

Doctorate in  
Clinical Psychology

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University



**Doctoral Thesis**

**Understanding the Barriers and Enablers to Escaping Homelessness Throughout the  
Pathway to Rough Sleeping**

Sophie Holding

Lancaster University

Doctorate in Clinical Psychology

### Statement of Total Word Count for the Thesis

	<b>Main Text</b>	<b>Appendices (including tables, figures and references)</b>	<b>Total</b>
Thesis Abstract	295		295
Section 1: Literature Review	7970	9136	17106
Section 2: Research Paper	7999	17193	25192
Section 3: Critical Appraisal	3969	1212	5181
Section 4: Ethics	4505	3270	7,775
<b>Totals:</b>	<b>24738</b>	<b>30811</b>	<b>55,549</b>

## **Abstract**

This thesis explores the narratives of people who have experienced repeated or sustained episodes of rough sleeping and the barriers and comprises of a systematic literature review, a research paper and a critical appraisal. The literature review uses a meta-ethnographic approach to understand the experiences and enactments of agency, choice and control for people experiencing homelessness. The review applies a theoretical framework of agency, choice and control as a lens through which to synthesise and interpret peoples' experiences of homelessness. Participants in the studies responded to overwhelming structural and systemic forces through choices and actions that reclaimed a sense of agency and prioritized physical and psychological safety. Constraints in making choices directed at the future were identified alongside factors that shifted agency to be directed towards the future.

The research paper uses a narrative approach for the collection and analysis of the accounts of six people who have experienced sustained or repeated episodes of rough sleeping. The findings are presented over four chapters and an afterword in which a narrative was constructed of participants being broken down by homelessness and by drugs and the subsequent rebuilding of their lives. The barriers to escaping homelessness throughout their pathway to rough sleeping, including the absence of help, hostile environments and institutional failure are identified. Facilitators which enabled people to escape from the streets primarily emerged through relationships with support workers who were persistently present and believed in them. Findings of the research are considered within wide socio-political contexts and implications for clinical practice are considered.

Finally, the critical appraisal elaborates on reflexivity utilizing extracts from the researcher's reflective log to highlight points where the researcher's position in relation to the research topics impacted on the research. This section concludes with further considerations of implications for clinical practice.

## **Declaration**

This thesis records work undertaken for the Doctorate in Clinical Psychology at the Division of Health Research at Lancaster University from September 2019 to August 2022.

The work presented here is the author's own, except where due reference is made.

The work has not been submitted for the award of a higher degree elsewhere.

Name: Sophie Holding

Date: 25<sup>th</sup> March 2022

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**Section 1 Literature Review**

**Experiences of agency, choice and control for people affected by homelessness: a meta-ethnography**

Sophie Holding

Lancaster University

Doctorate in Clinical Psychology

### **Abstract**

The review aims to understand how people experiencing homelessness exercise agency, choice and control and how this can be better understood as an aspect of homelessness. A systematic literature search identified 17 papers which were synthesized using a meta-ethnographic approach to develop a line of argument synthesis. Participants' individual agency was overwhelmed by structural and systemic forces which was compounded by a lack of resources and diminished social capital. Participants valued self-reliance, autonomy and agency and in response to a loss of control constructed narratives of agency and utilized coping strategies that enabled a sense of control. Participants prioritized their physical and psychological safety in an attempt to avoid distress and retraumatisation. Overwhelming structural and systemic forces, limited resources, and prioritization of physical and psychological safety resulted in constraints on capacities and capabilities to direct agency towards the future. Socio-environmental changes increased social capital and gave rise to desired imagined futures from which agency became more directed towards the future.

**Keywords:** homelessness; human agency; personal agency; choice; control



## **Introduction**

The United Nations (2005) estimate that 100 million people worldwide are without a home, and over one billion people are inadequately housed. In the US, approximately 554 000 people are experiencing homelessness (Homeless World Cup Foundation 2021). Across Europe, over 700,000 people are in temporary accommodation or rough sleeping, representing a 70% increase in the last ten years (FEANTSA 2020). In those countries where governments have made plans to end homelessness, most focus on prevention, house building and a Housing First approach supporting people into housing quickly (Crisis UK nd).

### *Relevance of Personal Agency, Choice & Control*

Agency has been defined as a feeling of control over actions and their consequences (Moore 2016), thereby having the "power to shape life circumstances and courses their lives take" (Bandura 2006). Understandings of homelessness causation have been criticised for neglecting agency and positioning people experiencing homeless as powerless thereby disempowering people (Pleace 2016). Researchers may have avoided engaging with agency because they do not want to add to stigmatising understandings of homelessness being caused by deviant choices (Pleace, 2000). This may contribute to research on exiting homelessness attributing outcomes to specific interventions, service delivery models or policy changes rather than to the individual. Those who experience homelessness are positioned as passive recipients (Parsell, Tomaszewski, and Phillips 2014), thereby unable to shape their life circumstances through choices and actions that might enable them to escape homelessness.

Agency is informed by the past, directed towards the present and the future (Emirbayer and Mische 1998), and influenced by intrapersonal, behavioural, and environmental contexts (Bandura 2006). Structural forces, which serve to constrain and enable agentic action (Giddens 1984) are undeniably a significant factor in the causation

and maintenance of homelessness (Fitzpatrick, Kemp, and Klinker 2000). To understand the role of agency in causing and maintaining homelessness, agency must be considered within the structural forces and socio-environmental contexts that may constrain or enable individual choice and control.

Choice and control have emerged as important variables in research on recovery in health and addiction. One study found that for people with a mental health diagnosis, being supported in their choices through collaborative partnerships rather than paternalism and coercion, resulted in a greater sense of agency, which emerged as a key factor in recovery (Mancini 2007). A review of 49 articles on the role of choice in influencing service and medication use, treatment adherence and outcomes in health further highlights the significance of choice and control (Davidson et al. 2012). Choices about care and treatment were related to improved symptoms, reduced distress, and improvements in quality of life. When people had a choice over their housing, they were more likely to actively engage in treatment to remain in their chosen housing.

Surveys with people experiencing homelessness in Ireland found that increases in perceived choice related to subjective improvements in physical health, psychiatric symptoms, and community integration (Manning and Greenwood 2019). In addition, choice in housing and services benefited psychiatric functioning, particularly when substance use-related choices had negative consequences (Greenwood and Manning 2017). In having more choice and control, capabilities of agency are increased allowing people more control over actions and their consequences and increased opportunities to shape their life course.

#### *Agency, Choice and Control in Practice*

Processes that underpin agency determine the choices and actions that people take (Bandura, 2006), however, this is also influenced by the choices available and control people have over the conditions that affect their lives. Principles of choice and

control have been embedded into the delivery of public services in many countries (Fotaki 2013). In the UK, The National Health Service Act 2006 mandates that individuals are enabled to make choices and be involved in decisions relating to the prevention and diagnosis of illness, care, or treatment. The Care Act 2014 places control over day-to-day life, including care and support and how it is provided, as central to the principle of well-being. When people are assessed as lacking capacity to make decisions about their care and treatment, the Mental Capacity Act 2005 (Department of Health, 2005) upholds they should be involved in such decisions as far as is practicable. Despite this, promoting and enabling choice and control has not been adopted as a key aspect of homelessness service provision until recently.

Traditionally, homeless services have utilised treatment-first or 'staircase' models in the UK. That means engagement in treatment for physical health, mental illness, or addiction has been a prerequisite for obtaining and maintaining housing. The staircase model requires people to progress through levels of accommodation by demonstrating increased 'housing readiness'. This often involves residing in a series of congregate temporary accommodations. Strict rules about behaviour, compliance with mental health treatment and the use of substances are commonplace in services adopting a staircase model (Pleace 2012).

Housing First is a model that aims to provide rapid access to housing without any preconditions whilst providing intensive open-ended support. One of the principles of Housing First is that individuals have choice and control over material resources, behaviour, and support. Housing First England (2020) estimate an almost six-fold increase in the capacity of Housing First services across the country since 2017, with the combined capacity to support 1995 people in 2020 compared to 350 in 2017.

Psychologically informed environments (PIE) and trauma-informed care (TIC) are endorsed by Homeless Link (2017) (a national charity for organisations working with people who become homeless in England) as good practice responses that organisations can adopt to provide a better support provision for people experiencing homelessness. One of the elements of PIE is to create a physical environment and social space which affords people the choice and control over how and when they engage with support. Furthermore, emphasis is placed on achieving therapeutic change through relationships rather than attempting to control behaviour (Keats et al. 2012). Similarly, a principle of trauma-informed care is ensuring opportunities to rebuild control by increasing client choice (Substance Abuse and Mental Health Services Administration 2014).

### *Challenges*

People experiencing homelessness are a highly vulnerable population. One study has highlighted that frailty of people experiencing homelessness is comparable to that of an 89-year-old in the general population (Rogans-Watson et al. 2020). Rates of mental illness and substance use are consistently higher than the general population (Fazel, Geddes, and Kushel 2014), with a prevalence of up to 95% for mental illness (Martens 2001). Thereby there is an increased risk of overdose or mental health crisis and a higher prevalence of suicidal ideation and attempts in the homeless population (Ayano et al. 2019). Cognitive impairment and traumatic brain injury are also highly prevalent (Stergiopoulos et al. 2015; Topolovec-Vranic et al. 2012; Topolovec-Vranic et al. 2017). This gives rise to the potential for tension between enabling choice and mitigating harm. In a recent evaluation of Housing First Pilots in England (Ministry of Housing Communities and Local Government. 2021), organisations identified a conflict between respecting and enabling choice and mitigating harm. Health and social care

professionals feel likely to be blamed if decisions have adverse consequences (Bates and Lymbery 2011).

The Housing First pilot evaluation also highlighted the implications of the perceptions of limited choice. For example, clients were 'incredulous' that they were being given a choice and struggled with the concept of being given a choice, whilst others accepted a property outside of their preferred area for fear of not being offered another one. Client perception of choice has likely been skewed by their prior experiences of services as control-limiting, therefore, may need to be considered as much as increasing opportunities for choice and control.

### *The Current Study*

Promoting agency, choice and control for people experiencing homelessness is undoubtedly gaining traction as an important component of support provision. Despite this, there are difficulties translating these abstract principles into everyday practice and intervention (Raitakari and Juhila 2015). It is also essential that structural factors are not neglected, denied, or ignored in causation and maintenance as significantly disadvantaging people who experience homelessness. Thus, it is understandable that socially disadvantaged groups are less able to utilise the mechanism of choice to gain control and achieve positive outcomes (Barnes and Prior 1995) through agentic action.

Attempts to write agency back into research and theory on the causation and understanding of homelessness are ongoing. Concepts of choice and control are being implemented in practice with a subsequent growing body of research on such practice's effectiveness and associated outcomes. Despite this, there is no coherent or comprehensive understanding of how personal agency, choice and control are perceived and enacted in experiences of homelessness.

To address this, a meta-ethnographic approach has been used to review existing qualitative literature where the focus or a key theme emerging from the research has been related to agency, choice, and control. The concept of agency will be used as a conceptual lens for developing insight into choice and control for people experiencing homelessness. This will be influenced by Emirbayer and Mische (1998) accounts of agency being informed by the past and orientated toward the future and the present. Furthermore, agency will be considered within the context of structural and systemic factors.

## **Methods**

The meta-ethnography aims to address the question of how agency, choice and control are experienced and enacted within experiences of becoming, being and exiting homelessness. Specifically, the review aims to understand how people exercise agency and how this can be better understood as an aspect of homelessness.

A meta-ethnographic approach has been used as the method of data synthesis. This has been guided by Noblit and Hare (1988) seven-step method as outlined below and also informed by Britten et al. (2002). In addition, the eMERGe reporting guidance (France et al. 2019) has been utilised to guide both the methodology and the reporting of the meta-ethnography. Meta-ethnography re-interprets the empirical data to develop conceptual insights and interpretations by translating studies into one another to develop a line of argument. As the study aims to develop conceptual understanding rather than to aggregate findings, meta-ethnography was considered the most appropriate approach for synthesis (Noblit and Hare 1988).

### ***Search Strategy and Study Selection***

A systematic search strategy was employed to increase rigour. This is particularly

pertinent at present following calls to use more evidence-based practice in the homeless sector (White and Gough 2020).

The conceptual aims of the review presented a challenge operationalising the research questions. As such, initial scoping searches were undertaken to identify key texts and sculpt the research strategy accordingly. The initial scoping search that was undertaken did not produce papers relevant to the aims of the review. However, through familiarity with the topic area and existing literature, key papers were identified, and MESH terms were used to identify search terms that could be used to refine the search. Furthermore, as papers were identified, the journals and associated databases were noted, and search terms continued to be refined. This resulted in developing the search terms with the SPIDER tool (Cooke, Smith, and Booth 2012) utilised to structure the search terms (see table 1).

CINAHL, PsycINFO, SocINDEX and Academic Search Ultimate were searched. The search strategy consisted of using each string generated for each component of the SPIDER tool in the following format [Sample AND Phenomenon of Interest] AND [Research type]. The search strategy was then adapted to match the functionality of each database. This yielded a total of 2468 results. After duplicates were removed, 1805 records were screened by title and abstract. A total of 89 records were retrieved, 64 were excluded, resulting in 23 full-text articles being included from database searching. The inclusion and exclusion criteria (see table 2) were used to support decisions relating to which articles to exclude. The inclusion criteria required research to be qualitative with participants who were over 18 years old who had experienced homelessness. Articles were screened to ensure either the overall results or at least one theme within the results related to agency, choice and control. Articles were excluded if the focus population had become homeless as a result of displacement due

to war or natural disaster or the study focused on children and families. The search was supplemented by searching of reference lists and using the Google scholar citation functions, through which a further two articles were identified. Grey literature was not included in the research. Reports from third sector organisations would likely have provided much value, depth and insight into the phenomena, but this would have further privileged English-speaking voices and experiences. Furthermore, much of the grey literature that is of relevance to the research question has been published by charitable or third sector organisations that provide services and rely on funding and commissioning of their services, and thus, may be more vulnerable to bias to support and sustain their work.

A summary of the 25 articles included in the study is presented in Table 3. Eighteen of the studies originated from UK, five each from Australia and USA, with the remaining studies from Europe, Japan and Canada. Participants had predominantly experienced sustained or repeated episodes of homelessness. Studies utilised interviews, focus groups and ethnography for data collection. The data analysis methods were varied.

### ***Quality Appraisal***

Quality of articles included in the study were appraised using the Critical Appraisal Skills Programme (2018) qualitative checklist. Duggleby et al. (2012) scoring system was utilised. Scores were totalled with a maximum of 24 (Table 4). Papers were also quality assessed by an independent researcher to strengthen reliability. Scores were not used to exclude papers due to scores potentially being lower due to difficulties arising from issues such as details being omitted due to word limitations (Sandelowski, Barroso, and Voils 2007). Studies included in the review vary in quality from 9 to 20, however findings are based on the papers as a whole and not reliant on single studies or



lower rated papers.

### *Synthesis*

Noblit and Hare (1988) described seven stages of conducting a meta-ethnography. A detailed description of the actions take at each stage during the meta-ethnography is available in Table 5. Phases one and two involve clarifying the aims and focus of the review and developing a search strategy. In phase three, studies were read and re-read and data relevant to the aims of the review was extracted. Consideration was given to what study information to extract and how to do this whilst preserving concepts within context. The data extracted (see Table 4) was selected to support the contextualisation of the studies within a meta-ethnographic approach. Key metaphors and concepts were extracted into a table alongside author interpretations (second-order constructs) and supporting quotes from participants (first-order constructs). Phase four involved determining how studies included in the review are related. Key concepts and metaphors were identified and tabulated (Table 6) to support this process. In the next phase, papers were organized by their relevance to the review aims. This required an element of subjectivity however began with papers in which the primary focus was agency, autonomy, choice or control. This was followed by papers in which this was not the focus of the research but emerged as a key theme in different settings and populations. Finally, a cluster of papers in which the focus of the study was around healthcare experiences in which a key theme was pertinent to the aims of the meta-ethnography. The themes and concepts in paper one were compared with paper two, and the synthesis of these two papers with paper three and so on. In phase six, third-order interpretations were translated into a table supported by second-order themes derived from author interpretations to develop a line of argument.

### *Reflexivity*

In qualitative research the researcher's personal, professional, and epistemological position is important. When using meta-ethnography, the researcher should critically reflect on the context of knowledge construction and how they may influence the interpretive process and findings (France et al. 2019).

