendix P. The final interview guide covered four broad themes: questions related to experiences of homelessness (e.g., context, setting), experience of the journey out of homelessness, personal impact and response (e.g., agency, hope), and support (e.g., relationships, services).

Inclusion of photo elicitation in the interview guide was seen as an integral part of data collection. Through consultation with the supervisory team, including an expert by experience, it was decided if participants wished to share photographs, these would be observed at the beginning of the interview. This allowed for an in-detail exploration for why photographs had been selected, what thoughts and feelings they evoked for the participant, and what they capture about their experience of exiting homelessness. Themes from photographs could appropriately be followed up on throughout the interview, or used to help prompt the participant if they were finding it difficult to answer a question. This structure is considered a strength as it allowed photographs to be honoured as data, and to be used

creatively to support with rapport building and to enrich responses to questions from the interview guide.

Figure 3

Five Phase Guide for Developing a Semi-Structured Interview (Kallio et al., 2016, p. 2962)



3.7.4 Data Collection Procedure

Participants were recruited between September 2022 and March 2023. Following the initial recruitment strategy participants were sent a consent form to sign and return, prior to arranging a suitable time, date, and location to meet for the interview. Initially, for rapport building purposes and following advice from EbE consultation, face to face interviews were preferred by the research team. Following several last-minute cancellations after lengthy journeys to South Wales to meet participants face to face, the research team decided that subsequent interviews would be offered via MS Teams video appointment or telephone initially. If participants did not wish to meet via these methods, a face-to-face interview was offered.

In total, five participants opted to meet via MS Teams and one participant opted to meet via telephone call. Upon commencement of the meeting, participants were reminded of the aims of the research, confidentiality, and what would happen in the event of risk of harm/disclosure. They were reminded of their right to breaks and that they did not have to answer all questions if they felt uncomfortable. Prior to recording, participants were reminded of recording and transcription, and verbal consent was obtained. Only one participant opted to share photographs⁸ and interviews lasted between 60 and 90 minutes. At the end of the interview, participants were given the opportunity to speak to anything that they felt was missed and ask questions, which was followed by a verbal debrief. Finally, participants were sent a £20 voucher of their choice via email as remuneration.

3.8 Data Analysis

IPA of six transcribed interviews was employed following the seven steps outlined by Smith et al. (2022) (see Figure 4). Table 15 provides a detailed account of the steps taken.

A hand-coding approach was chosen in the earlier stages of the analysis as it allowed for a more immersive analytic experience that ensured the researcher could become more familiar with the data, in line with the commitments of IPA (Smith et al., 2022). The researcher was also mindful that an over-reliance on software can lead to a proliferation of codes beyond a level where they can be dealt with usefully, or even remembered (Richards, 2015 as cited in Elliott, 2018). In contrast, hand-coding meant that all exploratory notes and subsequent themes could be held in mind throughout the analysis.

⁸ Reasons provided for not sharing photographs included forgetting to select photographs due to more pressing concerns, personal preference, and not having any photographs that were relevant to the topic of leaving homelessness.

Figure 4

Steps of Analysis (Adapted from Smith et al., 2022)

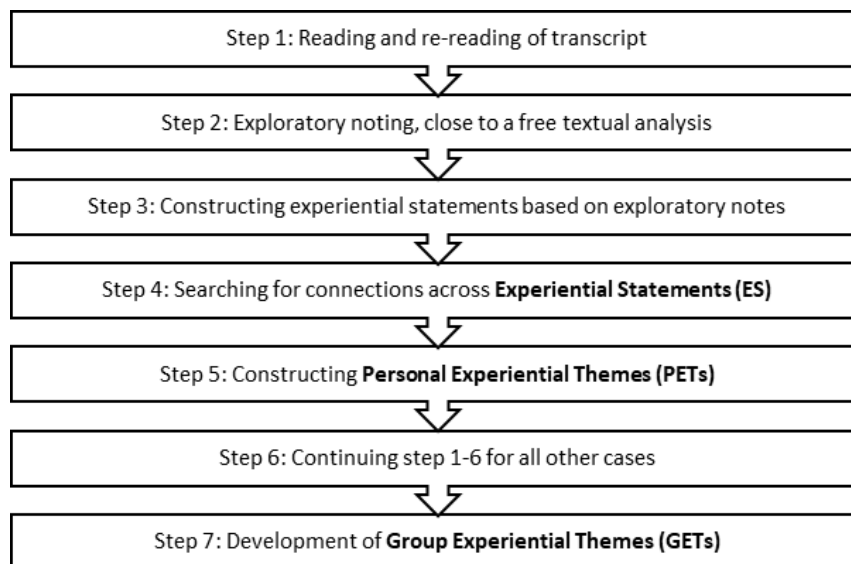


Table 15*Step by Step Account of Data Analysis (Smith et al., 2022)*

Step of analysis	Summary of activities
Step 1: Starting with the first case: reading and re-reading	<p>All recordings were listened to by the primary researcher to immerse themselves in the original data. Transcripts were read once with the interview recording playing and once without whilst imagining the voice of the participant to assist with a more “complete analysis” (Smith et al., 2022, p. 78). This process was completed for one transcript at a time, and subsequent transcripts were not put through this process until the complete analysis of the first transcript had been completed. This ensured that the idiosyncrasy of each individual transcript and participant was honoured and held at the centre of the analysis. During this stage, first impressions, thoughts, connections, and emotional responses were documented (see Appendix Q). These notes were revisited at a later stages of analysis to further enrich the analytic process.</p>
Step 2: Exploratory noting	<p>This step included examining the use of language and semantic content on an exploratory level. Smith et al. (2022) describe this process as being close to a free textual analysis and there are no rules about what is commented on. Exploratory noting was completed in Microsoft Word (see Appendix R). Many comments had a phenomenological focus, staying as close to the participant’s explicit meaning as possible. Whilst others were of a more interpretative quality, thinking more about the language that is selected and what the participant might be trying to communicate. Exploratory notes were also completed at a more conceptual level which included engaging with the data in an interrogative fashion, for example, asking questions of what the participant is saying, sometimes making hypotheses and sometimes remaining curious with open ended questions. Smith et al (2022) argue that it is essential to engage in “analytic dialogue” (p. 84) on a line-by-line</p>

Step of analysis	Summary of activities
	<p>basis. This requires the researcher to ask what the word or sentence means to them, as well as attempting to understand what it means for the participant.</p> <p>Line by line exploratory noting in the current study consisted of the researcher working through the transcript, noticing text that seemed important, and writing an exploratory note. The focus was on trying to capture what the text tells the researcher about the participant's world, and how they are making sense of their experience.</p>
<p>Step 3: Constructing experiential statements</p>	<p>This step involved the researcher attempting to reduce the volume of data which had been gathered up to this point whilst also preserving complexity in terms of capturing the important features of the exploratory notes. Analysis is shifted at this stage, with experiential statements (ES) being developed primarily from the exploratory notes rather than the transcript itself. The hermeneutic circle is key in that the focus is on the specifics of the text, and these specific parts of the text are also interpreted by the researcher in relation to the overarching narrative flow of the participant. The aim is to "produce a concise and pithy summary" (Smith et al., 2022, p. 87) of what the researcher feels are the most important parts of the exploratory notes which are attached to a section of transcript.</p> <p>ES were developed by adding an extra column to the table described above so that a clear trail existed from the experiential statement and the words used by the participant. The number of ES varied for each participant depending on the length of the discussion and the number of different experiences described but ranged from around 40 to 60 per participant.</p>

Step of analysis	Summary of activities
Step 4: Searching for connections across experiential statements	<p>ES that were not relevant in answering the research question were removed from the analysis at this stage, and some were refined after they were revisited to make them more specific to the local context of the transcript from which they were derived. This ensured that the analysis continued to honour the specifics of the participants experience and their sense making. To allow for a more conceptual ordering and to explore multiple possibilities of how statements might connect to avoid bias of any initial hunches (Smith et al., 2022), the remaining ES were ordered randomly using NVivo qualitative data software (see Appendix S). Connections between ES were searched for, with each statement being treated as of equal importance. It was not uncommon for a considerable amount of time to be spent on this stage as different possibilities of groups of ES were explored.</p> <p>As groups of ES grew, the researcher began searching for smaller discrete sub-groups which would later become sub-themes. This required close attention to the data, ensuring that sub-themes were distinctive enough to distinguish them from other groups of statements to uphold divergent validity (Campbell & Fiske, 1959). This ensured that the more in-depth level of meaning-making and experience of the participants was honoured. It also allowed for divergence and convergence across statements which are connected experientially to be established from an early stage in the analysis. It sometimes helped to move from one group of experiential themes to another when feelings of being 'stuck' arose. 'Zooming out' to visit other parts of the participants' experiences allowed for those sub-themes the researcher became 'stuck' with to be viewed and interpreted within the context of the whole, in line with the hermeneutic circle (Smith et al., 2022).</p>

Step of analysis	Summary of activities
Step 5: Constructing personal experiential themes (PETs)	The clusters of ES formed in the previous stage were named during this stage to become that participant's personal experiential themes (PETs). These were organised into a Table of PETs, with PETs being the highest level of organisation, followed by their sub-themes, ES, and the key phrase or sentence from the transcript that prompted its generation. This ensured that an evidence trail existed, allowing the researcher and eventually the reader to observe the analytic process and the interpretative endeavour undertaken. An example table of PETs for one participant can be found in Appendix T.
Step 6: Continuing the individual analysis of other cases	Steps one to five were repeated for each case. Each case was treated as a single body of data keeping with the idiographic commitment of IPA. Inevitably, the researcher was influenced by what they would have read previously, but great care was taken to minimise the influence of previous data, by the research regularly asking if individual exploratory notes or ES were remaining true to the idiosyncrasies of the individual transcript, or if outside influence was creeping into this process. A reflective diary was kept to support this (see Appendix U).
Step 7: Development of group experiential themes (GETS)	The final stage of the analysis involved looking for patterns of similarity and difference across the PETs to reorganize the data into a set of group experiential themes (GETs) which represent the group of participants. First, each table of PETs was scanned as the researcher considered similarity and difference at a broad level. Each table of PETs was then laid on a large surface and the following questions were considered as suggested by Smith et al. (2022, p. 100): 'What lies at the heart of this experience?', 'How did each participant live through it?', 'How did each one make sense of it?' 'What connections are there across contributing cases?' This allowed the researcher to form initial ideas regarding potential GETs and considerable handwritten notes were made to capture these ideas (see Appendix V).

Step of analysis	Summary of activities
	<p>These initial ideas, which included groups of PETs and sub-themes informed a process of organising data in NVivo (see Appendix V) where it could be moved around freely and sorted into clusters. It was common for sub-themes of a PET for some participants to not fit the emerging pattern. NVivo allowed the researcher to easily remove this sub-theme from the developing pattern or GET and put it to one side to be considered with other emerging patterns. GETs were developed not only at the level of the PETs and sub-themes, but at the level of ES. In some cases, several ES across participants were brought together to form a GET or a sub-theme within a GET. A process like the one described in step 5 was followed at this stage of the analysis. This included moving from the level of PETs to ES, and vice versa, to explore as many possibilities of similarity and difference as possible.</p> <p>Finally, the developed GETs were put into a table of GETs (see Appendix X), with each GET being the highest level of organisation, followed by sub-themes and the ES that make them up. Each ES is accompanied by a phrase or sentence from the transcript, and this sometimes involved revisiting the transcript to check the context of the quote attached to the original ES and ensuring that the meaning making of the researcher remained as close as possible to the meaning making of the participant. GETs were further developed through reflective discussions in person and via email with the supervisory team, and through member checking.</p>

3.9 Quality, Validity and Self-Reflexivity

3.9.1 Assessing Quality

Assessing quality of qualitative research is important in establishing trustworthiness and validity (Stenfors et al., 2020). It is important as findings from qualitative studies are increasingly informing delivery of health care and other services (Kitto et al., 2008). The quality of this study was assessed using the CASP tool for quality appraisal in qualitative evidence synthesis (Long et al., 2020). This widely used and well-established tool has 11 questions that each focus on different aspects of qualitative research, including: conceptual coherence, methodological rigour, ethical considerations, and value. A full quality appraisal of this study using the CASP tool described above can be found in Chapter 5.

3.9.2 Validity and Reliability

According to Brink (1993) there are four main factors to consider when it comes to validity and reliability in qualitative research: (1) the researcher, (2) participants, (3) social context, and (4) method of data collection and analysis. These methodological considerations are what Cho and Trent (2006) refer to as transactional validity: criteria that are concerned with how truthful findings are. Cho and Trent (2006) do not see truth as an objective account of social reality, but instead as an understanding of a participant's perception of reality. This position was adopted here, and suggestions made by Brink (1993) to improve the validity and reliability of qualitative research was used as guidance (see Table 16 for a summary of measures taken).

Table 16*Summary of Methods Employed to Ensure Validity and Reliability*

Method	Summary of use
Triangulation	To minimize the impact of the personal biases of the primary researcher on the findings, and to ensure that the interpretations made were rooted in the words of the participant, triangulation (Flick, 2004) was employed. The primary researcher consulted with the research team throughout the analysis stage to review ES, PETs, and the accompanying sections of the anonymised transcript that these were drawn from. This allowed for reflexive conversations about the assumptions being made by the primary researcher regarding conceptual, semantic, and linguistic issues, which enhanced the endeavour to remain close to the meaning making of the participants.
Member checking	As described previously, member checks were carried out to ensure the researcher and participants were viewing the data consistently (Brink, 1993).
Addressing participant risks to validity and reliability	Bias may be introduced through participants not feeling able to be entirely truthful or open with the researcher, or responding in a way that they believe the researcher desires (Brink, 1993). Building a trusting rapport with participants prior to interview was one method utilised to increase the 'validity' of responses, as well as reassuring participants during the interview that the researcher is interested in what they have to say, and that there were no correct or incorrect answers. As described previously, participants were also offered breaks periodically to help alleviate any fatigue, motivation, or anxiety that may have otherwise compromised the participants ability to provide valid responses. It is important to note that the purpose of this was not to 'vet' the trustworthiness of the participant, but instead to support the participant to feel comfortable to openly share how they have experienced the phenomenon under question.

3.9.3 Self-Reflexivity

Reflexivity has recently been defined as a “set of continuous, collaborative, and multifaceted practices through which researchers self-consciously critique, appraise, and evaluate how their subjectivity and context influence the research processes” (Olmos-Vega et al., 2023, pp. 242). Reflexivity is important to be able to make nuanced and ethical decisions whilst engaging in the complexity of generating data that reflect the idiosyncrasies of participants' experiences (Finlay, 2002), and is considered an integral part of qualitative research (Olmos-Vega et al., 2023).

To remain aware of their own assumptions and biases that may impact on conduct of the research, the primary researcher engaged in a series of reflexive discussions with the research team, an EbE consultant, and fellow Trainee Clinical Psychologists; a reflective diary was used to bolster this process. This included writing detailed notes and a narrative autobiography (Ellis, 2004) to explore their background and motives that led them to conduct this research project; and for reflection on how personal experiences might influence their understandings of participants' accounts (Koopman et al., 2020).

3.9.3.1 Bracketing. Bracketing originates from within Husserl's phenomenological method, which intended to identify core features of human experience (Smith et al., 2022). This consists of the researcher 'bracketing' their existing taken-for-granted assumptions and understandings of the world, to focus on subjective experiences of participants (Rolls & Relf, 2006). However, it is important to realise bracketing does not mean eliminating our assumptions and understandings, but to instead acknowledge that these may influence the research, and to the best of our ability put them to one side so that we can move closer to lived experience of the phenomenon under study. Bracketing was employed in this study through 'putting in brackets' the assumptions, biases, and prejudices of the world explored in the reflexivity exercises described above, whilst collecting and analysing data. This enabled participants to “express their concerns and make their claims on their own terms” (Smith et

al., 2009, pp. 42). Use of supervisory team, EbE and member checking further supported bracketing.

4. Results

4.1 Overview

The purpose of this chapter is to present a full narrative account of what has been learnt about the six young people who participated, how they have made sense of their experience of exiting homelessness, and to offer an interpretation of this data by presenting findings of an Interpretative Phenomenological Analysis (IPA).

In line with hermeneutic commitments of IPA, the researcher has engaged in a double hermeneutic (Smith & Osborn, 2003) throughout the analysis of data presented in this chapter (see Table 10 for a more comprehensive description of the double hermeneutic in IPA). The researcher has attempted to make sense of the participant, who is trying to make sense of the phenomenon of exiting homelessness. The reader also plays an integral role within the hermeneutic dialogue (Smith et al., 2022) in that they are trying to make sense of the researcher's sense making. In line with a critical realist philosophical position, it is posited that this joint sense making effort will be influenced by each member's taken-for-granted knowledges, assumptions, and biases. The reader is invited to consider this when engaging with the findings presented here.

4.3 Summary of Findings

IPA of six interviews resulted in the construction of four GETs which are outlined in the abbreviated table of GETs in Table 17. A full table of GETs with experiential statements and direct quotes can be seen in Appendix W.

The four main themes presented are distinct and capture specific parts of the participants' experience of exiting homelessness however, it is acknowledged that these group experiential themes also relate to one another. For example, when considering the theme 'the hardship of homelessness and the perilous task of exiting' – which captures the adversity faced in the journey through and out of homelessness – it is evident that the theme 'how I survived' is in response to the hardship faced. 'The importance of people' emerged as a distinct theme given how prominent these stories were within and between the accounts of

young people, but it also relates to the sub theme of 'feeling unsupported'. Together, the themes complement one another, and provide a rich, nuanced, and evocative account which furthers our understanding of this previously underexplored phenomenon.

Table 17

An Abbreviated Table of GETs

Group experiential themes (GETs)	Sub themes
The hardship of homelessness and the perilous task of exiting	It's mentally draining Living with financial insecurity Feeling shame and not wanting to be a burden Feeling unsupported
The importance of people	Being listened to without judgement: 'I do matter' Consistency matters I wouldn't be here without them Renegotiating relationships in the context of trauma and hardship
How I survived	Coping creatively Turning to drugs and alcohol to survive the journey You have to do it yourself
It's on me to change	Fateful moments What change requires: taking a leap of faith and accepting the help I'm a completely different person now

4.4 The Hardship of Homelessness and the Perilous Task of Exiting

4.4.1 Overview of GET

This GET captures participants' experiences of hardship whilst homeless and exiting homelessness. The journey is fraught with obstacles and challenges including mental health challenges, financial and relational insecurity, as well as an overarching sense of a lack of support.

4.4.2 Sub-Theme: It's Mentally Draining

An important feature of some participants' descriptions of their experiences of exiting homelessness was the sense of how emotionally and psychologically demanding it was, which was articulated in a number of ways. For example, Jack uses the metaphor of feeling *drained* by the relentless stress of homelessness, which makes having a decent quality of life almost impossible.

"In the long term it was very physically and mentally draining because (slight pause) ... yeah, because having a child who has a set sleeping pattern and then working night shifts, and just trying to get any kind of pattern in just doesn't happen." (Jack)

Jack reports how the experience of multiple demands placed on him made it difficult to establish any sort of routine or security, which subsequently made it much more difficult to exit the situation he was in.

Similarly, Aaron, when talking about his experiences of moving from one unstable home to the next, speaks about the detrimental impact it had on his mental wellbeing.

"You may not see what it's doing to you, but it's definitely happening you know. By the time it creeps up on you, by the time you know it's there it's fully there ... you know what I mean? So, erm... not being in a stable home with a routine and that it kind of, it messes with your brain like." (Aaron)

Like Jack, Aaron also uses metaphor to describe his experience, describing the relentless stress of homelessness as an insidious force that '*creeps up on you*'. With this

metaphor, he appears to be suggesting he was not completely aware of the toll this was having on his health. His choice to speak in the third person feels like an attempt to communicate that if anyone else was put in the situation he was in, their mental health would also have suffered, and as such, it can be seen as a statement to emphasise the challenging nature of his experience.

Anna spoke candidly of an attempt on her own life which was followed by a period of serious housing insecurity. The matter-of-fact way in which she speaks about this might suggest a level of emotional detachment, perhaps because the experience was so painful.

“But at this point, I was walking the streets, um, and that was the ... that was the night that I slept rough for the first time, um (short pause) ... again, I don’t remember too much about that time.” (Anna)

Anna follows this up by stating she was not able to process what was happening at the time, and it is not something she has been willing to revisit. These statements – along with the assertion that she does not wish to discuss this within the interview – provides further evidence this period in her life was experienced as extremely challenging.

“I think so much happened, that I didn’t quite process it as it was happening. I haven’t really like ... even in therapy, haven’t really allowed myself to kind of go through that and make sense of it. I don’t think I want to.” (Anna)

4.4.3 Sub-Theme: Living with Financial Insecurity

Living with and managing financial insecurity was a feature in many participants’ experiences. For some, like Grace, not being able to find secure employment meant it was difficult to meet financial responsibilities on the journey out of homelessness.

“I think the hardest thing for people especially who’ve come out of homelessness is... is money... is work... is doing that on your own. That’s what I find the hardest I think.” (Grace)

Grace has noticed the move out of homelessness brings its own pressures, including responsibility to provide for herself. Her frequent use of the word 'nightmare' to describe her financial situation and job search highlights the predicament she finds herself in; there is a sense she feels trapped.

"I'm ringing the job centre constantly I'm ringing erm, careers Wales, I'm ringing you know, I'm on Indeed, I'm ringing people who put stuff up on Facebook, you know I'm on there all the time... it's a nightmare you know." (Grace)

For Jack, not having a stable income meant he was unable to secure a property initially, which meant he was unable to exit homelessness. He describes having to engage in a lengthy process of seeking accommodation which required perseverance. Jack's use of the adverb 'still' in this passage shows he was surprised by the length of time he waited for a home.

"I think it was about four different housing associations I applied with - it still ... it still took just over four months to get a property" (Jack)

Jack's experience was described as further burdened by pressure of accumulating debt. Not being able to clear debt due to the expense of surviving whilst homeless was experienced as frustrating, leaving him feeling unable to plan for a more secure future. He uses the metaphor of 'cheating your future self' to emphasise this.

"Any money you spend when you've got this debt, it erm, feels like you're cheating your future self. You know, you feel like you should be dealing with it as soon as you can. But you can't, because like I said, when I was homeless everything is more expensive." (Jack)

Meeting new financial responsibilities that comes with exiting homelessness feels like a fight for Aaron. He describes longing for a future where strain of financial insecurity no longer exists.

"I'm just looking for that, that peace where you can go to bed and, and chill and think "tomorrow's going to be a great day" And you wake up and say "I've got nothing to do, I can just go and do my hobby and I can do me" But, it's not like that, you go to bed and you think "fuck, tomorrow's going to be another shitty day." (Aaron)

4.4.4 Sub-Theme: Feeling Shame and not Wanting to be a Burden

All accounts of exiting homelessness in this study appear fraught with hardship. Participants describe feelings of shame that only exacerbate this struggle as they find it difficult to ask for and accept the help of others. Anna describes having to ask friends and family for support when homeless, as a burden.

"But that burden that you're left with of trying to have your family and friends support you, whether that's for somewhere to stay, or your mental health, or ANYTHING⁹ like that, you just ... you're left with that, and it makes everything so much worse." (Anna)

For Anna, her dismay at not receiving the support she needs from services appears fuelled by her needing to rely on relationships that have already been put under a great deal of strain. Implicit in her account is the shame she is left with because of this, which is experienced as making other parts of her life more difficult.

Josh expresses a similar sentiment regarding asking for help. It seems he is describing feeling short on courage and needing others to take the lead assertively in offering him support.

"I didn't have the courage to actually go there and do it like, you know what I mean don't you?" (Josh)

For others, feelings of shame appeared to result in a great deal of effort being put into hiding their situation from people around them. Grace describes the care she took to keep her homelessness hidden.

⁹ Capitalised text in quotes indicates a participant's emphasis of word/s.

“There was football fields and stuff where we would go, but there was where my school was, and then when people started catching on then I would just get on a train and leave when I got home from school. So, I’d be sleeping on the street of Barry if I had nowhere to go, or I would go to Swansea. I could stay on the train all night if there were no ticket men, I would do anything.” (Grace)

Grace states she would do ‘anything’ to keep her situation concealed, suggesting the fear of judgement from those around her was deeply challenging. The areas she was travelling to were over 40 miles away, demonstrating her commitment to keep her homelessness hidden. Avoiding feelings of shame seemed motivating enough for Grace to put herself in risky situations. Later in the interview, Grace explicitly states for her that one of the most challenging aspects of her journey was feeling out of control of keeping her personal circumstances concealed.

“Erm... for the first like few months, you know when you just don’t want people to know and stuff, I feel like they were the hardest, because... it’s, you don’t know who knows.” (Grace)

Aaron describes how he is used to being independent and solving his own problems. Like Anna, he gives the impression that letting other people know his circumstances are precarious is something he is motivated to avoid. His use of the words ‘I’d rather die’ suggests he would be willing, or has been willing, to experience significant personal suffering before sharing his problems with other people.

“I’ve always liked doing things on my own (pause) erm and when... I guess when it gets to the point that I have to ask for help I feel... I feel fucking shit, so erm, I don’t like asking people for help, I’d rather fucking die.” (Aaron)

4.4.5 Sub-Theme: Feeling Unsupported

For a number of participants, feeling unsupported was an important feature of their descriptions of their journey out of homelessness. Those who they felt could have provided

more support varied, and included hostels, mental health services, social services, and welfare services.

Anna points to the experience of feeling dismissed by services and her difficulties not being taken seriously. The quote below also reflects an overarching theme in Anna's narrative of not quite being treated like a child, but also not being treated like an adult, which appears to have left her feeling 'stuck in-between' childhood and adulthood.

"When I was sofa-surfing, my social worker – for the first month – didn't do anything because she was just like, "You're a teenager arguing with your parents ... you'll get over it." That sort of thing, and I felt like no one was listening to me, and no one could see what was actually happening." (Anna)

Both Anna and Grace felt unsupported by staff at hostels; they describe the very people who were supposed to be there for them as dismissive and passive. Grace shares how this left her feeling alone, although with the use of '*I didn't*' Grace seems to acknowledge this was her personal experience, which might be different to the experience of other young people. These accounts tie in with a later theme of young people feeling like they had to rely on themselves to leave homelessness.

"In the hostels and stuff, I felt like it was... erm... you're on your own still you know, but you've got a roof over your head. I didn't see, I didn't see the support where it was needed you know." (Grace)

In Aaron's account, he also describes feeling dismissed and not cared for, and begins to point to why he thinks this is. Aaron shares how he was sanctioned by universal credit just before this extract.

"They don't give a fuck, they don't care about me... They don't care about me, they don't care about my feelings, they don't care or have any thoughts or empathy towards people like me". (Aaron)

Aaron's use of profanities appears to emphasise the anger he feels towards services who he feels have let him down. The use of the phrase '*people like me*' suggests he feels stigmatised and defined by his experience of homelessness. This might have left him feeling marginalised and very different from people working in services. He seems to position them as being a part of a system that is not on his side.

Some participants reported lengthy and frustrating waits for support. Jack describes feeling demoralised when he was waiting for mental health support, which deteriorated further as he waited.

"Nine times out of ten you're waiting anywhere from two to six weeks for that help to come, and by then you've either had to deal with the problem on your own, or you're crumbling under the pressure of it." (Jack)

However, when mental health support finally arrived, participants described it as helpful.

"When I met the psychiatrist, um, she ... she helped me hold all the hope. If I didn't have the hope, she had it for me." (Anna)

It is important to note a minority of participants felt supported by services, and some attributed their ability to leave homelessness to the input of such services. This importance of people in young people's experiences of exiting homelessness is explored further in the next theme.

4.5 The Importance of People

4.5.1 Overview of GET

This GET envelops factors and qualities of other people that participants describe helped them on their journey out of homelessness. It captures experiences of feeling supported, believed in, and having someone to turn to during dark times.

4.5.2 Sub-Theme: Being Listened to Without Judgement: 'I do Matter'

Around half of participants describe the people who were helpful in supporting them during their exit from homelessness as exhibiting a non-judgemental approach that helped them feel listened to and understood.

For Grace, feeling accepted like a *'friend'* by a particular support worker appears to have helped her to feel normal again. It seemed to allow her to believe in her own ability to move out of the precarious situation she was in. Not feeling judged and feeling as if someone had time for her is described as a welcomed experience, and not something she was otherwise familiar with.

"It was a breath of fresh air, they didn't, you know, they didn't judge me, and like they would have like an actual conversation with me. It wasn't just being my support worker; it was you know being my friend. It felt like... sense of normality after I couldn't have it for so long, it was like, 'ye I can do it, you are making the right choice', you know?" (Grace)

Jack shares his appreciation for those people who just listen without judgement, who recognise there is not always an answer or solution to problems. The shame that exists elsewhere appears to dissipate here, and this allows for conversations about challenging dilemmas, without the pressure of needing to resolve them immediately.

"When we talk, it's not like we're trying to fix each other's problems, we're just there to listen, and, you know, have a cuppa and just have that person with you." (Jack)

Like Jack, Sophie reports having someone who just listens to you, without judgement, helped her to feel understood. Receiving advice or potential solutions to her problems seemed useful if this was not forced upon her or delivered as an instruction. This gentle approach seemed key for Sophie given her history of relational trauma¹⁰.

¹⁰ Relational trauma is a term that is widely used to describe the trauma experienced in the aftermath of abuse, neglect, maltreatment, or abandonment within a relationship.

“They understood you, like you were being listened to, um, you didn’t feel any judgement off them, they would always try and give you advice, but they wouldn’t tell you what to do or anything like that. They would just sit down with you and just listen to you and understand where you’re coming from, and that always helped to ease my pain a little bit more.” (Sophie)

At another point in the interview, Sophie describes how support staff communicated to her that they believed in her. She seems to look back on this moment as a turning point that increased her self-confidence, which is an experience that other young people shared.

“Eventually people said, “I see your potential” and something just clicked with me, and I thought, “OK, maybe I can do this.” (Sophie)

4.5.3 Sub-Theme: Consistency Matters

For a number of participants, during a journey fraught with instability and unpredictability, the consistency offered by those who supported them was reported as key. In some sense, people who were consistent seemed to become a sort of *safe base*¹¹.

Josh describes his experiences of consistent, assertive support from a few people in services. For Josh, it seems important that he could see that services were making an effort to support him. He speaks a few times about missing appointments, as if he was testing out the developing relationship to establish if they did truly care about him.

“Actually, one of them took me up there one day, so I met one of the workers, and then obviously he come down for me then see, so I didn’t go there. So they would make an effort like. If I didn’t turn up now see... if I have an appointment for two o’clock and I weren’t there they’d come to my house... Ye, that was helpful.” (Josh)

¹¹ The term *safe base* is a derivation of the concept ‘secure base’ from attachment theory (Bowlby, 1958). To be attached, according to attachment theory, is to use someone as a secure base from which to explore the world. Originally used to describe the attachment between an infant and a primary caregiver, this concept has also been used to describe attachments in adult relationships (Walters & Cummings, 2000).

For some participants, having a single consistent figure to turn to for support seemed important. Sophie provides an account of a support worker who played this role in her journey.