The research is informed by a critical realist epistemology and recognises that meaning is socially constructed. The research adopts a combined inductive and deductive approach, in that the data collected is being used to inform understandings of agency for people experiencing homelessness. However, theories of agency have been applied to the data and there is an expectation that agency will in some way be constrained for people experiencing homelessness and influenced by structural forces.

I argue that homelessness is often a political choice in that structural and systemic forces that uphold neoliberal ideologies manufacture and sustain poverty and inequality which significantly contributes to homelessness. As such, individual responsibility for escaping homelessness is restricted by structural forces. Local and national government policy, services and organisations are responsible for the contexts in which people can use their agency and autonomy to escape homelessness with the appropriate support.

## **Results**

### ***Theme 1: Overwhelming structural and systemic forces***

Structural forces such as housing policy, employment opportunities, and welfare benefits influenced individuals' actions and contributed to a loss of control over their lives (S1, S6, S8, S13, S14, S16, S25). Structural forces over which people had no control constrained agency and autonomy:

It's like housing affordability... if you can't afford any of the housing, what are you supposed to do? Like how can you be responsible for that? That's not in your control. (S8)

Inadequate government provision of services and opportunities left people with limited "choice, opportunities and independence" (S8). Individual agency was overwhelmed by structural and systemic forces (S6, S8, S14):

The welfare offices refuse individual visitors away at the door...I had to visit several municipal offices across the city to apply for the welfare program. But, after asking a few quick questions about my job, family, and money, they just simply said no and declined my claim (S14)

Systemic forces within services for people experiencing homelessness further constrain agency, autonomy, and control (S1, S5, S6, S8, S11, S14, S15-21). People experiencing homelessness were "unequivocal in their assertion that they were unable to assert control over outcomes in hostel environments" (S5). The rule-bound nature of temporary accommodation restricted people's control over developing and maintaining relationships, contact with children and protecting themselves from harm (S17). Support within services is contingent on compliance with unfair, paternalistic, and punitive rules (S6):

You're treated as... you're a grown man, you don't matter, and you're treated like a child' (S6)

Non-compliance with such rules and regulations often results in sanctions or exclusion from services (S1, S6, S15, S16):

They [the staff at supported accommodation] just said 'well there's nothing more we can do for you' ... I'd stopped, like I wasn't playing their game, I wasn't going to sessions, I wasn't going to key working, and all that. (S1)

Within accommodation-based services, rules, regulations, and congregate living left people feeling trapped within an environment over which they had no control (S6, S17):

You feel trapped. There's a lot of people that don't make it. They turn to drugs, they end up killing themselves. The long process is what drains people. (S17)

Surveillance, a lack of privacy and regulations diminished people's sense of freedom and independence (S14, S15, S16, S19, S21):

They're just like no, you gotta get your guests outta here and they came into my place and escorted him out and then I was naked in my bathroom (S20)

Lack of control over their environment resulted in an inability to secure themselves against the risk of harm:

"You cannot feel safe in a place like this" (S16)

### ***Theme 2 Limited Resources and Diminished Social Capital***

Structural forces exerted influence on individuals' capability for agency by restricting choice and control; this was exacerbated by limited access to resources (S1, S13, S14, S17) which severely limited life options. Friends and family they could draw upon for support often had limited resources. For some, death of family and friends meant they had fewer social connections, and others were functionally without family due to alienation and constraints on their relationships (S13, S17):

My mother is dead, my father is dead, my brother is gone, my other brothers dead... I have no family. None. (S13)

Shame and embarrassment about their situation could also discourage people from reaching out for help and support (S6, S14), thereby limiting their control over the resources available to them to manage their situation. People were alienated from society and communities due to stigma and prejudice, resulting in shame and isolation, further diminishing their social capital:

It's just the stigma... They just think 'ah he's in there. He must be on this or that drug' (S16)

Structural forces, such as shortages of affordable housing, created the conditions within which stigma resulted in discrimination and exclusion:

'we won't get social housing because we're in hostels and we've criminal records (S6)

Constraints on the choice and control people had due to limited resources, diminished social capital and overwhelming structural forces resulted in having to make difficult choices (S1, S12, S23). People would often be forced to choose between which of their basic needs to fulfil:

You know, that's not much of a choice, your health or your—your, uh—or keep from freezing to death, you know. What kind of choice is that? (S23)

### ***Theme 3 Self-Reliance, Autonomy and Narratives of Agency***

People experiencing homelessness did not want to be seen as passive and deficient (S7). They emphasised their capacity for autonomy and self-reliance (S1, S2, S3, S7, S8, S25):

I feel that we have a responsibility to make decisions.... I don't want to go pointing the finger at the world and saying, this is a bad place, or it's everybody else's fault... (S8)

In response to the loss of control experienced, people constructed narratives of homelessness as a choice (S6, S7, S9, S12, S13, S21, S24, S25):

But no, I've cocked up my life. But in a nutshell, we're here because of our own fault: when it comes down to it. And you know people say no, no, no, but we are because if we hadn't chosen that side of life we wouldn't be here. You know, so. We've got no one to blame but ourselves ... (S7)

Homelessness as a choice was described as a choice in the context of leaving abusive or unsafe home environments or accommodation (S5, S9):

That moment that I think I knew in my heart that I still tried everything else but it was like no, you are right, it's not what I was meant to be here for and it's not what's meant to happen and I just one day just said, I'm done. It's over (S9)

People constantly “asserted their agent-led rationality” (S1) and employed coping strategies to manage and regain control over their situation. For example, abandoning or avoiding temporary accommodation was a way of regaining a sense of control when the environment around them was beyond their control (S5, S21):

The people are there for things they've done, sexual abuses, and what happened in my family, around me, affected me big time... I couldn't have stayed there, rather the streets... in case there was one of them people next to me... (S5)

People described choosing squats over hostel accommodation due to distrust and resentment of services or because the hostel environment was incompatible with their commitment to avoiding re-traumatisation (Theme 4).

People also constructed narratives of homelessness as a choice in the context of using drugs:

What money I get, it's not enough for me to indulge how I want, and pay rent. So I've decided to skip rent, so I can indulge myself more – that's why (S7)

The choice being made was to use drugs, which resulted in being unable to afford rent and becoming homeless. Despite assertions that this was a choice, it was evident that some people struggled to make sense of their choices:

Why can't I, on pay day go get a room or something, you know. Why don't I do that, instead of go buy drugs? That's some sort of problem there, isn't there? Isn't there really? Why can't I just go up there and get a \$129 room or something you know? (S7)

Choosing to use drugs or alcohol also served as a way of taking control over the management of mental health and past trauma (S1). Whilst people predominantly rejected paternalistic approaches, people who did not use drugs, were trying to get clean or were in recovery from addiction expressed a paternalistic approach to substance use and disavowed the need for control (S3, S25):

If I had control of anybody when I was drinking I wouldn't be here today. I'd be dead. (S25)

Self-reliance and autonomy were valued; however, taking responsibility and being accountable was difficult in the context of homelessness, relationship breakdown, problematic substance use and mental health difficulties (S6, S8) and claiming back autonomy often impeded progression to independent housing (S21). There was a tension between narratives of agency, which aligned with dominant societal narratives, colliding with external structural forces over which people were powerless (S8, S13, S24).

#### ***Theme 4 Prioritisation of Physical and Psychological Safety***

People prioritised survival, physical safety, and psychological safety. They made active and considered choices that were informed by a desire to avoid or manage distress and promote well-being in an immediate sense (S1, S4, S5, S7). Survival

concerns dominated people's days, and they employed survival strategies to get them through the day-to-day (S9, S11, S19, S23).

Experiences of trauma and adversity often constrained choices in that people's responses to emerging situations were strongly influenced by their past experiences (S1, S4, S5), or trauma and mental illness (S1, S4, S5, S7, S8, S11, S12, S19).

People used drugs to manage and protect themselves from the impact of past or current trauma or distress (S1, S4, S7). They demonstrated that using drugs was a considered choice with an awareness of the potential risks, for example being unable to pay rent or risk of eviction from temporary accommodation (S1). Thus, when homelessness was described as a choice (Theme 3), life experiences informed such choices. For example, this participant knew that drug use would have negative consequences, such as eviction from the hostel; however, drug use was a "shield" from his past experiences of childhood sexual abuse:

See when I get off the drugs and I'm just naked, I'm going to break right down, (...) because the drugs are like a shield, a wall,... (S1)

Hostel environments often replicated or evoked earlier traumas leading people to avoid or abandon them to avoid intolerable levels of psychological distress (S5):

They beat me when I was [an adolescent], so they did... Blood squirting up the walls and all. I thought I was dead and all. Scary isn't it?... They [hostels] work for some people, I would say. For me? No... I don't like being around too many other people. That cracks me up. I can't do it... If I squat, nobody knows. Nobody sees me. I feel safer squatting. (S5).

In an attempt to try and survive her situation, one woman returned to sex work to try and generate income to support herself and reclaim a sense of agency (Theme 3);



however, this gave rise to high levels of emotional distress, which she managed by using drugs:

I got into prostitution and then from getting into prostitution I started taking heroin again to forget the fact that I was working... (S1).

Trying to manage her distress by using drugs resulted in her situation deteriorating, perpetuating feelings of a loss of control. This highlights how people tried to manage and promote their well-being in an immediate sense rather than make optimising choices directed at achieving an alternative future.

For some people, this led to their lives becoming dominated and entrapped by illness and addiction

getting up, meeting up with friends, going on a robbing spree, getting high, and going to sleep, and then next day, waking up in the afternoon and repeating the whole thing. (S11)

Prioritisation of survival and bodily integrity left little capacity for anything else.

### ***Theme 5 Constraints on Capacity and Capability***

Multiple losses, systemic barriers, structural forces, navigating complex systems, trying to manage physical and mental health and inadequate assistance constrained capacities to make optimising choices and made it challenging to envision the future (S1, S3, S4, S8, S9, S12, S14, S16, S17, S18):

[T]he longer someone becomes homeless, or is homeless, then I feel like it's silly to put more responsibility on them. Because the longer you're there, you can't think properly. There's less that you can do (S8)

Being homeless eroded capacities for rationality and self-responsibility whilst their ability to make choices was attenuated by vulnerabilities and undermined by physical and psychological harms (S3, S4, S8, S9):

I was not here. I was not even taking my medication. I don't even know if I was showering. I don't even remember...I didn't really want to be here, so all I was thinking about was all this other stuff that had nothing to do with logical practical steps to improve my life (S8)

People doubted their capacity to take greater responsibility for their situation; they questioned their ability to take action to help themselves:

I mean it's really hard thing being homeless...It's brick wall after brick wall you know? I would be like beyond despair, can't keep going, don't know how I am going to do this (S9)

Furthermore, the lack of control people had over their lives made it difficult for them to take back control over their future. In the absence of predictable and stable accommodation, temporary accommodation made it difficult to think about the future or do anything about their life situation (S5, S17):

There's actually [only] so long that people can live in limbo without it really damaging their mental health... because you don't know... what's happening... you're on edge... even just a simple thing like packing: do I pack now? (S17)

The psychological impact of homelessness made it difficult for people to see how they could carry on living:

I was super extreme depressed and I just wanted to not live anymore because I couldn't see a hand, no one (S9)

People experienced hopelessness and found it challenging to envision the future (S10, S14). They could not imagine an alternative future where they were not homeless (S5). The belief that homelessness was inevitable for the foreseeable future reduced the capacity for agency in making choices directed at the future (S4, S5, S14):

If I think about my life, I feel miserable and lose my hope for the future (S14)

### ***Theme 6 Socio-Environmental Change***

When support was offered to people experiencing homelessness, it was vital that workers did not undermine people's sense of agency and supported their desire to feel agentic rather than being "pushy" (S2). Offering choices increased autonomy (S2, S18, S22) and reduced rules and regulations allowed people the freedom to escape when needed (S22). When people felt they were in control over the help they received, they experienced staff as both supportive and encouraging them to take responsibility (S10):

They trusted me, and since I had come so far, they said that they do not do this with everyone, but they chose to trust me. And just this gives me such a lot, to feel that NOW I really have come a long way. (S10)

Support from others, such as particular services, charities or workers, helped people to be able to navigate complex bureaucratic processes (S18). With the power of organisations behind them, they were able to overcome some of the structural forces that had overwhelmed their individual agency:

People at the welfare office didn't help me when I was alone, but they helped me when an organisation was behind me. The power of organisations is way stronger than I thought (S14)

Being acknowledged and finding support "allowed hope to grow" (S9). People emphasised the importance of support from others:

I do rely a lot on my workers and my friends and the support that there is... Some people just get into that sort of hole...you need someone to bring you out (S8)

When support was provided with care and trust, this served to strengthen personal responsibility and empowerment (S10):

They are very dedicated in their work. I think they enjoy what they are doing. The members of staff are very human, which makes it so good. They care about you personally and are concerned about how you are doing (S10)

Social connections were critical and shifts in social networks and norms increased capabilities through increasing social capital and resources (S4, S10). Living close to supportive social networks (S17) that could foster positive actions was important (S2). This provided people with practical and emotional support that increased capabilities to manage their situation and context (S4, S10). Decisions and efforts to remain housed were mediated by people in local neighbourhoods and communities:

If I live in [inner city suburb with a reputation for drug use and crime] I'll be around drugs. I'm not a drug addict, but I'll be around drugs and things like that and my life won't change (S2)

This gave rise to pursuit of broader life changes (S2, S4, S9, S10, S11). Escaping homelessness and sustaining accommodation was part of a commitment to or plan for an alternative future that was realised when socio-environmental changes created space for people to think about their futures and increased their resources to respond to their situation through increasing social capital. Most people described alternative futures in which they could see their children more regularly or start a family (S2, S4).

Expressions of agency were still evident as people reflected on behaviours and capabilities and made choices to relinquish some control and self-reliance (S2, S19, S22), for example, by opting into automatic rent deduction systems:

I have a major gambling addiction, [service provider] has arranged for me to have my rent and electricity come straight from my pension. ... I usually have my bike and gold ring in cash convertors. (S2)

People also relinquished some self-reliance through building connections with others whom they came to rely upon for their recovery:

Anytime you, you feel down I just ring me sponsor up Darren, tell him, like you say, if I have a bad day like you says, if I feel I'm having a bad day, which I suppose you're right what you say, I phone me sponsor up, have a chat with him, and I get through it. (S19)

When accessing the support they needed, it was important that they were choosing to relinquish control and get help on their own terms (S10).

## **Discussion**

The review aimed to develop a conceptual understanding of how agency, choice and control are experienced and enacted within experiences of becoming, being and exiting homelessness. Specifically, the review aimed to understand how people exercise agency and how this can be better understood as an aspect of homelessness.

Agency has been conceptualised as the feeling of control over actions and their consequences (Moore 2016), thereby having the “power to shape life circumstances and the courses their lives take” (Bandura 2006). Agency is informed by the past and directed towards the present and future, and influenced by socioenvironmental and structural factors that may constrain or enable individual choice and control.

The systematic search resulted in 25 papers being included in the analysis. The papers predominantly originated from the UK, Australia and USA. They included various forms of homelessness (such as temporary accommodation, rough sleeping, shelters, housing projects) for varying durations. A meta-ethnographic approach was utilised from which five themes were developed into a line of argument synthesis.

Participants' agency and autonomy was constrained and overwhelmed by structural and systemic forces which reduced the control they had in becoming, being

and escaping homelessness. Particularly, homelessness, housing and welfare legislation reduced individual agency. This was further exacerbated by the limited resources available individually and within their social networks. Alongside this, diminished social capital, due to limited or absent social networks, shame and stigma, further impeded their capacity and capability to manage their situation.

Participants did not want to be seen as passive and deficient and valued autonomy, agency and self-reliance. They constructed narratives of agency in which they articulated a choice to become homeless, albeit this was secondary to the primary aim of escaping and avoiding abuse and distress or using drugs. Drug use for most people was a way of reclaiming agency and escaping a situation. People prioritized the avoidance and management of trauma and distress. Drug use, abandonment and avoidance of temporary accommodation were coping strategies that people employed in an attempt to take some control over their situation and their mental health. Participants expressed ways in which they prioritized survival and bodily integrity.

Overwhelming structural and systemic forces alongside limited resources and social capital constrained the capacities and capabilities that people had to make optimizing choices directed towards the future. Being homeless and the vulnerabilities that people experienced undermined their rationality. Participants expressed hopelessness and doubted their capacity to manage their situation. In the absence of stable and predictable accommodation, participants were unable to think about the future. Participants believed that homelessness was inevitable, and housing was not realistically achievable.

When participants were provided with support, care and trust that increased their choices and autonomy, they were able to begin taking some control over their situation. Increasing social capital through developing social connections and networks was

imperative in increasing the resources and capabilities participants had to overcome some of the structural and systemic forces that overwhelmed them. It was important to have support in navigating the complex bureaucratic procedures. With increased support and social capital, participants were able to begin thinking about broader life changes that would help them pursue their desired future. In pursuit of this, participants' agency was evident in choosing to relinquish some control and self-reliance.

### ***The Role of Agency***

Emirbayer & Mische (1998) proposed that agency is temporally situated and action is informed by the past, present and future in varying degrees which are represented by three elements (see Fig. 2). The iterational element is primarily directed towards the past. It allows for the reactivation of past thoughts and actions which sustain identities, meaning and interactions over time, allowing actors to predict how other actors will respond. The projective element is primarily directed towards the future. This element involves the imaginative generation of possible future actions, generating alternative actions, and anticipation of consequences within the contexts of their hopes, fears and desires for the future. The practical-evaluative element is primarily directed towards the present and the consideration of possible trajectories of action in responding to emerging demands and dilemmas.

Participants in the studies typically directed agency towards managing emerging demands and dilemmas, the practical-evaluative element of agency (Emirbayer and Mische 1998). They responded to immediate threats to psychological safety and survival. High rates of victimisation and trauma are evident within the population (Padgett et al. 2012), with trauma frequently preceding homelessness (Taylor and Sharpe 2008) and homelessness in itself being a risk factor for trauma (Goodman, Saxe, and Harvey 1991). As such, people experiencing homelessness are more likely to live with hyper-aroused stress response (Van der Kolk 2014) therefore, it is understandable

that participants in the studies gave primacy to their psychological and physical safety and the avoidance of psychological distress. A substantial amount of evidence demonstrates the use of substances to ameliorate distress (Darke 2013; Mills et al. 2006). Participants demonstrated agency in that they understood the consequences of using substances to manage distress, namely becoming, or remaining homeless, however felt unable to manage without using.

The projective element (Emirbayer and Mische 1998), was significantly constrained by structural forces alongside unpredictability, instability that undermined planning for the future, and limited resources and social capital. This reduced their capability and capacity to manage their situation. Research exploring the meaning of hope for people with lived experience of homelessness found that due to the constant struggle for survival when experiencing homelessness, people felt their lives were on hold, which weakened hope for the future (Partis 2003). This aligns with the perception amongst participants in the current review that homelessness was inevitable leading to feelings of hopeless about the future.

Supportive networks and relationships allowed for the generation of different courses of action, thereby engaging the projective (future-directed) element of agency (Emirbayer and Mische 1998)). Increased social capital through cultivating social networks and having access to support from workers allowed people to begin thinking about their desires for the future. Whilst housing was a part of a plan to achieve an alternative future, it was not the primary goal. Similarly, when people in other studies were asked how they escaped homelessness, housing was hardly mentioned (Groundswell UK 2010b).

Developing supportive networks and relationships also created opportunities for proxy agency (Bandura, 2006). That is, where those who had more resources,



knowledge and means to act on behalf of others to secure outcomes. For example, participants described how they were unable to secure housing or benefits when they attempted to do this alone. However, when a support worker acted on their behalf, they were able to secure the desired outcome. This also required self-reflection on individual efficacy to overcome challenges, an important element of agency (Bandura, 2006). Participants reflected on their capabilities to achieve this individually and chose to engage with support to secure their desired outcomes.

Participants made choices to relinquish control to avoid problematic behaviours from undermining the pursuit of a desired alternative future, highlighting further examples of self-reflection. Such choices also demonstrate self-reactiveness (Bandura, 2006) in that participants were able to generate appropriate courses of action which were motivated by their desired alternative future. Relinquishing control in these circumstances was an act of agency.

### ***Giving Primacy to Psychological Safety***

An important finding was the role of giving primacy to psychological safety in the process of agency and the choices people made to try and gain control over outcomes. This expands on previous research that has found, for example, that people experiencing homelessness often prioritise meeting basic human needs (e.g. shelter and food) over accessing health and social care (Omerov et al. 2020). The current study highlights how past experiences inform such choices (the iterative element of agency) to avoid intolerable distress that would undermine an individual's ability to cope with their situation.

### ***Clinical and Practical Implications***

PIE and TIC prioritise creating an environment where psychological and physical safety are prioritised equally (Keats et al. 2012; Substance Abuse and Mental

Health Services Administration 2014). This aligns with participants in the current study giving primacy to psychological and physical safety. In creating environments and relationships that increase people's feelings of safety, it increases the capability of people to manage their situation in a way that allows them to begin thinking about their desired future.

Building trusting relationships is an essential aspect of PIE and TIC and a key recommendation for Housing First services in England (Homeless Link, 2019). Such relationships increase the social resources available to people experiencing homelessness and allow the generation of alternative imagined futures. Importantly, it also enables people to engage proxy agency in situations where they cannot secure outcomes due to constraints on resources, knowledge and means to act, which arise from the social exclusion and marginalisation of people experiencing homelessness.

Agency requires metacognitive thinking processes (Bandura, 2006) that could be impacted by cognitive impairment. Thus, socio-environmental changes, developing trusting relationships, and improved choice and control may not allow the person to engage in the cognitive skills needed to make optimising choices and act on them. One study conducted with a Housing First sample found a high prevalence (70%) of neurocognitive impairment (Stergiopoulos et al. 2019). Rates of head injury in the homeless population are reported to be between 43-53% (Mackelprang, Graves, and Rivara 2014; Hwang et al. 2008). As such, there may be a requirement for health and social care support around the person. This creates challenges for service providers as people experiencing homelessness often experience difficulties accessing health and social care due to bureaucratic procedures, rigid access to services, discrimination and stigma (Omerov et al. 2020). Furthermore, there is evidence of the mental capacity act being misappropriated by professionals with people experiencing homelessness which is

used as a justification for not providing support (Martineau and Manthorpe 2020; Armstrong et al. 2021). There is potential that some barriers to service access could be mediated if relationships are developed that give rise to opportunities for proxy agency.

Fragmentation of health and social care services, unrealistic goals and pressure placed on staff, and a lack of support from statutory agencies (Armstrong et al. 2021; Moriarty and Manthorpe 2014) create challenges for changes to social and environmental contexts of people experiencing homelessness. Supported housing has also been impacted by reduced funding in recent years (Hastings et al. 2015; Dobson 2019). Funding is often short-term and focused on rough sleeping whilst local authorities are striving to provide for a 70% increase in homelessness (FEANTSA 2020) whilst funding has been drastically reduced over the same time period (Blood 2020). As such, providing people with stable and predictable housing and time to develop relationships and develop feelings of safety is a challenge for services. The absence of stable and predictable housing may restrict agency directed towards the future as people primarily focus on responding to their immediate situation.

Furthermore, the lack of stability restricts capabilities to plan for the future, even if an imagined alternative future is realised. In the absence of time to build trusting relationships, opportunities to engage in proxy agency and develop 'healing relationships' that may provide a sense of psychological safety are further constrained. In the face of structural forces that not only overwhelm the individual but often overwhelm services and organisations as well, it is imperative that whilst we aim to increase opportunities for agency, choice and control, we do not hold individuals responsible for being unable to overcome structural inequality and austerity.

### ***Future Research and Limitations***

The study's main limitations derive from the narrow subset of people experiencing homelessness who are represented in samples. The study populations are predominantly

English-speaking, westernised and Eurocentric and focus predominantly on sustained or repeated homelessness. This does not encompass the different forms of homelessness that exist, such as sofa-surfing. Studies also relied on access to populations through established services; therefore, those who do not engage with these services or are “hidden homeless” are not represented. Participants will also be limited to those who had the capacity to consent and were willing to engage in potentially distressing interviews. Considering this, this may represent a proportion of the homeless population who are higher functioning and have experienced sustained periods of rough sleeping. This represents a very narrow view of homelessness, given that over 100,000 people experiencing homelessness in Great Britain in 2016 were not rough sleeping or in hostels, refuges or shelters (Downie et al. 2018).

Research that explores the relationship between psychological safety and agency directed at the future would be beneficial in understanding how principles of choice and control can be better implemented in practice. Similarly, gaining a better understanding of agency across different forms of homelessness may further illuminate or contradict the current findings.

Further consideration should be given to people who are homeless who use drugs. Research has found that the neurobiological processes of addiction can overpower the control of individuals over craving and drug-seeking behaviours (Kalivas, Volkow, and Seamans 2005; Goldstein and Volkow 2002). Understanding how this impacts agency, choice and control is imperative given the higher prevalence of substance use in this population.

### **Conclusion**

The present review is novel in that it applies a theoretical framework of agency, choice and control as a lens through which to synthesise and interpret peoples experiences of

homelessness. The review develops understanding of the role of services in supporting the expression of agency through negotiating and moving against structural barriers. Furthermore, it highlights the importance of providing psychological safety and building trusting relationships to facilitate agency directed at the future. Findings have implications for service delivery, in particular, the implementation of principles of choice and control in Housing First, PIE and TIC approaches.

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**Tables and Figures**

Table 1. SPIDER diagram of search terms

Sample	(homeless* OR “rough sleep*” OR unhoused OR roofless OR houseless OR “temporar* accommodate*” OR “unstab* hous*”)
Phenomenon of interest	(Choice OR control OR agency OR autonomy)
Design	(Qualitative OR “mixed method” OR questionnaire OR survey OR interview OR “case stud*” OR “focus group*” OR phenomenologic* OR narrative OR grounded OR thematic OR ethno*)
Research type	(Qualitative OR mixed method*)

Table 2. Inclusion and exclusion criteria

<b>Inclusion criteria</b>	<b>Exclusion criteria</b>
<ol style="list-style-type: none"> <li>1. Qualitative research</li> <li>2. Participants are over 18 years old and have experienced or are currently experiencing homelessness</li> <li>3. Significant content of findings discusses agency, choice or control</li> <li>4. Report is available in English</li> </ol>	<ol style="list-style-type: none"> <li>1. Studies where the participants have, predominantly, become homeless as a result of displacement due to war or natural disaster</li> <li>2. Studies where the participants have been families or single adults with dependents</li> <li>3. Where results were informed by more than one population which did not meet the inclusion criteria</li> <li>4. Insufficient qualitative analysis</li> </ol>



Table 3. Summary of studies included in review

Author (Year) (Study Number) Geography	Study design	Method of Analysis	Participants	Topic and Aims	Results
<b>McNaughton (2009)</b> (S1) Scotland	Case studies developed from biographical in-depth interviews	Contextualised rational action analysis	Three participants who had reported problems with substance use and/or mental illness. - 42-year-old male; homeless over 20 years - 59-year-old female recently moved to own tenancy - 26-year-old female repeated episodes of homelessness	To illustrate that transgressive acts that can lead to homeless can be understood through contextualised rational action theory	Transgressive acts that lead to homelessness can be better understood as a result of agency and as stemming from structural context.
<b>Parsell, Tomaszewski &amp; Philips (2012)</b> (S2) Australia	Interviews	Theoretical framework of human agency Thematic analysis	77 participants 70% male 61% homeless for more than five years Supported housing	To explore how people with chronic experiences of homelessness understand and express their engagement with street outreach and exits from homelessness. To explore how people who have exited chronic homelessness and accessed and sustained housing understand and convey meaning about their improved outcomes.	Participants explained their outcomes in terms of imagined future trajectories and an evaluation of their options to achieve change. Dominant themes include: - Sustaining housing was a personal choice - People stayed housed by engaging in mechanisms that limited their actions from undermining desire to stay housed

<b>Author (Year)</b> (Study Number) Geography	<b>Study design</b>	<b>Method of Analysis</b>	<b>Participants</b>	<b>Topic and Aims</b>	<b>Results</b>
<b>Parsell &amp; Clarke (2019)</b> (S3) Australia	Ethnography; interviews	Thematic	28 participants and 230 hours of participants observation, varying gender, age and length of stay	To understand how people who are homeless respond to advanced liberal social services that endeavour to promote autonomy and responsible actions	People neither reject or embrace practices that influence their actions and promote autonomy. Participants engaged in relational reasoning. Paternalist services were rejected.
<b>Parker (2020)</b> (S4) England	Semi-structured interviews; biographical narrative interviews Informal walking interviews Ethnographic observations	Framework analysis	Purposive sampling strategy which represented the target group for housing first and multiple excluded homeless adults. Two cases presented, one male and one female.	To identify how clients negotiate choices about recovery, and which factors impede or support their ability to do so.	Situation action theory can be used to make sense of key choices made by multiple excluded homeless adults as they negotiate journeys of recovery and desistance.
<b>McMordie (2021)</b> (S5) Northern Ireland	Life history interviews	Application of Lazarus & Folkman (1984) transactional theory of stress and coping	Purposive sample of male participants with a history of repeat homelessness, serial temporary accommodation placement and episodes of rough sleeping.	To explore avoidance in a sub-group of the homeless population whose housing history is marked by multiple temporary accommodation placements, episodes of rough sleeping and various forms of institutional stays.	The avoidance of temporary accommodation is better understood as a rational and reasoned response to an environment where intolerable levels of stress often pertain and individual control over stressors is extremely limited.

Author (Year) (Study Number) Geography	Study design	Method of Analysis	Participants	Topic and Aims	Results
<b>Shaughnessy &amp; Greenwood (2020)</b> (S6) Ireland	Focus groups	Thematic analysis	15 participants, 7 participants from Housing First and 8 from staircase services HF: 3 male, 4 female, average age of 33 years old, lifetime homelessness average 55 months, average 11 months in HF service SS: 7 male, 1 female, average age 51 years old, lifetime homelessness average 74 months, average time in service 23 months	To capture homeless service users' perspectives of service aspects that create or constrain empowering capability-enhancing experiences.	Autonomy-orientated support and an emphasis on service user choice and housing afforded HF service user choice and housing afforded HF service users empowering experiences. The authoritarian approach, and emphasis on housing readiness and provider expertise undermine SS service users empowering experiences.
<b>Parsell &amp; Parsell (2012)</b> (S7) Australia	Observation Interviews Ethnography	Ethnographic?	Purposive sample of 20 participants who represented sample in terms of age, culture, gender and length of time homeless. All were over 18 years old, 95% male, and currently rough sleeping.	To examine the structural contexts and individual circumstances in which choices are situated and made meaningful for people rough sleeping	Homelessness was articulated as a choice with reference to addiction. People sleeping rough saw housing as inconceivable. People constructed homelessness as a choice to highlight their autonomy and normality.
<b>Stonehouse, Theobald &amp; Threlkeld (2021)</b> (S8)	In-depth semi-structured interviews	Interpretative phenomenological analysis	9 participants, 7 female and 2 male, aged 23-55 from two non-governmental homeless services, current or prior	To examine how people drew upon their lived experiences to express views about responsibility for	Participants recognised their own responsibilities but also highlighted significant constraints on individual agency associated with being homeless

<b>Author (Year)</b> (Study Number) Geography	<b>Study design</b>	<b>Method of Analysis</b>	<b>Participants</b>	<b>Topic and Aims</b>	<b>Results</b>
Australia			experiences of homelessness, 8 experienced multiple episodes and forms of homelessness, one recently homeless for the first time. Four participants still homeless at time of interview	homelessness in Australia and the extent to which their views align with dominant neoliberal discourses of personal responsibility	and emphasised unmet responsibilities of government.
<b>Phipps et al. (2020)</b> (S9) Australia	Photo-elicitation and in-depth interviews	Thematic analysis	11 women aged 30 to 66 years old, first homeless between 8 and 64 years old, most experienced at least one episode of homelessness, duration of 8 weeks to 7 years	To examine the experiential perspectives of women becoming and experiencing homelessness	Homelessness for women is a period often preceded by a series of adverse life events, characterised by progressive resilience in the face of trauma, finding hope and building strength to work towards exiting homelessness.
<b>Andvig &amp; Hummelvoll (2018)</b> (S10) Norway	Interviews	Phenomenological hermeneutic method	12 participants from a Housing First project; 3 female 9 male 20 to 65 years old. Participants were struggling with addiction, mental health or both.	To explore, describe and interpret clients experiences of partaking in a Housing First project	Two interwoven themes emerged: having an available professional companion and taking the lead in your own life.
<b>McNaughton et al (2016)</b> (S11) Canada	Narrative interviews	Constructivist grounded theory	195 participants (119 HF and 76 TAU), 62.6% male, average age 41 years old and on average spent 68 months	What is the role of housing first in promoting the recovery of people with mental	HF participants showed superior housing stability that led to three important transitions in their recovery journey: (1) the transition from street to home (e.g. greater control over ones environment), (2)