“She was like a ... another mother that wasn't related to me, but I found comfort in her, like she was literally there every step of the way, and she never left my side.”
(Sophie)

There is a sense of closeness between Sophie and the support worker emitted in her words. It is as if she is speaking to a fundamental human need, which is to have a comforting parent-like figure who always has your back. The words *'I found comfort'* indicate Sophie played an active role in the care she received; comfort did not necessarily suddenly present itself to her, it is something she may have had to discover herself.

Anna shares a similar experience of consistency mattering, describing her psychiatrist as an *'ideal Mum figure'*. There is a sense that her psychiatrist's importance has been amplified for her, given the lack of any other stable relationships in her life at the time of her journey out of homelessness. However, Anna's use of the word *'attached'* suggests she is aware she was heavily relying on one person, possibly too much. Connected to a previous sub-theme which talks to experiences of shame and worries of burden, Anna's brief laugh might be communicating a feeling of embarrassment, perhaps because she notices she did not have very many people to turn to for support.

“The only bit of consistency I had in my life at this point was my psychiatrist. And I'd been seeing her for like over a year at this point, erm, and I was attached (gives a little laugh) ... because she was the only person that was there ... She was like an ideal mum figure.” (Anna)

4.5.4 Sub-Theme: I Wouldn't be Here Without Them

This sub-theme, apparent in most participants' accounts, captures how specific people motivated and supported them to leave homelessness. There is a sense that these

are the people who – by their physical or imagined presence – kept them going. For Jack, he shares that at the point of losing all hope, whilst struggling with debt, insecurity, and thoughts of wanting to die, it was his young son who motivated him to not only stay alive, but to continue fighting. When Jack uses the words, *'I don't think I'd be here at all'*, it is as if he is recognising if it were not for his son, he would likely be dead, or at the very least would not be in the place of increased security he now occupies. Jack reports a large part of why he has fought to leave homelessness is to be able to give his son a good life.

"You know, especially with the attempt on my own life, there was the thought that there was nothing to help me survive. But then a lot of the times it's been my son that has kept me going. Um, if I didn't have my son, I ... I don't think I'd be here at all."
(Jack)

Like Jack, Josh shares his experience of being motivated to change by, in his case, his unborn child. He is noticing how he needs to continue to engage with drug and alcohol services, which can be seen as demonstrating growth and maturity as he is preparing for fatherhood.

"I need to keep engaging with (drug service) because I wanna get off the weed look, I want to stop that completely before the baby comes." (Josh)

In Anna's account, there were two key people in compelling her to move off the street. You can sense in her words an acceptance of the move being done for her by people who cared for her. It is as if at this point Anna did not have any energy or will to change her situation by herself, and it was critical that other people stepped in.

"So, I remember bumping into one of my friends, when we were doing the whole like 15 minutes a day going outside thing, um, and she was like, "I don't care – just come back to mine." So, I went back to hers. I charged up my phone and I rang my sister. So, then my sister come to get me, and I was, "Like I can't just move in with you ..."

like right now I have nothing. I have a few bags" you know. Um, and I remember she went back there, and she packed up my stuff." (Anna)

Grace shares how she was sleeping in a football stand at a local recreational ground to shelter from rain, when a mother of a boy she was at school with intervened. Without this person intervening, Grace might have spent significantly more time in homelessness.

"(Name) run me a bath, she had me towels, she sat with me, like I explained everything and then, she actually like got me to college and made like everyone be nice to me and stuff. It was, it was that really, it was the support that you didn't think you were ever gonna get." (Grace)

4.5.5 Sub-Theme: Renegotiating Relationships in the Context of Trauma and Hardship

A strong feature of participants' descriptions of the importance of people in their exits from homelessness was the changing nature of relationships: letting go of old unhelpful ties, repairing damaged relationships, and forming new ones. Some participants describe not only renegotiating relationships, but their beliefs and approach towards them.

Relationships ending was a common experience when exiting homelessness. For some, this was reported as necessary in finding greater stability. Josh describes having to end friendships to distance himself from substances.

"I was there with one of my other mates, but he hit the drugs bad he did, so I had to stop bothering with him ini." (Josh)

For Jack, losing friendships appeared to be outside of his control; it is not described as a choice for him like some other young people. There is a deep sense of regret in his words, but he seems to indicate that he did not have the resources to mend relationships that were breaking down whilst trying to survive homelessness. The energy required, which he felt he did not have, to go through the pain of fixing a relationship is evident in his words 'it was just too much'.

“To lose a friend I’ve had for 10 years ... well, friends for 10 years plus, over something I was already quite ashamed of in the first place, it ... it hurt. It hurt a lot. Um, and at the time, I was dealing with so many things in my own life, that I didn’t really have (slight pause) ... I didn’t really have the power to try and fix the problem, because I’d already got so much on my plate that I can’t even deal with, and then to try and fix another broken down relationship, it was just too much. So, I ... I just had to let it happen, yeah, which is a shame.” (Jack)

Like Jack, Anna’s account of the transitory nature of relationships whilst navigating homelessness seems to communicate a feeling of her not being in control of losses. To protect herself from the pain of people leaving, she reports distancing herself from others, including those people who were supportive. Her use of the metaphor taking a ‘*massive step back*’ suggests this move was not just a small cautionary change in her approach towards relationships, but a move towards self-isolation. The reported negative impact this had on her wellbeing was significant.

“I took a massive step back from like everyone in my life from this point because I think, for me, I then realised that everyone in my life is just so temporary... So, I really struggled then, and my mental health did decline quite a bit there.” (Anna)

Likewise, Sophie shared how she struggled with relationships ending due to her own movement through and out of homelessness. For her, these endings brought back painful memories related to past relational trauma.

“Any time I get an attachment to someone and then I have to leave, that’s the hardest thing for me because it brings back so many memories.” (Sophie)

Renegotiating her approach in relationships seemed to be a key part of change and growth for Sophie. Finding a balance between compassion for others but maintaining boundaries to protect her newfound self-respect and self-worth appears to have played an

integral part in her journey. There is a sense she decided to take control of her relationships with others for the better, instead of allowing them to control her.

“I still think I have a good heart. I don't like look at people, and I think, ‘Oh I hate you because that's what you've done.’ Like it's more like ‘I feel sorry for you that you went through such a hard time.’ But I'm not going to let their opinions, their actions, get me down.” (Sophie)

Another feature of participants' experiences was how improved housing and financial security appeared to provide a safe base from where they could begin the difficult task of repairing old relationships. At times this involved acceptance and forgiveness, as captured in Grace's words, who appeared to be trying to build a sense of belonging through repairing family relationships.

“It's rekindling having a family, like I'm trying to rekindle normal family relationships like, he's (Dad) an old man now, he's not like how he was.” (Grace)

4.6 How I Survived

4.6.1 Overview of GET

Previous themes have spoken to the hardship experienced by participants on their journey through and out of homelessness. This theme captures participants' accounts of how they were able to survive, often in the most creative ways.

4.6.2 Sub-Theme: Coping Creatively

Hope featured in most participants' experiences of coping. There seemed an acknowledgement that chances of things improving were slim, but also recognition that there was still a chance. For the researcher, this ability to hold on to hope during the darkest times is deeply moving.

“I said ‘Even though you hit rock bottom, there's still positives and just that there's light at the end of the tunnel’. And I just got through the hostel stage always telling myself that there's better days to come ... because, let me tell you, after you've been

in a hostel, it's the hardest thing you can ever do. But, as long as you believe in yourself, as long as you've got a little bit of hope, you can always carry on." (Sophie)

A key part of Sophie's ability to hold on to hope was noticing what she had already achieved, believing in herself, and noticing positives. Jack echoes the requirement to appreciate the 'small pleasures' when holding on to hope.

"You're always hoping that the next day your ... your situation's going to change, but you've got to deal with the fact that it probably won't. Um, and then the ... the coping, err, is just finding ... finding the small pleasures that you can have." (Jack)

There seems to be an acceptance in Jack's words of the situation he found himself in when he was homeless, grieving for his mother, and struggling with his own mental health difficulties. However, he describes simultaneously looking forward, hoping for something better. The following quote seems to capture what it means to notice the 'small pleasures'.

"I might be in the cold in my car (slight pause) ... you know, in the middle of nowhere, with no ... no real home, but at least I can wake up and go for a walk and appreciate the natural beauty that we have so much of in this country." (Jack)

Jack is describing feeling lost, with no place or patch of land where he feels a sense of belonging; however, at the same time, there is a sense of connection and belonging to something bigger, and perhaps this is what he is appreciating in this extract.

Like Jack, Anna also speaks of holding on to something amongst chaos. For her, she appreciates home is an internal, personal feeling of comfort and belonging, not a place. This belief appears necessary for her survival, because without it, she would feel truly estranged.

"As long as I'm here with myself and I am alive and comfortable and not anxious, that should be what home feels like. A lot of it is imagination. Every day that I slept at the hostel, at my sister's, anywhere that I've lived or slept, or just been in general, when I

closed my eyes to go to sleep at night, I picture being in a place that feels like home."

(Anna)

The place she imagines is her late nan's house; coping for Anna seems not just about connecting with a feeling of home, but connecting with the people who made that space a home through love and comfort. Another way Anna describes connecting to comforting memories from her past is through music, which she describes as always being there for her. The sense is that music is so important to Anna because it is one of very few things that remains consistent in her life, in her own words '*it doesn't leave*'. In her mind's eye, she shares how she can leave the place she occupies physically, and mentally go to a place and time where she felt different.

"I feel like music's always been quite powerful to me. It's always brought me a lot of comfort, um (slight pause) ... and it's just nice because it doesn't go away, it doesn't leave – like you can always go back online and find that song and listen to it again... It allows you to escape." (Anna)

A different way of coping creatively, which stood out from experiences described by other young people, was Aaron's. Portraying an image of strength and success was how he appeared to cope; putting on a front to gain respect was seen as essential for his livelihood and survival.

"I was getting most of the money from selling the weed and that, then I was buying expensive clothes, Gucci, Louis Viton, all that. That was also kind of adding to my image towards other people like the way other people would look at me: "yo this guy is out, he's selling, respect like" and that's all I was focussing on." (Aaron)

Evident in Aaron's words is that materialism and image provided a much-needed focus, perhaps a distraction from the painful reality of his living situation.

4.6.3 Sub-Theme: Turning to Drugs and Alcohol to Survive the Journey

Aaron was not only selling illicit substances, but like most other young people in this study, reported using them to survive. For him, this was described as wrapped up with the excitement of violence, which is different from some other narratives presented.

“I was drinking all the time, smoking all the time, meeting new people all the time, getting into fights, trouble all of that. It was fun like, you know, for a moment.” (Aaron)

The sense of adventure gained from drugs and alcohol was reported as only temporary, and it soon impacted on Aaron's mental health negatively. This was described as precipitating contemplation of whether this was a decision he wanted to continue with, or if he wanted to change.

“The more I done it the more I was like ‘oh what am I doing like?’, you know? And then because I was smoking so much weed and it gave me um, I got really paranoid, like, like hell, like paranoid as hell, I got anxiety everything.” (Aaron)

Like Aaron, Anna describes her drug use as an exciting and useful way to cope with her difficult circumstances at first, but soon it became something she no longer had any control over. Anna describes distancing herself from young people who were addicted to illicit substances, as if drug addiction is something she condemns. She then concedes this distancing as she *‘turned into one of them’*, almost as if she loses her true self in the process.

“For me, it was like recreational use, and for them, it was like an addiction, like they had to have it. Um, so, eventually I just turned into one of them and drugs were everything. It was like my only focus.” (Anna)

Sophie also looks back on a time when she turned to drugs and alcohol to cope. Similar to Anna, Sophie talks about how substances became the main focus in her life and there is a sense there was no other recognized coping mechanism at that time.

"I turned to alcohol and drugs and just things that shouldn't happen to people, but you do do it because you feel like that's your only hope, that's your only go to, that's your only comfort." (Sophie)

With hindsight, Sophie reported she could see the people she was surrounded by were not a positive influence, in her words, they were the 'wrong crowd'. This suggests there was a time when she started to notice this, which might demonstrate her learning what she needed to do to improve her situation and exit homelessness.

"Some people can read a book and that calms them down, but for me, it was partying and just getting myself in the wrong crowd." (Sophie)

The picture painted in the following exchange between the interviewer and Josh is that drugs were experienced as *not true coping*, but simply a way to escape what true coping and change would demand of him.

"Interviewer: How did you cope?"

Josh: I didn't really, the drugs, I hit the drugs hard."

Grace elaborates on this idea. She starts by describing how she used drugs to cope with the chaos of homelessness, which included creating a sense of closeness to other people. But this is then described as something that is '*not real*'; in other words, it is something she now recognises as unsustainable. Grace also emphasises it is '*easy*' to start using drugs (it can be assumed this is the case due to drugs being readily available in the environment, as mentioned by most participants). Implicit in her account is that drug use is *not true coping*, but instead a means of escaping from painful reality for a moment. Like Sophie, this shows learning that other methods of coping must be sought in the long term; these are more intrinsic ways of managing the difficulties of exiting homelessness, which is explored in a later theme.

"It's easy, it's an easy step to fall down, you're happy you know you're not thinking about things, you're doing something. You feel like you're bonding with people but, it's not, that's not life you know, it's not real life." (Grace)

4.6.4 Sub-Theme: You Have to do it Yourself

The experience of having to do things by themselves when exiting homelessness was a strong feature in most participants' accounts. Some felt they had no option but to fend for themselves; Grace was one of these, as is suggested by the following quote.

"I had a (redacted¹²) and this that and the other, and the staff wouldn't do anything about it. So, I'd erm, I'd have to ring the council myself, I'd have to do everything myself. And the council then would tell me like they can't do anything 'you'll have to make a police report'. So, I'd have to make a police report." (Grace)

Anna also says she had to make the required changes by herself as the support she wanted in supported accommodation was not there. This seemed to require patience and perseverance.

"For me, getting out of there, the only way was to do it myself." (Anna)

The metaphor of a fire inside of her possibly illustrates the high levels of self-motivation and determination she had to demonstrate to exit homelessness.

"I felt like I had like a fire inside of me that I was just like, 'Come on. Keep going, keep going, keep going'." (Anna)

Difficulties of finding a secure income and meeting financial responsibilities was a common theme across participants' descriptions of exiting homelessness. In Aaron's account, there is a sense he felt alone in this struggle. There is also a sense of anger that no one has helped him. Aaron describes having no choice but to fight for security alone, which only seems to intensify his disdain for the status quo. He appears to experience his current

¹² Information has been removed to protect the participants' anonymity.

situation as still some distance from where he would like to be; and there is a sense of an emerging nihilism towards the end of the extract below.

“You think, you think people care about you? They don’t. They don’t care about you. If you don’t pay your bills, you get kicked out... You know, it’s all about that money, and every idiot out there – including you and me – we follow it, we follow it because we need it.” (Aaron)

This seems to highlight the ongoing challenges faced by these young people beyond the point of becoming housed, and the fragility that can still exist in this more secure state due to factors like ongoing financial strain and uncertainty.

Josh shares the sentiment that you must be willing to help yourself, but for different reasons to Aaron, seemingly because of their different experiences of services. For Josh, helping yourself is described as necessary so you can receive help effectively. A part of surviving for him was talked about as recognising that receiving support is an active process and requires agency. He describes separating himself from people ‘*who don’t want help*’ to emphasise this message.

“There’s people who want help alright, well no, they ask for help and don’t help themselves ini. I asked for help, and I actually helped myself. There’s people out there who don’t want help.” (Josh)

In Sophie’s case, helping herself seems to demonstrate maturity which could showcase her readiness to manage her own tenancy successfully. Like Josh, she reports recognising that in order to receive help and survive she had to engage in an active process.

“I helped myself in a way because if I didn’t help myself, I don’t think they would have given me the opportunity to be in a hostel... Because you have to be in a certain level of maturity, and you know ... like responsibility.” (Sophie)

4.7 It's on me to Change

4.7.1 Overview of GET

Personal growth and change was a major theme across participant's accounts of exiting homelessness. Many appeared to reflect on their responses to adversity endured on the journey as an important part of change and building resilience. In their accounts, most participants seemed to point to several important lessons gained through this experience; there is a general sense from their perspective that they would not be the better people they are today without the painful experiences they have endured.

4.7.2 Sub-Theme: *Fateful Moments*

Characteristic of participants' accounts was that change was often precipitated by a moment of realisation. This epiphany was usually deeply personal and included reasons for why they wanted to change. Realising they were the person who had to initiate and own this process of change was a converging feature of how participants describe experiencing these moments. An example of this can be seen in Sophie's experience of a *fateful moment*.

"It was just a really horrible time where I ... I ... something triggered me to be a certain way, and I thought to myself, "This don't feel right. This ain't me." Because you don't wake up one day and feel like you're not even existing – you're just going on, like you're not even living, you're just existing. So, for me, I thought, "Well, you know, no one else is going to do it – you've got to do it yourself." (Sophie)

It seems as if Sophie felt like she lost her true self; she was not interacting with the world in a way she felt was true to who she really is. This suggests she had formed an idea of who she really was at this point, perhaps through learning who she *was not*.

Like Sophie, Josh's fateful moment included the thought he must do things by himself, he seems to realise people he was associating with were a negative influence. In the interaction below, notice how Josh may be suggesting this was not a decision he made consciously, but instead something that happened very quickly. Note his use of the word

'probably' which might indicate his uncertainty about what his thought process was at the time. It is as if Josh is trying to retrospectively understand his unconscious decision making.

“Josh: Well, I stopped, realised who I was bothering with most probably and thought ‘fuck it, I’m going to start doing things on my own’.

Researcher: Yeah. How did you make that decision?

Josh: I didn’t like, it was a split decision like, I just thought one day ‘fuck it, I’ll wake up, just don’t bother with them’.”

Conversely, Aaron appears to recall the exact moment at which he decided to make a change. There is a poetic feel to his description, which might indicate how he experiences this memory. He is looking back fondly at a moment that influenced many positive moves towards greater stability he finds himself in today.

“I was just smoking one day, and I thought to myself like ‘what have I been doing all this time?’ You know? I’ve... lost the people that I care for you know, and erm, I’m in a bad situation right now because of that and erm, ye, that’s how it was. It was one night, me smoking on a bench at night-time looking at the sky.” (Aaron)

For some, it was at rock-bottom, when all else had failed, that they decided to start trying to change things for the better.

“Eventually... I even gave up on trying to kill myself because that wasn’t going well either, um, and at that point, that was when I just decided to give it another go.”

(Anna)

4.7.3 Sub-Theme: What Change Requires: Taking a Leap of Faith and Accepting the Help

This sub-theme encompasses some participants descriptions of what change requires. Accounts vary, but they are connected through participants' experience of knowing what is required of them.

Jack shares he is aware he needs to proactively engage with support networks, to ensure they are readily available and there for him when he needs them. His account demonstrates change on at least two counts; he appears to acknowledge dark times may still lay ahead, and he has learnt he can be guilty of not reaching out to family and friends as much when things are going well.

“Maintaining support even when you’re not at your lowest, because then the support’s already there when you get to your lowest, so the lowest doesn’t last as long.” (Jack)

An important feature of participants’ descriptions of what change requires is the importance of commitment to move forward, and to not dwell whilst looking back. Sophie believes it is important for her to remain present moment focused, and there is a sense she feels she will continue to move forward despite the inevitable challenges that will come her way. The alternative would be to dwell on the pain of the past, which she appears to suggest is not an option for her.

“A lot of what I do sometimes is look back, but I don’t stay in the past though. Because you’ve got to move forward at some point. How do you expect to move on with your life if you’re always looking back? You’ve always got to be living in the moment.” (Sophie)

Grace captures another characteristic of the descriptions of what change requires when leaving homelessness. Change is experienced as something frightening and unpredictable. There is a worry when change occurs things might not be better than how they were before. In other words, it requires a leap of faith in to the unknown.

“I suppose you just have to hold your breath and take a step.” (Grace)

4.7.4 Sub-Theme: I’m a Completely Different Person Now

Use of adversity in personal growth was a strong feature of participants’ descriptions of their journey out of homelessness and is captured in this sub-theme. There is a sense of

wisdom in the words of participants, which is striking given their youthfulness. The healthy naivety one might expect to see in emerging adults appears to have mostly dissipated. These are young people whose accounts suggest they have lived a lifetime's worth of hardship, and there appears to be an inspiring stubbornness in their resolve.

Grace describes how she experiences this will to keep going, to be a 'better' person. She shares how people who have treated her badly have shown her the person who she does not want to be; she seems determined to be better than them.

"It's like I want to be better... you know... just to be better. I've got brothers and sisters and they don't know different still and it's like you should know different you know; you don't treat people like that, you don't speak to people like that, you know, it's not how you are." (Grace)

For Sophie, finding the purpose of her adversity seems important in her journey out of homelessness. This sense of there being a meaning behind her suffering is potentially a strong protective factor.

"When you go through a rough time, you want to use your experiences to help other people because you know what it's like to feel alone and not to have your voice heard... I can look back and I can say "It wasn't a waste of time – nothing was a waste of time; everything happens for a reason." (Sophie)

The following quote provides further evidence suggesting Sophie is determined to ensure that pain she endured during homelessness was not in vain. There is also the sense, in line with previous sub-themes, that Sophie experiences surviving as a personal choice.

"I think pain changes people, but I don't let the pain from that change me into a bad person. I let it change me into a good person. I didn't let the bitterness or whatever destroy my life." (Sophie)

The sense of resilience gained from enduring hardship also features heavily across young people's accounts. Jack shares how he now has a self-confidence that he will be able to cope with new stressors when they emerge, because of his adverse experiences.

"There's not much in this world that could bother me anymore." (Jack)

For Aaron, he seems to have gained a strong sense of what is important to him; a foundation of values that cannot be uprooted.

"I kind of found myself... I don't think about fighting anymore, I don't care about that, I don't care about materialistic stuff, what I care about is my happiness, my family's happiness and what we can all do to progress." (Aaron)

Feeling like a different person to the one they were before exiting homelessness also features in a number of accounts of personal change. For Anna, this change appears to be experienced as bittersweet; on one hand she has had to take on more responsibility than she would have liked to at her age, but on the other hand, she describes feeling stronger, more independent, and more empowered because of the unique challenges she has faced compared to other young people.

"I feel like a completely different person, like even just talking about everything we've spoken about in the last hour, like I ... I just remember feeling so different. I've definitely matured... It makes me upset that like I'm not the average – if there is even an average 19-year-old, if you know what I mean? But it makes me feel really empowered and like strong." (Anna)

5. Discussion

5.1 Chapter Overview

In this chapter, the findings of the current study will be discussed in relation to the research aims, the existing literature, and relevant psychological theories. Potential clinical implications drawing on literature from a broad range of areas is presented. This is followed by a consideration of the quality of the study and recommended areas for future research.

5.2 Overview of Findings

It was clear from the interviews that exiting homelessness was not easy for these young people. They described several – possibly predictable – challenges including mental health difficulties, financial insecurity, feelings of shame, and not feeling supported. What was less anticipated was the rich and unique ways these young people made sense of what had enabled their exit from homelessness. They spoke of the importance of people, and those who helped them leave homelessness were described as non-judgemental, attentive, and comforting. They particularly spoke to the importance of consistency, which included the experience of at least one consistent person who provided care and support as being integral to their personal development. Young people in this study shared how a select number of people allowed them to keep going, during the most difficult times. Experience of ending old relationships that were perceived as unhelpful, forming new ones, and changing how they relate to others more generally featured heavily.

Participants shared their experiences of the ways in which they survived the journey through and out of homelessness. Hope and practicing gratitude featured across accounts, as well as experiences of turning to drugs and alcohol to survive the hardship.

A particularly unanticipated finding was the rich ways in which these young people described their experiences of personal growth and change. They spoke of deeply personal 'moments' when they noticed that they wanted to or had to change. This often included a realisation that they had to be the person to enact change to leave homelessness and move towards security. The use of adversity in personal growth and development was also a

strong feature; this included participants reporting increased resilience, independence, and self-confidence because of their journey through and out of homelessness. For some, the meaning making process, such as seeing the meaning in their suffering, was a key part of growth.

5.3 Relevance of Findings to Previous Research

In this section, findings from the current study will be discussed concerning findings from studies reviewed in the SLR and where there is scope, the wider literature.

5.3.1 *The Difficulties of Exiting*

Young people's experiences of exiting homelessness in the present study were characterised by chronic stress, a sense of a lack of control, and instability. This did not appear to be influenced by the stage of exiting as one might intuitively imagine (i.e., greater difficulty at beginning of journey out of homelessness compared to end stages). In fact, many difficulties were expressed regarding current circumstances, after the move into more secure accommodation had occurred. These findings are supported by previous studies that have found after exiting homelessness people report struggling to move beyond basic stability, as well as measured declines in hope, quality of life, and mental wellbeing (Kidd et al., 2016). Such mental health difficulties and stress have been reported to be associated with the day-to-day responsibilities that housed life brings, especially when marred by financial instability (Karabanow et al., 2016). Managing debt and finding secure employment were also stressors reported by young people that have been found in previous research (Heuchemer & Josephsson, 2006; Thompson et al., 2004). The current study provides a unique insight of what these experiences are like, for example, hearing the feeling of being *trapped* gives a sense of what it might feel like to walk in these young people's shoes.

It appears that the final stages of exiting homelessness can be incredibly challenging. It is possible that the increased responsibility of managing the day-to-day tasks of running a house is an even greater challenge for young people, who may not have had the opportunity to learn the necessary skills. It is possible that financial instability and loneliness contribute

to stress and mental health difficulties, which might be perpetuated by the sense of a lack of support whilst waiting for mental health services to respond effectively, the implications of which are discussed later.

5.3.2 Relationships

In line with previous literature the current study highlighted the importance of relationships in young people's experiences of exiting homelessness. The unique contribution of the current study is that it richly captures young people's meaning-making in relation to evolving relationships, and in particular a process of recognition that changing one's approach towards relationships was important as well as the idiosyncratic nuances of why young people decided to engage in this renegotiating process.

In line with findings of studies discussed in the SLR (e.g., Karabanow et al., 2016; Mayock et al., 2011b), participants in this study reported ending unhelpful relationships tying them to homelessness as a key part of their journey towards greater stability. IPA offers a new way of understanding how the letting go of old ties is experienced and made sense of by young people. For some, this was a necessary step in distancing themselves from old habits, such as drug and alcohol use, as well as serving a protective function against the pain of abandonment that they had become accustomed to, but for others it was a process that felt completely out of their control; experiences of feeling relief and/or regret were commonplace.

The significance of repairing old relationships, building new ones, and renegotiating relational styles is another commonality that the young people in the current study share with accounts in the wider literature discussed in the SLR. For example, Mayock et al. (2011a) found that family support was important in homelessness exits, improving communication and trust was a key part of this process, and some hoped to rebuild family ties to create a sense of belonging and home. This could help explain the experience of loneliness described in previous studies when relationships are ended on the journey out of homelessness (Phipps et al., 2022; Thompson et al., 2004). For others, renegotiating

boundaries and finding a new “comfort zone” (Mayock et al., 2011a, p. 398) were described as a part of their response to the trauma of past difficult relationships.

Supporting the findings of studies described in the SLR, young people in the current study shared how the intervention of a small number of people helped them exit homelessness. Raleigh-DuRoff (2004) found that the help of other people was cited as the most important factor in return to more secure living arrangements; with other people described as motivating them to make positive changes, such as stopping drug use. In the current study, young people's descriptions of how the physical or imagined presence of others not only motivated positive change in them but kept them going through their darkest hours, which adds richness to our understanding of how these relationships are important.

5.3.3 Support of Services

Much like previous findings, experiences of support, including through shelters and supported accommodation, varied from feeling supported to not feeling supported at all. In the current study, these differences were not only apparent between, but also within the accounts of individual participants. This might reflect the high number of staff that young people came in to contact with, with variation in support styles between staff and services. Accounts of feeling unsupported by services included feeling dismissed and patronised, as well as not quite being treated like an adult, but also not quite like a child. This supports the recent conceptualisation of the emerging adult (Arnett, 2007) and might capture the challenges faced by services in providing age sensitive support for people going through a relatively newly conceptualised developmental stage. These findings are supported by previous studies where young people have described feeling infantilised and disrespected by staff (Karabanow et al., 2016), demoralized due to a lack of positive support (Kidd et al., 2016), and scrutinised and disempowered by support workers (Brueckner et al., 2011).

In line with previous findings, young people shared how supportive staff were characterised by providing encouragement, validation, and believing in their individual ability to make changes. Reported helpful behaviours of service providers from formerly homeless

adults have included encouragement, promoting human worth, and a positive attitude (Thompson et al., 2004). In the current study, detailed descriptions of what was helpful were offered, with themes including non-judgemental approaches, warmth, gentle suggestions for change, patience, and people listening without jumping to problem-solving. Karabanow et al., (2016) found that those who felt safe and supported whilst exiting homelessness described having a key person in their lives, often a family member, who was consistent and present. In the current study, most young people did not have family to rely on in this way, however the consistent approach of a few professionals was cited as helpful. It is possible that clinicians and support workers can be the consistent and supportive person, in the absence of family.

A common theme in the current study – not specifically captured in previous research into exits from homelessness – is the frustration and demoralisation that accompanied long waits for mental health support and psychological therapies. Much has been said about the problem of long waiting lists for psychological therapies in the UK, including for young people (Edbrooke-Childs & Deighton, 2020; Mind Cymru, 2021; Smith et al., 2018), and the findings of the current study suggest that young homeless people in South Wales face the same arduous wait.

5.3.4 Agency and Change

The current study enables a richer understanding of young people's experiences and sense making of the move towards agency, responsibility and personal change that has been found in previous research. The sentiment of having to rely on oneself to change was expressed strongly and young people described deeply personal decisions to change which were experienced in moments of clarity, which had an epiphanic quality. In the study by Webb and Gazso (2017) it was found that such moments triggered feelings of resiliency, isolation, grief, and/or fear that motivated a decision to become housed. Thompson et al., (2004) found the experience of 'hitting rock bottom' often precipitated a decision to leave

homelessness. Strikingly similar accounts were provided by young people in the current study.

5.4 Unique Contributions of the Current Study

The unique findings of the current study are presented in this section. What these findings might tell us about people's experiences of exiting homelessness, responding to adversity, and hidden homelessness is discussed. How theoretical and empirical literature can contribute to this understanding – from a broad range of disciplines including psychology and philosophy – is presented.

5.4.1 Growth Through Adversity

Despite sharing their experiences of extreme hardship, a strong feature of young people's accounts of their journey through and out of homelessness was the use of adversity in personal growth. A stubborn resolve is evident in their stories, with many determined to ensure that the adversity they have endured leads to positive change, for both themselves and others. To the author's knowledge, this is not something that has previously been captured in people's accounts of their experiences of exiting homelessness. Previously it has been found that the move out of homelessness can confer a sense of achievement, purpose, and self-worth, as well as feelings of pride and increased self-confidence (Karabanow, 2008; Mayock et al., 2011b). However, participants in these studies did not discuss the role of adversity in their process of personal growth. In this study, participants shared experiences of transformational growth including finding themselves, reevaluating their values, learning from past mistakes, and developing a new sense of resilience and strength.