<b>Author (Year)</b> (Study Number) Geography	<b>Study design</b>	<b>Method of Analysis</b>	<b>Participants</b>	<b>Topic and Aims</b>	<b>Results</b>
			homeless in their lifetime.	illness who are homeless?	transition from home to community and (3) transition from the present to the future (e.g. developing autonomy and hope).
<b>Wharne (2015)</b> (S12) England	Semi-structured interviews	Existentially informed hermeneutic phenomenological analysis	3 men, between late 30s to early 50s, all diagnosed with psychosis, all detained in hospital under MH law and have lived homeless	To explore experiences of homelessness and psychosis	Participants started to wander as a spontaneous response to distressing life experiences and did not choose homelessness through a rational calculation of their best interests.
<b>Doran et al (2019)</b> (S13) USA	In-depth semi-structured interviews	Constant comparison	31 participants presenting in emergency department; 3 female and 28 male, age 20 – 69 years old, 10 first episode of homelessness, 21 multiple episodes,	To explore self-identified reasons for becoming homeless	Four main themes emerged: (1) unique stories yet common social and health contributors to homelessness, (2) personal agency versus larger structural ones, (3) limitations in help from family or friends, and (4) homelessness was not expected.
<b>Kubota et al., (2019)</b> (S14) Japan	Narrative inquiry Narrative interviews (11 interviews with each participant over 3 months)	Narrative analysis	3 participants homeless for more than 10 years, aged 60, 65 and 75 years old Support provider for people experiencing homelessness	to explore the experiences of people who are homeless in Japan	Four narrative threads emerged: (1) living with memories of loss, (2) feeling of being without control, (3) feeling discouraged from weaving forward-looking stories, (4) nourishing generosity amidst unexpected life circumstances
<b>Mahoney (2018)</b> (S15) England	In-depth interviews and observations	Not stated	Participants residing in homeless hostels	To critique the role of homeless hostels in contemporary society, examining their role and	Even benign interventions enacted in homeless hostels are infused with disciplinary and regulatory techniques

<b>Author (Year)</b> (Study Number) Geography	<b>Study design</b>	<b>Method of Analysis</b>	<b>Participants</b>	<b>Topic and Aims</b>	<b>Results</b>
				legitimacy as sites of discipline and regulation of behaviours, ideas and aspirations	
<b>Shaughnessy et al. (2021)</b> (S16) Europe	Semi-structured interviews	Thematic analysis	37 participants from Housing First; 24 male and 13 female, average age of 19 years old, average of 47 months homeless during lifetime. 40 participants from staircase services, 29 male and 11 female, average age of 47 years old, average of 107 months homeless during lifetime	To identify and compare the constraints and affordances on capabilities experienced by service users in SS and HF programmes in Europe	Three themes: autonomy and dependency, the relational impact of living arrangements, and community interaction and stigma
<b>Watts &amp; Blenkinsopp (2021)</b> (S17) Scotland	Semi-structured interviews	Deductive and inductive data analysis	Purposive sample of 52 participants with experience of living in temporary accommodation	To consider what it is about temporary accommodation that enables or constrains peoples central capabilities with a focus on peoples control over their environment.	Control over the immediate environment is severely compromised in temporary accommodation. This can corrode peoples capabilities.
<b>Bond, Wusinich &amp; Padgett (2022)</b> (S18)	Semi-structured interviews	Theory-guided (socio-rational choice theory)	38 street homeless participants, 29 participants male and 9 female, participants aged	How do experiences with outreach workers affect the way individuals experiencing unsheltered	Five main themes provided an understanding of individuals decision to enage with outreach services: credibility,

<b>Author (Year)</b> (Study Number) Geography	<b>Study design</b>	<b>Method of Analysis</b>	<b>Participants</b>	<b>Topic and Aims</b>	<b>Results</b>
USA			from 21 to 74 years old, length of time homeless ranged from three weeks to 17 years, 20 reported lifetime homelessness of greater than one year.	homelessness determine the utility of services offered by outreach programs? What specific factors related to outreach interactions are involved in street homeless individuals' decisions to utilise or reject services from outreach?	transparency, offering choices, bureaucracy and opportunity cost.
<b>Holt, Christian &amp; Larkin (2012)</b> (S19) UK	Semi-structured interviews	Interpretative phenomenological analysis	10 participants all male, aged 50 to 80 years old, who identified as being long-term homeless, 8 homeless for more than two years	To understand the experiences of one particular group of older homeless people (long-term homeless men) in relation to temporary accommodation.	Three main themes identified: 'contingent sense of well-being in the hostel', 'importance of connectedness with others', 'balancing independence with reliance on others'. Three fundamental processes ran through all themes: threat to material safety, threat to self-identity and threat to autonomy.
<b>Lazarus et al. (2011)</b> (S20) Canada	Focus group discussions	Thematic and content analysis	73 women, median age of 38 years old, purposively sampled to include people residing in shelters, transitional housing and single room occupancy hotels.	To explore low-income and transitional housing environments of women sex workers and their role in shaping agency and power in negotiating safety and sexual risk reduction	Women continue to be vulnerable to violence and sexual and economic exploitation and have reduced ability to negotiate risk-reduction resulting from the physical, structural and social environments of housing models
<b>Stone, Cameron &amp;</b>	Narrative interviews	Thematic analysis using a critical realist framework	10 participants; 8 male and 2 female; 22 to 40 years old, participants	How do autistic people experience homelessness? What	Barriers to accessing services perpetuated homelessness, some participants disengaged with services preferring to

<b>Author (Year)</b> (Study Number) Geography	<b>Study design</b>	<b>Method of Analysis</b>	<b>Participants</b>	<b>Topic and Aims</b>	<b>Results</b>
<b>Dowling (2022)</b> (S21) UK			experienced either episodic or continuous homelessness, seven had experienced homelessness for multiple years	barriers to autistic people face to exiting homelessness?	sleep rough. The extent to which participants could be said to have chosen homelessness is balanced with consideration for the lack of autonomy autistic adults are able to exercise over their lives.
<b>Stahl et al. (2016)</b> (S22) USA	Semi-structured interviews	Grounded theory	11 participants, continuously housed for two years with a history of discontinuous housing and those who had moved in within last year	To document the experiences of continuously and discontinuously housed residents of a single-site Housing First project.	Three themes that supported continuous housing: - Sense of community (seeking connection while seeking space - Seeking stability while having concerns about stagnation - Gaining autonomy while relinquishing control
<b>Wise &amp; Phillips (2013)</b> (S23) USA	Single question	Phenomenological	Purposive sample of 11 currently homeless men and women from 21 – 54 years old, who had been homeless for a duration of 3 months to 35 years who were accessing support from a homeless ministry.	Sought to understand the experiences of homeless persons in the health care system.	Findings highlighted the great divide between the health and care experiences of those with and without a home in terms of: - Same/different - Fair/unfair - Freedom/barriers - Choice/no choice
<b>McCallum et al., (2020)</b> (S24) Canada	Semi-structured interviews	Narrative analysis	Purposive sample of 16 participants who were currently staying in a Housing First project who had accessed the emergency department between 8 and 114 times	To examine how people experiencing homelessness understand the role of the emergency department in their health care and in their day-to-day lives.	Participants generally interpreted the emergency department as a public, accessible space where they could exert agency.



Author (Year) (Study Number) Geography	Study design	Method of Analysis	Participants	Topic and Aims	Results
			over two years. 29 to 60 years old; Homeless for 4 months to 10 years		
<b>Varley et al (2020)</b> (S25) USA	Semi-structured interviews	Template analysis	Purposive sample of 36 participants receiving veterans affairs and non-veterans affairs homeless clinics. 77% male, age 48.25 years (SD=14.92), 33% white, 75% two or more episodes of homelessness in life time	To explore key domains of primary care that may be important to patients experiencing homelessness.	Factors important to the population included stigma and respect with differing perspectives on patient control of medical decision making in regard to both pain and addiction.

Table 4. Quality appraisal of studies included in the review

Author	Study Number	CASP and Duggleby et al. (2010) rating scores								
		Appropriate design	Appropriate recruitment strategy	Appropriate data collection	Researcher-participant relationship	Ethical considerations	Rigour of data analysis	Clear statement of findings	Valuable research	Total (Duggleby et al., 2010)
Mcnaughton Nicholls (2009)	S1	3	3	2	0	0	1	2	3	14
Parsell, Tomaszewski, and Phillips (2014)	S2	3	3	3	1	0	1	2	2	15
Parsell & Clarke (2019)	S3	3	2	2	1	3	2	3	3	19
Parker (2020)	S4	2	1	3	0	0	2	2	1	11
McMordie (2021)	S5	3	3	3	0	0	2	1	2	14
Shaughnessy & Greenwood (2020)	S6	3	2	3	2	3	2	2	3	20
Parsell and Parsell (2012)	S7	3	3	3	1	2	1	2	2	17
Stonehouse, Theobald & Threlkeld (2021)	S8	3	2	3	1	2	2	2	3	18
Phipps et al. (2020)	S9	2	1	3	1	1	3	3	3	17
Andvig and Hummelvoll (2015)	S10	3	3	3	0	3	2	3	3	19
McNaughton et al (2016)	S11	3	3	3	1	0	3	3	3	19
Wharne (2015)	S12	3	3	3	1	1	2	3	3	18
Doran et al. (2019)	S13	3	2	3	0	1	2	3	3	17
Kubota, Clandinin, and Caine (2019)	S14	3	2	3	1	1	3	2	2	17
Mahoney (2013)	S15	1	0	1	0	1	1	3	2	9
Shaughnessy et al. (2021)	S16	3	3	3	0	2	3	3	3	20
Watts and Blenkinsopp (2021)	S17	3	3	3	0	1	2	3	3	18

Bond, Wusinich & Padgett (2020)	S18	3	2	3	1	1	3	3	3	19
Holt, Christian & Larkin (2012)	S19	3	2	2	2	0	2	3	3	17
Lazarus et al. (2011)	S20	3	2	2	0	1	3	3	3	17
Stone, Cameron & Dowling (2022)	S21	3	2	3	1	2	3	3	3	20
Stahl et al. (2016)	S22	3	2	3	0	0	3	3	3	18
Wise and Phillips (2013)	S23	3	2	2	3	1	2	3	3	19
McCallum et al. (2020)	24	3	3	3	1	1	3	3	3	20
Varley et al. (2020)	S25	1	3	3	1	1	2	3	3	17

Table 5. The seven phases of Noblit and Hare’s meta-ethnography approach

Phase of Meta-Ethnography (Noblit & Hare, 1988)	Description
Phase 1: Getting started	The research topic was identified: ‘experiences and enactments of agency, choice and control for people experiencing homelessness’. Specifically, aiming to understand how people exercise agency and how this can be better understood as an aspect of homelessness.
Phase 2: Deciding what is relevant	A systematic search strategy was employed to identify qualitative papers which involved participants affected by homelessness. Papers were screened as per the eligibility criteria. The results sections were screened to ensure there was at least one theme related to the concepts of agency, choice and/or control.
Phase 3: Reading the studies	Data relevant to the current synthesis was extracted. Given the broad definitions of homelessness and the variation in definitions of homelessness geographically (Culhane, Fitzpatrick, and Treglia 2020), it felt particularly pertinent to extract information regarding the specific homeless situation, duration and recruitment venue where available. For papers in which the focus of the study was agency, choice and/or control, the full results section was extracted. For papers in which agency, choice and/or control emerged as a theme but was not the focus of the study, the relevant themes were extracted. Studies were read and re-read prior to data extraction. Key metaphors and concepts were extracted into a table alongside author interpretations (second-order constructs) and supporting quotes from participants (first-order constructs).
Phase 4: Determining how the studies are related	The key concepts and metaphors that were identified were compared with one another to determine how the papers were related. Concepts and metaphors were tabulated to support this process (Table 5). While most studies were directly comparable, thereby allowing reciprocal translation, some contradictions were noted; therefore, refutational translation was considered. On further exploration of the context of the studies, it was identified that they were not contradicting one another but were a reflection of the change in experiences of control between becoming homeless and exiting homelessness.
Phase 5: Translating the studies into one another	The papers were organised by relevance to the topic area. The themes and concepts in paper one were compared with paper two, and the synthesis of these two papers with paper three and so on. Where sufficient information was available, attempts were made to explore various contextual factors such as the geographic location, the recruitment site or the form of homelessness. For example, it was necessary to understand variations in the provision of universal healthcare for papers exploring healthcare. This had implications for the suppression of agency, choice and control due to financial constraints. Where sufficient information was available, attempts were made to explore various contextual factors such as the geographic location, the recruitment site or the form of homelessness.
Phase 6: Synthesising translations	Third-order interpretations were translated into a table supported by second-order themes derived from author interpretations. This supported the development of a line of argument in which concepts and second-order themes were considered (see Table 5). A visual structure of the categories that emerged through the translation process was developed to make sense of the developing analysis and form the basis of a line-of-argument synthesis. This visual structure was repeatedly reorganised to consider alternative interpretations or explanations and challenge personal interpretations.
Phase 7: Expressing the synthesis	

Table 5 – Summary of concepts, second order and third order interpretations

<b>Concepts</b>	<b>Second-Order Interpretations</b>	<b>Third-Order Interpretations</b>
<p><b>STRUCTURAL FORCES:</b> housing legislation and availability, homelessness legislation, structures of inequality, state welfare, employment opportunities (S1, S6, S8, S13, S14, S16, S25)</p> <p><b>SYSTEMIC FORCES:</b> barriers to services, bureaucracy and exclusion (S1, S5, S6, S8, S11, S14, S15, S16, S17, S18, S19, S20, S21)</p> <p><b>TEMPORARY ACCOMMODATION:</b> rule bound and unsafe environments (S1, S6, S8, S11, S15, S16, S17, S19, S20)</p>	<p>(1) Structural and systemic forces overwhelm individual agency</p> <p>(2) Temporary accommodation constrains the control that people have over their day to day lives</p>	<p>(1) Individual agency is overwhelmed by structural and systemic forces thereby constraining capacities and capabilities for agency.</p>
<p><b>LIMITED RESOURCES</b> (S1, S13, S14, S17)</p> <p><b>SHAME AND STIGMA</b> (S6, S16)</p>	<p>(1) People had limited resources to manage their situation.</p>	<p>(2) Limited resources, diminished social capital, shame and stigma forced</p>

<p>SOCIAL SUPPORT (S13, S17, S20)</p> <p>DIFFICULT CHOICES (S1, S12, S23)</p>	<p>(2) Shame and stigma disconnected people from communities and sources of support</p> <p>(3) Support from friends and family was limited or absent</p>	<p>people to make difficult choices and constrained their agency and autonomy.</p>
<p>VALUED SELF-RELIANCE, AUTONOMY AND AGENCY (S1, S2, S3, S7, S8, S25)</p> <p>NARRATIVES OF AGENCY (S2, S5, S6, S7, S9, S12, S13, S21, S24, S25)</p> <p>TENSION BETWEEN NARRATIVES (S8, S13, S24)</p> <p>PATERNALISTIC APPROACH TO SUBSTANCE USE (S3, S25)</p>	<p>(1) People valued self-reliance, autonomy and agency</p> <p>(2) Narratives of agency were constructed in response to feelings of loss of control</p> <p>(3) People preferred paternalistic approaches to substance use</p> <p>(4) There was a tension between narratives of agency and structural forces over which people had no control</p>	<p>(3) People valued autonomy and agency, they constructed narratives of agency to reclaim some sense of agency over their situation.</p>
<p>PHYSICAL AND PSYCHOLOGICAL SAFETY (S1, S4, S5, S7)</p> <p>SURVIVAL (S9, S11, S19, S23)</p>	<p>(1) People prioritised their physical and psychological safety</p>	<p>(4) Agency was primarily directed towards physical</p>