5.4.1.1 Posttraumatic Growth. One way of understanding these experiences is through the concept of Posttraumatic Growth (PTG), which refers to "positive psychological change experienced as a result of the struggle with traumatic or highly challenging life circumstances" (Tedeschi & Calhoun, 2014, p. 1). The idea that positive changes may result from adversity is an idea that has been present across cultures for centuries (Henson et al., 2021). Philosophers have spoken of this idea, perhaps the most well-known being

Nietzsche: "What does not kill me makes me stronger" (1889, p. 33). PTG is not a result of the event itself, but rather a result of the struggle to cope with it; it is focused on the longer-term changes that come about following more careful consideration (Tedeschi et al., 2018). Growth is said to manifest in five domains, including increased sense of personal strength, greater appreciation of life, more meaningful relationships, awareness of new possibilities, and spiritual and existential change (Tedeschi et al., 2017). Although PTG in people who have experienced homelessness is not a well-researched area, at least one study has found evidence in support of its presence. In interviews with 30 homelessness support service staff, significant levels of PTG were reported in people experiencing homelessness (Solorzano, 2014); and current trauma and currently transitioning out of homelessness were related to higher levels of PTG. However, it should be noted that measures of PTG were provided by staff not those experiencing homelessness. The current study enriches understanding of PTG by bringing in the accounts of those who have experienced homelessness themselves.

According to Tedeschi and Calhoun (2004) PTG is often accompanied by transformative life changes that goes far beyond coping mechanisms and is preceded by a shattering of basic assumptions about an individual's life. The experience of the journey through homelessness was described as highly challenging by participants. In their accounts there is evidence of the 'shattering' of basic assumptions. For example, one young person spoke about how the loss of his mother to suicide whilst homeless tore down all the things he believed before. In another account, disbelief at experiencing homelessness and having to roam the streets to survive was expressed; the young person shared that they never thought something like that would happen to them.

Many paradoxes are presented through PTG, the central paradox for survivors of adversity is that their losses have produced something of value. This was apparent in the accounts of young people in this study, for example, one young person spoke about how pain allowed her to become a better person. During a member checking session, a

participant reflected on how it feels strange to say that they may have 'benefited' from the trauma they experienced. A further paradox is that survivors often report an increased sense of vulnerability (Janoff-Bulman, 1992 as cited in Tedeschi & Calhoun, 2004), whilst also reporting an increased capacity to survive and prevail (Calhoun & Tedeschi, 1999). In other words, a more meaningful and fulfilled life might not necessarily mean less distress and increased happiness. In a survey of over 300 adults, Beaumeister et al. (2013) found evidence to suggest that happiness and meaningfulness are distinct constructs. They found that satisfying one's needs and wants increased happiness but was mostly irrelevant to meaningfulness; meaningfulness tended to involve integrating past, present, and future whereas happiness is largely present oriented. Moreover, higher worry, stress, and anxiety were linked to higher meaningfulness but lower happiness. This paradox appears in the accounts of young people in this study. For example, one young person shared they still experience anxiety most days, but they have learnt to live with such difficult experiences by having a greater sense of meaning in their life.

Further evidence of PTG in young people's narratives included how through discovering the worst and best in others, they learnt more about the type of person they wanted to be. Participants also described experiences of developing improved relationships by learning who their 'real friends' are. One young person spoke about how they were at first surprised to discover that many of the people whom they considered friends were not there for her when she was navigating homelessness, but through this experience she found kinship in unlikely places.

A common change described when people are faced with trauma that reminds them of mortality of themselves or others, is to be more engaged with existential questions about the purpose of life, which tends to lead to an increased appreciation for the 'smaller things' in life (Tedeschi & Calhoun, 2004). Practicing gratitude was something participants did to cope through their homelessness journey. For one young person, this was about appreciating the

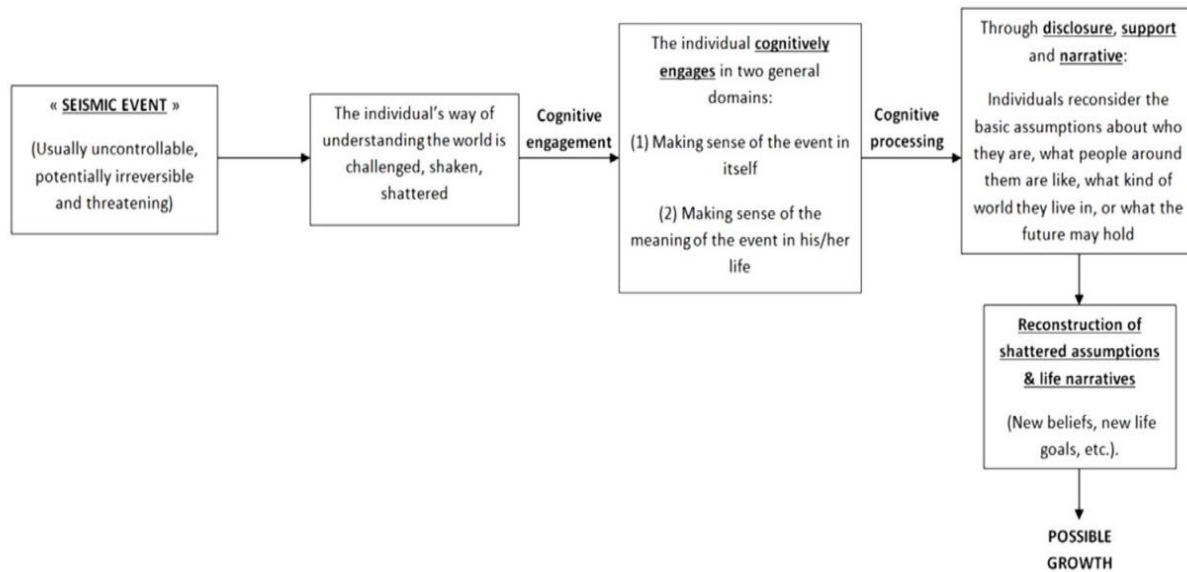
natural beauty of the world around them, for another it was about feeling grateful for having a roof over their head even if it was not yet a home.

A final facet of PTG that was evident in the stories of young people was a greater sense of compassion for others experiencing difficulties. For some, this process was described as humbling, which brought about an appreciation that *bad things can happen to anyone*. Others shared their experience of now looking beyond the surface level and instead wondering what hardship others may have faced when trying to make sense of their challenging behaviour.

It is argued that all participants showed at least some element of growth because of their struggle with the adversity of exiting homelessness. However, it is also evident that some participants appeared to experience greater levels of growth compared to others. A recent systematic review found evidence of several factors that can promote PTG (Henson et al., 2021). These include sharing and social support, spiritual and religious coping strategies, positive reappraisal, and meaning making. It is possible that social support promotes the cognitive processing of traumatic events through sharing with others, which Calhoun and Tedeschi (2004) posit is necessary in PTG (see Figure 5). Younger age has also been found to predict PTG (Mattson et al., 2018). It is possible that some of these factors could help explain the differences in PTG between participants within the current study and participants in other studies.

Figure 5

Model of PTG (Tedeschi & Calhoun, 2004, as cited in Henson et al., 2021)



5.4.2 Hiding Homelessness

As noted previously, hidden homelessness is a consistent issue in Wales and the UK, with younger people more likely to experience this form of homelessness. All participants in the current study reported experiencing hidden homelessness at some point during their journey. Commonly reported were experiences of shame, with participants describing how they went to great lengths to hide their situation from others out of fear of being judged. Feelings of shame and social stigma have been reported by people experiencing homelessness in previous research. People who have experienced homelessness have expressed embarrassment and shame; that they were taking from friends without the capacity to reciprocate, and that the stigma of homelessness was a barrier to seeking and receiving support (Gray & Bell, 2020; Reeve & Batty, 2011). More recently, a report on hidden homelessness found that shame and stigma associated with homelessness prevents people from getting the help they need and contributes to the invisibility of hidden homelessness (Tunaker et al., 2023). The current study adds to this body of literature

through the sharing of personal experiences of the relationship between stigma, shame, and hidden homelessness.

Farrugia (2010) theorises that the label of homelessness carries a symbolic burden which young people are very much aware of. It is posited that homelessness is reduced to an identity, and in doing so structural inequality is obscured and reduced to a static characteristic of individuals. 'The homeless' are said to be popularly constructed as irresponsible, dangerous, and morally suspect, something which people experiencing homelessness are acutely aware of (Hodgetts et al., 2006). Perception of such stigma has been found to be related to self-blame, loneliness, and suicidal ideation in a sample of homeless young people (Kidd, 2007). The stigma of homelessness has also been found to negatively impact self-esteem and sense of control (Thulien et al., 2018). It is possible that in their attempts to distance themselves from the symbolic burden of *being homeless*, young people in the current study remained hidden. It is hoped that the current study will contribute to challenging some of the stereotypes and stigmatising perspectives of young people experiencing homelessness by foregrounding the unique and skilful ways they worked towards exiting homelessness.

5.4.3 Coping and Hope

Participants exiting homelessness demonstrated remarkable resilience in surviving the journey and adapting to insecure housed life amidst ongoing hardships. Their stories contribute to a growing body of literature showcasing human resilience in the face of enduring suffering and persistent uncertainty.

5.4.3.1 Hope. In line with previous findings (Raleigh-DuRoff, 2004; St. Arnault & Merali, 2019), hope is one way the young people in this study survived the journey out of homelessness. In one study, homeless children shared stories of hope through interviews and drawings, which included the following five strategies: connectedness, inner resources (e.g., inner strength), cognitive strategies, energy (e.g., capacity for action), and hope

objects (e.g., objects that possess a significant meaning) (Herth, 1998). Similar strategies were evident in young people's accounts in the current study.

5.4.3.2 Tragic Optimism. Victor Frankl (1985), reflecting on his experiences of Nazi concentration camps during World War II, became one of the most influential existentialists of the 21st century when he posited that it is through a search for meaning and purpose in life that individuals can endure great suffering. In his essay 'The Case for Tragic Optimism' Frankl argues that life involves inevitable tragedy, which includes pain and suffering. It is difficult to find meaning in the face of such tragedy, but Frankl states if we do not, nihilism can lead to psychological and emotional turmoil. His argument is that a presupposition that life is potentially meaningful under the most miserable of conditions is the key to not only enduring hardship but finding fulfilment in it. It is not that suffering is necessary to discover meaning, but that meaning can be found despite, or even because of, suffering.

Tragic optimism is one way of conceptualising the experiences of coping shared by young people in this study. There is evidence in their accounts of *making the best of a bad situation* by turning responses to suffering into an achievement. For example, young people shared how they felt stronger, more independent, and more empowered because of their responses to their experiences of homelessness. There is also evidence of young people finding meaning in their suffering. For some this was to give back to others who might be experiencing similar experiences, whilst for others it was by viewing past mistakes as important lessons.

Participants were able to remain optimistic in dire circumstances, *how* this group of young people managed to do this is less obvious. It is possible that reflecting on the journey of exiting homelessness after it has happened, in a position of relative housing stability, allowed the young people to see the meaning in their suffering. If young people were asked to share their experiences whilst they were homeless, it is possible that a different story would have been told.

5.4.3.3 Reasonable Hope. Reasonable Hope (RH) is distinguished from hope in that it suggests something “both sensible and moderate, directing our attention to what is within reach more than what may be desired but unattainable.” (Weingarten, 2010, p. 7). It is argued that RH provides a way of thinking about hope that makes it more accessible for therapists and clients. Therefore, it might be a more appropriate conceptualisation of the hope shared by young people in this study. One young person shared that it was the belief that things might improve, even if only marginally, that kept them going, which is in line with the concept of RH.

5.5 Revisiting Vulnerability and Resilience in the Context of Struggle and Agency

Perhaps unsurprisingly, young people's experiences of exiting homelessness include stories of both vulnerability *and* resilience; they exist simultaneously and are equally salient in their lived experience. Young people shared how they realised self-reliance as the key to survival. Although they acknowledged that their circumstances were not their fault, they believed it was their responsibility to improve them. There is a sense that they felt there was no other option. For some young people, the discourse of vulnerability and resilience co-existing as influences in their lives appeared to lead to conflicting thoughts and feelings. On one hand, they could appreciate how resilient they have become, especially compared to other young people who have not experienced homelessness, but on the other, they felt regret and anger for having to grow up much faster than their peers. When talking about the response of services, they voice how they want their feelings of vulnerability acknowledged, primarily through the act of financial and housing support. However, they simultaneously speak about their own personal strength and resource that has allowed them to navigate such unstable terrain.

In their accounts, some of the dominant discourses regarding vulnerability are challenged. As mentioned previously, a focus on the negative impacts of trauma can lead to the fragilization of groups, which can disempower people and communities, and pathologize adaptive and resilient responses (Pupavac, 2001). What is instead argued for here is a

balanced approach towards ideas of agency and resilience (Hyndman, 2018), ensuring that conversations about agency are *given room* whilst also acknowledging hardship and advocating for wider structural change.

5.6 Clinical Implications

The findings of this study point to potentially important implications for practice and policy, both for supporting exit from homelessness and ongoing support for those newly housed. These will now be discussed whilst looking beyond the homelessness literature towards other fields to bring new possibilities for practice.

5.6.1 Therapeutic Implications

5.6.1.1 Working with Hope. The presence of hope, or *reasonable hope (RH)*, appeared to play a central role in young people's exits from homelessness. However, this is hope for what is to come (either in the more immediate or longer-term future) held in the context of an uncertain and at times precarious present. Clinicians could work with young people who have experienced homelessness in a way that allows for narratives of hope. Weingarten (2010) recommends when working with RH, therapists should be able to support narratives of resilience, identify the barriers and supports for RH, and be able to tolerate a future for the client that is uncertain and undetermined (i.e., fostering a hopeful stance within the context of uncertainty). It is also suggested that therapists subscribe to an approach where the "small is not trivial" (Weingarten, 2010, p. 19). This is because one may feel hopeless when focusing on the perfect solution, which is so far from reach, therefore the focus should be on what is *good enough* or on the *immediate next new steps*. For a group of young people who can experience instability and difficulties for some time during and after exiting homelessness, tolerating uncertainty, and looking for the small successes as therapeutic aims is recommended.

5.6.1.2 On PTG. In discussing the development and growth that can occur in refugees following adversity, Papadaopoulos (2007) speaks of the awkward moral dilemmas and complexities that mental health professionals (MHP) might experience when faced with

such paradoxical outcomes. On the one hand, therapists need to respect the deep pain, loss, and trauma that people have experienced from their exposure to adversity, whilst respecting that the same experiences can lead to growth and resilience. He states that this paradox may prevent therapists from fully acknowledging any growth responses. The experiences shared in this study support the concept of PTG, therefore the recommendation is that MHP can work skilfully with it in their work with homeless young people. It is acknowledged that this might feel a difficult task for many, especially given issues of morality that might arise for the therapist, which may be influenced by their own biases and context. Therefore, Table 18 provides a summary of an integrative therapeutic approach to working with PTG in clinical practice with formerly homeless young people.

Table 18

Therapeutic Recommendations for Working with PTG with Young People Experiencing or Exiting Homelessness

Principle	In practice
Therapist stance	Tedeschi and Calhoun (2004) posit that it is important for the therapist to be well attuned to clients when reconstructing schemas following the shattering of previous schemata. Thinking dialectically is key when faced with multiple paradoxes related to trauma and growth, this might include holding the tension between deep pain and adversity with possibilities for growth and development. Tedeschi and Moore (2021) recommend an integrative approach to practice drawing on elements from CBT, narrative, existential, and interpersonal therapies, whilst taking a relational approach.
Cognitive engagement with responses to traumatic and adverse experiences and	Findings suggest that those who engage cognitively with their adverse experiences to a greater extent are more likely to experience and benefit from PTG (Calhoun et

Principle	In practice
supporting the development of a coherent narrative of trauma	<p>al., 2000; Taku et al., 2009). Therapists can support cognitive engagement through several pre-existing therapeutic approaches such as Trauma Focused CBT (Cohen et al., 2018) and Narrative Exposure Therapy (Schauer et al., 2011), but also through other methods such as therapeutic journaling. More informal methods such as the gentle encouragement of social disclosure with family and friends might need to be considered when working with a group of young people who might have difficulties trusting others.</p> <p>Furthermore, Jirek (2017) and others have found that survivors who were able to articulate a coherent story about their lives experienced greater levels of PTG; trauma related therapy, writing, informal conversations, and self-reflection was found to play a significant role in the narrative reconstruction process. Therefore, supporting development of a coherent narrative of the journey into, through, and out of homelessness could be a valuable therapeutic aim.</p>
Effective listening	<p>A skilled listener can encourage rich descriptions of growth without explicitly asking. Young people in the current study highlighted the importance of people who listened to them without immediately trying to problem solve. It helped them feel supported and to develop relational trust and safety. Supervisory conversations have also reflected tentatively on how this might have been mirrored within the research process of the current study itself. Engagement and interview processes imbedded in the design of the current study appeared to enable narratives of growth, resilience, and hope to come to the forefront. It can be argued that this points towards some valuable clinical implications in relation to ways of connecting and listening.</p>

Principle	In practice
Name PTG when you see it	<p data-bbox="635 235 1382 1086">Listening for themes of PTG is important to be able to label the experience in a way that makes the growth experience cognitively salient for the young person. One way of achieving this as a therapist might be to engage in 'double listening' (White, 2003) and thinking about the 'absent but implicit' (see Freedman, 2012). Both practices are based on the premise that people make meaning of an experience by contrasting it with some other experience, therefore when discussing problems there may be a cherished background which it is being contrasted with. For example, the discernment of despair is made possible by hopes, dreams, and visions for the future. Therefore, by adopting this approach when hearing problems, clinicians can remain open to the subordinated experiences of what people wish for, and invite people to relinquish those stories (Freedman, 2012).</p> <p data-bbox="635 1153 1382 1590">Young people in the current study shared how skilled professionals were able to make suggestions without coming across as 'pushy;' this is an important consideration when working with a group of people who would have experienced relational trauma. Responding to the discoveries that clients themselves are making, instead of inserting suggested PTG, will reduce the likelihood of the client feeling invalidated and shutting down.</p>
Create psychological safety first	<p data-bbox="635 1635 1382 2002">Interviews with young people in the current study largely took place sometime after the experiences of hardship they were reflecting on. It is possible that this distance played a part in their ability to recognise the growth and use of the adversity they had been through. Immediately after or during adversity might not be the best time to label growth, at this time great care should be taken to</p>

Principle	In practice
	address the person's psychological needs, considering the terror and adversity they may have experienced (Herman, 2015; Tedeschi & Calhoun, 2004). This might also include efforts to build relational trust by remaining patient, warm, and consistent.
Do not push PTG	Although most young people in the current study spoke of growth through their experiences of homelessness and exiting homelessness, it is possible that some might see the idea of PTG as repellent, or not be at a place where they are able to consider this yet (Tedeschi & Calhoun, 2004). There might be a need for a fuller focus on the hardship and/or structural and relational challenges before conversations of PTG. MHP should respect personal preferences in regard to ideas of PTG, but also remain open to the possibility of PTG in the future.

5.6.1.3 Relational Approach. Young people in the current study spoke about how having a consistent other – who communicated a belief in their ability, listened carefully, and treated them like equals – was important in their exits from homelessness. This is not surprising given previous research that has found a positive relationship between the quality of the therapeutic relationship with client outcomes (Lambert & Barley, 2001; Martin et al., 2000). The ability to form a secure and trusting relationship with a MHP might be a restorative and reparative experience for young people during their exits from homelessness. It could help them learn the skills and develop confidence in their own ability to navigate the renegotiation of other relationships, which is characteristic of journeys out of homelessness. This might also include the sharing of specific interpersonal skills, but also helping young people identify who can be the consistent other(s) in their lives.

5.6.1.4 On Fateful Moments. Moments of realisation that led to a decision to change to leave homelessness was expressed by young people in this study, which has been found in previous research. Webb and Gazso (2017) found that fateful moments related to identity, losses, and existential dilemmas, precipitated personal change. Thompson et al., (2004) found that fateful moments related to thoughts of needing to be better for family, or simply being fed up with the situation they were in. Whereas Karabanow (2008) found that moments included something 'just clicking'. The flavour of fateful moments was similar in young people's accounts of their experiences of exiting homelessness in the current study. It is possible that in these moments, young people identified the gap between their current life and wanted life (Heuchemer & Josephsson, 2006), which allowed them to change actions and strive for change. In their accounts there is evidence of dissonance and closing the gap between their current situation – whether that is related to identity, relationships, or values – and where they want to be, is one way they may have resolved this dissonance.

In Motivational Interviewing (MI) (Miller & Rollnick, 2012) the state of discomfort that arises from the contrast between the wanted life and current life is termed discrepancy, and it can be a catalyst for change. Through empathic listening, eliciting self-motivating statements, and rolling with resistance, MI has been found to outperform traditional advice across many studies in the treatment of a broad range of difficulties (Rubak et al., 2005). By using MI techniques, therapists might be able to support decisions to change that occur during fateful moments for young people exiting homelessness. There is evidence that group-based MI can reduce substance use and sexual risk behaviour among young homeless adults (Tucker et al., 2017), however it is important to note the deeply personal accounts of decisions to change amongst the young people in the current study. It may be the case that what happens for the individual cannot be replicated within the therapy room, however being aware of the importance of these fateful moments and the powerful change that might be possible when/once they occur, can sustain us in remaining alongside young

people struggling to make the changes needed in their lives, and help us as practitioners to maintain RH.

5.6.1.5 Allowing for Stories of Strength. It is argued that the questions asked to young people in the current study facilitated the emergence of strength, recovery, and hope based narratives. This was balanced with attending to stories of deep pain and loss. Therefore, a dialectic approach to working with young people during their exits from homelessness may be beneficial. Furthermore, it is hypothesised that organically and unconsciously, the researcher in the current study engaged in conversations with young people which were much like a narrative approach to interviewing. Strength based narratives were explored and thickened and given that the young people spoke of how the interviews benefited them, and that they were noticing – sometimes for the first time – how much they had achieved, it is argued that this could be a useful approach in clinical practice.

5.6.2 Service Provision Implications

Before recommendations for services are outlined it is important to note that several organisations in South Wales and across the UK are working tirelessly to provide a service for young homeless people experiencing homelessness. With ongoing staff shortages (Waitzman, 2022) and a lack of funding (BBC, 2023) this is no easy feat. Despite this, stories of incredible support offered by staff in this study is evidence of some of the outstanding work being carried out in South Wales. On the other hand, the accounts offered by participants shed light on a number of shortcomings of service provision, which highlights opportunities to improve and further develop services for young people with experiences of homelessness.

5.6.2.1 Consistent Support. The importance of consistency in the support offered to young people appeared to allow them to develop within the context of a secure and trusting relationship. The current findings suggest that the high turnover of staff within services can inhibit the willingness of young people to develop relationships which could be key in their exits from homelessness. It is recommended that efforts are taken to ensure that young

people have access to a consistent group of staff. Staff retention is an important consideration, therefore PIE principles (Johnson & Haigh, 2010) of ensuring that staff are well supported through regular supervision, training, and reflective practice is endorsed. Combining approaches can reduce the likelihood of burnout in staff (Aryankhesal et al., 2019), which can be more likely when working with young people who have histories of complex trauma (Sprang et al., 2007). Within the context of the current cost of living crisis, organisations are encouraged to strive to ensure that staff are financially supported to ensure they can continue to provide excellent support. Furthermore, the stress of multiple moves was cited as a stressor in the current study; therefore, avoiding multiple moves for young people is a further recommendation in ensuring consistency.

It is argued that the PIE principle (Keats et al., 2012) of developing a consistent psychological framework which underpins the work of all staff could help support a consistent approach for young people. Furthermore, it is advised that the individuality of young people which was highlighted in this study is honoured in a person-centred manner.

In summary, the current study highlighted the importance of people in helping young people to leave homelessness. It is evident that staff in homelessness and housing projects play a critical role in the lives of these young people, therefore ensuring staff feel skilled, supported, and satisfied in their work should be a priority for all services. Taking inspiration from this study's approach (i.e., listening to and making sense of the experiences of a group often ignored), staff experiences should be honoured and be an integral part of service development.

5.6.2.2 Assertive Efforts. Many young people felt ashamed of their situations, with fears of being a burden inhibiting help seeking behaviours. An assertive approach is suggested to ensure that young people are given multiple opportunities to engage. Being visible and accessible as service providers could help young people develop familiarity and trust. This approach is further supported by research that has found that street outreach was a vital component of people's expression of agency and ability to realise their desired

outcomes when exiting homelessness (Parsell et al., 2014). In the current study, participants appreciated assertive efforts of services, but rejected a paternal or 'pushy' approach. Bearing this in mind, it is recommended that services adopt an 'open door' approach that respects the autonomy and freedom of young people.

5.6.2.3 Financial Support. Financial support for young people is a priority given the level of insecurity and uncertainty that it caused participants in the current study. Given their younger age and possible lack of experience of navigating benefits systems, it is important that young people are closely supported through this process, which might include hands on practical support in completing applications. Young people also spoke of their struggles with seeking secure employment, especially in more rural areas. Given employment has previously been found to facilitate hope (Raleigh-DuRoff, 2004) and exits from homelessness (Bretherton & Pleace, 2019), ensuring that young people are offered a variety of employment opportunities is recommended. In line with PIE principles (Keats et al., 2012), involving young people in the design and management of environments, such as the renovation of buildings so that they feel more inviting, is one creative way of offering opportunities to develop employment experience and skills.

5.6.2.4 Emerging Adulthood. The current study uniquely captured how young people felt they were neither treated like adults nor children by service providers. Using the developmental stage of emerging adulthood (Arnett, 2007) as a framework to help guide and shape the support offered to young people as they exit homelessness could prove useful in improving outcomes. This will include considering the unique challenges faced by young people during emerging adulthood, ensuring that aspects of childhood, adolescence, and adulthood are honoured. Some young people reported feeling disempowered by services and not being included in decisions regarding their care; services sharing responsibility could help young people develop skills and build confidence to support transition to independent living. TIC principles of ensuring choice for clients and acknowledging that lack of control because of past trauma can cause difficulties in developing relationships could help support

this endeavour. However, it is recommended that care is taken to ensure that TIC principles do not lead to a vulnerability discourse that further disempowers young people experiencing homelessness. One way in which this gap could be bridged is through the employment of mentoring or befriending from young people who have successfully transitioned from homelessness (see Cullen, 2006). Peer support in mental health services has been found to have a wide range of positive effects for recipients, health care systems, and peer support workers. Positive outcomes for recipients include reduced stigma, increased hope, empowerment, and emotional growth (Shalaby et al., 2020).

5.6.2.5 A Patient Approach. Young people progressed at different rates and had very specific needs that changed over time. What works for a young person exiting homelessness at one point, may not work in the future. It is possible that for those working in services supporting young people that this transience is experienced as challenging, and perhaps even frustrating. However, this study's findings have the potential to offer hope to services because young people demonstrated creative and innovative ways to cope with, and respond to, the challenges they faced. Not only this, but a patient, non-judgemental, and warm approach from services supported this development. It is important that service providers take note that the relationship can be the intervention that supports young people to exit homelessness. Patience may also need to be practiced by services when considering the 'fateful moments' experienced by young people which ultimately led to transformational change. The findings of this study suggest that the timing of such moments is not at all predictable, but service providers can hold on to hope that such moments can occur.

5.6.3 Policy Implications

Implications for policymakers are presented in this section, drawing primarily on the novel findings of this study, but also the wider literature and theoretical concepts.

5.6.3.1 Preventative Strategy. A forward-thinking reconceptualization of what is considered preventative strategy is supported by the findings of this study. Although the emphasis on preventative strategy outlined by the Welsh Government is welcomed, provided

the considerable number of challenges that young people reported in maintaining tenancies, it is argued here that prevention efforts should not only be focused on the *front door* of homelessness but also on the exiting period. Participants' accounts in this study shed light on the possible factors that contribute to the reported cyclical nature of homelessness (Thompson et al., 2004), including financial insecurity, loneliness, difficulties finding secure employment, mental health problems, and substance misuse. Their accounts demonstrate their willingness and drive to make positive changes in their lives, however, they highlight that they do not have the support and opportunities to build a more stable and sustainable life. Policymakers are urged to not overlook this patent need in their efforts to reduce homelessness in South Wales.

5.6.3.2 Mental Health Support. Long waiting times for psychological therapies and mental health (MH) support has been discussed extensively in recent years (Edbrooke-Childs & Deighton, 2020; Mind Cymru, 2021; Smith et al., 2018). Young people in the current study shared how long waits for support led to feelings of despair and anger, which is in line with a recent UK phenomenological analysis of young adults' experiences of MH waiting lists (Punton et al., 2022). It is possible that such negative experiences of services make it less likely that young people will feel able to engage with interventions when they begin (Grover et al., 2018), reflecting a lack of trust in the service (Kreyenbhul et al., 2009). It is possible that a lack of timely and proper mental health support prolongs the amount of time spent in homelessness (Calsyn & Morse, 1991), therefore in line with their commitments of not simply viewing homelessness as a housing sector issue, the current findings advise that the Welsh Government ensure that mental health support is at the heart of efforts to end homelessness in Wales. It is acknowledged that an increasing demand for MH services has contributed to longer waiting times for clients, however creative systemic change is required, particularly concerning support for those experiencing delays for MH support whilst simultaneously managing the turbulence of homelessness.

5.6.3.3 Trauma Awareness. Some young people shared negative experiences with the lack of support received from several different services. A lack of acknowledgement of the complexity of their current and historic circumstances was experienced, with one young person sharing their story of the inflexibility of Universal Credit in their lack of consideration of his ongoing mental health difficulties. Such approaches only add to feelings of alienation and resentment, which could function as a barrier to seeking support for other needs. A TIC approach adopted not only by health services but other public and third sector organisations is supported to help young people with experiences of homelessness receive excellent quality support in all areas of their life. The recent Welsh Government backed trauma-informed societal approach to understanding, preventing, and supporting the impacts of trauma and adversity provides an excellent starting point (Public Health Wales, 2022); understanding its impact and capturing how this relates to the experiences of formerly homeless young people in Wales will be vital. Clinical psychologists could play a key role in contributing to the development of such policy by raising awareness for the need of psychological input in designing interventions and services (Browne, 2016).

Having said this, the findings of this study highlight the power of making sense of the nuanced experience of individuals and how they have responded to adversity, which can lead to a more complete understanding of someone's current difficulties. Using a more comprehensive and contextualised understanding as a base from which to develop person-centred interventions could prove to be beneficial for many young people with experiences of homelessness. It is important that a trauma informed approach does not lead to a one size fits all approach, or that adverse experiences that are not traumatic per se are overlooked in the formulation of an individual's presenting difficulties.

5.6.3.4 Tackling Stigma. Perceived stigma and shame inhibited help-seeking behaviour for young people in this study and led to further efforts on their part to keep their homelessness hidden. There is evidence that public perceptions of homeless people are negative (Phelan et al., 1997). In the current study, one young person shared how they once

held beliefs about individual fault when it comes to homelessness, but they learnt through their own experience of homelessness that it 'can happen to anyone.' It is recommended that policymakers consider the possible benefits of advertisement or public health campaigns to tackle stigma and dominant narratives related to homelessness. Given that some of the young people in this study spoke about how they never expected to be homeless given their own socioeconomic background, highlighting the diverse group of young people who experience homelessness – especially hidden homelessness – could prove to be beneficial. Such campaigns have been found to produce positive effects in knowledge and behaviour change in previous research (Anker et al., 2016). Clinical psychologists can bring valuable skills and knowledge to the development of such campaigns, which can be informed by further research – much like the current study – to bring forth rich descriptions and learning from young people.

5.6.3.5 Housing First. The evidence base for the efficacy of HF as a homelessness intervention is far from conclusive. Young people in the current study referred to difficulties experienced in relation to finding a place of their own, however, this was not a strong theme in their narratives. Young people instead spoke about social and financial support and inner strength as some of the key elements in their exits from homelessness. It is acknowledged that HF can provide a stable base from which formerly homeless young people can develop skills and independence, however, a multi-pronged approach may be needed to ensure young people can develop a good quality of life. This might include the input of clinical psychologists in considering the emotional and psychological needs of young people exiting homelessness.

5.6.3.6 Networks of Support. The current study tells us that the interventions of everyday good Samaritans were sometimes critical in triggering young people's journeys out of homelessness. Some of the most heartwarming findings were those pertaining to ordinary people, sometimes strangers, who demonstrated extraordinary kindness and support. Without the input of such individuals, it is possible that the trajectories of the young people in

this study would have been very different, perhaps more painful, and grim. Having said this, we must consider if this finding sheds light on a gap in service provision. It is not the author's intention to suggest that we 'nationalise' the goodwill of ordinary people or dilute the authenticity of what were evidently valued aspects of young people's experiences. The purpose is to highlight that assertive interventions not only work but can have long lasting positive impacts on the lives of young people exiting homelessness, and that specialised outreach services might be a part of the solution. A further consideration for policymakers is to ensure the appropriate infrastructure is in place so that good-willed members of the public can signpost young people to the relevant services.

5.7 Quality Appraisal

A comprehensive quality appraisal of the current study is presented in Table 19. This is followed by a summary of the study's strengths and limitations.

Table 19

Quality Appraisal of Current Study Using the CASP Qualitative Checklist Tool (Long et al., 2020)

Quality criteria	Appraisal
1. Was there a clear statement of the aims of the research?	The current study has a clear set of aims which includes exploring young people's experiences of exiting homelessness, as well as exploring what young people experience as the facilitators and barriers of exiting. As the first study of its kind in the UK, it offers an important addition to the literature and provides a marginalised group the opportunity to share their stories, with opportunities for professionals to learn from these experiences and improve the services they offer.

Quality criteria	Appraisal
2. Is a qualitative methodology appropriate?	The current study aimed to interpret the subjective lived experiences of participants and is the first IPA study to explore the experiences of young people exiting homelessness in the UK. The methodology is considered a strength, as it can reveal intimate and nuanced accounts of exiting homelessness and adds richness to our understandings of this process.
3. Was the research design appropriate to address the aims of the research?	The study is interested in the personal accounts of young people and how they experience and make sense of their exits from homelessness. A qualitative research design was selected due to its focus on meaning and understanding phenomena from the perspective of individuals.
4. Are the study's theoretical underpinnings clear, consistent, and conceptually coherent?	The study's theoretical underpinnings are clearly described in section 3.1.2. The philosophical position of the researcher is also described in some detail in sections 1.2 and 3.2. The critical realist stance is clear and consistent throughout the study, for example, interpretations of participant accounts is tentatively offered in the results chapter, with an acknowledgement that subjective experience will reflect reality to a degree, but this experience may be influenced by other factors (i.e., social context) which participants may not be aware of. The researcher attempts to bring these factors in to the interpretation of participants' experiences. The double hermeneutic (Smith et al., 2022) is active throughout and acknowledged in the language of the researcher.
5. Was the recruitment strategy appropriate to the aims of the research?	IPA favours a homogenous sample for whom the research question is meaningful (Smith et al., 2022). Purposive sampling was utilised for this reason, with clear eligibility criteria outlined. Recruitment via one

Quality criteria	Appraisal
	<p>organisation in South Wales is considered a strength. Recruitment challenges are also discussed.</p>
<p>6. Was the data collected in a way that addresses the research issue?</p>	<p>IPA requires rich qualitative data so that the meaning making of participants can be explored and interpreted in great depth. Individual semi-structured interviews were selected for this reason as they invite participants to offer rich, detailed accounts of their experiences (Smith et al., 2022). They also allow researchers to delve deeply into personal and social matters (DiCicco-Bloom & Crabtree, 2006). The current study aimed to elicit these in-depth personal accounts of experiences of exiting homelessness, therefore the data collection method selected was appropriate. The development and piloting of an interview guide is clearly outlined in the methods chapter, and the final interview guide can be seen in Appendix N. Transcription of interviews is clearly explained.</p>
<p>7. Has the relationship between researcher and participants been adequately considered?</p>	<p>The researcher engaged in self-reflective and reflexive exercises throughout the current study. Exploring their own position, assumptions, and biases was key to this process. It was also important to ensure that bracketing could be employed during data collection and analysis. These exercises included consulting with the supervisory team, EbE, and fellow trainees. A reflective journal was used (see Appendix T) for self-reflection and to aid with decision making. A break in confidentiality to safeguard a participant occurred during data collection, a summary of the steps taken can be seen in Appendix G.</p>
<p>8. Have ethical issues been taken into consideration?</p>	<p>A comprehensive consideration of ethical issues can be seen in section 3.3, including confidentiality, right to withdraw, informed consent, risk of harm, and data</p>

Quality criteria	Appraisal
9. Was the data analysis sufficiently rigorous?	<p>protection. The steps taken to ensure ethical research practice are clearly outlined in the section cited.</p> <p>An in-depth account of the analysis process is presented in section 3.8, with examples of coded transcript presented in Appendix Q. Data is presented in the form of direct participant quotes to support the interpretations and findings presented in the results chapter. Convergence and divergence are considered where appropriate to ensure that data is accurately presented. Bracketing was employed throughout the data analysis process, with each participant's data analysed on an individual basis before convergence and divergence was considered across accounts.</p>
10. Is there a clear statement of findings?	<p>The findings are clearly presented and related back to the original research questions outlined at the end of the systematic literature review chapter. The findings are supported throughout by verbatim quotations from participants.</p>
11. How valuable is the research?	<p>The study is the first exploration of young people's experiences of exiting homeless in the UK using a qualitative approach. It adds to the existing understanding of this experience by highlighting experiences of trauma and vulnerability, as well as experiences of resilience, agency, and inner strength. Implications on a clinical, service, and policy level are discussed, as well as some recommendations for further areas of research.</p>

5.7.1 Strengths and Limitations

The current study is the first study to explore the experiences of young people exiting homelessness in the UK from an IPA perspective. This allowed for the elicitation of rich personal accounts which led to the construction of themes across accounts. The research

has made a significant contribution to the field of homelessness research by highlighting the inner strength and agency of young people as they exit homelessness. It also adds to the small but emerging body of evidence supporting PTG in people with experiences of homelessness. It does this compellingly by using first-person accounts from a group of young people who are often marginalised.

This research highlights the need for preventative interventions at the tail end of exiting homelessness by bringing into the light the experiences of instability and hardship after housing has been secured.

The methodological rigour of this research is considered a strength, with great care being taken at each stage to ensure the highest levels of reliability and validity; measures included triangulation of data, member checking, and self-reflexive practices. A detailed and comprehensive data analysis process was followed with a clear data trail linking the first-person accounts of young people and the final group experiential themes.

The close working relationship with HC is a major strength of this project. HC's considerable experience of supporting young people with experiences of homelessness ensured that recruitment and data collection were carried out carefully and in line with the highest ethical and professional standards. Challenges regarding recruitment are outlined in the method chapter, and supportive conversations with HC provided valuable insight into what might be the barriers and how to overcome these.

Finally, the data collection interview is considered a strength as participants commented on how the interview was a therapeutic experience, allowing young people to notice their personal development and strengths, as well as an opportunity to be listened to, and to co-construct further meaning.

5.7.2 Limitations

It is possible that young people who have less success in exiting homelessness have very different experiences, which might not include experiences of growth and development.

Relying on HC workers as gatekeepers might have meant that the views of such a group of young people might not have been accessed. It is possible that those with less positive relationships with professionals did not feel comfortable in taking part.

Photo elicitation interviewing was employed for the current study as a method of increasing accessibility and eliciting richer personal accounts of the journey out of homelessness. Only one participant chose to share photographs with the researcher at interview, which could be considered a limitation. Having said this, the primary data collection method was semi-structured interviews, and it was the choice of participants to not engage in the taking and sharing of photographs. Given recruitment challenges in this area, it was not deemed appropriate to make the taking and sharing of photographs a compulsory part of the project.

Recruitment challenges are commonplace within this demographic, as previously discussed, and as such the smaller sample size could be considered a limitation. However, the smaller sample is suitable for IPA (Smith et al., 2022) and ultimately allows for the richness and depth of the data that was collected.

5.8 Future Research

The current study highlighted that after exiting homelessness young people often still live with significant mental health difficulties and financial insecurity. We also know from previous research that many 'recycle' back into homelessness. Longitudinal designs capturing not only the experiences of people at the point of having exited homelessness, but longer down the line, could help improve our understanding of how longer-term security is established. Such research will also help us understand what are the factors that contribute to young people recycling back into homelessness.

Financial insecurity, mental health difficulties, and substance misuse were central to the experience of exiting homelessness, and it was noted that these difficulties can continue to exist past the point of moving to relative housing security. As mentioned previously, it is

recommended that policymakers pay attention to this finding and ensure that service provision is in place to support young people during what is a turbulent period. Where service provision exists to support young people with these specific challenges, it is critical that their impact is evaluated, to ensure they are meaningfully and quantitatively improving outcomes for young people. It is further suggested that different approaches are compared to each other, and that where possible, young people are included in conversations about the development of such approaches; as the current study shows, young people who have experienced homelessness have so much to contribute to these developments.

An obvious omission from this study is those who do not manage to successfully exit homelessness. Future studies should aim to understand this experience as well as the critical barriers that can hold people back from progressing towards longer-term security. A mixed methods approach could be beneficial here to (1) understand the lived experience of not being able to exit homelessness as a young person and (2) through sophisticated statistical analysis investigating the key factors in this process. This could help ensure future provision is developing appropriately to meet the needs of those using them.

It is argued that an in-depth exploration of the themes 'coping creatively', 'fateful moments', and 'what change requires' could shed light on what appears to be an important aspect of young people's ability to leave homelessness. Understanding how young people do this, and how it helps, would be beneficial in developing specific interventions – whether they are psychosocial or occupational – for this client group.

Thoughtful application of PIE and TIC practices were supported by this study, however to date there is a lack of carefully designed studies demonstrating the effectiveness of these approaches for helping to improve outcomes for young people experiencing and exiting homelessness. Future randomised controlled trials, using both quantitative and qualitative measures, can help inform future best practice in this area.

It is evident that participants were able to remain optimistic in dire circumstances, but how they were able to do this is less evident. An in-depth exploration of this process could help enrich our understanding of how young people hold on to hope and optimism when exiting homelessness. This could have important implications for the way in which clinical psychologists support young people during the journey out of homelessness.

5.9 Final Reflections and Conclusion

5.9.1 Some Final Thoughts

The experience of carrying out this research has been extremely moving. Hearing the stories of young people has been a great privilege. As a clinician, researcher, and human, I have learnt so much from those who have participated. This study has taken me to terrain I did not expect to venture upon. One unexpected turn was the focus on individual factors such as inner strength, agency, and responsibility. It is important to note that what is not being suggested here is that this is what should be expected of young people when they are trying to exit homelessness. Depending on how you see the world, this finding could either be viewed as tragic, or hopeful (or perhaps both). It might feel unjust that young people have had to 'grow up' so fast, but on the other hand, young people described gaining so much from this experience. This paradox has not gone unnoticed.

I would like to flag that young people did speak to both/and in regard to systemic/individual factors, and hardship/growth. In this study I have attempted to speak to both, but at times the balance might have tipped towards individual and growth. The reasons for this, I believe, are because these were in fact stronger themes in young people's narratives, and they were the more unexpected and novel contributions. By foregrounding one, this does not negate the importance of the other.

5.9.2 To Conclude

This study has contributed to the understanding of young people's experiences of exiting homelessness in South Wales and is the first UK based study of its kind. The novel findings of this study contribute to the limited, yet emerging literature on posttraumatic

growth in young people following homelessness and are key findings for mental health clinicians, homelessness services, public sector services, and policymakers to consider in their practice. This study, in contrast to most of the existing literature, has highlighted the discourses of hardship, vulnerability, and trauma, whilst also bringing new light to the importance of resilience, hope, pride, inner resourcefulness and personal growth for young people exiting homelessness.

References

- Ahmed, A., & Madoc-Jones, I. (2020). Homelessness Prevention Policy in an International Context: The Housing Act (Wales) 2014. *Social Policy and Society*, 19(1), 95–108.
- Ahmed, A., Madoc-Jones, I., Gibbons, A., Jones, K., Rogers, M., & Wilding, M. (2020). Challenges to implementing the new homelessness prevention agenda in Wales. *Social Policy and Society*, 19(1), 157-169.
- Alase, A. (2017). The Interpretative Phenomenological Analysis (IPA): A Guide to a Good Qualitative Research Approach. *International Journal of Education and Literacy Studies*, 5(2), 9. <https://doi.org/10.7575/aiac.ijels.v.5n.2p.9>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- American Psychological Association. (2017). Clinical practice guideline for the treatment of posttraumatic stress disorder (PTSD) in adults.
- Anker, A. E., Feeley, T. H., McCracken, B., & Lagoe, C. A. (2016). Measuring the effectiveness of mass-mediated health campaigns through meta-analysis. *Journal of health communication*, 21(4), 439-456.
- Arnett, J. J. (2007). Emerging adulthood: What is it, and what is it good for?. *Child development perspectives*, 1(2), 68-73.
- Arnett, J. J., Žukauskienė, R., & Sugimura, K. (2014). The new life stage of emerging adulthood at ages 18–29 years: Implications for mental health. *The Lancet Psychiatry*, 1(7), 569-576.

- Aryankhesal, A., Mohammadibakhsh, R., Hamidi, Y., Alidoost, S., Behzadifar, M., Sohrabi, R., & Farhadi, Z. (2019). Interventions on reducing burnout in physicians and nurses: A systematic review. *Medical journal of the Islamic Republic of Iran*, *33*, 77.
- Aubry, T., Bourque, J., Goering, P., Crouse, S., Veldhuizen, S., LeBlanc, S., Cherner, R., Bourque, P-E., Pakzad, S., & Bradshaw, C. (2019). A randomized controlled trial of the effectiveness of Housing First in a small Canadian City. *BMC Public Health*, *19*(1), 1-14.
- Bates, E. A., McCann, J. J., Kaye, L. K., & Taylor, J. C. (2017). "Beyond words": a researcher's guide to using photo elicitation in psychology. *Qualitative Research in Psychology*, *14*(4), 459-481.
- Baumeister, R. F., Vohs, K. D., Aaker, J. L., & Garbinsky, E. N. (2013). Some key differences between a happy life and a meaningful life. *The journal of positive psychology*, *8*(6), 505-516.
- Belcher, J. R., & DeForge, B. R. (2012). Social stigma and homelessness: The limits of social change. *Journal of Human Behavior in the Social Environment*, *22*(8), 929-946.
- Bellis, M. A., Ashton, K., Hughes, K., Ford, K. J., Bishop, J., & Paranjothy, S. (2016). *Adverse childhood experiences and their impact on health-harming behaviours in the Welsh adult population*. Public Health Wales NHS Trust.
- Bender, K., Ferguson, K., Thompson, S., Komlo, C., & Pollio, D. (2010). Factors associated with trauma and posttraumatic stress disorder among homeless youth in three US cities: The importance of transience. *Journal of Traumatic Stress: Official Publication of the International Society for Traumatic Stress Studies*, *23*(1), 161-168.

- Bender, K., Thompson, S. J., McManus, H., Lantry, J., & Flynn, P. M. (2007). Capacity for survival: Exploring strengths of homeless street youth. *Child Youth Care Forum, 36*, 25-42.
- Bentley, J. P., & Thacker, P. G. (2004). The influence of risk and monetary payment on the research participation decision making process. *Journal of medical ethics, 30*(3), 293-298.
- Berliner, L., & Kolko, D. J. (2016). Trauma informed care: A commentary and critique. *Child maltreatment, 21*(2), 168-172.
- Bernard, H. R. (2017). *Research methods in anthropology: Qualitative and quantitative approaches*. Rowman & Littlefield.
- Bhaskar, R. (1975). Forms of realism.
- Bretherton, J., & Pleace, N. (2019). Is work an answer to homelessness?: Evaluating an employment programme for homeless adults. *European Journal of Homelessness, 59-83*.
- Bridges, D. (2001). The ethics of outsider research. *Journal of Philosophy of Education, 35*(3), 371-386.
- Brink, H. I. (1993). Validity and reliability in qualitative research. *Curationis, 16*(2), 35-38.
- Browne, N. (2016). *Practice to Policy: Clinical psychologists' experiences of macro-level work*. [Unpublished doctoral dissertation]. University College London.
- Brueckner, M., Green, M., & Saggars, S. (2011). The trappings of home: Young homeless people's transitions towards independent living. *Housing studies, 26*(1), 1-16.

- Bryant, C. A., McCormack Brown, K. R., McDermott, R. J., Forthofer, M. S., Bumpus, E. C., Calkins, S. A., & Zapata, L. B. (2007). Community-based prevention marketing: organizing a community for health behavior intervention. *Health Promotion Practice, 8*(2), 154-163.
- Burgermeister, D. (2007). Childhood adversity: a review of measurement instruments. *Journal of Nursing Measurement, 15*(3), 163-176.
- Busch-Geertsema, V. (2013). Housing First Europe: Final Report. *Bremen/Brussels: European Union Programme for Employment and Social Solidarity.*
- Calhoun, L. G., & Tedeschi, R. G. (Eds.). (1999). *Facilitating posttraumatic growth: A clinician's guide.* Routledge.
- Calhoun, L. G., & Tedeschi, R. G. (Eds.). (2014). *Handbook of posttraumatic growth: Research and practice.* Routledge.
- Calhoun, L. G., Cann, A., Tedeschi, R. G., & McMillan, J. (2000). A correlational test of the relationship between posttraumatic growth, religion, and cognitive processing. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies, 13*(3), 521-527.
- Calsyn, R. J., & Morse, G. A. (1991). Predicting chronic homelessness. *Urban Affairs Quarterly, 27*(1), 155-164.
- Campbell, D. T., & Fiske, D. W. (1959). Convergent and discriminant validation by the multitrait-multimethod matrix. *Psychological bulletin, 56*(2), 81.
- Candela, A. G. (2019). Exploring the function of member checking. *The qualitative report, 24*(3), 619-628.

Caton, C. L., Dominguez, B., Schanzer, B., Hasin, D. S., Shrout, P. E., Felix, A., McQuiston, H., Opler, L. A., & Hsu, E. (2005). Risk factors for long-term homelessness: Findings from a longitudinal study of first-time homeless single adults. *American journal of public health, 95*(10), 1753-1759.

Centre for Homelessness Impact (n.d.). *Psychologically Informed Environments*.

<https://www.homelessnessimpact.org/intervention/psychologically-informed-environments>

Charmaz, K. (2014). *Constructing grounded theory*. sage.

Cho, J., & Trent, A. (2006). Validity in qualitative research. *Qualitative Research, 6*(3), 319–340.

Chun Tie, Y., Birks, M., & Francis, K. (2019). Grounded theory research: A design framework for novice researchers. *SAGE open medicine, 7*, 2050312118822927.

Chung, T. E., Gozdzik, A., Palma Lazgare, L. I., To, M. J., Aubry, T., Frankish, J., Hwang, S. W., & Stergiopoulos, V. (2018). Housing first for older homeless adults with mental illness: a subgroup analysis of the at home/Chez Soi randomized controlled trial. *International Journal of Geriatric Psychiatry, 33*(1), 85-95.

Clarke, A. (2016). The prevalence of rough sleeping and sofa surfing amongst young people in the UK. *Social Inclusion, 4*(4), 60-72.

Clarke, V., Braun, V., & Hayfield, N. (2015). Thematic analysis. *Qualitative psychology: A practical guide to research methods, 3*, 222-248.

Coates, J., & McKenzie-Mohr, S. (2010). Out of the frying pan, into the fire: Trauma in the lives of homeless youth prior to and during homelessness. *J. Soc. & Soc. Welfare, 37*, 65.

Cochrane Training. (n.d.) *Thematic Synthesis*.

<https://training.cochrane.org/resource/thematic-synthesis>

Cockersell, P. (2016). PIEs five years on. *Mental Health and Social Inclusion*, 20(4), 221-230.

Cocozza, J. J., Jackson, E. W., Hennigan, K., Morrissey, J. P., Reed, B. G., Fallot, R., & Banks, S. (2005). Outcomes for women with co-occurring disorders and trauma: Program-level effects. *Journal of Substance Abuse Treatment*, 28(2), 109-119.

Cohen, C., Onserud, H., & Monaco, C. (1993). Outcomes for the mentally ill in a program for older homeless persons. *Psychiatric Services*, 44(7), 650-656.

Cohen, J. A., Deblinger, E., & Mannarino, A. P. (2018). Trauma-focused cognitive behavioral therapy for children and families. *Psychotherapy Research*, 28(1), 47-57.

Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2016). *Treating trauma and traumatic grief in children and adolescents*. Guilford Publications.

Collier, J. (1957). Photography in anthropology: A report on two experiments. *American anthropologist*, 59(5), 843-859.

Crisis (n.d.) *Types of Homelessness*. <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/types-of-homelessness/>

Crisis (n.d.). *About homelessness*. https://www.crisis.org.uk/ending-homelessness/about-homelessness/?gclid=Cj0KCQjw98ujBhCgARIsAD7QeAg_fhkhpl5VX-x56slU58G5-9zlrGgkF9k7-GN9424wPjl8TBNAbXoaAgZVEALw_wcB

Crisis (n.d.). Homelessness in England. <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor/>

Crisis (n.d.). *Mental Health*. <https://www.crisis.org.uk/ending-homelessness/health-and-wellbeing/mental-health/>

Cryder, C. E., London, A. J., Volpp, K. G., & Loewenstein, G. (2010). Informative inducement: Study payment as a signal of risk. *Social science & medicine*, 70(3), 455-464.

Cullen, S. (2006). *Mentoring and befriending for young homeless people: A good practice guide*. Shelter.
https://assets.ctfassets.net/6sxvmndnnpn0s/5bPPUJZZxTMT01b9ARX1xd/ef4889738b5b32bccb528e31002ede75/Mentoring_and_Befriending_for_Young_Homeless_People.pdf

Deck, S. M., & Platt, P. A. (2015). Homelessness is traumatic: Abuse, victimization, and trauma histories of homeless men. *Journal of Aggression, Maltreatment & Trauma*, 24(9), 1022-1043.

Decramer, A., Audenaert, M., Van Waeyenberg, T., Claeys, T., Claes, C., Vandeveldde, S., van Loon, J., & Crucke, S. (2015). Does performance management affect nurses' well-being?. *Evaluation and program planning*, 49, 98-105.

Dempsey, L., Dowling, M., Larkin, P., & Murphy, K. (2016). Sensitive interviewing in qualitative research. *Research in nursing & health*, 39(6), 480-490.

Department for Levelling Up, Housing and Communities (2023). *Trauma-informed approaches to supporting people experiencing multiple disadvantage: A Rapid Evidence Assessment*.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1148546/Changing_Futures_Evaluation_-_Trauma_informed_approaches_REA.pdf

- DiCicco-Bloom, B., & Crabtree, B. F. (2006). The qualitative research interview. *Medical education, 40*(4), 314-321.
- Earthy, S., & Cronin, A. (2008). Narrative analysis. In *Researching social life*. Sage.
- Easton, G. (2010). Critical realism in case study research. *Industrial marketing management, 39*(1), 118-128.
- Edbrooke-Childs, J., & Deighton, J. (2020). Problem severity and waiting times for young people accessing mental health services. *BJPsych open, 6*(6), e118.
- Eddin, J. P., Ganim, Z., Hunter, S. J., & Karnik, N. S. (2012). The mental and physical health of homeless youth: A literature review. *Child Psychiatry & Human Development, 43*, 354-375.
- Elliott, V. (2018). Thinking about the coding process in qualitative data analysis. *Qualitative report, 23*(11).
- Ellis, C. (2004). *The ethnographic I: A methodological novel about autoethnography* (Vol. 13). Rowman Altamira.
- Embleton, L., Lee, H., Gunn, J., Ayuku, D., & Braitstein, P. (2016). Causes of child and youth homelessness in developed and developing countries: A systematic review and meta-analysis. *JAMA pediatrics, 170*(5), 435-444.
- Erickson, J. R., Stevens, S., McKnight, P., & Figueredo, A. J. (1996). Willingness for treatment as a predictor of retention and outcomes. *Journal of Addictive Diseases, 14*(4), 135-150.
- Etikan, I. (2016). Comparison of Convenience Sampling and Purposive Sampling. *American Journal of Theoretical and Applied Statistics, 5*(1), 1.

- Farrugia, D. (2011). The symbolic burden of homelessness: Towards a theory of youth homelessness as embodied subjectivity. *Journal of sociology*, 47(1), 71-87.
- Ferguson, K. M., Bender, K., & Thompson, S. J. (2014). Predictors of transience among homeless emerging adults. *Journal of Adolescent Research*, 29(2), 213-240.
- Finlay, L. (2002). Negotiating the swamp: the opportunity and challenge of reflexivity in research practice. *Qualitative research*, 2(2), 209-230.
- Fitzpatrick, S., Pawson, H., Bramley, G., Wilcox, S. (2018). *The Homelessness Monitor: England 2018*. Crisis.
https://www.crisis.org.uk/media/238700/homelessness_monitor_england_2018.pdf
- Fitzpatrick, S., Watts, B., Pawson, H., Bramley, G., Wood, J., Stephens, M., & Blenkinsopp, J. (2021). *The Homelessness Monitor: England 2021*. Crisis.
<https://www.crisis.org.uk/media/244703/crisis-england-monitor-executive-summary-2021.pdf>
- Flach, Y., & Razza, T. S. (2022). Suicidality in homeless children and adolescents: A systematic review. *Aggression and violent behavior*, 64, 101575.
- Fletcher, A. J. (2017). Applying critical realism in qualitative research: methodology meets method. *International journal of social research methodology*, 20(2), 181-194.
- Flick, U. (2004). Triangulation in qualitative research. *A companion to qualitative research*, 3, 178-183.
- Folsom, D. P., Hawthorne, W., Lindamer, L., Gilmer, T., Bailey, A., Golshan, S., Garcia, P., Unutzer, J., Hough, R., & Jeste, D. V. (2005). Prevalence and risk factors for homelessness and utilization of mental health services among 10,340 patients with

serious mental illness in a large public mental health system. *American Journal of Psychiatry*, 162(2), 370-376.

Frankl, V. E. (1985). *Man's search for meaning*. Simon and Schuster.

Fransham, M., & Dorling, D. (2018). Homelessness and public health. *BMJ*, 360.

Freedman, J. (2012). Explorations of the absent but implicit. *International Journal of Narrative Therapy & Community Work*, (4), 1-10

Frith, H., & Harcourt, D. (2007). Using photographs to capture women's experiences of chemotherapy: Reflecting on the method. *Qualitative health research*, 17(10), 1340-1350.

Fry, C. E., Langley, K., & Shelton, K. H. (2017). A systematic review of cognitive functioning among young people who have experienced homelessness, foster care, or poverty. *Child Neuropsychology*, 23(8), 907-934.

Fryer, T. (2022) A short guide to ontology and epistemology: Why everyone should be a critical realist.

Gelinas, L., Largent, E. A., Cohen, I. G., Kornetsky, S., Bierer, B. E., & Fernandez Lynch, H. (2018). A framework for ethical payment to research participants. *New England Journal of Medicine*, 378(8), 766-771.

Giano, Z., Williams, A., Hankey, C., Merrill, R., Lisnic, R., & Herring, A. (2020). Forty years of research on predictors of homelessness. *Community Mental Health Journal*, 56, 692-709.

Goldblatt, H., Karnieli-Miller, O., & Neumann, M. (2011). Sharing qualitative research findings with participants: Study experiences of methodological and ethical dilemmas. *Patient Education and Counseling*, 82, 389–395

- Goodman, L. A., Dutton, M. A., & Harris, M. (1995). Episodically homeless women with serious mental illness: Prevalence of physical and sexual assault. *American Journal of Orthopsychiatry*, 65(4), 468-478.
- Gray, A. M., & Bell, J. (2020). *'Hidden' Homelessness in Northern Ireland*. Simon Community Northern Ireland.
- Grover, S., Mehra, A., Chakrabarti, S., & Avasthi, A. (2018). Dropout rates and reasons for dropout from treatment among elderly patients with depression. *Journal of Geriatric Mental Health*, 5(2), 121.
- Gulcur, L., Stefancic, A., Shinn, M., Tsemberis, S., & Fischer, S. N. (2003). Housing, hospitalization, and cost outcomes for homeless individuals with psychiatric disabilities participating in continuum of care and housing first programmes. *Journal of Community & Applied Social Psychology*, 13(2), 171-186.
- Hamilton, A. B., Poza, I., & Washington, D. L. (2011). "Homelessness and trauma go hand-in-hand": Pathways to homelessness among women veterans. *Women's Health Issues*, 21(4), S203-S209.
- Hamilton, P. (2007). Manual and resource kit. *Hamilton, Ontario: Hamilton Community Foundation*.
- Hampson, K., & Hazel, N. (2015). *Youth resettlement in North Wales, and the Resettlement Broker Project*. Llamau.
- Hanley, B., Bradburn, J., Barnes, M., Evans, C., Goodare, H., Kelson, M., Kent, A., Oliver, S., Thomas, S. and Wallcraft, J. (2004) *Involving the Public in NHS, Public Health and Social Care: Briefing Notes for Researchers*. Involve.

- Harper, D. (2002). Talking about pictures: A case for photo elicitation. *Visual studies*, 17(1), 13-26.
- Harper, D. (2011). Choosing a qualitative research method. *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners*, 83-97.
- Harper, M., & Cole, P. (2012). Member checking: Can benefits be gained similar to group therapy. *The qualitative report*, 17(2), 510-517.
- Heerde, J. A., & Pallotta-Chiarolli, M. (2020). "I'd rather injure somebody else than get injured": An introduction to the study of exposure to physical violence among young people experiencing homelessness. *Journal of Youth Studies*, 23(4), 406-429.
- Heerde, J. A., & Patton, G. C. (2020). The vulnerability of young homeless people. *The Lancet Public Health*, 5(6), e302-e303.
- Heidegger, M. (1962). *Being and time*. Blackwell Publishers
- Henson, C., Truchot, D., & Canevello, A. (2021). What promotes post traumatic growth? A systematic review. *European Journal of Trauma & Dissociation*, 5(4), 100195.
- Herman, J. L. (2015). *Trauma and recovery: The aftermath of violence--from domestic abuse to political terror*. Hachette UK.
- Herth, K. (1998). Hope as seen through the eyes of homeless children. *Journal of advanced nursing*, 28(5), 1053-1062.
- Heuchemer, B., & Josephsson, S. (2006). Leaving homelessness and addiction: Narratives of an occupational transition. *Scandinavian Journal of Occupational Therapy*, 13(3), 160-169.