<p>MENTAL ILLNESS/TRAUMA (S1, S4, S5, S7, S8, S11, S12, S19)</p> <p>ADDICTION (S1, S4, S7, S11)</p>	<p>(2) Day-to-day lives often focused on survival</p> <p>(3) Mental illness, trauma and addiction often dominated peoples lives and choices</p> <p>(4) Drug use was often a way of reclaiming agency over trauma and distress</p>	<p>and psychological safety and survival.</p>
<p>CONSTRAINED CAPACITY AND CAPIBILITY (S1, S3, S8, S9, S12, S16, S17)</p> <p>RATIONALITY (S1, S4, S18)</p> <p>LACK OF CONTROL (S8, S14, S17)</p> <p>HOPELESSNESS (S8, S9, S10, S16)</p>	<p>(1) Peoples capacity and capability for agency over their life course and futures was constrained</p> <p>(2) People experienced a lack of control and hopelessness</p> <p>(3) When individual context is considered, people made rational choices</p>	<p>(5) Constrained capacities and capabilities as a result of structural and systemic forces, diminished resource and social capital and prioritisation of safety constrained agency and autonomy over their life course and futures.</p>

<p>CHOICE (S2, S18, S22)</p> <p>SOCIAL CAPITAL (S2, S4, S6, S8, S9, S10, S11, S17, S18, S19)</p> <p>DESIRED FUTURE (S2, S4, S9, S11)</p> <p>RELINQUISHING AUTONOMY (S2, S10, S19, S22)</p>	<p>(1) Increasing support from individuals helped people to escape their situation and reclaim some agency</p> <p>(2) Increased choices available helped people to take control</p> <p>(3) This helped people to begin to work towards their desired imagined futures</p> <p>(4) People chose to relinquish some autonomy in pursuit of their desired future</p>	<p>(6) Increasing social capital increasing their capacity and capability to overcome some structural and systemic forces and take more control over their life course and their situation.</p>
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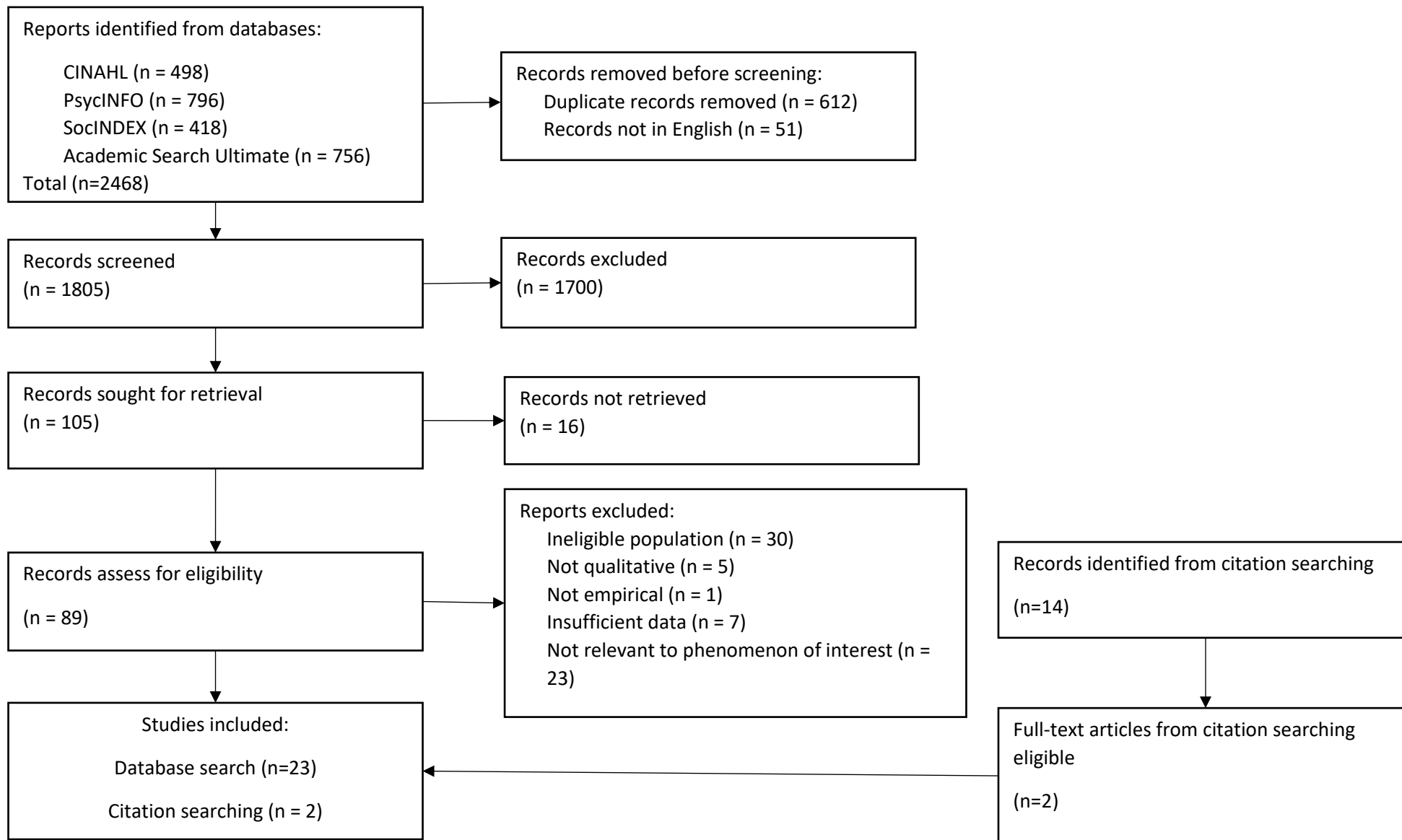
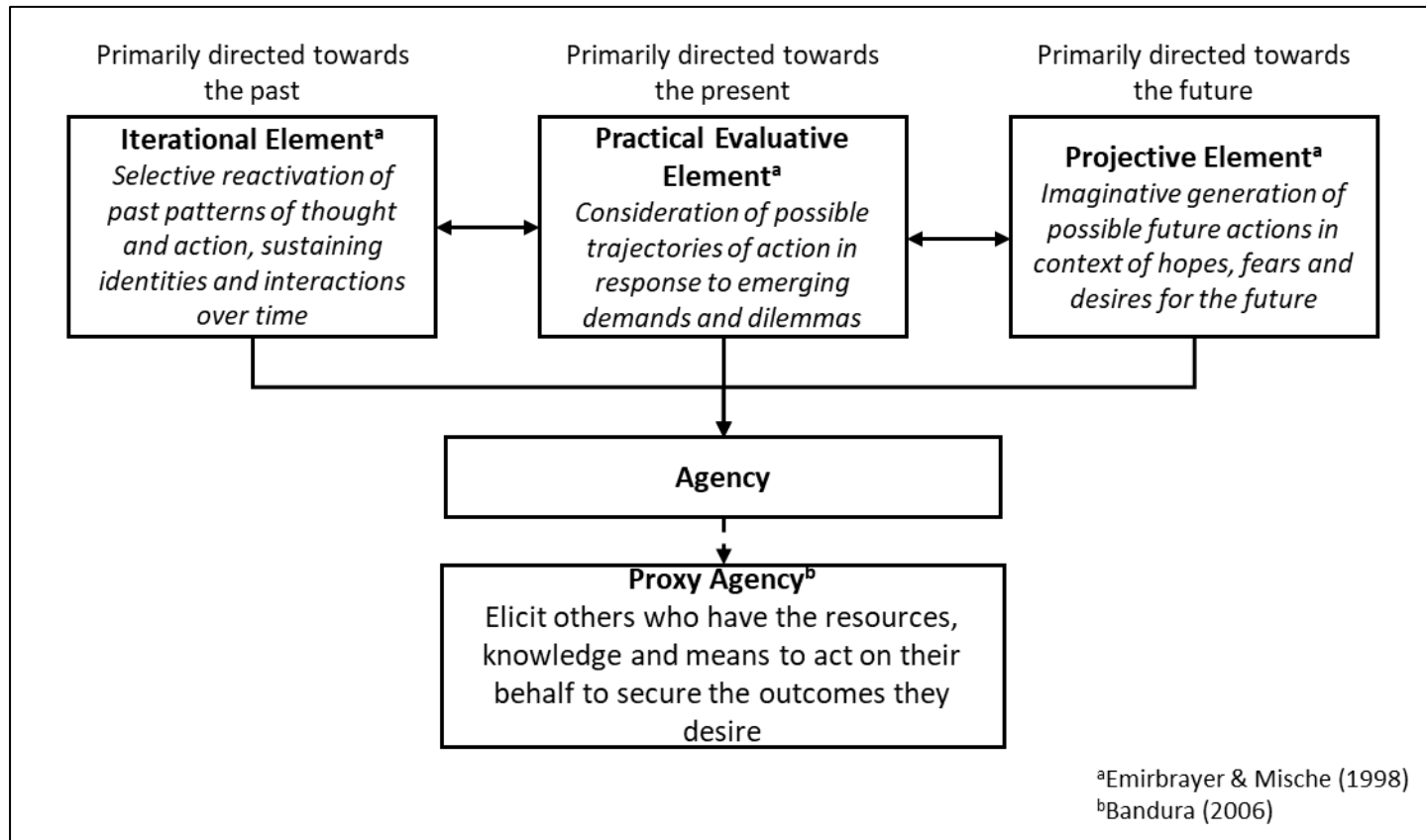


Figure 1. Flow diagram of article selection adapted from PRISMA (2020)

Figure 2. Schematic of the types of agency outlined by Emirbrayer and Mische (1998) and Bandura (2006)





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*Updated 22 November 2021*





**Section 2 Research Paper**

**Understanding the Barriers and Enablers to Escaping Homelessness Throughout the Pathway  
to Rough Sleeping**

Sophie Holding

Lancaster University

Doctorate in Clinical Psychology

### **Abstract**

Homelessness can be explained by multiple contributory factors and there is a need to understand the barriers that exist at each stage of the trajectory towards rough sleeping. A narrative analysis was undertaken of participants experiences of becoming, being, and escaping homelessness. The study aimed to understand the barriers and enablers to exiting homelessness throughout the pathway to rough sleeping. Six participants were recruited via homelessness services. Participants had all experienced sustained or repeated episodes of rough sleeping. The data is presented over four chapters in which participants describe being broken down by drugs and homelessness before rebuilding their lives. Barriers to escaping homelessness included family breakdowns, being released from institutions to the streets, hostile environments resulting in displacement and incarceration. Participants became stuck on the streets and experienced loss and destitution. Escaping the streets was entirely attributed to a support worker who was persistent and believed in them. Once accommodated, this support worker continued to support them in overcoming barriers to housing and welfare benefits. Access to drug and alcohol treatment and rehab was critical and led to people reconnecting with their families. Narratives included themes of personal responsibility, moral courage, gratitude and regret and a shift in position of main characters from active to passive when becoming street homeless and active again when beginning to rebuild their lives. Findings of the research are considered within the wider socio-political contexts and implications for clinical practice are considered alongside limitations of the study.

**Keywords:** homelessness; rough sleeping; narrative; homeless pathways

## **Introduction**

In 2019, it was reported that 4,266 people rough sleep on any given night in England (Ministry of Housing Communities and Local Government 2020b). The methods used to obtain this estimate underestimate the extent of rough sleeping (Fitzpatrick, Pawson, Bramley, and Wilcox 2012; Wilson and Barton 2020). Projections suggest there will be 20,300 people rough sleeping by 2041 if inadequate policies continue (Bramley 2017).

People rough sleeping are ten times more likely to die than those of a similar age in the general population (Aldridge et al. 2018) and have an average age of death of 47 (Thomas 2012). Frailty among the homeless population is comparable to that of 89-year-olds in the general population, with an average of seven long-term conditions per person (Rogans-Watson et al. 2020). In the rough sleeping population, 88% report physical health problems (Homeless Link 2014), and 40% report mental health problems (St Mungo's 2016). Those with mental health problems are 50% more likely to spend a year or more on the streets (St Mungo's 2016).

### ***Entering and Escaping Homelessness***

Homelessness is largely understood to be the result of structural factors (such as poverty, unemployment, and lack of affordable housing) creating conditions within which homelessness occurs. These combine with individual factors, such as mental ill-health, substance use, leaving institutions, and relationship breakdowns (Alma Economics 2019; Pleace and Bretherton 2013; Fitzpatrick, Kemp, and Klinker 2000). Although such analyses identify risk factors leading to homelessness, they do not account for how this happens (Fitzpatrick 2005; Somerville 2013). As such, they do little to inform how homelessness can be prevented. Such approaches also understand homelessness as a physical condition only (Somerville 2013). Thus, we would expect interventions around housing and finances to be successful in resolving homelessness, however, more than half of those supported with

housing and finances only do not escape homelessness (Crane and Warnes 2007). Many theoretical approaches that offer some causal explanation of how homelessness occurs and is sustained include a common aetiology of traumatic, abusive and/or early neglectful life experiences (Campbell 2006b; Maguire et al. 2010; Seager 2011, 2015). Such accounts offer explanations of how trauma may contribute to causation of and sustain homelessness and prevent people from being able to escape from the most entrenched forms of rough sleeping.

Factors that are understood to contribute to homelessness are also barriers to escaping homelessness. Services have identified structural factors such as lack of affordable housing and welfare reform as barriers to moving on from homelessness (Homeless Link 2018). Many of the same individual factors are also implicated, such as relationship problems, psychotic disorders and problematic substance use reducing the likelihood of exiting homelessness (Nilsson, Nordentoft, and Hjorthøj 2019). Research exploring transitions through homelessness found that people experiencing homelessness engaged in risky behaviour, such as drug use, in response to a lack of resources which then further depleted their resources (McNaughton 2008). Risky behaviour in response to traumatic experiences increased their risk of further trauma, often leading people to crisis points. Crisis points have also been termed hitting 'rock bottom' which have been found to act as a catalyst for change that begins the process of exiting homelessness (Groundswell UK 2010b; Ravenhill 2008). Being cared for and building social networks and families can also be a catalyst for change. This is more useful in practice as for many people experiencing homelessness, hitting rock bottom may result in their death.

### ***Recent Context***

The Homelessness Reduction Act (HRA) 2017 was arguably the most significant change in homelessness legislation since 1977. HRA creates a statutory duty to prevent and relieve homelessness and imposes a requirement on local authorities to carry out an assessment and

personalised housing plan for each person. It made it a duty for professional bodies to refer for assessment people they knew were facing homelessness. Under HRA, assessment is offered earlier and has a duty to relieve homelessness within 56 days, although there are inconsistencies in how effective local authorities have been in relieving homelessness due to structural challenges such as lack of affordable housing (Ministry of Housing Communities and Local Government 2020a). The same report also reported that people with rights under the HRA still feel they are being gatekept from services. Furthermore, in 2020/21, around 22,000 homeless households were deemed either not to be in priority need or to be intentionally homeless under the HRA (Watts 2022).

In response to the COVID-19 pandemic, the Government issued Everyone In instructions to local authorities in England to ensure that everyone was provided with accommodation, including people who would not normally be eligible for assistance under homelessness legislation (Cromarty 2021). In the first ten months of Everyone In, 37,430 people were accommodated (UK Parliament 2021). A review by the Local Government Association (2020) found that Everyone In was most effective when local authorities provided accommodation rapidly with comprehensive needs assessments and a rapid move on of those with low needs. The mandate was more successful where there was a multi-agency response with multi-disciplinary professionals providing in-reach services where people were accommodated. There were also higher success rates when hotel accommodation provided people with feelings of safety and self-worth.

The Everyone In initiative also impacted on people on an individual level. People who were accommodated in response to the Everyone In mandate described how they were offered help they had not been offered before COVID. This elicited feelings of confusion and anger as they had been left on the streets, in some cases for many years before COVID (Mayday Trust 2021). There were also acts of resistance as people felt they lost the little



control they had over their lives and felt unheard, resulting in people abandoning or refusing accommodation.

The adverse economic and social impacts of COVID-19, which have further exposed and exacerbated existing inequalities, have been referred to as a “second pandemic” (Fiske et al. 2022). This is likely to result in significant rises in homelessness in the coming years, with homelessness projections suggesting rates of homelessness to be one-third higher than in 2019 (Watts 2022). This is likely to be exacerbated by a rise in cost of living alongside a real term cut to welfare benefits (Hetherington 2022).

### ***Current study***

Homelessness does not have a single cause and can only be explained by multiple contributory psychological, social, and material factors. People often move through a trajectory of homelessness experiences, including sofa-surfing or temporary accommodation before street homelessness occurs (McDonagh 2011). There is a need to identify barriers that exist at each stage of the trajectory towards street homelessness (Robb 2020).

The current study aims to witness the stories of people who have recently experienced sustained or repeated episodes of rough sleeping to explore their experiences throughout their journey to rough sleeping, including different forms of homelessness. Homelessness is often perceived as a physical state in which deprivation across emotional, territorial, ontological, and spiritual dimensions are often neglected (Somerville 2013). In analysing life stories, more attention also needs to be paid to the discourses that influence and shape those stories (Clapham 2003).

The study uses a narrative approach to support the investigation of process over time and seeks to portray a holistic description rather than a fragmented account of people's experiences. By generating narrative accounts, context is preserved, thereby making accountable structural, systemic, cultural, and societal factors and the life course. This

supports the aim of the research in helping to identify turning points in people's narratives, including barriers to escaping or preventing homelessness throughout the life course up to and including rough sleeping experiences.

While developing this research, the delivery of homelessness services changed considerably due to the emergency of COVID. Although not the focus of this study, this had inevitable implications for the research. All interviews had to be conducted remotely. It is likely that some participants who were accommodated over the last two years may have received more rapid access to accommodation because of the Everyone In initiative.

## **Methods**

The principal research questions are:

- (1) What are the barriers to escaping homelessness throughout the pathway to becoming street homeless?
- (2) What are the barriers and enablers to exiting recurrent rough sleeping?

## ***Research design***

Narrative analysis preserves accounts within their context rather than fragmenting them (Riessman 2008) and allows exploration of social and cultural context of people's stories (Patton 2002). A narrative approach can also be useful in exploring the impact of dominant societal discourses, culture, and self (Weatherhead 2011). This is particularly pertinent given how social policy, structural inequality and society influence and shape peoples' pathways through homelessness.

## ***Ethics***

Ethical approval was obtained from the Lancaster University Research Ethics Committee. The interviewer has extensive experience working with people experiencing homelessness.

As such, they were mindful of participants potentially having distressing experiences of professionals or authority figures (Martins 2008). Due to the likelihood of people affected by homelessness having experienced significant hardship such as abuse, trauma, and other adverse life events (Fitzpatrick, Bramley, and Johnsen 2013), ethical issues were considered throughout the recruitment and data collection process. When asking potentially sensitive questions, participants were reminded that they should only share what they feel comfortable sharing. Due to some of the experience's participants shared about services, further steps have been taken to ensure participants cannot be identified. This is of particular importance in case participants should need to re-access services in the future.

### ***Recruitment Strategy***

Participants were recruited via local organisations in Merseyside who are commissioned by the local authority to provide services for people affected by homelessness. This ensured services were audited and inspected therefore had safeguarding procedures in place. Services acted as gatekeepers, helping to ensure no one was interviewed who was highly distressed by their situation. Staff identified and approached participants meeting the criteria and shared information sheets. If participants were interested in taking part, a phone call was arranged with the interviewer to discuss further and arrange a date to complete the interview via telephone.

### ***Data Collection***

Participants were interviewed once via telephone. If participants did not have access to their own phone, support workers arranged access for them. Informed consent was obtained verbally prior to interview. Interviews were conducted by the researcher using open ended questions. The initial question invited participants to tell their story about their experiences of becoming, being and exiting homelessness. They were asked to include any experiences from their early lives they thought were relevant alongside any important relationships or events. A

high number of prompts were required to elicit more complete narratives. Interviews lasted between ten and thirty minutes. A research supervisor listened to two interviews to provide feedback on interview technique.

### ***Data analysis***

Interviews were recorded and transcribed verbatim and analysed by the interviewer; pseudonyms were applied and identifying information was anonymised. There is no definitive method or framework for conducting narrative analysis which can promote creativity (Crossley 2007). The analysis was guided by several frameworks (Crossley 2000; Riessman 1993, 2008; Weatherhead 2011).

Boundaries of narrative segments were identified, and stories were re-ordered into a chronological sequence to create a summary story (see summary in Appendix 1). All participants were invited to review their summary story, however, all participants declined. First person narratives were preserved in the participants words. Each transcript was coded individually noting content and underlying themes, then patterns and connections across themes were identified (Riessman 1993, 2008). Attention was paid to experiences across physical, emotional, territorial, ontological, and spiritual dimensions which are often neglected in homeless narratives (Somerville 2013). Turning points in narratives were identified alongside key events and relationships within each narrative. Narratives were compared to identify overarching themes in each chapter that helped identify or illuminate the barriers and enablers to escaping homelessness throughout participants' life stories.

### ***Epistemology and Reflexivity***

It is inherent in within narrative methods that the researcher and participant are both contributing to the construction of a narrative (Riessman 1993, 2008). As such, the researcher's professional, personal, and epistemological positioning is important.

I was familiar with the culture of participating organisations and communities through personal experience and having worked in services for people affected by homelessness in Merseyside for several years prior to and during the research. Consultation with stakeholders was undertaken prior to the research commencing to prevent over reliance on my own experiences, perspectives, and position within the system.

Familiarity with the culture and community meant that I made some assumptions about certain things participants said during interviews that I did not explore with them explicitly. During the construction of summary stories and analysis, these instances were highlighted and analysed both in context and as standalone narrative segments to interrogate meaning and possible other explanations. An example of this is highlighted in the summary narrative in chapter four of narrative six in the appendix. A reflective log was kept throughout the research process to support the process of analysis and maintain some awareness of where my position may influence the data collection, analysis and interpretation.

This research is informed by a critical realist epistemology and recognises that meaning is socially constructed. The research takes a combined inductive and deductive approach in that the barriers and enablers that have been identified have been derived from participants' narratives, however, there are multiple premises assumed to be true prior to data collection. It is assumed that participants have experienced other forms of homelessness prior to rough sleeping and that there have been barriers to escaping homelessness throughout that pathway to and during rough sleeping.

Participants were recruited from multiple organisations across different local authorities. Recruitment via support workers may have biased the sample in that participants are more likely to have a good relationship with the worker, higher levels of engagement and are likely to have achieved positive outcomes as determined by the service provider.

The Consolidated criteria for Reporting Qualitative research Checklist (COREQ) checklist (Tong, Sainsbury and Craig 2007) has been utilised to enhance transparency (see Figure 1).

## **Results**

### ***Participants***

Six participants were interviewed, all males, between January and March 2022. Participants were recruited via four different services across Merseyside. The participants ranged in age from their early 20s to their 50s. Participants had experienced homelessness for between four and 12 years. All participants had been street homeless on at least two occasions for at least two nights on each occasion. Cumulative experiences of street homelessness were between two weeks and over eight years. All participants had recourse to public funds and had no dependent children at the time they were homeless. Brief summaries of the participants' experiences are in appendix 4. Three participants who had initially consented to participate withdraw due to changes in personal circumstances.

### ***Summary***

Chapters constructed from the narratives of participants are outlined below. The narratives moved from the Preface, through to Chapter One – Breaking Down, Chapter Two – Broken Down, Chapter 3 – Getting Off the Streets, Chapter Four – Rebuilding, and an Afterword – Looking Back. Summaries of each chapter are available in Appendix 5.

### ***Preface***

Participants generally found it difficult to talk about their lives before they either became homeless or started using drugs. This was too difficult for them to talk about. The exceptions to this were Mark and Joe. They both talked about having a “good” life before they started using heroin. Mark emphasised that he “came from a good home” and had a “good upbringing. Mark spoke about his experiences of struggling with his mental health, despite

being told he had ADHD and possible schizophrenia, he was dismissed as an “attention seeker” and from a young age took drugs to manage his mental health. This was how he “dealt with stresses and issues in life”.

### ***Chapter One – Breaking Down***

Mark started smoking crack and heroin, which destroyed him and his relationship with his sons. Similarly, Gary described how “it was the drugs” that resulted in him becoming homeless. He chose to leave their home because “I didn’t want the drugs, me taking the drugs around them and me around the kids”. This sense of moral courage, in that he acted for moral reasons despite the risk of homelessness, was also present in Joe’s story. Joe “ended up using drugs” and felt that he “couldn’t put her (girlfriend) through more than what she was going through” and he also “couldn’t put the kids through it”.

In contrast, Adam didn’t experience family breakdown due to drug use. Adam’s mum wasn’t well when he was younger and he “went into care”. When his foster placement ended, he was placed in semi-supported living. He was in a “bad relationship” and could only get through the day “through coke”. This resulted in “money problems and debt and everything went downhill from there”.

For some people, their situation was exacerbated by institutional failures, in that they were made homeless on release from hospital or prison. Adam was “sectioned off the coke” and diagnosed with borderline personality disorder when he was 18 years old. He was released from the hospital into a youth hostel that was “more of a young offenders’ institution”. Mark went to prison six times over twelve months. He “did things on purpose to get me off the streets”. Each time, he was released back to the streets. Graham had been released from prison to a home twice in previous years. This time he was released to a “tag house” who were supposed to help him find housing “but they didn’t get me one”.

As people's situations deteriorated, the bonds and connections people had with others also began to break down. Mark described how he "broke the bonds I had with people" because he was "selfish with money and the drugs". Similarly, Graham described how "no one will trust you" and Ste acknowledged that "at the time, I wasn't to be trusted". Both attributed this mistrust to drug use and their housing situation.

Self-blame and self-responsibility were a universal aspect of their stories. Gary attributed his drug use, family breakdown and becoming homeless to "my own mental health and stupidity". His drug use impeded his mum's attempts to help him, "she tried to reach out to me, and I've fucked things up being a smackhead". Similarly, Adam felt the breakdown of his situation including his mental health and becoming homeless was "just part of my own decisions and my own making, just the path of self-destruction". Gary emphasised becoming homeless was a choice he made "because of the drugs". For Ste, he accepted his "addiction at the time" meant that he wouldn't pay rent and be "evicted again", despite his mum's help.

### ***Chapter Two – Broken Down***

Participants were broken down by their experiences and in becoming homeless described being destitute. The impact of drugs and homelessness left Mark broken down, "drugs break you down, being homeless breaks you down". He had "nothing left, nowhere to go". After Joe became homeless, he "couldn't go nowhere couldn't be seen nowhere" and when Gary became homeless, he was "destitute". Ste had one bag with all his belongings, "all I had to my name", and following a violent assault they "threw it in the canal".

Some participants had become preoccupied by buying and taking drugs. Mark explained how when he gets money, he "thinks of drugs straight away". Gary spent most of his time thinking about drugs "when I should have been like trying to think about getting off the streets". Joe struggled to "get enough money at the end of the day for drugs or your ale".



There was a sense that they had lost control over their lives in losing control of their drug use as their life became centred around their addiction.

Participants experienced intense feelings of loss. In the process of addiction and becoming homeless, Mark had “lost a part of me that I can’t find”. He had also lost his family, financial security, his home and his children. When Graham was refused help from a homelessness service whilst sleeping rough, he “just felt lost”. The sense of loss that came about for Gary and Joe derived from the grief and loss of becoming disconnected from their children. Gary had nothing “without my kids”. Similarly, Joe realised what he’d lost when he lost contact with his children “you don’t know what you’ve got till you’ve missed it”.

There was a noticeable absence of help available when participants ended up on the streets. Mark initially was sofa-surfing and staying with acquaintances when he became homeless, but as his options ran out, he took to the streets and “if there was help, I didn’t know about it”. During Ste’s early years of street homelessness, he also “didn’t understand about the help, I didn’t know about the places”. Gary spent some time staying with a drug dealer, however, would regularly experience violence, “it was either stay there and get a beating or take a chance on the streets”. During his time on the streets, he “didn’t even know which way to turn”. During Joe’s eight years of rough sleeping, he would often see people who came round the streets giving out hot drinks, but “they didn’t give you help”.

Graham quickly found out where he could go to get help. He sought out help from a homelessness service, however, “they just said oh you have to wait like a couple of weeks”. Graham couldn’t understand the lack of help “I said what do you mean wait a couple of weeks, I’m on the streets”. This total rejection of help from the service was difficult for him to make sense of “just to walk away, walk away, with all my stuff, was unreal”. Adam’s experiences of rough sleeping were between hostel stays. In one hostel he noted how, when a

girl was being violently assaulted, the staff “just stand there and watched”. Their lack of help left Adam feeling unsafe and ultimately led to him abandoning the hostel.

Hostile environments and interactions were experienced both on the streets and in services. In hostels, Adam was exposed to high levels of violence “there was fights on the regular”. He felt unsafe in the hostel “there’s no protection in this building”. When accessing a shelter, Graham found his experience oppressive “she ran that place like it was a prisoner of war camp”. On the streets, people were treated with hostility also. Joe explained how institutions such as the police “made it difficult for people like us”. Ste also experienced hostility on the streets when he was violently assaulted “I was awoken with this horrendous pain in my legs, and as I’ve come round, there was a group of lads jumping all over me”. They couldn’t safely occupy a space on the streets and had nowhere else to go.

During this chapter of their stories, participants had some shared experience of becoming stuck. For Mark this was related to his experiences of sofa surfing, he would stay with an acquaintance for a few days then return to the streets for a few days then find another sofa, however “I ended up homeless more and more times, the periods got bigger”. For Gary, he was stuck in a cycle that revolved around drug use “once I found me drugs, my mind was focused on trying to find somewhere and then once that wears off again your mind goes back to thinking... I need to buy some more drugs now”. Ste was in a hostel and described being so “entrenched” that he struggled to decline when offered drugs. Furthermore, “everybody knows each other’s payday, me included, I knew everybody else’s” perpetuating a cycle of lending and borrowing money and drugs. Graham felt stuck by the refusal of homelessness services to help him and turning him back out onto the streets “what am I supposed to do now?”. Adam had spent much of his life in or under the care of institutions including the care system, prison, and hospital, he had “been in there (the system) all my life” and how he had “been round the hostels a few times”. Ste was stuck in a cycle resulting from the policing of

homelessness in which he would “be arrested, and charged, and then you end up in court ’n get fined, then you can’t pay the fine, go to prison, back on the streets”. He described “the same old thing happening over and over again”.

### ***Chapter 3 – Getting Off the Streets***

This chapter was characterised by one person who made the difference. For all participants, this person was an outreach worker who was persistent and present. It was someone who believed in them. All participants attributed their escape from the streets to the help of this one person.

Mark had been rough sleeping in an area outside of town. When he moved into town, he met an assertive outreach worker whilst he was sleeping rough. The worker helped Mark into accommodation but what was most important to Mark was that the worker “gives a fuck”. Mark believes that “he wouldn’t be sat here now if it wasn’t for [him]”.

Gary was sleeping rough and went to a drug and alcohol service to see if he could get a script. Whilst he was there, he broke down and told them about his situation. The service rang an assertive outreach worker who came to meet Gary where he was. The worker moved him straight into a sit-up service whilst he waited for a hostel place. The worker was “the only reason I got help”. Since the day they met “he’s just always been there” whilst he moved off the streets and into a hostel.

Adam was living in a supported accommodation when the police searched his home and charged him with drug related offences. He received a custodial sentence which meant he lost his accommodation. Whilst in prison, a homeless charity worker visited him who had worked with him previously. She knew that Adam struggled in hostels and found Adam a property of his own for when he was released. On release she continued to work with Adam, “these are not just giving me the property and saying off you go, they’re actually working with me and making sure I’m actually staying on track”.

Graham had been rough sleeping for around six days when his probation officer linked him up with a homeless charity. Graham met up with the outreach worker who arranged for him to stay in a hotel immediately. For Graham, the thing that made the difference was her “believing in me” and “seeing a bit of faith in me” alongside ensuring he had food and somewhere to stay.

Joe had been sleeping rough for several years when he met an outreach worker. Joe’s described how “she persisted in coming”, “she come to see me everyday... so I thought, I’ve got to give this girl credit and not take the piss”. She helped him access healthcare, accommodation, and access rehab.

Ste had several supportive relationships throughout his journey, however, there was still one person who stood out as really making a difference. His drug and alcohol outreach worker “never ever stopped caring or give up despite everyone else thinking he was a “lost cause”. She knew where the places he would visit and leave letters for him reminding him to make appointments and “chased me down when I didn’t turn up”. She was instrumental in helping him to get off the streets and go to rehab.

#### ***Chapter 4 – Rebuilding***

Participants spoke of their recoveries, predominantly in the context of drugs and addiction. Gary was able to get a methadone script from the drug and alcohol service. Once he moved into the hostel, he “stopped with the heroin and carried on with the methadone”. Adam struggled with accessing support from the drug and alcohol services because he struggled with “all the talking and that, I can’t do it”. He was able to get off cocaine by “cold turkeying” through it. Joe and Ste both went to rehab to start their recovery from drugs. Mark had only recently moved into hostel accommodation and expressed intention to “get all my drugs shit behind me”. Although, in some ways, he had begun a recovery process and had recently engaged with mental health services who were looking to diagnose him, he felt it

may be “a bit too late”.