- Hodgetts, D., Hodgetts, A., & Radley, A. (2006). Life in the shadow of the media: Imaging street homelessness in London. *European Journal of Cultural Studies*, 9(4), 497-516.
- Hodgson, K. (2014). *The mental health of young people with experiences of homelessness* (Doctoral dissertation, Cardiff University).
- Hodgson, K. J., Shelton, K. H., & van den Bree, M. B. (2015). Psychopathology among young homeless people: Longitudinal mental health outcomes for different subgroups. *British journal of clinical psychology*, 54(3), 307-325.
- Holloway, I., & Galvin, K. (2016). *Qualitative research in nursing and healthcare*. John Wiley & Sons.
- Holmes, A. G. D. (2020). Researcher Positionality--A Consideration of Its Influence and Place in Qualitative Research--A New Researcher Guide. *Shanlax International Journal of Education*, 8(4), 1-10.
- Hood, R. (2016). Combining phenomenological and critical methodologies in qualitative research. *Qualitative Social Work*, 15(2), 160-174.
- Hopper, E. K., Bassuk, L. E., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The open health services and policy journal*, 3(1).
- Housing (Wales) Act 2014. <https://www.legislation.gov.uk/anaw/2014/7/contents>
- Hudson, A. L., Nyamathi, A., Greengold, B., Slagle, A., Koniak-Griffin, D., Khalilifard, F., & Getzoff, D. (2010). Health-seeking challenges among homeless youth. *Nursing research*, 59(3), 212.

- Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet Public Health*, 2(8), e356-e366.
- Husserl, E. (1983). *Ideas pertaining to a pure phenomenology and to a phenomenological philosophy: First book: General introduction to a pure phenomenology* (Vol. 2). Springer Science & Business Media.
- Hutchinson, S. A., Wilson, M. E., & Wilson, H. S. (1994). Benefits of participating in research interviews. *Image: The Journal of Nursing Scholarship*, 26(2), 161-166.
- Hyndman, L. (2018). Resilience and Trauma: Between two discourses. *International Journal of Narrative Therapy & Community Work*, (4), 36-39.
- Irving, A., & Harding, J. (2022). *The Prevalence of Trauma among People who have Experienced Homelessness in England*. Oasis Community Housing. <https://www.oasiscommunityhousing.org/wp-content/uploads/2022/10/The-prevalence-of-trauma-among-people-who-have-experienced-homelessness.pdf>
- Isobel, S., Goodyear, M., & Foster, K. (2019). Psychological trauma in the context of familial relationships: A concept analysis. *Trauma, Violence, & Abuse*, 20(4), 549-559.
- Jefferies, M., Harries, R., & Winn, V. (2019). *The Wellbeing of Young People: Youth Homelessness*. Wales Audit Office. https://www.audit.wales/sites/default/files-old/download_documents/youth-homelessness-english.pdf
- Jeong, H., & Othman, J. (2016). Using Interpretative Phenomenological Analysis from a Realist Perspective. *Qualitative Report*, 21(3).

- Jirek, S. L. (2017). Narrative reconstruction and post-traumatic growth among trauma survivors: The importance of narrative in social work research and practice. *Qualitative Social Work, 16*(2), 166-188.
- Johnson, R., & Haigh, R. (2010). Social psychiatry and social policy for the 21st century-new concepts for new needs: the 'psychologically-informed environment'. *Mental Health and Social Inclusion, 14*(4), 30-35.
- Johnstone, L., & Boyle, M. (2018). The power threat meaning framework: An alternative nondiagnostic conceptual system. *Journal of Humanistic Psychology, 0022167818793289*.
- Hopper, K. E., L Bassuk, E., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The open health services and policy journal, 3*(1).
- Kallio, H., Pietilä, A. M., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: developing a framework for a qualitative semi-structured interview guide. *Journal of advanced nursing, 72*(12), 2954-2965.
- Karabanow, J. (2008). Getting off the street: Exploring the processes of young people's street exits. *American Behavioral Scientist, 51*(6), 772-788.
- Karabanow, J., Kidd, S., Frederick, T., & Hughes, J. (2016). Toward housing stability: Exiting homelessness as an emerging adult. *J. Soc. & Soc. Welfare, 43*, 121.
- Keats, H., Maguire, N., Johnson, R., & Cockersall, P. (2012). Psychologically informed services for homeless people.

- Kertesz, S. G., Crouch, K., Milby, J. B., Cusimano, R. E., & Schumacher, J. E. (2009). Housing First for homeless persons with active addiction: Are we overreaching? *Milbank Quarterly*, 87(2), pp. 495–534.
- Kidd, S. A., Frederick, T., Karabanow, J., Hughes, J., Naylor, T., & Barbic, S. (2016). A mixed methods study of recently homeless youth efforts to sustain housing and stability. *Child and Adolescent Social Work Journal*, 33, 207-218.
- Kirst, M., Zerger, S., Misir, V., Hwang, S., & Stergiopoulos, V. (2015). The impact of a Housing First randomized controlled trial on substance use problems among homeless individuals with mental illness. *Drug and alcohol dependence*, 146, 24-29.
- Kitto, S. C., Chesters, J., & Grbich, C. (2008). Quality in qualitative research. *Medical journal of Australia*, 188(4), 243-246.
- Koelsch, L. E. (2013). Reconceptualizing the member check interview. *International journal of qualitative methods*, 12(1), 168-179.
- Koopman, W. J., Watling, C. J., & LaDonna, K. A. (2020). Autoethnography as a Strategy for Engaging in Reflexivity. *Global Qualitative Nursing Research*, 7, 2333393620970508.
- Kreyenbuhl, J., Nossel, I. R., & Dixon, L. B. (2009). Disengagement from mental health treatment among individuals with schizophrenia and strategies for facilitating connections to care: a review of the literature. *Schizophrenia bulletin*, 35(4), 696-703.
- Krupnik, V. (2019). Trauma or adversity?. *Traumatology*, 25(4), 256.
- Kunimoto, N. (2004). Intimate Archives: Japanese-Canadian family photography, 1939–1949. *Art History*, 27(1), 129-155.

Lambert, M. J., & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, research, practice, training*, 38(4), 357.

Leff, H. S., Chow, C. M., Pepin, R., Conley, J., Allen, I. E., & Seaman, C. A. (2009). Does one size fit all? What we can and can't learn from a meta-analysis of housing models for persons with mental illness. *Psychiatric services*, 60(4), 473-482.

Lincoln Y.S. & Guba E.G. (1985) *Naturalistic Inquiry*. SAGE.

Liu, M., Luong, L., Lachaud, J., Edalati, H., Reeves, A., & Hwang, S. W. (2021). Adverse childhood experiences and related outcomes among adults experiencing homelessness: a systematic review and meta-analysis. *The Lancet Public Health*, 6(11), e836-e847.

Long, H. A., French, D. P., & Brooks, J. M. (2020). Optimising the value of the critical appraisal skills programme (CASP) tool for quality appraisal in qualitative evidence synthesis. *Research Methods in Medicine & Health Sciences*, 1(1), 31-42.

Magaldi, D., & Berler, M. (2020). Semi-structured interviews. *Encyclopedia of personality and individual differences*, 4825-4830.

Malindi, M. J., & Theron, L. C. (2010). The hidden resilience of street children. *South African Journal of Psychology*, 40(3), 318-326.

Marshall, C. A., Lysaght, R., & Krupa, T. (2018). Occupational transition in the process of becoming housed following chronic homelessness: La transition occupationnelle liee au processus d'obtention d'un logement a la suite d'une itinerance chronique. *Canadian Journal of Occupational Therapy*, 85(1), 33-45.

- Martijn, C., & Sharpe, L. (2006). Pathways to youth homelessness. *Social science & medicine*, 62(1), 1-12.
- Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: a meta-analytic review. *Journal of consulting and clinical psychology*, 68(3), 438.
- Mattson, E., James, L., & Engdahl, B. (2018). Personality factors and their impact on PTSD and post-traumatic growth is mediated by coping style among OIF/OEF veterans. *Military medicine*, 183(9-10), e475-e480.
- Mayock, P., Corr, M. L., & O'Sullivan, E. (2011a). Homeless young people, families and change: Family support as a facilitator to exiting homelessness. *Child & Family Social Work*, 16(4), 391-401.
- Mayock, P., O'Sullivan, E., & Corr, M. L. (2011b). Young people exiting homelessness: An exploration of process, meaning and definition. *Housing studies*, 26(6), 803-826.
- McLaughlin, H. (2009). What's in a name: 'client', 'patient', 'customer', 'consumer', 'expert by experience', 'service user'—what's next?. *The British Journal of Social Work*, 39(6), 1101-1117.
- Merleau-Ponty, M. (1962). *Phenomenology of perception*. Routledge.
- Miller, B., & Bowen, E. (2020). "I know where the rest of my life is going": Attitudinal and behavioral dimensions of resilience for homeless emerging adults. *Journal of Social Service Research*, 46(4), 553-570.
- Miller, W. R., & Rollnick, S. (2012). *Motivational interviewing: Helping people change*. Guilford press.

- Miller-Graff, L., & Howell, K. (2015). Posttraumatic stress symptom trajectories among children exposed to violence. *Journal of Traumatic Stress, 28*, 17–24.
- Millum, J., & Garnett, M. (2019). How payment for research participation can be coercive. *The American Journal of Bioethics, 19*(9), 21-31.
- Mind (2017). *Housing and Mental Health*. <https://www.mind.org.uk/media-a/2898/housing-and-mental-health-2017.pdf>
- Mind Cymru (2021). *Too long to wait: specialist psychological therapies in Wales*. https://www.mind.org.uk/media/7181/too_long_to_wait.pdf
- Ministry of Housing Communities and Local Government. (2019). *Statutory Homelessness, October to December (Q4) 2018: England*.
- Minogue, V., Boness, J., Brown, A., & Girdlestone, J. (2005). The impact of service user involvement in research. *International Journal of Health Care Quality Assurance, 18*(2), 103-112.
- Morrissey, J. P., Ellis, A. R., Gatz, M., Amaro, H., Reed, B. G., Savage, A., Finkelstein, N., Mazelis, R., Brown, V., Jackson, E. W., & Banks, S. (2005). Outcomes for women with co-occurring disorders and trauma: Program and person-level effects. *Journal of substance abuse treatment, 28*(2), 121-133.
- National Housing Federation (n.d.). *Housing First*. <https://www.housing.org.uk/our-work/homelessness/housing-first/>
- National Institute for Health and Care Research (2021, April 5). *Briefing notes for researchers – public involvement in NHS, health and social care research*. <https://www.nihr.ac.uk/documents/briefing-notes-for-researchers-public-involvement-in-nhs-health-and-social-care-research/27371>

- National Institute for Health and Care Research (2022, August 31). *Payment Guidance for Researchers and Professionals*. <https://www.nihr.ac.uk/documents/payment-guidance-for-researchers-and-professionals/27392#good-practice-for-payment-and-recognition--things-to-consider>
- Nietzsche, F. (2008). *Twilight of the idols* (D. Large, Ed.). Oxford University Press.
- Nilsson, S. F., Nordentoft, M., & Hjorthøj, C. (2019). Individual-level predictors for becoming homeless and exiting homelessness: a systematic review and meta-analysis. *Journal of urban health, 96*, 741-750.
- Noon, E. J. (2018). Interpretive phenomenological analysis: An appropriate methodology for educational research. *Journal of Perspectives in Applied Academic Practice, 6*(1).
- Office for Health Improvement and Disparities (2022). *Working definition of trauma-informed practice*. <https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice>
- Office for National Statistics (2023, March 29). *"Hidden" homelessness in the UK: evidence review*. <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/articles/hiddenhomelessnessintheukevidencereview/2023-03-29>
- Olmos-Vega, F. M., Stalmeijer, R. E., Varpio, L., & Kahlke, R. (2023). A practical guide to reflexivity in qualitative research: AMEE Guide No. 149. *Medical teacher, 45*(3), 241-251.
- Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hrobjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S.,... & Moher, D. (2021). The PRISMA 2020 statement: an updated

guideline for reporting systematic reviews. *International journal of surgery*, 88, 105906.

- Papadopoulos, R. K. (2007). Refugees, trauma and adversity-activated development. *European Journal of Psychotherapy and Counselling*, 9(3), 301-312.
- Parsell, C., Tomaszewski, W., & Phillips, R. (2014). Exiting unsheltered homelessness and sustaining housing: A human agency perspective. *Social Service Review*, 88(2), 295-321.
- Patterson, M., Moniruzzaman, A., Palepu, A., Zabkiewicz, D., Frankish, C. J., Krausz, M., & Somers, J. M. (2013). Housing First improves subjective quality of life among homeless adults with mental illness: 12-month findings from a randomized controlled trial in Vancouver, British Columbia. *Social psychiatry and psychiatric epidemiology*, 48, 1245-1259.
- Peressini, T. (2007). Perceived reasons for homelessness in Canada: Testing the heterogeneity hypothesis. *Canadian Journal of Urban Research*, 16(1), 112-126.
- Peressini, T. (2009). Pathways into homelessness: Testing the heterogeneity hypothesis. *Finding Home Policy Options for Addressing Homelessness in Canada*. Toronto, ON, 1-17.
- Permeth-Wey, J., & Borenstein, A. R. (2009). Financial remuneration for clinical and behavioral research participation: ethical and practical considerations. *Annals of epidemiology*, 19(4), 280-285.
- Phelan, J., Link, B. G., Moore, R. E., & Stueve, A. (1997). The stigma of homelessness: The impact of the label "homeless" on attitudes toward poor persons. *Social psychology quarterly*, 323-337.

- Phinney, R., Danziger, S., Pollack, H. A., & Seefeldt, K. (2007). Housing instability among current and former welfare recipients. *American Journal of Public Health, 97*(5), 832-837.
- Phipps, M., Dalton, L., Maxwell, H., & Cleary, M. (2022). More than a house: Women's recovery from homelessness in Australia. *Health & Social Care in the Community, 30*(4), e1427-e1437.
- Pleace, N. (2016). Housing first guide Europe.
https://eprints.whiterose.ac.uk/100794/1/HFG_full_Digital.pdf
- Pope, N. D., Buchino, S., & Ascienzo, S. (2020). "Just like jail": Trauma experiences of older homeless men. *Journal of gerontological social work, 63*(3), 143-161.
- Price, B. (2023, March 10). *Homelessness charities warn of funding and job cuts crisis*. BBC.
<https://www.bbc.co.uk/news/uk-wales-64902735>
- Public Health England (2020, February 11). *Health matters: Rough sleeping*. GOV.UK.
<https://www.gov.uk/government/publications/health-matters-rough-sleeping/health-matters-rough-sleeping>
- Public Health Wales NHS Trust (2022). *Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity*.
<https://traumaframeworkcymru.com/wp-content/uploads/2022/07/Trauma-Informed-Wales-Framework.pdf>
- Punton, G., Dodd, A. L., & McNeill, A. (2022). 'You're on the waiting list': An interpretive phenomenological analysis of young adults' experiences of waiting lists within mental health services in the UK. *Plos one, 17*(3), e0265542.

Pupavac, V. (2001). Therapeutic governance: Psycho-social intervention and trauma risk management. *Disasters*, 25(4), 358-372.

Purtle, J. (2020). Systematic review of evaluations of trauma-informed organizational interventions that include staff trainings. *Trauma, Violence, & Abuse*, 21(4), 725-740.

Quilgars, D., Johnsen, S., & Pleace, N. (2008). Youth homelessness in the UK: A Decade of Progress? Joseph Rowntree Foundation.

<https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/2220-homelessness-young-people.pdf>

Raleigh-DuRoff, C. (2004). Factors that Influence Homeless Adolescents to Leave or Stay Living on the Street. *Child & Adolescent Social Work Journal*.

Reeve, K., & Batty, E. (2011). *The hidden truth about homelessness: Experiences of single homelessness in England*. Crisis.

Reid, K., Elliot, D., Witayarat, N., & Wilson-Smith, K. (2018). Reflecting on the use of photo-elicitation methods in IPA research. Enhancing the interpretative lens and re-balancing power back to the participant. A review of published studies.

Rice, R. H. (2015). Narrative therapy. *The SAGE encyclopedia of theory in counseling and psychology*, 2, 695.

Rogers, M., Ahmed, A., Madoc-Jones, I., Gibbons, A., Jones, K., & Wilding, M. (2020). Interrogating the prevention approach of the Housing (Wales) Act 2014 for people with mental health needs who are homeless. *Social Policy and Society*, 19(1), 109-120.

Rolls, L., & Relf, M. (2006). Bracketing interviews: Addressing methodological challenges in qualitative interviewing in bereavement and palliative care. *Mortality*, 11(3), 286-305.

- Rosenwald, G. C., & Ochberg, R. L. (1992). *Storied lives: The cultural politics of self-understanding*. Yale University Press.
- Rubak, S., Sandbæk, A., Lauritzen, T., & Christensen, B. (2005). Motivational interviewing: a systematic review and meta-analysis. *British journal of general practice*, *55*(513), 305-312.
- Sartre, J. P. (1956). *Being and Nothingness: A Phenomenological Essay on Ontology*. Translated by Hazel E. Barnes.
- Sayer, A. (1999). Realism and social science. *Realism and Social Science*, 1-224.
- Schauer, M., Neuner, F., & Elbert, T. (2011). *Narrative exposure therapy: A short-term treatment for traumatic stress disorders* (2nd rev. and expanded ed.). Hogrefe Publishing.
- Schleiermacher, F. (1998). *Hermeneutics and criticism and other writings*.
- Shalaby, R. A. H., & Agyapong, V. I. (2020). Peer support in mental health: literature review. *JMIR mental health*, *7*(6), e15572.
- Shapiro, F. (2017). *Eye movement desensitization and reprocessing (EMDR) therapy: Basic principles, protocols, and procedures*. Guilford Publications.
- Shelton, J., DeChants, J., Bender, K., Hsu, H. T., Maria, D. S., Petering, R., Ferguson, K., Narendorf, S., & Barman-Adhikari, A. (2018). Homelessness and housing experiences among LGBTQ young adults in seven US cities. *Cityscape*, *20*(3), 9-34.
- Shelton, K. H., Taylor, P. J., Bonner, A., & Van Den Bree, M. (2009). Risk factors for homelessness: Evidence from a population-based study. *Psychiatric services*, *60*(4), 465-472.

- Slesnick, N., Zhang, J., & Brakenhoff, B. (2017). Personal control and service connection as paths to improved mental health and exiting homelessness among severely marginalized homeless youth. *Children and Youth Services Review, 73*, 121–127.
<https://doi.org/10.1016/j.childyouth.2016.11.033>
- Slomka, J., McCurdy, S., Ratliff, E. A., Timpson, S., & Williams, M. L. (2007). Perceptions of financial payment for research participation among African-American drug users in HIV studies. *Journal of general internal medicine, 22*, 1403-1409.
- Smith, A., Phillips, B., Hodgson, K. (2015). *Study of the Experiences of Young Homeless People (SEYHoPe): Key Findings and Implications*. Llamau.
<https://www.llamau.org.uk/Handlers/Download.ashx?IDMF=3a84ee00-b19e-4007-b0a4-a2629ea344de>
- Smith, J. A., & Osborn, M. (2003). Interpretative Phenomenological analysis. *Qualitative Psychology*.
- Smith, J. A., & Osborn, M. (2008) Interpretative Phenomenological Analysis. In Smith, J. A. (Eds.), *Qualitative Psychology: A Practical Guide to Research Methods*, 53-80. Sage, London.
- Smith, J. A., Flowers, P., & Larkin, M. (2022). *Interpretative Phenomenological Analysis: Theory, Method and Research* (2nd ed.) Sage, London.
- Smith, J., Kyle, R. G., Daniel, B., & Hubbard, G. (2018). Patterns of referral and waiting times for specialist Child and Adolescent Mental Health Services. *Child and Adolescent Mental Health, 23*(1), 41-49.
- Solorzano, S. (2014). *Post-traumatic growth within the homeless population*. [Unpublished doctoral dissertation]. California State University.

- Sprang, G., Clark, J. J., & Whitt-Woosley, A. (2007). Compassion fatigue, compassion satisfaction, and burnout: Factors impacting a professional's quality of life. *Journal of loss and trauma, 12*(3), 259-280.
- St. Arnault, D., & Merali, N. (2019). Refugee pathways out of homelessness in urban Alberta, Canada: Implications for social justice-oriented counselling. *Counselling Psychology Quarterly, 32*(2), 227-245.
- Stenfors, T., Kajamaa, A., & Bennett, D. (2020). How to... assess the quality of qualitative research. *The clinical teacher, 17*(6), 596-599.
- Stergiopoulos, V., Gozdzik, A., Misir, V., Skosireva, A., Connelly, J., Sarang, A., Whisler, A., Hwang, S, W., O'Campo, P., & McKenzie, K. (2015). Effectiveness of housing first with intensive case management in an ethnically diverse sample of homeless adults with mental illness: A randomized controlled trial. *PLoS One, 10*(7), e0130281.
- Stergiopoulos, V., Gozdzik, A., Misir, V., Skosireva, A., Sarang, A., Connelly, J., Whisler, A., & McKenzie, K. (2016). The effectiveness of a Housing First adaptation for ethnic minority groups: findings of a pragmatic randomized controlled trial. *BMC Public Health, 16*, 1-11.
- Stokes, T. (2017) *An Exploration into the Lives of Previously Homeless Young People who have Lived in Temporary Supported Housing as Adolescents: An Interpretative Phenomenological Analysis*. [Unpublished doctoral thesis] Manchester Metropolitan University.
- Sugarman, J. (2015). Neoliberalism and psychological ethics. *Journal of Theoretical and Philosophical Psychology, 35*(2), 103–116. <https://doi.org/10.1037/a0038960>
- Szmukler, G., Staley, K., & Kabir, T. (2011). Service user involvement in research. *Asia-Pacific Psychiatry, 3*(4), 180-186.

- Tainio, H., & Fredriksson, P. (2009). The Finnish homelessness strategy: from a 'staircase' model to a 'housing first' approach to tackling long-term homelessness. *European Journal of Homelessness*, 3, 181-199.
- Taku, K., Cann, A., Tedeschi, R. G., & Calhoun, L. G. (2009). Intrusive versus deliberate rumination in posttraumatic growth across US and Japanese samples. *Anxiety, Stress, & Coping*, 22(2), 129-136.
- Tedeschi, R. G., & Calhoun, L. G. (2004). " Posttraumatic growth: conceptual foundations and empirical evidence". *Psychological inquiry*, 15(1), 1-18.
- Tedeschi, R. G., & Moore, B. A. (2021). Posttraumatic growth as an integrative therapeutic philosophy. *Journal of Psychotherapy Integration*, 31(2), 180–194.
- Tedeschi, R. G., Cann, A., Taku, K., Senol-Durak, E., & Calhoun, L. G. (2017). The posttraumatic growth inventory: A revision integrating existential and spiritual change. *Journal of Traumatic Stress*, 30(1), 11-18.
- Tedeschi, R. G., Shakespeare-Finch, J., Taku, K., & Calhoun, L. G. (2018). *Posttraumatic growth: Theory, research, and applications*. Routledge.
- Tessler, R., Rosenheck, R., & Gamache, G. (2001). Gender differences in self-reported reasons for homelessness. *Journal of social distress and the homeless*, 10, 243-254.
- The British Psychological Society. (2021). *BPS Code of Human Research Ethics*.
- The British Psychological Society. (2021). *Code of Ethics and Conduct*.
- The Data Protection Act (2018). <https://www.legislation.gov.uk/ukpga/2018/12/contents>
- Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*, 8, 45.

- Thomas, J., Bowes, N., Meyers, R., & Thirlaway, K. (2021). Mental well-being and physical activity of young people experiencing homelessness before and during COVID-19 lockdown: A longitudinal study. *Mental Health and Physical Activity, 21*, 100407.
- Thompson, S. J., Pollio, D. E., Eyrich, K., Bradbury, E., & North, C. S. (2004). Successfully exiting homelessness: Experiences of formerly homeless mentally ill individuals. *Evaluation and Program Planning, 27*(4), 423-431.
- Thulien, N. S., Gastaldo, D., Hwang, S. W., & McCay, E. (2018). The elusive goal of social integration: A critical examination of the socio-economic and psychosocial consequences experienced by homeless young people who obtain housing. *Canadian Journal of Public Health, 109*, 89-98.
- Tsai, J. (2020). Is the housing first model effective? Different evidence for different outcomes. *American Journal of Public Health, 110*(9), 1376.
- Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American journal of public health, 94*(4), 651-656.
- Tucker, J. S., D'Amico, E. J., Ewing, B. A., Miles, J. N., & Pedersen, E. R. (2017). A group-based motivational interviewing brief intervention to reduce substance use and sexual risk behavior among homeless young adults. *Journal of substance abuse treatment, 76*, 20-27.
- Tunaker, C., Carr, H., Burke, L., Reyes-Pascal, G. (2023). *Homelessness in the countryside: A hidden crisis*. University of Kent & University of Southampton.
- US Department of Health and Human Services. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach.

- Van der Kolk, B. (2014). *The body keeps the score: Mind, brain and body in the transformation of trauma*. penguin UK.
- Waitzman, E. (2022). *Staff shortages in the NHS and social care sectors*. UK Parliament.
<https://lordslibrary.parliament.uk/staff-shortages-in-the-nhs-and-social-care-sectors/>
- Ward (2014). *Evaluation of Focus Ireland's Therapeutic Service*. Focus Ireland.
<https://www.focusireland.ie/wp-content/uploads/2021/09/Ward-M.-2014-Evaluation-of-Focus-Irelands-Therapeutic-Service..pdf>
- Washington, D. L., Yano, E. M., McGuire, J., Hines, V., Lee, M., & Gelberg, L. (2010). Risk factors for homelessness among women veterans. *Journal of health care for the poor and underserved*, 21(1), 82-91.
- Watson, J. (2011). Understanding survival sex: Young women, homelessness and intimate relationships. *Journal of youth studies*, 14(6), 639-655.
- Watson, J., & Cuervo, H. (2017). Youth homelessness: A social justice approach. *Journal of Sociology*, 53(2), 461–475. <https://doi.org/10.1177/1440783317705204>
- Watts, B., Bramley, G., Pawson, H., Young, G., Fitzpatrick, S., & McMordie, L. (2022). The Homelessness Monitor: England 2022.
- Weathers, F. W., & Keane, T. M. (2007). The Criterion A problem revisited: Controversies and challenges in defining and measuring psychological trauma. *Journal of traumatic stress*, 20(2), 107-121.
- Webb, J., & Gazso, A. (2017). Being homeless and becoming housed: The interplay of fateful moments and social support in neo-liberal context. *Studies in Social Justice*, 11(1), 65-85.

Weingarten, K. (2010). Reasonable hope: Construct, clinical applications, and supports. *Family process*, 49(1), 5-25.

Welsh Government (2019). *Strategy for Preventing and Ending Homelessness*.

<https://www.gov.wales/sites/default/files/publications/2019-10/homelessness-strategy.pdf>

Welsh Government (2020). "Homelessness doesn't always live on the streets" – major new campaign launched to tackle hidden homelessness.

<https://www.gov.wales/homelessness-doesnt-always-live-streets-major-new-campaign-launched-tackle-hidden-homelessness>

Welsh Government (2021). *Ending homelessness in Wales: a high level action plan 2021 to*

2026. <https://www.gov.wales/ending-homelessness-wales-high-level-action-plan-2021-2026>

Welsh Government (2022). *Homelessness in Wales, 2021-22*.

<https://www.gov.wales/sites/default/files/statistics-and-research/2022-07/homelessness-in-wales-2021-22-002.pdf>

White, M. (2003). Narrative practice and community assignments. *International Journal of Narrative Therapy & Community Work*, 2003(2), 17-55.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. WW Norton & Company.

Williams, A., & Sheehan, R. A. (2015). Emerging adulthood in time and space: The geographic context of homelessness. *Journal of Family Theory & Review*, 7(2), 126-143.

- Williamson, E. and Taylor, K. (2014), "Psychology in hostels project (Lambeth) South London and Maudsley NHS Foundation Trust, Thames reach and London borough of Lambeth pilot", Two Year Service Review 2012-2013.
- Willig, C. (2013). *EBOOK: introducing qualitative research in psychology*. McGraw-hill education (UK).
- Wilson, C., Janes, G., & Williams, J. (2022). Identity, positionality and reflexivity: relevance and application to research paramedics. *British Paramedic Journal*, 7(2), 43–49.
<https://doi.org/10.29045/14784726.2022.09.7.2.43>
- Woodhall-Melnik, J. R., & Dunn, J. R. (2016). A systematic review of outcomes associated with participation in Housing First programs. *Housing Studies*, 31(3), 287-304.
- Woodhall-Melnik, J., Dunn, J. R., Svenson, S., Patterson, C., & Matheson, F. I. (2018). Men's experiences of early life trauma and pathways into long-term homelessness. *Child abuse & neglect*, 80, 216-225.
- Zlotnick, C., Robertson, M. J., & Lahiff, M. (1999). Getting off the streets: Economic resources and residential exits from homelessness. *Journal of Community Psychology*, 27(2), 209-224.