Participants who had children emphasised how reconnecting with them was important to rebuilding their lives. It was often their main aim and their biggest source of motivation to rebuild and recover from drugs and from homelessness.

Mark had not yet reconnected with his children, however to “see my lads again and be a dad again” was all he wanted. He didn’t want to see them until he had dealt with his drug use and mental health. The focus on his kids was the thing that helped Gary the most. His kids meant everything to him and “that’s why I wanted to get clean and sort my life out”. Graham didn’t see his children whilst he was homeless, he didn’t want them to see him on the streets. He was motivated to rebuild a home for himself because “they’ll see me differently when they see me in my own home”. Joe had reconnected with his children and his grandkids. Having a relationship with his daughter and granddaughter meant everything to him, “I can’t ask for more than that”.

For Adam and Ste, their hopes for the future were focused on their careers. Adam was working as a kitchen porter after gaining some qualifications in prison and was being trained. He had hopes for the future that “in a month or so, I’m gonna be build up to a commis chef”. Ste was working in drug and alcohol services. He was continuing to focus on learning to “better me and help others”.

Participants struggled to overcome housing and economic barriers as they attempted to rebuild their lives. Those who had rent arrears with a housing association were unable to bid on properties and difficulties with priority banding created challenges. The assertive outreach worker who made the difference for Gary was helping him with gaining a higher priority for housing. He also helped him resolve his rent arrears which was a “nightmare trying to get everything sorted out”. Ste also had rent arrears with a council property which meant “you’re not even allowed on their list” for housing. Ste sought support from a charity

who paid off his arrears for him, allowing him to begin applying for housing. Participants struggled financially due to the welfare benefits system. For Graham, the wait for Universal Credit meant “everything was just piled up on me” and contributed to his housing instability. Adam also highlighted how Universal Credit didn’t allow him enough money to cover his bills, which had led to him selling drugs and then a custodial prison sentence. Adam had been settled in supported accommodation for two years at this time and had he enough money to cover his living costs, may not have resorted to selling drugs.

### *Afterword – Looking Back*

Participants expressed gratitude for the one person who made the difference or for their life as it was today. The assertive outreach worker found accommodation for Mark very quickly and he “was very grateful”. Mark reflected that he wouldn’t have lasted long outside and “would have definitely killed myself”. Gary recognised how much of an impact the assertive outreach worker had had “I wouldn’t have got this far in life, I wouldn’t have got this far in this situation, if it wasn’t for [him]”. He believes if it wasn’t for the worker, he would “probably still be out there now”. Graham’s support worker had arranged flat viewings for him to move him into his own tenancy alongside making sure he had food and accommodation in the interim: “she’s my rock, she’s boss”. She had done a lot for Graham and he “can’t fault the girl, she’s absolutely amazing” adding that “if I win on the euros I’ll buy her something”. Joe expressed a similar sentiment, that “if it wasn’t for that girl, I’d probably still be, well I’d be dead now”. He also expressed a sense of gratitude for his life as it was today, primarily, reconnecting with his children and grandchildren, “I can’t ask for more than that with the lifestyle I’ve led”.

Despite this deep sense of gratitude, participants expressed regret, predominantly in relation to the time they missed out on with their children. When Gary chose to leave the family home, his partner thought he had “chose drugs over the kids” and he wondered if

“maybe there’s some things I could have done differently”. Graham wrote to his children whilst he was in prison but hadn’t seen them for four years, however he had “never forgotten them”. Joe regretted his drug use, “I wish I’d never started using”. He reflected on the time he had missed out on because “you haven’t seen your kids and then the kids are all grown up”.

## **Discussion**

The overarching arc of the narratives for participants is one of being broken down by drugs and homelessness and a rebuilding of their lives, albeit for some participants that rebuilding had only just begun. Within this there was a shifting position of the main character as they moved from being active in the course their lives took to passive in escaping the streets before becoming active again in rebuilding their lives. There was a complex interaction of regret and gratitude emerging when participants looked back over their experiences. Most narratives had gaps in that there was an absence of either orientation to the onset of drug use, or not yet a full resolution of their narrative. Furthermore, narratives often presented as habitual – a sense of telling a story that had been told before – in the first instance with a summary of events over a course of time. This may have emerged from the repeated assessments required of a person affected by homelessness to access support.

Preceding homelessness, there were shared experiences of family breakdowns, increased drug use and institutional failures. A statistical analysis of pathways to rough sleeping found that escalating drug use and problematic relationships were the most common antecedents to homelessness, initially in the form of sofa-surfing, later followed by rough sleeping (Fitzpatrick et al. 2011). Relationship breakdowns have been identified as the most common precursor to homelessness (60%) followed by eviction (15%) and discharge from institutions (12%) (Mackie & Thomas 2014). Participants who had been incarcerated or hospitalised were released into homelessness negating any potential for recovery or

reconnection upon their release and highlighting missed opportunities for prevention. Such experiences have been identified in the causation of homelessness (Alma Economics 2019; Fitzpatrick, Kemp, and Klinker 2000) and multiple exclusion (Fitzpatrick, Bramley, and Johnsen 2013). Some participants showed acts of moral courage as they left the family home to shield their families from their drug use. Similar narratives may be suppressed in societal narratives of homelessness and drug use due to widely held stigma and narratives of undeserving poor in which people are positioned as passive and undeserving (Reutter et al. 2009).

The experience of homelessness was marked by destitution, a sense of having nothing left, and nowhere left to go. There was an apparent absence of ontological security as the constancy of their contextual environments had been eroded alongside the emergence of hostile environments and interpersonal exchanges. This is consistent with prior research which found that the foundations of ontological insecurity were laid prior to becoming homeless and with a deepening of insecurity on becoming homeless (Stonehouse, Threlkeld, and Theobald 2021).

Themes of loss emerged as people described a loss of self, loss of relationships with family and feeling lost. Drawing on a multivariate analysis of UK data sets, the availability of social support networks is a key protective factor in the risk of homelessness (Bramley & Fitzpatrick 2017). As social networks deteriorated, it became increasingly difficult to mitigate against the risks of becoming and remaining homeless. Participants had become stuck in vicious cycles. They were stuck in a position in which they were destitute, experienced great loss and hostility within the environments they found themselves in and hostility in the interpersonal interactions they had with others. Hostility was often characterised by violence, oppression, and rejection. In a survey of 353 rough sleepers in England and Wales, 77% reported anti-social behaviour and/or a crime against them in the previous 12 months with



members of the public leading perpetrators of violence and abuse (Sanders & Albanese 2016). Participants in the survey reported this undermined their confidence to move on from homelessness and led to them questioning the relevance of their existence. The hostility of public spaces towards people experiencing street homelessness is not always overt, however is present through anti-homeless architecture, locked public toilets, posters discouraging the giving of money to people on the streets and public space protection orders prohibiting sleeping rough (Stevens 2017). Societal narratives, socio-political beliefs and legislation result in incarceration, displacement and oppression of people who are on the streets, resulting in minimal spaces they could safely occupy. This forces people into less visible forms of homelessness, such as staying in squats or moving into places where they won't be seen by outreach teams, which may account for the absence of help that emerged from participants' narratives.

The absence of help for participants when they were street homeless alongside oppression and rejection arising from hostility may contribute to reduced capabilities to escape the streets. In chapter two, there was a shift from an active to a passive position of the participants. In previous chapters, and in later chapters, participants narrated actions they took and things that they did in response to their situation. Participants presented narratives in which they were completely passive in getting off the streets. This may be illustrative of the extreme social exclusion experienced in which they lacked or were denied access to resources, rights and services that are available to most people in society (Levitas et al. 2007), thereby unable to respond to their situation in such a way that they would escape the streets.

In chapter three, getting off the streets was entirely attributed to the help of one person who was their support worker. Previous research has strongly indicated the importance of having one person who was supportive (Groundswell UK 2010b; Ravenhill 2008), however, participants in this study demonstrated this was critical to them escaping the streets.

Participants described their support workers' persistence in showing up and being present, believing in them, and showing care and understanding. This supports the notion that healing relationships are critical to recovery from homelessness and trauma (Seager 2011, 2015; Siegel and Solomon 2003; Cockersell 2012).

Throughout chapter four, participants emerged as active in the rebuilding process alongside their support worker. Participants held to account the systemic barriers of housing and welfare benefits systems that created challenges for rebuilding such as rent arrears excluding them from accessing social housing. Surveys of 1013 people experiencing homelessness found that 63% of those who were subject to conditionality requirements for their welfare benefits payments found it difficult to meet the conditions placed on them (Reeve, 2017). Participants emphasised that they would be dead, have taken their own lives, or still be on the streets if it was not for that one worker.

Central to the motivations of most participants was a desire to reconnect with family and children. They expressed regret at being absent from their lives and a grief for the loss of the part of their identity that they valued the most – being a Dad. Once they were off the streets, hope of reconnecting with children emerged in the narratives. Housing itself was not central to their hopes and aspirations for the future however would give them a base from which they could rebuild their lives.

### ***Implications for Practice***

The findings provide further support for the power of relationships for people affected by homelessness. A support worker who was persistently present, believed in them, cared, and understood them was a catalyst for escaping the streets. This offers support for psychologically informed environments (Keats et al. 2012) and trauma informed care (Substance Abuse and Mental Health Services Administration 2014) which both promote relationships as critical to service delivery. A recent systematic review identified the

emotional impact of the work on frontline workers in homelessness services (Peters, Hobson, and Samuel 2022). They spoke of building quality relationships, negotiating boundaries and carrying the emotional burden for self and for others being significant aspects of the work. Furthermore, they identified the extra work created in advocating for people affected by homelessness when they were excluded or rejected from support they were entitled to. Workers also experienced a 'contextual helplessness' in which systemic challenges made their work feel like a constant battle.

Participants were surprised by how quickly their worker managed to find accommodation for them, which likely contributed towards building trust in their relationships and provided hope in the face of exclusion and hostility. It is unclear to what extent rapidly securing accommodation was a result of the response to the COVID-19 pandemic. A previous review found that one of the most demanding aspects of working with homelessness was the inability to change a situation that was causing client suffering (Wirth et al. 2019). Where barriers become insurmountable, there is a risk of contextual helplessness being experienced by both the person affected by homelessness and the worker, as well as within their relationship. This highlights that relational work and managing emotional responses of themselves and the people they work with is as much a part of the work as more practical tasks. It is imperative the workers receive the appropriate supervision and support to respond to this, as they would with more practical aspects of their role.

There are potential clinical benefits in developing thicker narratives in which concepts such as moral courage can be drawn out. Many assessments are deficit based and reduce the person affected by homelessness to their housing status and housing-related needs. By developing thicker narratives, positive characteristics can be identified and drawn on. Furthermore, this may allow people to maintain connection with or reconnect with other

identities and values which is potentially an important source of motivation for people in the face of adversity.

A more robust understanding of the implications of homelessness and addiction on ontological security has potential value in practice. Ontological insecurity was originally described as feeling more unreal than real, feeling more dead than alive, and feeling different to the rest of the world in a way that called into question one's identity and autonomy (Laing 1960). Recent literature on housing and ontological security has focused on independent tenancy or home ownership as the source of ontological security (e.g. Dupuis and Thorns 1998; Padgett 2007). In chapter two, participants often described feeling different, expressed that their experiences felt unreal, and lost contact with aspects of their identity whilst shifting from active to passive as they became homeless. Ontological security appeared to increase in chapter four as participants reconnected with their identities and became more autonomous in rebuilding their lives. This suggests ontological security may arise from overcoming social exclusion, recovering lost identities and the pursuit of a life that was meaningful to the individual and becoming active in shaping one's own life course.

### ***Future Research***

Narrative approaches have previously been used with homeless populations (e.g. Williams and Stickley 2011; Patterson, Markey, and Somers 2012; Kirkpatrick and Byrne 2009).

Narrative analysis facilitates the voices of marginalised groups being heard (Holloway and Freshwater 2007) and allows the participants to control the information they share. Despite the short interviews, rich data was elicited from the narratives. Integrating timelines into narrative interviews may help to map the narrative across differing experiences and forms of homelessness to further illuminate specific barriers and enablers at different points in the pathways to rough sleeping. Some of the limitations of the research may be mitigated through participation-action research or peer led research. Despite the interviewer's personal

experience of homelessness, the duality of previous roles as a worker in services and status will have influenced power relationships during the interview. Adapting the methods may support the development of more complete and in-depth narratives which will continue to strengthen understandings of homelessness, its affects and the implications for policy and practice.

### ***Limitations***

The findings only relate to a very homogenous group of people affected by homelessness. The participants represent a discrete proportion of multiply excluded homelessness identified in previous pathways research (Fitzpatrick, Bramley, and Johnsen 2013). This is indicated by problematic drug use preceding the onset of homelessness for all participants. As such, the implications of the research findings may not identify preventative or reactive practice implications that would apply to all rough sleeping.

Participants generally presented a summary of their narrative, with the interviewer having to rely heavily on prompt questions to elicit longer narratives, resulting in shorter interviews. Groundswell (2010) have demonstrated how the use of peer research methods can build trust and allow for a deep understanding of challenges facing people affected by homelessness. Interviews were conducted by telephone in response to COVID-19 risks. Research has previously identified that telephone interviews are much shorter, with participants speaking for shorter durations at a time with the researcher contributing more than they would in face-to-face interviews (Irvine 2011). The absence of visual cues made it difficult to demonstrate listening without giving a verbal response. This may have been difficult for participants as they have experienced being ‘not listened to’ in interactions with professionals (for example, Hoffman and Coffey 2008; Rae and Rees 2015).

The remote methods of the interviews may also have been problematic in developing rapport and overcoming differences in power. The interviewer was cautious of the power

differences and held in mind that participants may have known the interviewer from previous work in the local area. As such, it was important to remind people that the interview would be anonymised but was not confidential in ways our conversations may have been before.

Furthermore, throughout the interview people were reminded to only share what they were comfortable sharing when asking potentially sensitive questions. In these instances, most participants advised they did not want to talk about a particular topic, predominantly, what led to drug use and earlier life experiences. Whilst this does present a limitation of the data itself, it does demonstrate a strength in the ethical approach taken.

Whilst a stakeholder group was consulted on the research design, no experts by experience were involved in the data collection or analysis. This was primarily due to constraints in time available and a lack of funds available to appropriately compensate a person for their work.

## **Conclusion**

The findings presented here identify several barriers in preventing or escaping homelessness throughout the pathway to rough sleeping. When drug use became problematic, this corroded peoples relationships leading to incarceration and hospitalisation. Opportunities for early intervention and prevention were all missed. Despite this, participants assumed personal responsibility for their situation. The hostility people experience when homeless serves to displace and incarcerate, perpetuating cycles of disconnection from support and resources. Notably during this time people struggled to find or access help. People became stuck on the streets. This was reflected in the shifting positions from active to passive. Developing supportive relationships with workers was critical in escaping the streets and their ongoing support helped them to overcome barriers to housing and welfare benefits. Access to treatment and rehabilitation for drug use is an important aspect of rebuilding lives after

homelessness. Most significantly for participants, this led to reconnecting with family and children or created opportunities for people to pursue meaningful careers. They reconnected with or established identities such as being a dad. For most participants, being a dad was the most important and meaningful aspect of their identities and their lives. The research demonstrates the necessity of creating more psychologically informed environments in which workers are supported and enabled to elicit richer narratives and connect with all aspects of a person's identity and be willing to provide persistent and consistent support. Such relationships can have profound life-changing and potentially life-saving implications.