Appendices

Appendix A

Modified CASP Qualitative Checklist Tool (Long et al., 2020, p. 35)

Box 2. The questions in our modified CASP qualitative checklist tool

1. Was there a clear statement of the aims of the research?
 - What was the goal of the research
 - Why it was thought important
 - Its relevance
2. Is a qualitative methodology appropriate?
 - If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
 - Is qualitative research the right methodology for addressing the research goal
3. Was the research design appropriate to address the aims of the research?
 - If the researcher has justified the research design (e.g. have they discussed how they decided which method to use)
4. Are the study's theoretical underpinnings (e.g. ontological and epistemological assumptions; guiding theoretical framework(s)) clear, consistent and conceptually coherent?
 - To what extent is the paradigm that guides the research project congruent with the methods and methodology, and the way these have been described?
 - To what extent is there evidence of problematic assumptions about the chosen method of data analysis? e.g. assuming techniques or concepts from other method (e.g. use of data saturation, originating in grounded theory) apply to chosen method (e.g. Braun and Clarke's reflexive thematic analysis^{39,40}) without discussion or justification.
 - To what extent is there evidence of conceptual clashes or confusion in the paper? e.g. claiming a constructionist approach but then treating participants' accounts as a transparent reporting of their experience and behaviour.
5. Was the recruitment strategy appropriate to the aims of the research?
 - If the researcher has explained how the participants were selected
 - If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
 - If there are any discussions around recruitment (e.g. why some people chose not to take part)
6. Was the data collected in a way that addressed the research issue?
 - If the setting for the data collection was justified
 - If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
 - If the researcher has justified the methods chosen
 - If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
 - If methods were modified during the study. If so, has the researcher explained how and why
 - If the form of data is clear (e.g. tape recordings, video material, notes etc.)
 - If the researcher has discussed saturation of data
7. Has the relationship between researcher and participants been adequately considered?
 - If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
 - How the researcher responded to events during the study and whether they considered the implications of any changes in the research design
8. Have ethical issues been taken into consideration?
 - If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
 - If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
 - If approval has been sought from the ethics committee
9. Was the data analysis sufficiently rigorous?
 - If there is an in-depth description of the analysis process
 - If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
 - Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
 - If sufficient data are presented to support the findings
 - To what extent contradictory data are taken into account
 - Whether the researcher critically examined their own role, potential bias and influence during data analysis and selection of data for presentation
10. Is there a clear statement of findings?
 - If the findings are explicit
 - If there is adequate discussion of the evidence both for and against the researcher's arguments
 - If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
 - If the findings are discussed in relation to the original research question
11. How valuable is the research?
 - If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature)
 - If they identify new areas where research is necessary
 - If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Appendix B

List of Studies in Each Subtheme of Thematic Synthesis in Systematic Literature Review

Theme	Subtheme	Studies
Relationships	Cutting old ties	Karabanow et al., 2016; Karabanow, 2008; Kidd et al., 2016; Heuchemer & Josephsson, 2006; Mayock et al., 2011a; Mayock et al., 2011b
	Building and repairing	Karabanow et al., 2016; Karabanow, 2008; Parsell et al., 2014; Marshall et al., 2018; Phipps et al., 2022; Mayock et al., 2011a; Mayock et al., 2011b; Webb & Gaszo., 2017; Marshall et al., 2018
	Relationships that 'pull people out'	Karabanow et al., 2016; Karabanow, 2008; Heuchemer & Josephsson, 2006; Mayock et al., 2011a; Mayock et al., 2011b; Webb & Gaszo., 2017; Brueckner et al., 2011; Thompson et al., 2004; Raleigh-Duroff, 2004
	Loneliness	Karabanow et al., 2016; Karabanow, 2008; Heuchemer & Josephsson, 2006; Mayock et al., 2011a; Thompson et al., 2004; Phipps et al., 2022; Thompson et al., 2004; Kidd et al., 2016; Thulien et al., 2018
Recovery	Mental health	Webb & Gaszo., 2017; Marshall et al., 2018; Phipps et al., 2022; Karabanow et al., 2016; Kidd et al., 2016; St. Arnault & Merali, 2019; Mayock et al., 2011a

Theme	Subtheme	Studies
	Drugs and alcohol	Webb & Gaszo., 2017; Marshall et al., 2018; Phipps et al., 2022; Karabanow et al., 2016; Kidd et al., 2016; St. Arnault & Merali, 2019; Mayock et al., 2011a; Mayock et al., 2011b; Karabanow, 2008; Thompson et al., 2004; Raleigh-Duroff, 2004; Parsell et al., 2014
	Routine	Marshall et al., 2018; Karabanow et al., 2016; Kidd et al., 2016; Mayock et al., 2011a; Karabanow, 2008; Raleigh-Duroff, 2004
	Support of services	Mayock et al., 2011b; Webb & Gaszo, 2017; Karabanow, 2008; Thompson et al., 2004; Parsell et al., 2014; Raleigh-Duroff, 2004; St. Arnault & Merali, 2019; Kidd et al., 2016
Responsibility, agency, and change	Moments	Webb & Gaszo, 2017; Karabanow, 2008; Thompson et al., 2004; Heuchemer & Josephsson, 2006
	Wanting to change	Mayock et al., 2011a; Webb & Gaszo, 2017; Karabanow, 2008; Thompson et al., 2004; Parsell et al., 2014; St. Arnault & Merali, 2019; Kidd et al., 2016; Karabanow et al., 2016; Marshall et al., 2018
	Growing up too fast	Karabanow et al., 2006; Mayock et al., 2011a; Marshall et al., 2018; Heuchemer & Josephsson, 2006; Thulien et al., 2018
	Pride	Brueckner et al., 2011; Phipps et al., 2022; Marshall et al., 2018; Mayock et al., 2011b; Kidd et al., 2016; Karabanow, 2008

Theme	Subtheme	Studies
Finding time at the tail end	Boredom	Karabanow, 2008; Marshall et al., 2018; Thulien et al., 2018; Kidd et al., 2016
	Employment and education	Karabanow, 2008; Karabanow et al., 2016; Thompson et al., 2004; Marshall et al., 2018; Phipps et al., 2022; Mayock et al., 2011a; Mayock et al., 2011b; Kidd et al., 2016; Thulien et al., 2018
Hope	It's the steppingstone out	Karabanow, 2008; Karabanow et al., 2016; Raleigh-Duroff, 2004; Kidd et al., 2016; Phipps et al., 2022; Mayock et al, 2011a; Brueckner et al., 2011
	Future orientation	Marshall et al., 2018; Thulien et al., 2018; Heuchemer & Josephsson, 2006; Mayock et al., 2011a; Brueckner et al., 2011

Appendix C

Ethical Approval



HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO Kieran Day
CC Dr Lizette Nolte
FROM Dr Rebecca Knight, Health, Science, Engineering & Technology ECDA Vice Chair
DATE 26/07/2022

Protocol number: **LMS/PGT/UH/05048**

Title of study: Young people's experiences of leaving homelessness: A South Wales study

Your application for ethics approval has been accepted and approved with the following conditions by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

Dr Preeya Vara (second supervisor) from [REDACTED]

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

Permissions: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: 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.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

Validity:

This approval is valid:

From: 26/07/2022

To: 30/06/2023

Appendix D

Participant Information Sheet

1 **Title of study**

Young people's experiences of leaving homelessness: A South Wales study.

2 **Introduction**

You are being invited to take part in a study conducted by Kieran Day, a Trainee Clinical Psychologist at the University of Hertfordshire. The research, which is a part of my Doctorate in Clinical Psychology qualification, is supervised by Dr Lizette Nolte, who is Research Lead and Principal Lecturer at the University of Hertfordshire.

Before you decide whether to do so, it is important that you understand the study that is being undertaken and what your involvement will include. Please take the time to read the following information carefully and discuss it with others if you wish.

Please do not hesitate to ask us 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.

3 **What is the purpose of this study?**

The research aims are to find out how young people experience their journey out of homelessness.

4 **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 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 treatment/care that you may receive. Any data you provide will not be used in the results if you do withdraw before the analysis takes place.

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

To take part, you need to be aged between 16 and 25 and have experience of homelessness (e.g., rough sleeping, sofa surfing, sleeping in a car, staying in insecure housing). You must have moved into your own tenancy (whether that is shared or alone) within the last 36 months, and experienced homelessness within the last 36 months. If you are not sure if whether you meet these criteria then please do not hesitate to discuss this with me (Kieran) further.

6 **What does taking part involve?**

If you decide to take part in this study, you will be asked to give your consent to complete an interview as well as some information about yourself (e.g., age, current location).

You will also be given the option to take photographs to capture your experiences and/or choose photographs you have taken in the past. After this, you will be given the option to share your photographs with me during the interview. You will be provided with further guidance on taking and sharing photographs. We might choose to use these photographs as prompts during the interview. Photographs may also be shared in future publications and public displays, but this is entirely optional.

There will be a short 10–15-minute phone call or video call to discuss your eligibility for the research. If you are eligible, and you are still interested, we will agree to a time and place for

an interview. This interview will last no longer than 90 minutes. The interview may be in-person, or, remote using video software (e.g., Zoom or Microsoft Teams). There will be flexibility to support you to choose a preferred time and date for the interview.

To say thank you for your time and contribution and to compensate for any costs (e.g., for travel), you will be offered a £20 voucher on completion of the study.

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

The interview might include topics that are sensitive or distressing. You will be asked to talk about your experience of leaving homelessness which might result in difficult emotions arising. Please be assured that the interview can be stopped at any time, and we will discuss best next steps. You will be offered breaks during the interview, and if you have any concerns at any stage of your involvement, you will be offered the opportunity to discuss these further in a supportive way.

9 What are the possible benefits of taking part?

This is an opportunity for you to share your experiences and have your voice heard. You can discuss what is important to you. What you discuss has the chance to inform service delivery and policy, and to ensure that other young people who are homeless are being offered the best possible support.

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

All information you share for this study will be kept completely anonymous and confidential and will only be used for research purposes. The interview recording will be stored securely in accordance with the Data Protection Act 2018, and only the research team will have access to the data. The data will be stored on a password-protected OneDrive in a secure password protected file.

Due to the time constraints on this project a reputable transcription service (service that converts speech into a written or electronic text document) may be used to transcribe your interview. The service will sign a non-disclosure, confidentiality agreement, and recordings will be anonymously labelled. There may be some short, anonymised quotes used in publications and sharing of findings.

The only limit to confidentiality would be in the case of shared knowledge of yourself or someone else being at risk of safety, – in this case I would need to inform the appropriate agency to best support you, with communication of my reasons and intentions to do this. I will try my best to speak to you before I share any information with others to keep you and/or others safe.

12 What will happen to the data collected within this study?

- Your interview will be transcribed. As mentioned above, this transcription may be completed by a reputable transcription service, or the principal investigator.
- Interview recordings will be stored securely on a password-protected OneDrive and will be destroyed by December 2023.
- The data will be anonymised prior to storage.
- Some identifiable information will be stored securely on the university's OneDrive after data analysis, such as name, and telephone number. This will be required to contact participants during and/or after data analysis to invite them to read any anonymised quotes and extracts to be included in the write up, and to check

themes. This data will be destroyed by December 2023.

- Only the principal investigator (Kieran Day) will have access to any identifiable information, and only the research team will have access to anonymised data.

13 Will the data be required for use in further studies?

- The anonymised transcript of the interview may be re-used or subjected to further analysis as part of a future ethically approved study; the data to be re-used will be anonymised and securely stored by the University of Hertfordshire Doctorate in Clinical Psychology course.
- Transcripts will be destroyed after 10 years.

14 Who has reviewed this study?

This study has been reviewed by the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority. Ethical approval for this study has been obtained from the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority and the UH ethics protocol number is: LMS/PGT/UH/05048.

15 Factors that might put others at risk

Please note that if, during the study, any medical conditions or non-medical circumstances become apparent that might or had put others at risk, the University may refer the matter to the appropriate authorities and, under such circumstances, you will be withdrawn from the study.

16 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 by email: [REDACTED]

Although we 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 contact my supervisor (Dr Lizette Notle at [REDACTED]) and/or write to the University's Secretary Registrar at the following address:

Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Herts
AL10 9AB

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

Appendix E

Participant Consent Form

FORM EC3

CONSENT FORM FOR STUDIES INVOLVING HUMAN PARTICIPANTS

Title of study: *Young people's experiences of leaving homelessness: A South Wales study*

Overview

If you wish to take part in this research, please complete this consent form after you have carefully read the Participant Information Sheet. Please read each of the statements below and provide your signature at the bottom of the page.

Keeping your information private

All of the information that you give will be kept *confidential*, this means that no one else will know what you have said during the group meetings. The only time I would need to pass information about you to other people would be if you told me something that I thought was a risk to either yourself or someone else. If I needed to pass on information to other people, I would do my best to let you know before I do this.

1. I confirm that I have read and understood the participant information sheet and I understand what my participation in this study involves.

2. I understand that my participation is voluntary and that I can withdraw at any time, until the data has been analysed. I will not need to give a reason and I will not be penalised for this.

3. I have been given the opportunity to ask questions about the study and my participation. If I have asked questions, these have been answered satisfactorily.

4. I understand that the interview will be recorded audibly and/or visually, it will also be transcribed.

5. I understand that only the principal researcher in this study will have access to identifying data, I understand that the recordings of group discussions will be destroyed by the end of December 2023.

6. I understand that a fully anonymised transcript of my interview may be re-used or subjected to further analysis as part of a future ethically approved study. I understand that a transcription service might be used and that the transcriber will sign a confidentiality agreement.

7. I understand that a fully anonymised transcript of my interview will be securely stored for 10 years by the University of Hertfordshire Doctoral Programme in Clinical Psychology, after which point it will be destroyed.

8. Contact information has been provided should I wish to seek further information from the investigator at any time for purposes of clarification.

9. I understand that the information from this project will be written up into an anonymised paper and this will be published. I understand that no names will be used but this may include direct quotations. I am aware that I will be invited to read these direct quotations before publication

10. I understand that the anonymised data will be included as a thesis for the University of Hertfordshire Doctoral Programme in Clinical Psychology.

11. I understand that I may opt for a parent, guardian, or close other to be present for the interview if it will help me to feel more at ease. I confirm that I have been offered the opportunity to discuss this further with the principal investigator.

12. I agree to sign and date this informed consent form, before taking part in this study
13. I have been made aware that I will be invited to review and discuss anonymised themes identified from the findings.

14. I understand that the taking and sharing of photographs for the purposes of this study is optional and if I decide to not share photographs it will not impact my eligibility to take part in the research.

15. I understand that I will be given the option to share photographs that might be used in future publications, and/or put on public display. I understand that I will be able to discuss the details of the sharing of photographs and agreeing to them being shared is completely optional.

14. I agree to take part in the above study

I would like to know the outcome of the study and have the opportunity to access a summary of the project.

Yes No

Name of participant (please print).....

Signature.....

Date.....

Name of the researcher (please print).....

Signature.....

Date.....

Appendix F

Non-Disclosure Agreement with Transcription Service

Non-Disclosure Agreement with Transcription Company

This non-disclosure agreement is in reference to the following parties:

Kieran Day (discloser)
and
Kate MacFarlane (transcriber)

- The recipient agrees to not divulge any information to a third party with regards to the transcription of audio recordings, as recorded by the discloser. The information shared will therefore remain confidential.
- If the recipient is able to identify and knows the participant in the recording, the recipient agrees to cease transcription, inform the discloser and destroy any copies of the recording.
- The recipient also agrees to destroy the transcripts as soon as they have been provided to the discloser.
- The recipient agrees to return and/or destroy any copies of the recordings they were able to access provided by the discloser.

TRANSCRIBER TO COMPLETE:

SIGNED: *Kate MacFarlane*
NAME: KATE MACFARLANE
DATE: 5/6/2023

University of Hertfordshire UH Ethics Committee

This is an official notification by student of the University of Hertfordshire in respect of a study involving human participants.

Title of study: Young peoples experiences of leaving homelessness: A South Wales Study

Protocol Number: LMS/PGT/UH/05048

Approving Committee: Health, Science, Engineering & Technology ECDA

The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority

If you have any queries concerning this document, please contact me Kieran Day Trainee Clinical Psychologist [REDACTED] or my supervisor Dr Lizette Nolte, Academic Manager & Lead, [REDACTED]

Appendix G

Steps Taken Following Disclosure During Data Collection

During a data collection interview an historical disclosure was made by a young person. Information was shared with the researcher which suggested that other young people may be at risk of harm. Any information that would compromise anonymity or confidentiality have been removed. The steps taken to ensure the safeguarding of young people are outlined below.

1. The young person was reassured and thanked for sharing the information with the researcher and the distress protocol was used as a guide to provide support to the participant. As the participant shared information which suggested that other young people could be at risk of harm, they were informed that the researcher would speak with their external supervisor at HC in the first instance for further advice on next steps. The young person consented to all information being shared and they were reassured that they would be kept up to date on any progress in relation to the matter. The participant was signposted to the debrief information sheet, and time was taken at the end of the interview to ensure the participant was not unduly distressed. They were also given the opportunity to ask any questions that they may have about the process.
2. In line with the safeguarding procedures outlined in the original ethics application, the researcher shared all relevant information with their external supervisor following the interview. The external supervisor advised that this disclosure would be escalated in line with local safeguarding procedures.
3. The researcher contacted the participant to update them on the progress of their disclosure. The participant informed me that they were happy for all information to be shared to ensure that other young people and/or vulnerable adults are safeguarded appropriately.
4. Local safeguarding professionals met with the researcher to discuss the details of the disclosure over MS Teams. A request was made for the interview transcript to be shared. The researcher informed the safeguarding professionals that this would need to be discussed with the University of Hertfordshire Ethics Committee before any part of the transcript could be released, and that the participant would be asked to consent to this first.
5. The researcher made the participant aware of the request, to which they consented, and that relevant information would be shared with the University Ethics Committee.

6. With the support of the supervisory team, the researcher contacted the University of Hertfordshire Ethics Committee with a request to release the transcript which they confirmed.
7. Relevant extracts of the interview transcript relating only to the disclosure made by the participant was released to the safeguarding professionals.

Appendix H

Distress Protocol (adapted from Dempsey et al., 2016)

The interview will be terminated if:

- The participant decides to terminate the interview.
- The participant decides to participate in the interview at another time or place.
- The researcher considers the levels of distress too high and the interview process as not supportive.

The research will intervene if the participant is:

- Experiencing anxiety or distress during the interview. The participant should be asked if they would like to take a break and if they wish for the video/audio recorder to be switched off.
- Continuing to show signs of distress. The participant will be asked if they would like to end the interview and if they would like the researcher to call someone to spend time with them, such as a family member, friend, or support worker.
- Unduly distressed. The researcher will remain with the participant until they are calm and composed. The participant may then decide to continue with the interview or not.

The researcher will, with the participant's consent:

- May refer to others if requested to do so.
- Seek permission and ask if they would like a family member, friend or someone from the local community to call them to offer support.
- Relevant contact details and places of emotional support will be provided to all participants.

Appendix I

Participant Debrief Form

Title of study: *Young People's Experiences of Leaving Homelessness: A South Wales Study*

Thank you so much for taking part in this study. I hope this research will help improve understanding of young people's experiences of leaving homelessness, and to improve the support offered to young people by informing service development and policy.

The information you have shared for the purposes of this study will be kept confidential. You can ask to have your contributions removed from the study without giving a reason up until data analysis begins.

If participation in this study has caused you any undue distress or feelings that you feel difficult to process, you may wish to contact immediate sources of support such as your family, friends, GP, or a mental health professional.

If you would like further support, please find below the details of some organisations that may be useful. These sources of support will be able to help you regarding any concerns or worries you have regarding your emotional and psychological health.

Your GP

Please consider contacting your GP if you are feeling distressed.

NHS 111

If you are worried about an urgent medical concern, call 111 where you will be put through to a trained Call Handler who will be able to find you the appropriate support.

Samaritans

A 24 hour a day, free and confidential helpline for anyone experiencing emotional distress. Freephone: 08457 90 90 90 Website: www.samaritans.org

C.A.L.L

A free 24-hour service offering confidential support for anyone experiencing emotional distress. C.A.L.L. Mental Health Helpline for Wales - 0800 132 737 (FREE and available 24/7) Text help to 81066. [Go to the C.A.L.L. Mental Health Helpline for Wales.](http://www.c.a.l.l.org.uk/)

Young person's mental health toolkit

For people who might be finding the pandemic a difficult time or experiencing emotional and/or mental distress. The Welsh Government has created an online tool with links to websites, apps, helplines, and more.

You can access the toolkit by visiting the following site:

<http://hwb.gov.wales/repository/resource/e53adf44-76cb-4635-b6c2-62116bb63a9a/en>

Appendix J

Participant Consent Form to Share Photographs

Consent Form to Share Photographs

Photographs in research can be used to create awareness about the needs of those who are facing hard times (i.e., due to lack of money, housing, illness, or disability).

As part of the current study, you are invited to take photographs to capture some of your experiences, or as a method of expressing your thoughts and feelings. These photographs, either ones you have taken for the purpose of this study, or photographs you have taken in the past, may be used as prompts during an interview. The opportunity to take and share photographs is completely optional.

Photographs may be used in future publications and/or put on public display. Again, this is completely optional, and you will need to give your consent for photographs to be shared in this way. If you decide to not share your photographs this will not impact your eligibility to take part in the study.

- 1. I confirm that I have read and understood the above information.**
- 2. I understand that taking photographs for this study is optional.**
- 3. I understand that sharing photographs with the interviewer during the interview is optional.**
- 4. I have been given the opportunity to ask questions about the use of photographs in the current study. If I have asked questions, these have been answered satisfactorily.**
- 5. I understand that having my photographs used in public displays and/or future publications is optional.**
- 6. I understand that no photographs including the faces of people, or photographs that include identifiable information, will be used in the dissemination of this study.**

7. I understand that if I agree for my photographs to be shared in the write up of the current study that no names or contact information will be shared. Others viewing the pictures may recognize me.

Are you willing to share photographs with the interviewer?

Yes No

Do you agree for your photographs to be used in public displays?

Yes No

Do you agree for your photographs to be shared in the write up of this study?

Yes No

Do you agree for your photographs to be shared in future publications?

Yes No

Would you like your name to be attached to photographs in future publications so that you can be acknowledged as the author?

Yes No

Please list any concerns you may have:

Name of photographer

Signature

Appendix K

Consent Form to be Photographed

You are invited to have your photograph taken by one of the photographers involved in a research study. This aims to use photographs to explore young people's experiences of leaving homelessness.

The use of photographs in this study has four main goals:

1. It helps people to record and think about their community's strengths and problems
2. It identifies issues through photographs
3. It can get the attention of politicians and other decision makers
4. It can work towards positive change

Pictures taken in this study may be shown to others to create awareness. This may include gallery displays, doctoral thesis write up, journal article publications, presentations to decision-makers, and / or booklets for professions. Others viewing the pictures may recognize you, but there are no names or contact information. Photographs will not be used to make money.

Please sign this form if you agree to have your photograph taken by a participant of this study. If you would like a copy of the photograph taken of you, please write down your address:

I am signing this form on behalf of: Myself / Someone Else

If signing on behalf of someone else please state your relationship with the person you are signing this on behalf of: _____

Subject name

Name of photographer

Signature

Date

Although we 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, please contact the principal researcher of the study Kieran Day, Trainee Clinical Psychologist at the University of Hertfordshire ([REDACTED]) or the supervisor of the project Dr Lizette Nolte, Research Lead and Principal Lecturer at the University of Hertfordshire ([REDACTED]) and/or write to the University's Secretary Registrar at the following address:

Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Herts
AL10 9AB

Appendix L

Guidance on Taking Photographs for Participants (adapted from Hamilton Community Foundation, 2007)

GUIDANCE ON TAKING PHOTOGRAPHS

This guidance helps you take photographs in a safe and respectable way, to protect you and other people. Please take the time to read it, and have a look back to it when taking photographs if needed.

1) Friendly Greeting	"Hi there. How are you?"
2) Tell briefly about study and purpose of photographs	"I'm part of a research project exploring young peoples' experiences of leaving homelessness. I want people to know about what matters to me, and hopefully my pictures can make a difference. These pictures might be used in future exhibitions and publications."
3) Ask permission <i>If person says, "No", accept this, thank them, and move on!</i>	"Can I take a picture of you..." "Can I take a picture of your _____..."
4) Have person sign a consent form, if needed.	"Before taking your picture, I'll need you to read and sign this form."
5) Offer person a copy of the picture.	"If you write down your address on the form, a copy of the picture can be sent to you."
6) Thank the person.	"Thanks for letting me take that picture, I really appreciate it."

Stay Safe

- Don't take any risks.
- Don't go anywhere you wouldn't usually go, or do anything you wouldn't usually do.
- Take a friend.
- Be aware of what's around you

Be respectful

- **Always ask first**, even if this means missing the perfect shot.
- You must have permission before taking pictures of people.
- Remember, the goal is to connect with others and share ideas. Try not to upset people as this could give the whole project a bad name.

Large Crowds, Landscape or Scenery

- You do not need a consent form if people are too small to be recognizable.
- It is still a good idea to ask permission before taking a picture of private property (someone's house or garden, for example).

For Picture with People

- Have your subjects sign a Consent Form before taking any pictures.
- Be especially careful when taking pictures of children. Talk to the parents first, and have the parent sign a consent form.
- Do not take pictures of people who are "in private", such as through a window into their home.
- Ask yourself, "Would I mind if someone took a picture of me in this situation?"
- Remember to offer the person the opportunity to receive a copy of the picture

Appendix M

Summary of Member Check Sessions

All participants were invited to a member check session, three participants registered an interest, and two attended. The sessions lasted between 30 and 60 minutes and participants were informed that the purpose of the meeting was to share and discuss the findings of the preliminary analysis, and an opportunity for them to provide feedback and ask questions. An overview of the analysis was presented using the table of GETs.

Participant comments:

- The sense of feeling lost and insecure on the journey through homelessness is captured well.
- The balance between trauma and growth from adversity is managed sensitively and respectfully in the results.
- Themes relating to agency, responsibility, and *having to do it yourself* capture my experience well.

General participant comments:

- Participants commented on how they connected with quotes of other young people.
- Participants shared how it was reassuring to hear that other people have had such similar experiences; they shared how the stories of other young people were deeply moving.
- Participants felt that quotes from their interview were accurately represented in the experiential statements.

One young person said for one experiential statement that he would not have thought about it in that way, but felt it was appropriate and did not

Appendix N

Recruitment Poster

University of Hertfordshire UH

PARTICIPANTS WANTED

Help us improve support offered to young homeless people

Would you like to be involved in a research study interested in hearing your experiences and opinions about homelessness as a young person? If you meet the following criteria, it would be great to speak to you:

- Aged between 16 and 25 years
- Experience of homelessness
- Currently residing in own tenancy
- Willing to share your experiences of homelessness

If you would like to know more about this opportunity then please email Kieran Day (Trainee Clinical Psychologist) at [redacted], or contact [redacted]



Who am I?
I'm Kieran, a Trainee Clinical Psychologist at the University of Hertfordshire. I'm from South Wales and very passionate about ending young homelessness through hearing and sharing people's lived experiences.

UH ethics protocol number: LMS/PGT/UH/05048

Appendix O

Semi-Structured Interview Guide

Start with Photos:

- *What photographs did you bring with you today?*
- *Why did you choose them?*
- *What do they say about your experience of leaving homelessness?*

Interview Questions:

1. Could you give me a brief history of your experience of homelessness?
2. Could you describe the area or areas of South Wales where you have experienced homelessness? *Prompt: I wonder if it's different if you're in a rural (countryside/village) or urban (city/town) area.*
3. How did you cope with being homeless? *Prompt: what helped?*
4. What allowed you to start your journey out of homelessness?
5. Could you tell me about your experience of leaving homelessness? *Prompts: What was happening before and what led up to it? What was that like?*
6. How did you experience leaving homelessness in the area or areas you told me about earlier?
7. What got in the way, or what made it difficult for you to leave homelessness?
8. How did you respond to these experiences?
9. Where have these experiences left you? *Prompts: what have you learned about yourself? What do you think others have noticed about you? Have you noticed people responding differently? Security? How would you describe yourself as a person considering your experience of homelessness?*
10. Who do you feel helped you leave homelessness?
11. What was your experience of accessing services? *Prompts: Mental health services, primary care (GP), social services, charities.*
12. What do you need to remain out of homelessness? *Prompts: Cycles? People, relationships, services, contexts, built environment.*
13. Is there anything else you would like to speak to, or share with me today?

Appendix P

Development of the Semi-Structured Interview Guide Using the Framework set out by Kallio
et al. (2016)

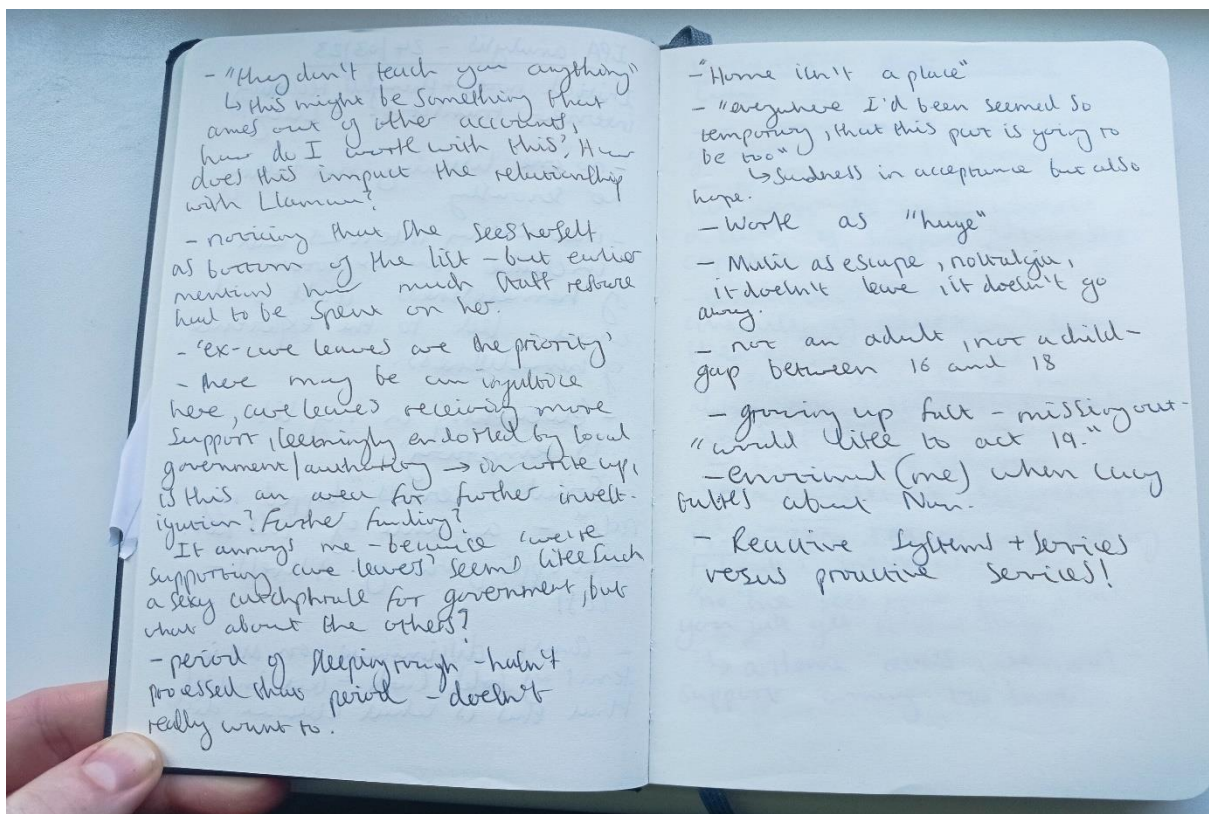
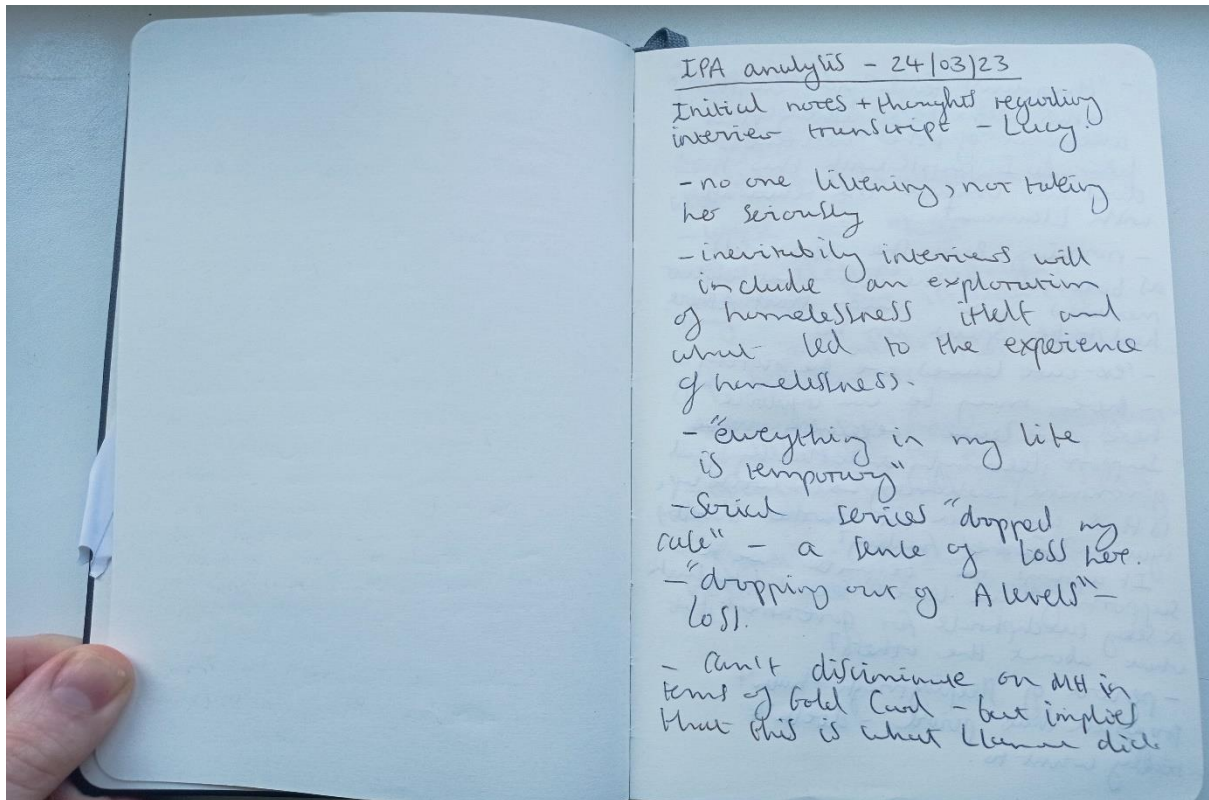
Stage of semi-structured interview guide development	Summary of development
1. Identifying the prerequisites for using a semi-structured interview	This step has been covered in detail in previous sections (i.e., provide rich in-detail accounts, ability to delve deeply in to social and personal matters).
2. Retrieving and utilizing the previous knowledge	Via completion of a systematic literature review and critical appraisal of people's experiences of exiting homelessness. This highlighted how themes such as relationships, recovery, agency, and hope characterised people's experiences. An expert by experience was also consulted during this stage, with feedback provided on the wording of questions and the importance of rapport building throughout the interview.
3. Formulating the preliminary interview guide	The preliminary interview guide covered four broad themes: questions related to the experience of homelessness (e.g., context, setting), experience of the journey out of homelessness, personal impact and response (e.g., agency, hope), and support (e.g., relationships, services). An open and straightforward question was selected as the first question as this allows the participant to talk about something at length and become comfortable with the setting and familiarise themselves with what is expected of them (Smith et al., 2022). This starting point also made it possible to move away from the guide for a short period of time in the interest of the specific concerns of the participant. It was noted from consultation sessions that abstract and open-ended questions which are often asked

Stage of semi-structured interview guide development	Summary of development
4. Pilot testing	<p data-bbox="598 349 1382 981">in IPA research might be unusual and difficult for a group of people who are more familiar with being directed. Therefore, for more complex questions a set of open prompts were devised to offer participants more concrete advice on what is being asked of them. For example, for the question <i>'Where have these experiences left you?'</i> the following prompts were created: <i>'Prompt 1: what have you learnt about yourself? Prompt 2: considering your experience of leaving homelessness'</i>. Questions that were perceived as leading or too closed were altered or removed from the guide, along with questions that were deemed over-empathic, and manipulative as defined by Smith et al. (2022).</p> <p data-bbox="598 1055 1382 1995">Due to time constraints the interview was piloted with the first participant, who was informed that their interview would form a part of the piloting and refining process. This allowed for a scrutiny of the interview guide, including wording, structure, delivery, and order before it was used with other participants. Through consultation with the supervisory team and feedback from the participant, it was decided that the wording and order were of a good standard. For some questions, spontaneous prompts were needed to help the participant understand the question, these prompts were added to the complete interview guide for future interviews. However, it was found that the participant had difficulty providing elaborate responses to some questions. Following the interview, they said that they were not sure what kind of questions would be asked and that having a better understanding of this beforehand would have been helpful. Responding to this feedback, a preview of the interview guide was shared with all subsequent participants prior to the interview. As no major changes of content was needed,</p>

Stage of semi-structured	Summary of development
interview guide development	the pilot interview was included in the final dataset, with the consent of the participant.

Appendix Q

Excerpt of Written Notes During Step 1: Reading and Re-Reading



Appendix R

Excerpts of Transcript with Exploratory Notes and Experiential Statements

Experiential statements	Transcript	Exploratory notes
<p>Recognises that relationships end but letting go of old relationships can feel like losing a part of yourself p24</p>	<p>stability [sic] up to that point would have already been blown out the window the minute I moved. So, yeah.</p> <p>I: Yeah. <u>So</u> it ... it almost, you said, the bonds you made with staff, some were ... they were very useful and like, you know, useful for you to moving on, they, in some ways, made it difficult for you too.</p> <p>P: Yeah, it did.</p> <p>I: Yeah.</p> <p>P: And I know people can't be in your life forever, and it's like a season ... season's change and people move on to better things, but, given the fact that I've got like attachment issues, going from where I felt comfortable and confident and ... although I was feeling that I had a bit more of myself, and that I was OK, having that leave ... and leaving somewhere where I was so used to ... it was quite challenging because, like I said, some things just trigger my past, and can bring that past back, so I don't know, it's like losing myself again in a way. Because, like I said, before HC, the past hostels weren't easy for me, and like being in somewhere where I <u>actually find</u> my ... myself, and then having to leave that, err, it just wasn't easy at all.</p> <p>55.00</p> <p>I: Yeah. In what ... and ... or ... what ... how did that feel, like for you, how ... in what way was it not easy?</p> <p>P: Just a feeling of like losing myself as well as trying to find myself, because that's what the ... HC taught me quite a lot, and it was one of the best and most encouraging steps I could have taken to a better future. <u>But</u>, it's ... it's scary. Change is scary. I've always been afraid of change because it's always that feeling</p>	<p>Felt she would fail on her <u>own</u></p> <p>Didn't believe in <u>herself</u></p> <p>Strong bonds with staff made it difficult to move on</p> <p>Worried that old ties (negative influences) would find out where she lived – worried this would hold her <u>back</u></p> <p>Acknowledges reality of relationships ending</p> <p>Attachment difficulties (from past) makes staff leaving <u>difficult</u></p> <p>Can trigger old <u>distressing memories</u></p>

Experiential statements	Transcript	Exploratory notes
<p>The process of changing and moving was scary because of the uncertainty p25</p>	<p>of uncertainty and instability [sic], then just not feeling like you when you've worked so hard to get where you are, like that's what it was.</p> <p>I: Yeah. And ... and you've mentioned a few times, P, about losing yourself and then finding yourself. Could you tell me more about what you mean about ... by that when ... when you say it?</p> <p>P: Well, <u>in order to</u> find yourself, you've got to lose yourself first I suppose (laughs) ... so, like basically no one ... no one starts off knowing it all, do they? And life is all about lessons and teachings, and trying to find where you're meant to be and what you want for yourself, and where you wanna be. So, I think, for me (sighs) ... do you ... do you fit in anywhere ... like anywhere, and ... anywhere ... like not where I've been all my life, I've never really fitted in, and I think it's quite challenging to try to be somewhere where it's unfamiliar, like ... and then trying to think, like everyone tells you when you're in the hostel, "Oh, you ... you'll be OK. You'll be on better things soon, and times will pass – things will change." And, like, that's the <u>most scariest</u> part for me. Like I lost myself so much <u>due to the fact that</u> I didn't value myself enough and I didn't respect myself enough, I didn't have much self-worth or self-image. I didn't have a good like look of myself and a good outlook on life. I was all negative and slowly it started unravelling into something good. Like I've always looked after other people and not myself. Everyone kept telling me when I was in the hostel, "You've got to look after yourself otherwise you'll lose yourself." And I did lose myself because I just put so much effort into everyone else where the effort should've ... should have been going onto me. And then eventually in HC I <u>actually started</u> putting in effort into me.</p>	<p>'Losing myself' – says it a lot (comes up later and explored)</p> <p>Place and relationships can become a part of you – when you leave, it feels like you have lost yourself</p> <p>Encouraged to change and move – but it's <u>frightening</u></p> <p>'Not feeling like you' – uncertainty and instability of <u>change</u></p> <p>Life is a process of <u>self-discovery</u></p> <p>Never felt like she fits in</p>

Experiential statements	Transcript	Exploratory notes
<p>Losing yourself is not having any self-worth and submitting to the needs of others as a result p26</p> <p>Hitting rock bottom and realising that only she could change things led to improvement p26</p>	<p>because it took this one really bad downfall for me, like I literally didn't ... didn't feel normal, like I was so depressed. I'd just come out of an overdose, out of hospital and stuff, and I was really unsteady ... and it was just a really horrible time where I ... I ... something triggered me to be a certain way, and I thought to myself, "This don't feel right. This ain't me." Because you don't wake up one day and feel like you're not even existing – you're just going on, like you're not even living, you're just existing. So, for me, I thought, "Well, you know, no one else is going to do it – you've got to do it yourself." So, ever since, I put that mentality into myself. I started liking myself, so I started liking what I looked like, I started valuing myself a bit more. I still have difficulties with it, but as I said, it's a lot better now than it was, than where it was, so ...</p> <p>I: Yeah. I'm wondering ... you've said a couple of times there when perhaps you have lost yourself, and I'm wondering ... I'm wondering what you mean by 'lose yourself'? Like what ... what does that feel like for you? And what do you experience when you 'lose yourself' or when you've 'lost yourself'?</p> <p>P: When you lose yourself you just don't care about no one or nothing, like you sit ... it's HARD ... it's like you're in a battle against your own self, where your self knows that you're caring, you're loving, you are everything that you're not portraying and it's got to be one of the hardest things to lose yourself, because you're battling with your own brain, you're battling inside and that's one thing you should never do because it's a really ... it's HARD to get out of when you've got that mentality, I guess. So, losing yourself means you don't care what you</p>	<p>Losing yourself is not respecting yourself Having a negative outlook</p> <p>Effort <u>in-to</u> others</p> <p>Wasn't looking after herself</p> <p>Thinking too much about others</p> <p>Putting others before herself because she did not have self-worth</p> <p>Low point after overdose led to thought of <u>changing</u></p> <p>Felt like she wasn't <u>living</u></p> <p>Thought that only she can help herself</p> <p>Improved self-esteem</p>

Experiential statements	Transcript	Exploratory notes
<p>Losing yourself is having no sense of direction and not behaving in line with your true values p27</p> <p>Losing yourself is losing hope p27</p> <p>Finding yourself is having hope for a better future and learning to live with difficult personal experiences p27</p>	<p>yourself means you don't care what you look like because you don't value yourself, like ...</p> <p>1.00.00</p> <p>P: ... you basically make up this image of you, and it's not who you are. Like everyone else can see who you could be, but you're not where you're looking at, like you're looking at yourself in the mirror, thinking, "I don't like myself. I wish I was dead or something like that." And you feel like you're just a failure, like nothing that you ever do is good enough for anyone. Like it is <u>really hard</u>. Like losing yourself means you have no goals, or ambitions and you feel like you're <u>stuck</u> and you're trapped inside your own head, and it's just a battle constantly. And life is already a battle, and battling with your own head has got to be even worse, so that's what I mean about losing yourself.</p> <p>I: Yeah. Thanks, that makes sense. So, what does 'finding yourself' feel like?</p> <p>P: It's like a new joy, like a new hope, like a new realisation, like you don't feel so negative and down in the dumps, you feel like you're <u>actually doing</u> things for yourself where you get dressed, you do your make-up, you think, "Oh today, I'm going to try something on, or try something different." And it just feels like a new light is coming to you, like something's ... it's like a switch, right ... that if you lose yourself, yeah, the light goes off. If you find yourself, the light goes on, and it never cuts off. Don't get me wrong, when I did find myself, I still kind of feel the same as when I lost myself, but it's not so severe, like it's not as bad as it was. Like I still have doubts in my head, I do. I still struggle every single day with <u>anxiety</u> but I don't let that completely ruin my day. I think, "Well,</p>	<p>Losing yourself is not caring about <u>anything</u></p> <p>It's a battle with <u>yourself</u></p> <p>You're not showing who you really are – kind and <u>caring</u></p> <p>Behaviours are not in line with <u>values?</u></p> <p>Not valuing yourself</p> <p>Hating yourself</p> <p>Seeing yourself as a failure</p> <p>It's really hard – says this a lot throughout idea of 'losing <u>yourself</u>'</p> <p>No ambition</p>

Experiential statements	Transcript	Exploratory notes
<p>HC offered security and the support of people which felt like a home p28</p> <p>Own home gives you the space and security to be yourself, which is lonely at times p28</p>	<p>new, and to be someone like you want to be, and where you want to get to." So, that's what I mean about 'finding myself'.</p> <p>I: And I'm wondering then, where the idea of a new home, or just a new place to live fits in to this idea of you finding yourself ... do you think it does at all or ... or not?</p> <p>P: Yeah, I think ... it <u>think</u> it does. Like ... truthfully, the major change for me started when I was in HC because it ... I didn't really ... it didn't real feel like home in anywhere else, but HC felt like home. It felt like security ... I had enough security around me that I knew that I wasn't <u>alone</u> and I didn't have to be afraid no more. Like, OK, I was scared but I wasn't scared of my surroundings and where I was like, so, yeah, like I said before, when you're go into your new place and feel like a new you, it's stressful. It's lonely at times but you know you can rewind, and then you know it's your own space to do like, to be you. You don't have to look at anyone else, you don't have to watch your back, you don't have to have ... well, you're still going to have difficulties no matter <u>what</u> but you don't necessarily have to think the same way as you would when you are in a hostel because it's your own place, it's your own home. So ...</p> <p>I: Yeah. Absolutely. So, and I'm really enjoying you talk about these things because I think you've got so many valuable insights, um ... I'm wondering when we think maybe a bit more broadly now, just about this experience of homelessness and housing insecurity that you've had, and everything that comes with that, right? Because just looking at the housing insecurity is one way of looking at it. There's so much more that happens to a person when they're in that</p>	<p>Finding yourself is having a renewed sense of hope for who you could <u>be</u></p> <p>Thinking positively</p> <p>Losing yourself is like the light going off, finding yourself is the light coming back on and never going off <u>again</u></p> <p>Still FEELS the same-but it's not as <u>bad</u></p> <p>Learning to live with anxiety and difficult <u>emotions</u></p> <p>Thinking forward – looking forward to the day ahead</p> <p>HC first time felt at <u>home</u></p> <p>Felt secure and not <u>alone</u></p> <p>A place where you can relax and be <u>yourself</u></p>

Experiential statements	Transcript	Exploratory notes
<p>Used drugs, alcohol, and partying as a way to cope with homelessness p29</p>	<p>happens to a person when they're in that position. How ... how do you think you've responded to those experiences ... and don't worry too much about repeating yourself by the way?</p> <p>P: (Laughs) ... um (slight pause) ... responded? In what way, sorry, like ...? In what way?</p> <p>I: So, in ... I guess a prompt for that would be what <u>have you</u> done, or how have you thought, or how have you felt, or how have you behaved, how have you been in response to the things that have happened ... especially the homelessness ... what ... what have you done ...</p> <p>P: ... yeah ...</p> <p>I: ... in response to that?</p> <p>P: Well (sighs) ... during the hostel and like responding to everything that's happened to me ...</p> <p>1.05.00</p> <p>P: ... you (slight pause) ... I did go off track a little bit because I weren't really myself as such, like to respond to something that doesn't feel like home and doesn't feel like you, it's hard when you see people around you <u>responding</u> better than you, but you feel like ... I don't know ... I responded to it by trying to look at college, trying to go to different places, but I responded to it negatively. Um, I turned to alcohol and drugs and just things that shouldn't happen to people but you do do it because you feel like that's your only hope, that's your only go to, that's your only comfort. I still kind of do that now. I do struggle with it, but that's only because so much has happened in my lifetime but I'm trying to respond to things in a better way where I can look at my goals and figure</p>	<p>Lonely but secure</p> <p>Your own space – different to a hostel</p>

Experiential statements	Transcript	Exploratory notes
<p>She's learning from her past mistakes and using them to inform her current decisions p29</p> <p>Still as difficulties with alcohol but engaging with support to reduce her intake p30</p> <p>A consistent and supportive support worker who believed in her helped her progress p30</p>	<p>out, "OK what steps do I need to take to get there? And what steps didn't I take back when I was in a hostel? And what changes do I want to keep and change or bring to the table, I guess." Because every ... life's all about lessons, life's all about teachings, and knowing how's the right answers, and everyone's different to how they deal with it. My way hasn't always been the best way but everyone's different, like I said. Some people can read a book and that calms them down, but for me, it was partying and just getting myself in the wrong crowd. Now I don't ... like I drink, I do but it's nowhere near as bad as it used to be. Like that's my kind of go to still, but I'm still getting help with it, I'm still trying to go to counselling and trying to, err, progress in my life, because I don't want to be this way forever. Like I got out of something so like traumatic and I don't want to put myself back in that vulnerable state, so yeah, I'm just doing the best I can, I guess.</p> <p>I: Yeah, it certainly sounds like it. And this is another ... this is a different ... slightly different question ... you answered that one really well, um, you've also spoken to this question quite a bit <u>already</u> but I just want to ask it just in case there's anything else you wanted to add, um, who do you feel helped you leave homelessness?</p> <p>P: Um, my family and the (sighs) ... um, my old support worker, J, I suppose. Like J was like really ... she was like a ... another mother that wasn't related to me, but I found comfort in her, like she was literally there every step of the way and she never left my side, and even when I went on to do something better, I still like ... still remember all the times she said to me about where I can get to and where I am, and how I can get there. Like my family's been a big help as well because</p>	<p>Comparing herself to others – hard when others are doing <u>better</u></p> <p>Responded positively and <u>negatively</u></p> <p>Drugs and alcohol as only comfort</p> <p>Still has difficulties with <u>alcohol</u></p> <p>Learning from past mistakes in the hostel to inform current decisions and goals</p> <p>Used to party and drink to <u>cope</u></p> <p>Engaging in counselling to try and reduce alcohol <u>intake</u></p> <p>Doesn't want to go back to where she was</p> <p>Doing the <u>best</u> she can</p>

Experiential statements	Transcript	Exploratory notes
<p>Had to help herself for staff to believe in her enough to let her have her own place p31</p>	<p>no matter how much dangerous situations I put myself in, they just helped me believe in myself. Like ... like, literally, I don't think anyone knows how hard a hostel can be and to go from there to go to your own place, and to be a different person, it's just so like surprising and like ... it's joyful but quite sad as well – it's mixed emotions because you carry all the past emotions and then you carry all the new emotions, and you ... like you look back and you think, "OK, well did I really go through that because look how I am now!" Or I don't know. I just ... I guess like my family and just staff helped me move ... and I helped myself in a way because if I didn't help myself, I don't think they would have given me the opportunity to be in a hostel because I don't ... like being in a flat ... because you have to be in a certain level of maturity and you know ... like responsibility and that's where you need to be, but ... yeah.</p> <p>I: Yeah thanks ... you answered that really well because there was a few ... yeah, that you mentioned already about, um, um, you have to help yourself, right? As you said, that ... and I think that ... yeah ... it's home for me ... um, I've only got a couple of other questions left ...</p> <p>1.10.00</p> <p>I: ... because I was hoping to ... you know, we ... we'd be able to wrap up before 5 because I know it's, err, this is a long slog for you, um, and for both of us, right? But I'm really enjoying it ... I could go on forever, but I don't think ... I don't think you could go on forever, and I don't blame you because you're doing much more talking than I am. Um, but I do have a question for you which is a bit ... slightly different ... um, what was your experience of accessing services.</p>	<p>A mother figure</p> <p>Consistent support over time – comfort</p> <p>Believed in her (support worker)</p> <p>Family believed in her</p> <p>It's a big achievement to move out of a hostel</p> <p>Different person</p> <p>Happy and sad to move from a hostel (leaving old ties behind??)</p> <p>Had to help myself</p> <p>Staff giving her the flat validates her level of responsibility and how much she's changed</p>

Experiential statements	Transcript	Exploratory notes
<p>With maturity she has learnt how to utilise counselling effectively by being fully committed p32</p>	<p>err, during this period of leaving homelessness? And when I say 'services', I mean mental health services, your GP, social services, charities, any kind of services?</p> <p>P: Um, well, I think it was (sighs) ... quite difficult to set like bills up and like for the house and stuff but I was still with the support I was with when I, um, when I left, um, Llana, so it wasn't really that I had to look for brand new people or whatever. But with counselling ... because I'd done ... because I'd been through so many kinds of experiences, I just felt like I was telling my story all over again, I guess. But, like now, basically, counselling, for me is like ... what I used to do, I used to just sit there, and not get anything out of it no matter how many times I actually did talk because I didn't put my all in it, I didn't really know how to progress in certain ... in such a way, but like now, because I'm like mature, I feel I'm doing it for the right reasons, and the only way to get better is like putting your all in. And I feel like over time I've got a lot better, like I've got to like myself, and getting the help I need. Because, before, I depended on people a bit too <u>much</u> but experience like over the time has changed a lot. At first, when I first moved into my own place, it was difficult to access it in places because of how stressful the move was and I had to get used to living on my own, but then after that, it just become like natural to me. So ...</p> <p>I: Yeah. OK. Yeah, the ... it starts to get natural for you I <u>guess</u> isn't it?</p> <p>P: Yeah.</p> <p>I: And what do you think you need now at this point of ... in the future? What do you need <u>in order to</u> remain out of homelessness?</p>	<p>Continuity of support <u>in-to</u> new accommodation helped – didn't have to look for 'new people'</p> <p>Didn't utilise counselling properly <u>before</u></p> <p>Didn't put her 'all' in to <u>it</u></p> <p>Matured</p> <p>Now she can put her all <u>in-to</u> it and gets more out of it</p> <p>Likes herself <u>now</u></p>

Appendix S

Example of Experimental Statements in NVivo

The screenshot displays the NVivo software interface. At the top is a toolbar with various icons for file management and analysis. Below the toolbar is a sidebar labeled 'Folders' and a main area titled 'Nodes'. The 'Nodes' list contains the following entries:

- Name
- A personal history of mental health difficulties that predates homelessness P22
- Accrued debt got in the way of being able to make positive move P3
- Believed he was invincible when he was younger – as a result of this, his relationships suffered P12
- Blaming himself for the situation he was in P7
- Coped with living in conservatory by going out as much as possible – spending time in nature with son P5
- Feels he can't have mental health difficulties because he's aware of the impact it will have on those around him (following the death of mother) P22
- Felt ashamed of being homeless, and took care to keep it hidden P19
- Felt he was making a difference at work P18
- Forced in to leaving a career in nursing as a result of the stress and mental health difficulties associated with multiple demands P11
- Had good friends to stay with, but didn't want to overstay his welcome and tried not to leave a mark P15
- Had to start from scratch in new house – a lot of work to be done P25
- Having a good quality of life when dealing with multiple demands and trying to get sleep, is impossible P6
- Having a house provided hope and self-belief P26
- He looked up to his mother and wanted to follow in her footsteps P9
- Hopes that his son is not impacted negatively in the long-term from experiences of instability P16
- Mother's mental health breakdown came as a surprise, subsequent relationship breakdown precipitated homelessness P10
- Parallels between his life and his mother's, which is frightening, he doesn't want to go down the same route P24
- Parking up rurally with a view – making the most out of a bad situation P21
- Regret at sacrificing being a good enough father and partner for work – thought he could do it all P14
- Regrets losing friendships which was a painful experience, but feels he was too exhausted to mend the breaks P17
- Relationship breakdown precipitated move back in with mum P1
- The conservatory was not a suitable place for a father and young child to live P4
- Thought he could do it all, but the experience humbled him, he couldn't remain in control of all the chaos P16
- Was grateful for what he had – maintained the hope P26
- When mother ended own life everything he knew was challenged P23

Appendix T

Example of Table of PETs

Table of Personal Experiential Themes (PETs) for Grace

A. RELATIONSHIPS IN THE CONTEXT OF TRIBULATION

Bonds forged through adversity

Bonded with friend through shared hardship. p. 6

'He was going through it hard, so we became really close.'

Made meaningful connections with people she would not have otherwise associated with.

p. 4

'You do meet some really nice people.'

Managing difficult relationships

Experienced abuse and housing instability from a young age. p. 2

'I've been through it since I was a kid.'

Family relationships are still unstable. p. 16

'It's a really awkward confusing situation.'

Moved school and area to be safer, away from risk of abuse and bullying. p. 6

'I'd left school because I was like getting picked on.'

Trying to forgive past mistakes and rebuild family relationships. p. 16

'I'm trying to rekindle normal family relationships like, he's an old man now he's not like how he was.'

B. SHAME AND STIGMA

Feeling judged

Feel angry towards the people who judge her. p. 9

'Entitled people you know, who feel like they will never go through it, it's like you could go through it, and it's fucking hard.'

Felt judged and lost long term friends. p. 2

'I lost friends.'

Her socioeconomic status has diminished over time, and she feels judged by others because of this. p. 13

'Oh, she's living in a council house' that's to them it's to look down on.'

Still feels judged by others after leaving homelessness. p. 4

Hiding homelessness

Avoided school because of the shame she felt. p. 2

'I just stopped going to school then, the teacher's were catching on and stuff.'

Hard to explain the complexity of homelessness to the people around her – they don't understand. p.9

'I don't think I'd be alive if I stayed home but I can't tell you that you know.'

Hiding homelessness and feeling ashamed is the hardest part. p. 8

'You know when you just don't want people to know and stuff, I feel like they were hardest.'

Tried to hide her homelessness to avoid the judgement of others. p. 3

'I could stay on the train all night if there were no ticket men, I would do anything.'

Feeling shame

Ashamed of relying on welfare and wants to be self-reliant. p. 15

'I don't want to take; I feel like I'm taking money off people.'

Experiences self-stigma. p. 22

'I was doing drugs in a room, like that's disgusting, I was in a hostel you know.'

Putting on a brave face

Put on a front to keep her problems hidden. p. 2

'I put a front on you know.'

Putting on brave face to survive was eating her up inside. p. 10

'It was eating me up, I didn't even wanna walk through the corridors but I had to.'

Saw therapy as a sign of weakness and wanted people to think she could cope. p. 12

'I didn't want people to think that I wasn't coping.'

C. A YOUTH HOSTEL IS A HARD PLACE TO BE

Navigating the changing nature of the hostel

Hostel is boundaried and secure but also unpredictable and insecure. p. 26

'Everywhere is locked there's latches on the windows.'

The chaos of a hostel felt normal because of her prior experiences. p. 6

'It was a bit more, like, normal for me.'

The rules and boundaries felt new and strange. p. 7

'I've never really had that, it was weird.'

Not feeling cared for

Experienced disempowerment and no freedom in the hostel environment. p. 26

'You are in a place of your little were big, were right your wrong.'

Felt small and uncared for with passive unsupportive hostel staff. p. 27

'You know staff wouldn't care.'

Hostel staff were only there to keep them all alive. p. 12

'They're concerns were over everyone staying alive.'

They don't give you what you need to grow

Experience of staff not helping her with concerns meant she had to find accommodation herself. p. 10

'I'd have to ring the council myself, I'd have to erm, do everything myself.'

Hostel did not teach her the skills she needed to be independent. p. 11

'In the hostels and stuff I felt like it was... erm... you're on your own still you know.'

Using drugs is normalised and easily accessible. p. 18

'It's easy, it's an easy step to fall down.'

D. THE PEOPLE WHO HELP

A special person who helped

Family friend key in helping her take the first steps out of homelessness. p. 5

'she's an amazing woman.'

Taught the skills to manage a home by family friend, who helped her to feel empowered. p. 11

'She just taught me all the stuff I'm gonna need to know.'

'It's not your fault'

An open and non-judgemental wellbeing team at school helped her cope. p. 10

'If I wanted to cry that was fine, if I wanted to talk to someone it was fine.'

Grateful for the non-judgemental and understanding support of someone else which she thought she would never have. p. 5

'It was the support that you didn't think you were ever gonna get.'

People who understand it's not your fault help. p. 9

'That's what makes it easier to cope, when you have people to speak to who are actually not judging you.'

Supportive people are those who have believed in her without judgement and shared with her skills that empower. p. 23

'They didn't judge me and like they would have like an actual conversation with me like.'

E. MANAGING INSECURITY INDEPENDENTLY

It's harder than expected

Homelessness was much harder than she expected. p. 1

'It's a big wakeup call I can say that.'

Responsibility of independent life is stressful and harder than expected. p. 19
'It gets hard and it gets stressful and you're like 'ye I need a fag' (laughs).'

Searching for financial security

Difficult to find secure paid work to meet financial responsibilities. p. 23
'I can volunteer and stuff but you know volunteering isn't paying the bills.'

Finding secure paid employment is difficult. p. 14
'It's a nightmare you know you feel like you do get stuck in a rut sometimes.'

Longs for financial stability and compares herself to others. p. 25
'To have stable jobs, stable income, to be able to... have enough money and be like 'I like that, I'm going to buy it.'

Money is precious

Has developed a new relationship with the value of money due to scarcity. p. 14
'Everything is so god damn expensive and people take so much for stuff for granted.'

Learning to be resourceful in response to financial pressure. p. 20
'If you shop in shop they deliver it for you for free so I've got a little thing with Iceland at the minute.'

F. WHAT CHANGE REQUIRES

Being courageous

Accepts day to day struggle but determined to not let it defeat her. p. 22
'It's like one day we're okay, the next, you know that's how it is until you get there you know.'

Accessing services requires daily perseverance. p. 19
'Getting help is insane, you know.'

Determined to be like the people who treated her well, and to be better than those who treated her badly. p.21
'It's like I want to be better... you know... just to be better.'

Practicing gratitude whilst also wanting more. p. 13
'You're so lucky for what you've got, you're so lucky you're still here you know.'

Conscientiousness and a hardened maturity

A life on drugs is not real and it is not sustainable in the long term. p. 18
'That's not life you know, it's not real life.'

Conscientiousness is required as it's easier to fail than succeed. p. 24
'I feel like... it is very easy to fall down.'

Disengaging from drugs as she knows it's essential for change. p. 18

'That's not what I want for myself like I haven't got out of that to become nothing.'

Taking a leap of faith

Leaving homelessness requires a leap of faith in to the unknown, which is frightening. p. 17

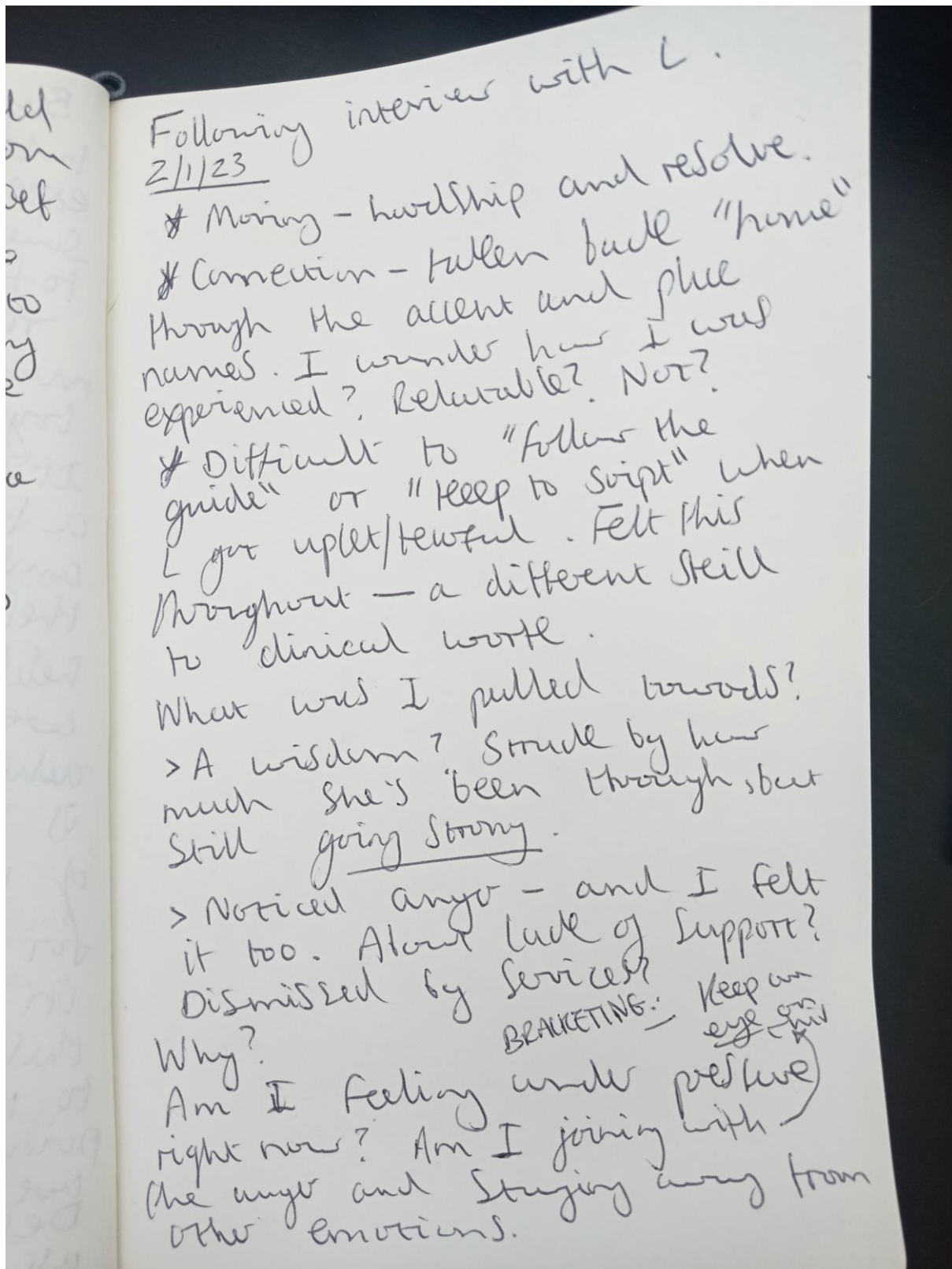
'I suppose you just have to hold your breath and take a step.'

There is a comfort in the familiarity of homelessness that makes it difficult to change. p. 17

'You don't know if you're gonna have the same safety and comfortable part that you've had before.'

Appendix U

Excerpts from Reflective Diary



Following recruitment catch up.
24/2/23

Chatting up 3 young people.
High number of no shows
has been frustrating.

What's getting in the way?

- Sleep
- ADHD/neurodivergence?
- memory?
- Trust + safety will take time.
- Sound + look the same, but not the same - Polygod, living in England, older, etc.
- Anxiety?
- Drug + alcohol → adding to sleep issues.

What's next?

- Be patient.
- Spend with staff - ask what are the barriers at this stage?
- focus on relationship between support workers + young person.

* Sense is that YP want to be involved, but many things getting in the way.

- keep offering F2F + Teams.
- ~~any way~~ + telephone call

10-04-23 - Just finished

██████'S PETS.

- a long process with a lot of information to summarise.

- main PETS relate to having to do it by yourself, a lack of support, how she coped.

- uncertainty about 'the use of advertising' sub-theme?

→ one seems to be more about MH difficulties relating in support.

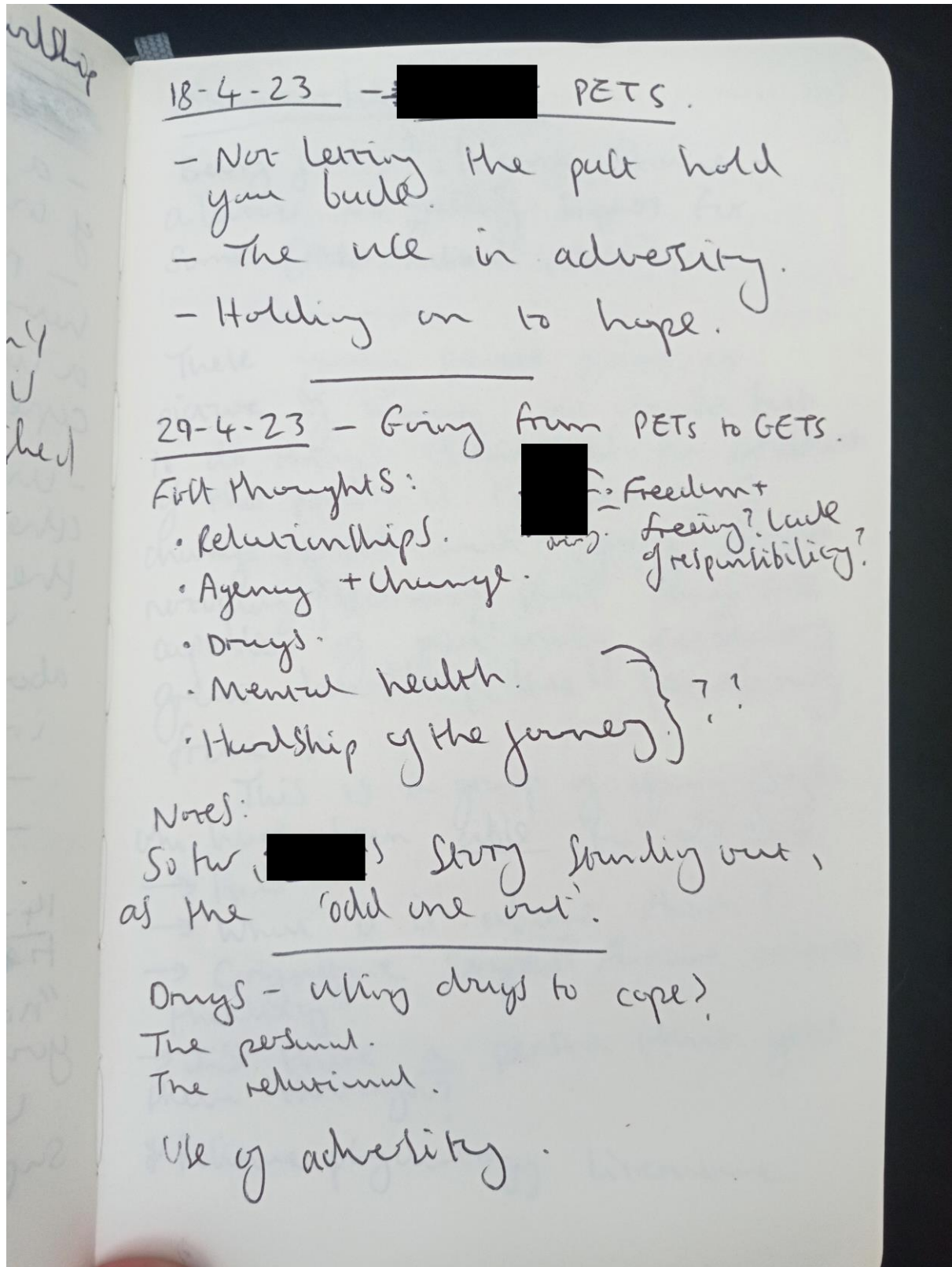
→ hitting rock bottom.

→ a completely different person.

14-04-23 - IPA, currently listening to ████████ interviews.

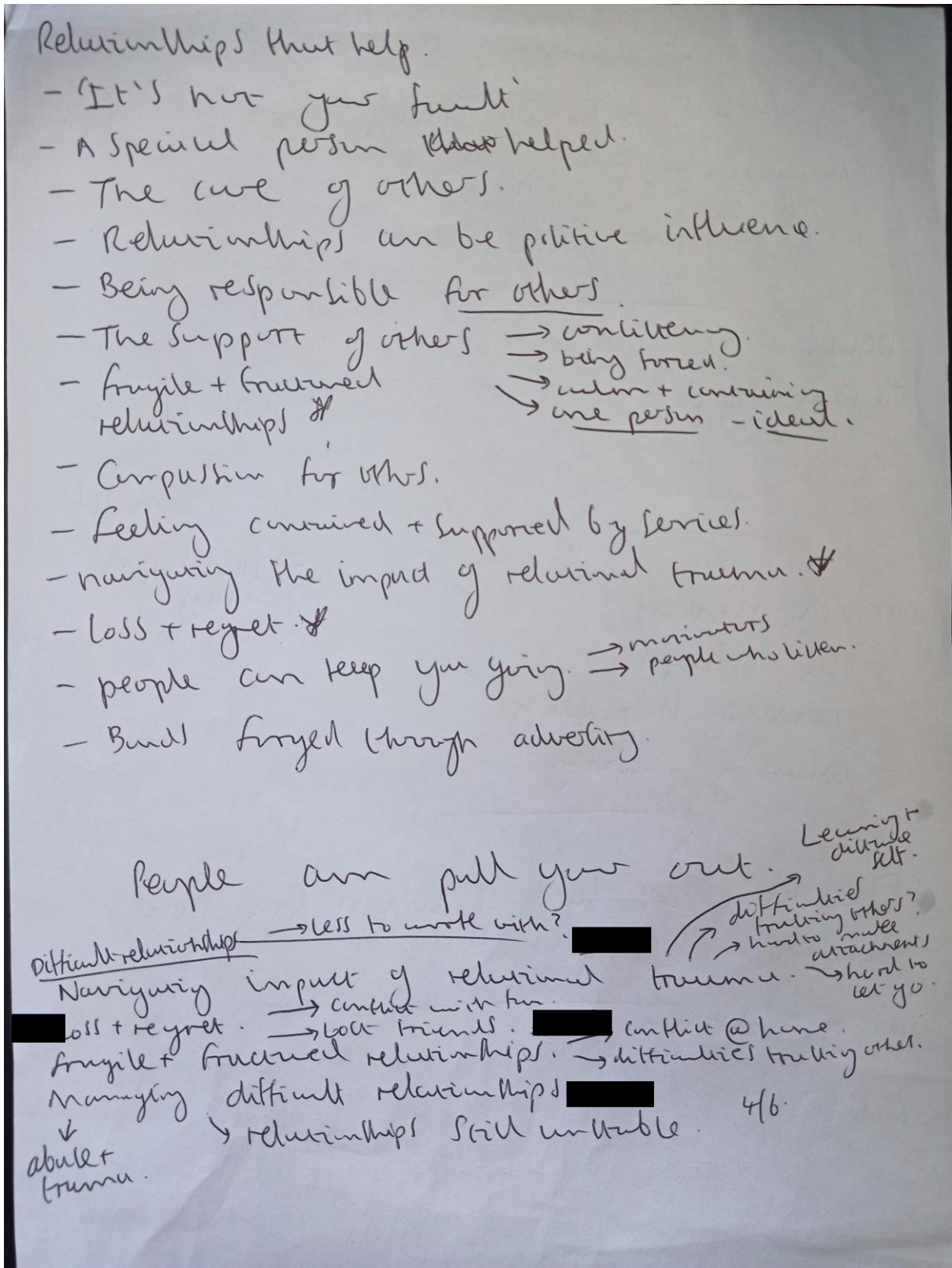
"no one sees your pain until you just get to that stage"

↳ a theme across interviews - support coming too late?



Appendix V

Excerpt of Notes Taken During Construction of GETs



~~Negotiating relationships~~

Hope

~~Renegotiating relationships in the context of trauma and hardship.~~

~~Managing difficult relationships.~~

Looking yourself.

~~Mental health~~

How to survive.
▷ Coping creatively.
▷ You have to do it yourself.
▷ Drugs.

Understand.

Accepted.

Openness

Consistency.

Cared for.

↳

~~Drugs.~~

Drugs

Managing mental health difficulties.

Posttraumatic growth.

- Seeing the worth of adversity.

Finances.

A process of shame-growth.
- what is required?

General difficulties of homelessness.

~~Shame + self blame.~~

Lack of support

The importance of people

▷ Those who help.

▷ Renegotiating relationships in the context of trauma and hardship.

~~▷ A lack~~

Enduring the hardship.

▷ Financial struggle.

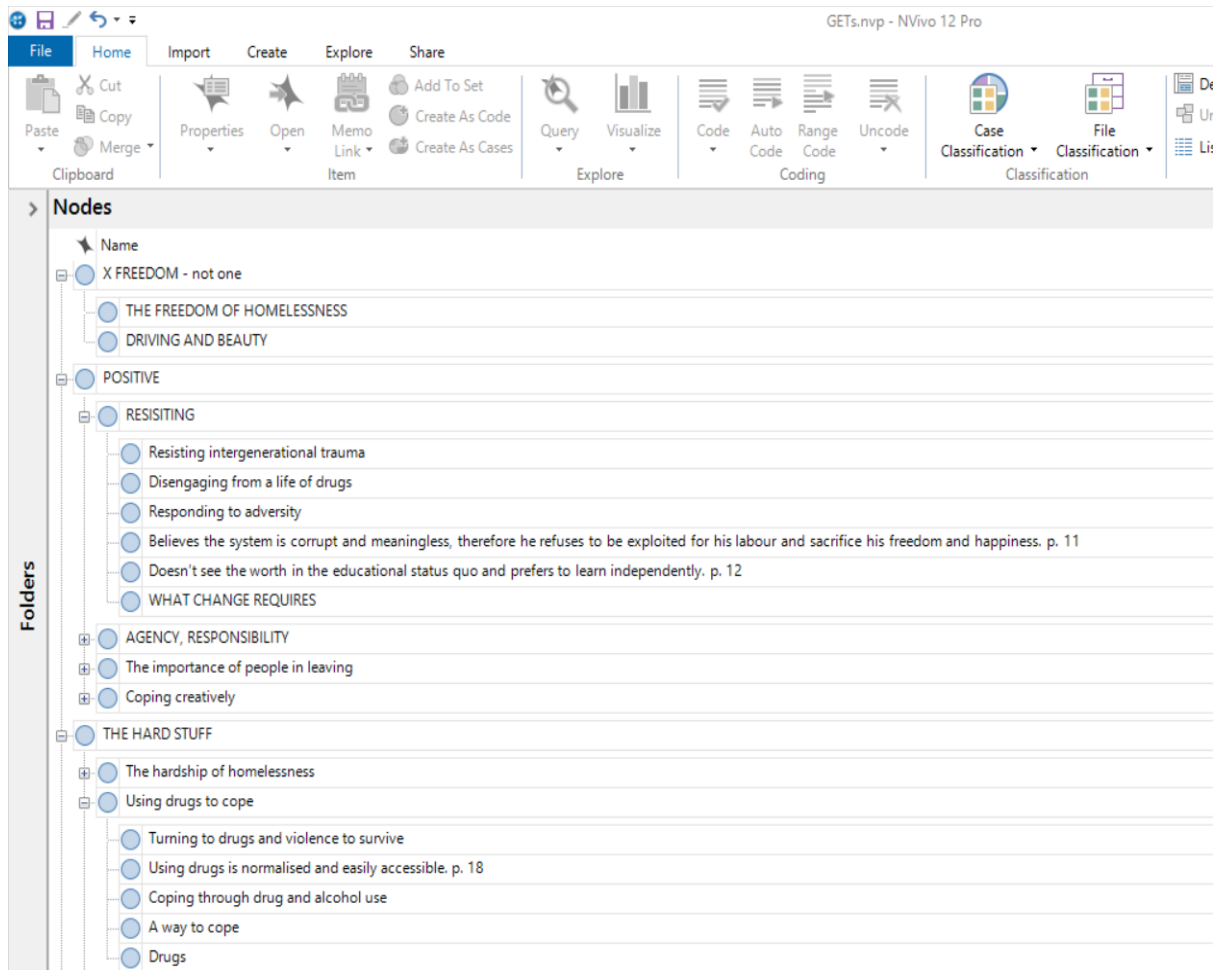
▷ Shame + self blame - hidden homelessness.

▷ MH

▷ Drugs to cope.

Appendix W

Screenshot of GETs in NVivo



Appendix X

Table of GETs

Table of Group Experiential Themes (GETS)

A. THE HARSHNESS OF HOMELESSNESS AND THE PERILOUS TASK OF EXITING

It's mentally draining

Having a good quality of life when dealing with homelessness is impossible.

'It was very physically and mentally draining.' (Jack, p. 6)

Experience of being on the streets was traumatic and difficult to process or revisit.

'I haven't really like ... even in therapy, haven't really allowed myself to kind of go through that and make sense of it.' (Anna, p. 22)

The detrimental impact of having no stable home and routine on your health is insidious.

'Not being in a stable home with a routine and that it kind of, it messes with your brain like.' (Aaron, p. 8)

Feeling lost and alone when dealing with poor mental health by himself.

'That feeling of just being lost and having no idea what direction is next, other than to wait.' (Jack, p. 38)

Feeling insecure in mental health and worried about losing everything.

'My biggest fear is that mental health will take this tenancy off me.' (Anna, p. 60)

Living with severe health anxiety is exhausting.

'It's [symptoms of anxiety] like a constant battle, then I'm exhausted after that battle.' (Aaron, p. 22)

Living with financial insecurity

Finding secure paid employment is difficult.

'It's [finding work] a nightmare you know you feel like you do get stuck in a rut sometimes.' (Grace, p. 14)

Meeting financial responsibilities to survive feels like a fight, and far away from the peace he longs for.

'You go to bed and you think "fuck, tomorrow's going to be another shitty day."' (Aaron, p. 17)

Feeling the pressure of building debt as you have to spend in order to survive.

'Any money you spend when you've got this debt, it, um, feels like you're cheating your future self.' (Jack, p. 48)

Longs for financial stability.

'To have stable jobs, stable income, to be able to... have enough money and be like 'I like that, I'm going to buy it.' (Grace, p. 25)

It's difficult to secure a property without a stable income and lengthy process requires perseverance.

'The first thing I did was, err, go to my local estate agents, and unless you've got 6 months up front, they don't want to know.' (Jack, p. 29)

Worries about financial insecurity and risk of losing everything at any moment.

'I won't be able to pay the rent which then I will get kicked out and where is my family going to be?' (Aaron, p. 16)

Feeling shame and not wanting to be a burden

Ashamed of relying on welfare and wants to be self-reliant.

'I don't want to take; I feel like I'm taking money off people.' (Grace, p. 15)

Felt like a burden relying on friends and family.

'Trying to have your family and friends support you, whether that's for somewhere to stay, or your mental health, or ANYTHING like that, you just ... you're left with that and it makes everything so much worse.' (Anna, p. 58)

Doesn't like seeking help because it makes him feel bad.

'I don't like asking people for help, I'd rather fucking die.' (Aaron, p. 23)

Feeling short on courage and needing others to take the lead.

'I didn't have the courage to actually go there and do it like, you know what I mean don't you?' (Josh, p. 21)

Felt ashamed of being homeless and took care to keep it hidden.

'There was a few unused buildings, so, I used to park behind those and sleep there.' (Jack, p. 19)

Feeling unsupported

Early difficulties dismissed by services as a normal part of growing up.

'My social worker – for the first month – didn't do anything because she was just like, "You're a teenager arguing with your parents ... you'll get over it."' (Anna, p. 2)

Anger at not being supported in her journey towards independence and noticing that she's not the priority of services.

'It's just really annoying because I know that I'm like, I'm the bottom of their list.' (Anna, p. 14)

Disheartening to have to wait for mental health support as things get worse when you wait.

'You're waiting anywhere from 2 to 6 weeks for that help to come, and by then you've either had to deal with the problem on your own, or you're crumbling under the pressure of it.' (Jack, p. 36)

Felt small and uncared for with passive unsupportive hostel staff.

'You know staff wouldn't care.' (Grace, p. 27)

Feels that universal credit do not care about people like him.

'They don't give a fuck, they don't care, they don't care about me, they don't care about my feelings.' (Aaron, p. 23)

Hostel did not teach her the skills she needed to be independent.

'In the hostels and stuff I felt like it was... erm... you're on your own still you know.' (Grace, p. 11)

B. THE IMPORTANCE OF PEOPLE

Being believed in without judgement: I do matter

Supportive people are those who have believed in her without judgement and shared with her skills that empower.

'They didn't judge me and like they would have like an actual conversation with me like.' (Grace, p. 23)

Others believing in her increased her self-confidence and independence.

'Eventually people said, "I see your potential" and something just clicked.' (Sophie, p. 10)

Having friends who just listen, who recognise there are no easy answers.

'When we talk, it's not like we're trying to fix each other's problems, we're just there to listen.' (Jack, p. 33)

Non-judgemental advice and support from hostel staff helped her feel understood.

'They were the people I could turn to without feeling any judgement.' (Sophie, p. 18)

Consistency matters

A consistent and supportive support worker who believed in her helped her progress.

'She was literally there every step of the way and she never left my side.' (Sophie, p. 30)

Services offering support assertively let him know that they cared about him.

'They would make an effort like.' (Josh, p. 22)

Valuing the consistency of an 'ideal mum figure' who you can trust and confide in amongst all the instability of relationships.

'The only bit of consistency I had in my life at this point was my psychiatrist.' (Anna, p. 6)

I Wouldn't be Here Without Them

Son has been an important motivator to keep him going when at his lowest.

'If I didn't have my son, I ... I don't think I'd be here at all.' (Jack, p. 33)

Family friend key in helping her take the first steps out of homelessness.

'She's an amazing woman (voice breaking).' (Grace, p. 5)

New a motivator to continue to engage with drug services.

'I want to stop that completely before the baby comes.' (Josh, p. 31)

Being forced by friends and family to move off the street – an acceptance of it being done for her by a close friend.

'I remember bumping into one of my friends, when we were doing the whole like 15 minutes a day going outside thing, um, and she was like, "I don't care – just come back to mine."' (Anna, p. 23)

Renegotiating relationships in the context of trauma and hardship

Ending old relationships linked to drug use, following the advice of others.

'I stopped bothering with him then.' (Josh, p. 3)

A hesitancy to make new relationships, as they are fragile and could end at any moment.

'You can't build a relationship or a good rapport with staff members, because they ... they never last.' (Anna, p. 5)

Trying to forgive past transgressions and rebuild family relationships.

'I'm trying to rekindle normal family relationships like, he's an old man now, he's not like how he was.' (Grace, p. 16)

Learning to be more careful in relationships is remaining compassionate but not allowing the behaviour of others to impact you negatively.

'Like it's more like "I feel sorry for you that you went through such a hard time" but I'm not going to let their opinions, their actions, get me down.' (Sophie, p. 16)

Losing friends was a painful experience, but I was too exhausted to mend the breaks.
'I ... I just had to let it happen, yeah, which is a shame.' (Jack, p. 17)

Relational trauma makes it difficult to form attachments but refuses to let this hold her back.

'I hate getting attached to people. But, at the end of the day, you ... you've got to move on with your life.' (Sophie, p. 17)

C. HOW I SURVIVED

Coping creatively

Holding on to reasonable hope.

'You're always hoping that the next day your ... your situation's going to change but you've got to deal with the fact that it probably won't.' (Jack, p. 49)

Learning that home is an internal, personal feeling of comfort and belonging, not a place.

'As long as I'm here with myself and I am alive and comfortable and not anxious, that should be what home feels like.' (Anna, p. 26)

Holding on to hope for a better future to cope at lowest points.

'I said, "Even though you hit rock bottom, there's still positives and just that there's light at the end of the tunnel."' (Sophie, p. 9)

Losing faith but practicing gratitude to cope – even when at lowest.

'Even at the worst is probably when it's most important, and that's when it's hardest.' (Jack, p. 50)

Portraying an image of strength and success was important in gaining respect, for his own livelihood.

'People would look at me, "yo this guy is out, he's selling, respect like."' (Aaron, p. 5)

The ritual of going to [café] as a part of healing: going in sad and coming out okay.

'That was like a whole ritual for me – it was like when I was sad or anything, I'd go to [café].' (Anna, p. 33)

Parking up rurally with a view – making the most out of a bad situation when sleeping in a car.

'I might be in the cold in my car (slight pause) ... you know, in the middle of nowhere, with no ... no real home, but at least I can wake up and go for a walk.' (Jack, p. 21)

You can escape to past comforting memories through music, it's always there for you.

'It's just nice because it doesn't go away, it doesn't leave – like you can always go back online and find that song and listen to it again.' (Anna, p. 45)

Using drugs and alcohol to survive the journey

Coping with trauma of friends' death resulted in further drug use and social isolation.

'Interviewer: How did you cope with that situation?'

Jack: I don't know. I don't know. I went on the drugs for a bit more then.' (Josh, p. 10)

Used drugs, alcohol, and partying as a way to cope with homelessness.

'Some people can read a book and that calms them down, but for me, it was partying and just getting myself in the wrong crowd.' (Sophie, p. 29)

Over time the influence of other homeless teenagers led to a loss of control and heavier drug use which interfered with goals.

'Um, so, eventually I just turned into one of them and drugs were everything.' (Anna, p. 3)

Selling and using drugs to survive.

'I wasn't just smoking weed, I was also selling weed. Um, I was drinking all the time, smoking all the time.' (Aaron, p. 2)

Using drugs is normalised and easily accessible.

'It's easy, it's an easy step to fall down.' (Grace, p. 18)

You have to do it yourself

Experience of staff not helping her with concerns meant she had to find accommodation herself.

'I'd have to ring the council myself, I'd have to erm, do everything myself.' (Grace, p. 10)

Having to put in the work herself, which required patience and making the most of opportunities regarding housing and work when they arise.

'For me, getting out of there, the only way was to do it myself.' (Anna, p. 32)

Had to help herself to demonstrate her readiness to live independently to others.

'If I didn't help myself, I don't think they would have given me the opportunity to be in a hostel because I don't ... like being in a flat ... because you have to be in a certain level of maturity and you know ... like responsibility.' (Sophie, p. 31)

It was difficult to ask for help, but you must do this to change, as well as being willing to help yourself.

'There's people who want help alright, well no, they ask for help and don't help themselves ini. I asked for help and I actually helped myself.' (Josh, p. 32)

No choice but to continue to be a slave to money because no one else is going to save you.

'Well if you don't where do you go? You think, you think people care about you? They don't.' (Aaron, p. 17)

Consistent determination and self-motivation.

'I felt like I had like a fire inside of me that I was just like, "Come on. Keep going, keep going, keep going." (Anna, p. 51)

D. IT'S ON ME TO CHANGE

Fateful moments

Giving up and hitting rock bottom was the moment she realised things had to change.

'I even gave up on trying to kill myself because that wasn't going well either, um, and at that point, that was when I just decided to give it another go.' (Anna, p.49)

Hitting rock bottom and realising that only she could change things led to improvement.

'I thought, "Well, you know, no one else is going to do it – you've got to do it yourself."' (Sophie, p. 26)

A split-second decision – knowing he needed to change things.

'Well, I stopped, realised who I was bothering with most probably and thought "fuck it, I'm going to start doing things on my own."' (Josh, p. 11)

Moment of realisation that he had messed up and lost people led to change.

'I was just smoking one day and I thought to myself like "what have I been doing all this time?"' (Aaron, p. 20)

Feels he had to address his mental health because he became aware of the impact it could have on those around him following the loss of his mother to suicide.

'It kind of felt impossible for me to feel that way um ... it kind of gave me a perspective of how that impact isn't just on yourself.' (Jack, p. 22)

What change requires: taking a leap of faith and accepting the help

Leaving homelessness requires a leap of faith in to the unknown, which is frightening.

'I suppose you just have to hold your breath and take a step.' (Grace, p. 17)

Has become more independent and relies less on other people.

'As long as I keep going independently and I keep growing independently and not relying on other people, then I can get where I need to be.' (Sophie, p. 32)

Recognises that he needs to proactively engage with support networks to ensure they're there when he really needs them.

'Maintaining support even when you're not at your lowest, because then the support's already there when you get to your lowest, so the lowest doesn't last as long.' (Jack, p. 52)

Still has difficulties with alcohol but engaging with support to reduce her intake.

'Like I drink, I do but it's nowhere near as bad as it used to be.' (Sophie, p. 30)

Accessing services requires daily perseverance.

'Getting help is insane, you know.' (Grace, p. 19)

Focusing on the present moment and committing to working hard to move forward despite the inevitable challenges that will come her way.

'How do you expect to move on with your life if you're always looking back. You've always got to be living in the moment.' (Sophie, p. 33)

I'm a completely different person now

Determined to be like the people who treated her well, and to be better than those who treated her badly.

'It's like I want to be better... you know... just to be better.' (Grace, p. 21)

You can use pain for good, you don't have to let it turn you into a bad person. *'And I think pain changes people, but I don't let the pain from that change me into a bad person. I let it change me into a good person.'* (Sophie, p. 15)

A completely different person as a result of her experiences of homelessness – has grown up, matured, and proved people wrong.

'I feel it. I feel like a completely different person.' (Anna, p. 52)

Values family and happiness now, not violence and materialism.

'What I care about is my happiness, my family's happiness.' (Aaron, p. 19)

Using her past to notice the progress she's made and not letting it hold her back.

'Trying to build a beautiful life for myself and not ... trying not to let anything from my past take my future.' (Sophie, p. 11)

Self-confidence that he will be able to cope with new stressors when they come because of his adverse experiences.

'There's not much in this world that could bother me anymore.' (Jack, p. 41)

Accepts day to day struggle as a part of a journey that won't break her.

'It's like one day we're okay, the next, you know that's how it is until you get there you know.' (Grace, p. 22)

Using her negative experiences to help others – seeing a purpose to her adversity.

'I can look back and I can say, "It wasn't a waste of time – nothing was a waste of time, everything happens for a reason." (Sophie, p. 8)