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## Appendices

### Appendix A

*Appendix 1 – Summaries of narratives including main characters and main elements of narrative summaries*

#### Narrative 1 - Mark

<p><b>Characters</b></p>	<p>Mark (pseudonym) – main character.</p> <p><b>Sons</b> – Marks relationship with his sons broke down when his drug use escalated. Mark wants to reconnect with his kids.</p> <p><b>Mum</b> – Marks doesn’t get on well with his mum, they are very similar, both very honest and a bit too honest with each other. She has tried reaching out to help, but Mark has “fucked it up”</p> <p><b>Ex-girlfriend</b> – she was a drinker and very violent. She lied and caused a lot of problems for Mark. Mark ended up in jail for domestic although he never hit her.</p> <p><b>Associates</b> – Mark had a lot of associates who he stayed with a few days at a time</p> <p><b>Assertive outreach worker</b> – helped Mark and got him somewhere to stay very quickly. He was one of the best people Mark has met in his situation because he does his job. He helped Mark do everything.</p> <p><b>Hostel</b> – Mark was taken in by a hostel who are helping him every day.</p>	
<p><b>Chapters</b></p>	<p><b>Main Elements</b> <u>Key events</u></p>	<p><b>Themes</b> Notes</p>
<p>Preface – where I came from</p>	<p>I came from a good home, I come from a good life, I had a good upbringing They said I had ADHD and possible schizophrenia. But they just kept saying I was an attention seeker I’ve always took drugs because of my mental health That’s how I always dealt with stress and issues in life Since I was about 13 or 14 I’ve always took drugs You only realise when it’s too late that you fucked up</p> <p>I had money most my life, I was a drug dealer for a lot of it I moved quite a lot because I had to keep in front of the police It was tough and very stressful and long hours. It was 24 hours a day, it was a hard life I had lived a good life. So I know what I’m missing. Some people have had shit all their lives, but I know what I’ve lost. And I know I can get it back, but I just struggle because of my head.</p>	<p><b>Mental health</b> <b>Absence of help</b> <b>Starting using drugs</b></p> <p>Using drugs to cope with mental health</p> <p><b>Regret</b></p> <p><b>Missing out (loss) and regret</b></p>



<p>Chapter 1 – breaking down and becoming homeless</p>	<p><u>I fucked up and started smoking crack and heroin</u> That just destroyed me and my relationship I had with my sons It’s been hell since. And it’s just down to my own mental health and stupidity that I’m in the situation I’m in. <u>The family relationship broke down</u> and I can’t handle money because of my drugs situation. She’s [mum] tried to reach out to me and I’ve fucked things up being a smackhead. It’s my own fault. My relationship broke down. I ended up in jail for a domestic even though I never touched her. She tried to destroy me and she managed to.</p>	<p><b>Escalating drug use</b> (turning point) <b>Family breaking down</b>  <b>Self-blame / self-responsibility</b>  <b>Family break down</b> <b>Self-blame</b>  <b>Relationship broke down</b>  Destroyed sense of self</p>
<p>Chapter 2 – broken down and being homeless</p>	<p>It was on and off because I’ve got a lot of associates so I was on and off the streets. I would stay out a couple of days at a time then find somewhere, a sofa I ended up homeless more and more times. The periods got bigger. Life got shit. Over about 12 months I purposely went to jail about six times. I did things on purpose to get me off the streets. I can’t handle it outside, so I’d rather be in prison, where it’s safer. <u>I became proper homeless for the first time... when I started actually sleeping rough.</u> <u>I had nowhere else to go.</u> I broke the bonds I had with people. Being selfish with money and drugs. I’d rather take drugs than deal with my shit. It’s just easier. <u>I had nothing left. Nowhere to go.</u> I’m not built for living outside. I don’t know how people do it. It just cracks me up. You’re constantly cold. Tents don’t work. Especially the cheap ones, they’re not waterproof. You’re hungry. Especially if you’ve got a drug problem as well because then you need to get drugs. I had to start robbing from shops and I did that a couple of times and I can’t do that either. I can’t bring myself to be a thief. If there was help, I didn’t know about it.</p>	<p><b>Being stuck</b> Released to streets  <b>Destitute</b> Not considering self homeless <b>Broken down</b>  <b>Destitute</b>  <b>Broken bonds</b> (turning point)  <b>Drugs all consuming</b>  <b>Absence of help</b></p>
<p>Chapter 3 – escaping</p>	<p>When I came into town I saw the help. <u>As soon as I met [assertive outreach worker] he just does his job. He helped me and he smashed it.</u> He’s one of the best people I’ve met in this situation because he does his job and he gives a fuck. I probably wouldn’t be sat here now if it wasn’t for [him] He pointed in me in the right direction. He got me on my feet. I’m very thankful for him. <u>They took me in. It was a massive relief.</u> I wouldn’t have lasted long outside. I would have ended up killing myself, I would have ended up dead. I would have definitely killed myself definitely.</p>	<p>No help out of town <b>One person</b> Turning point  Receiving guidance  <b>Gratitude</b>  <b>What could have been</b></p>

	<p>Today I'd had help, so they do help you.                  When I get money I just think of drugs straight away.                  I have to pay my rent.                  Because I can't handle being outside. It's one of the worst things I've been through in my life.</p>	<p><b>Drugs all consuming</b></p>
<p>Chapter 4 – rebuilding</p>	<p>They just started to try and diagnose me now, but it's a bit too late because I've already fucked up life. My lifes already gone down the bin.                  I don't see myself as normal. I don't see myself as like everyone else.                  I struggle with life in general.                  I'm my own worst enemy and my head is a problem I just can't seem to fix.                  I've got a good family behind me                  But they don't want anything to do with me because I'm on drugs.                  Until I get all my drugs shit behind me and my head sorted then I'm not going to see any of them anymore</p>	<p><b>Mental health?</b></p> <p>Difference</p> <p>Struggle of life</p> <p><b>Self-blame</b></p> <p><b>Family breakdown/estrangement</b></p>
<p>Prologue – looking forward</p>	<p>I'm happy with a roof over my head. I'm just a simple man.                  I do need my kids back, but obviously one step at a time.                  I don't feel like a dad at the minute. I don't feel like I could be a dad. I don't feel like a human being nevermind a dad. I want to see my lads and be a dad again. That's all I want.                  Drugs break you down, being homeless breaks you down. It turns you into something that you're not.                  I have lost a part of me that I can't find and I'm struggling to find.                  I feel like I've lost me. I don't feel like myself. I feel like a fucking mess.</p>	<p><b>A recovery</b> one step at a time</p> <p><b>Need to be a dad again</b></p> <p><b>Broken down by drugs and homelessness</b></p> <p>Loss of self</p>

**Narrative 2 – Gary**

<p><b>Characters</b></p>	<p>Gary (pseudonym) – main character</p> <p>Kids – Gary chose to leave his home as he didn't want drugs around his kids. He is trying to get contact with his kids as without his kids he has nothing.</p> <p>Drug and alcohol service – the drug and alcohol service got in touch with the assertive outreach worker. They got him on a script.</p> <p>Assertive outreach worker – the assertive outreach worked got him into the sit-up and into a hostel. He helped him with the drug and alcohol service and getting housing. He has always been there fore Garry and given him advice.</p>	
<p><b>Chapters</b></p>	<p><b>Main Elements</b>  <u>Turning points</u></p>	<p><b>Themes</b>                  Barriers and enablers</p>
<p><b>Preface – where I came from</b></p>		
<p><b>Chapter 1 – breaking down</b></p>	<p><u>I chose to leave. Because of the drugs. I chose to leave.</u></p>	<p><b>Starting using</b></p>

	<p>I didn't want the drugs, me taking the drugs around them and me around the kids.                  I didn't want the kids seeing me obviously when I was at my worst.                  She was saying I chose drugs over the kids but I didn't want that environment around the kids.                  Maybe there's some things I could have done differently.                  I ended up in a house drug dealing and injecting heroin.                  They gave us a beating every time the money was wrong.</p>	<p><b>Self-responsibility</b>  <b>Family breakdown</b>  <b>Moral courage</b></p> <p><b>Regret?</b></p> <p><b>Escalating drug use</b></p> <p><b>Violence</b></p>
<p><b>Chapter 2 – Broken down</b></p>	<p>One of the other lads, he used a screwdriver for his tooth. That's when I thought I need to get out of here.                  It was the drugs. Doing the drug dealing. And getting beaten all the time.  <u>It was either stay there and get a beating or take a chance on the streets and I took a chance on the streets.</u>                  When I first became homeless I was destitute.                  I was just trying to find drugs.                  Once I found drugs, then my mind was focused on trying to find somewhere and then once that wears off again your mind goes back to thinking right hang on I need to buy some more drugs now.                  I spent most of my time thinking about drugs when I should have been like trying to think about getting off the streets.                  I didn't even know which way to turn</p>	<p><b>Destitute</b></p> <p><b>Stuck</b></p> <p><b>Drugs all consuming</b></p> <p><b>Not knowing where to find help</b></p>
<p><b>Chapter 3 - Escaping</b></p>	<p>I went to [drug and alcohol service] trying to get on a script, and then I just broke down and I told them everything  <u>They got in touch with [assertive outreach worker]</u>  <u>If it wasn't for him, I think I'd still be out there now</u>                  He got me in the sit-up                  And then I got my own room                  He's the only reason I got help                  I got myself on a script.                  The focus on my kids is what helped. I just want my kids back and that's all I want.                  I was in rent arrears with [housing association]. It was a nightmare trying to get everything sorted out.                  He got me into a B instead of a D.                  He's just always been there.</p>	<p><b>One person</b></p> <p><b>recovery</b></p> <p>Housing association barriers  <b>Being present</b></p>
<p><b>Chapter 4 – Rebuilding</b></p>	<p><u>I just stopped with the heroin and carried on with the methadone</u>                  Now I've just been sorting myself with [housing association]                  I've just been busy and got myself clean                  I got off the heroin.                  I got myself sorted out.                  I'm just in the middle of trying to get contact with my kids now</p>	<p><b>Recovery</b></p> <p><b>Recovery</b></p> <p><b>Children</b></p>
<p><b>Prologue – looking forward</b></p>	<p>Without my kids I've got nothing. My kids are everything to me.                  That's why I wanted to get clean and sort my life out.                  What's next is trying to get my own place and build myself up and that and try n get to see me kids.                  And keep away from drugs.                  Everyday is a fight with it, isn't it?</p>	<p><b>Children</b></p> <p><b>Recovery</b></p>

	I would have got this far in this situation if it wasn't for [assertive outreach worker]	<b>Gratitude</b>
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**Narrative 3 – Adam**

<p>Characters</p>	<p><b>Adam</b> (pseudonym) – main character</p> <p><b>Personal assistant</b> – looked out for Adam and helped him out.</p> <p><b>Youth hostel</b> – the youth hostel was more like a youth offenders institute with regular fights and violence. Adam witnessed multiple violent incidents. The staff would not intervene when this happened. There were lots of people with very few support workers. They didn't understand Adams BPD and thought he was just refusing to work with him. When Adam lost his temper with them, they threw him out.</p> <p><b>Ex</b> – Adam was in a bad relationship that he felt stuck in. She got pregnant and had an ectopic pregnancy.</p> <p><b>Support Worker</b> – the support worker from the homelessness day centre realised Adam wasn't suited to high occupancy hostel accommodation. She got him a place in a smaller hostel. When Adam was due to be released from prison, she visited him and found him a property of his own when he was released. She continues to work with him and make sure he is on track with everything.</p> <p><b>Police</b> – Adams home was searched by police under the Misuse of Drugs Act and turned his home upside down. He was charged for drug offences and received a custodial sentence.</p> <p><b>Mum</b> – Adams mum wasn't well when he was younger and Adam went into care. Adam has had support to rebuild his relationship with his mum.</p>	
<p><b>Chapters</b></p>	<p><b>Main Elements</b></p>	<p><b>Themes</b> Barriers and enablers</p>
<p><b>Preface – where I came from</b></p>	<p>I'm dyspraxic I can't really write As a kid it was just misdiagnosis after misdiagnosis It was behavioural issues and then it was anger issues then it was attention disorder I started off in the care system He [personal assistant, leaving care team] used to look out for me and help me out You'd say something to him and he would actually get back to you as soon as he could and he would always try to get on board At 17, they removed me from my foster placement and placed me into semi-supported living Which was absolutely shocking, to be honest <u>In the end I refused to work with the support mainly because I had no actual privacy.</u> They had the keys to the property and were just letting themselves in whenever they felt like it in the end, I refused to work with them. And at the time I was going through a bad relationship which then led to a <u>bad cocaine addiction.</u> I couldn't actually get out of the relationship I was stuck in it n I could only get through the day, just through coke. Then started the money problems and the debt and everything went downhill from there I then ended up in a first hostel.</p>	
<p><b>Chapter 1 – breaking down</b></p>	<p><u>They released me into a youth hostel</u></p>	<p><b>Violence</b></p>

	<p><u>It was more of a young offenders institution.</u> There was fights on the regular.          One time I got stuck in a room... next think I know three kids run in and chop my mate up          I lost my child... my ex had an ectopic pregnancy          When I found out she was pregnant... then I got off the coke because obviously, that was a time I had to start growing up a bit          I just cold turkeyed myself through it all          I've done all the [drug and alcohol service] stuff... but all the talking and that, I can't do it          I watched one of the old support workers that just stand there and watched while a bird got threw down a flight of stairs... all they're allowed to do is phone the police          There's like 50 people and only four support workers          At the time my head was just a bit chaotic  <u>In the end I just lost my temper with the support workers and got myself thrown out</u>          they can understand the simple most common health conditions they're trained to deal with like anxiety and depression but when it comes to more specific disorders like BPD and EUPD whatever you want to call it do not actually understand it so when they see me in my mood swings and that its just taken as I'm refusing to work with them.          there's not really much that could have been done it was just part of my own decisions and my own making just the path of self-destruction</p>	<p>Unsafe environments</p> <p><b>Loss</b></p> <p><b>Recovery</b></p> <p><b>Absence of help</b> Absence of help in services</p> <p>Lack of understanding</p> <p><b>Self-blame and self-responsibility</b></p>
<p><b>Chapter 2 – broken down</b></p>	<p>I left the [youth hostel]          After getting section and getting released into a building like that just wasn't good for my mental health at the time.          I suffer with BPD I have habits of where I slip back and my personality sometimes shift then I relapse on some things          I ended up in the [day centre] which is where I met [support worker]          She was one of the people that realised I wouldn't be best suited for another council hostel          I've been in there (the system) all my life. yeah I've been round the hostels a few times</p>	<p><b>Released into homelessness (hostel)</b></p> <p><b>One person</b></p> <p><b>Stuck</b></p>
<p><b>Chapter 3 – Escaping</b></p>	<p>They helped me learn to start focusing on things like bills          They also worked with me on relationships because I'm very bad with love and staying in relationships          They helped me rebuild my relationship with my mum          They looked at me instead of like a kid with anger issues as more misunderstood          They actually took the time with me instead of just palming me off          I just started like selling weed... just to add a bit of money because the benefits system is a joke          Do they expect you to just starve yourself like we live in a third world country or do they want you to pay bills? Like do they want you to live in a house with hot water? Like you've got to learn to make sacrifices and I just wasn't going to so basically you can't live on benefits these days so it was just kind of a top up          They kicked my door in for some other kid  <u>They turned my house upside down</u></p>	<p><b>Rebuilding relationships</b></p> <p><b>Being present</b></p> <p>Financial struggles</p>

	<p><u>They found 60 bags of weed and 60 bags of MD, scales and multiple bags and 28 bags of spice</u>                  Before I got released from jail I spoke to my probation worker who put a referral in for me                  They come into jail and done the assessment  <u>When I got released they got me straight into my accommodation because they know I cant do hostels</u>                  These are actually not just giving me the property and saying off you go they're actually working with me and making sure I'm actually staying on track with everything</p>	<p><b>Being present</b></p>
<p><b>Chapter 4 – rebuilding</b></p>	<p>I was working... from like my 4<sup>th</sup> or 5<sup>th</sup> day out of jail                  Now I'm back into what I've done in jail which is my chefig                  I got all my qualifications in jail, I just used it to do what I could</p>	<p><b>A recovery</b></p>
<p><b>Prologue – Looking Back</b></p>	<p>the council buildings are about for high occupancy so I don't really do well with crowds and busy buildings like that but then [hostel name] because it's like a quieter building you get more support while you're there because they've got less people to deal with. You know somewhere like [youth hostel] where it's four or five floors and each floors got 20 flats you've got less time with your support worker then to actually get everything sorted that you need to.                  mainly they need better support when it comes to dealing with mental health. Like you can deal with in my opinion with like [local authority] are alright like they can deal with the housing situation perfectly they helped me set me straight up on [housing association portal]. They help you deal with everything but then when it comes to support side and actually trying to understand what is mental health and what is plain aggression and violence you know they do need better kind of education because they can understand the simple most common health conditions they're trained to deal with like anxiety and depression but when it comes to more specific disorders like BPD and EUPD whatever you want to call it do not actually understand it so when they see me in my mood swings and that its just taken as I'm refusing to work with them.                  are I can't say it's down to the fault of the staff all that it's more down to the funding situations these days no one's got any funding have they                  Like you know the [local authority] they can say like we need this and we need that we need this but they haven't got the money to finance it like the private companies have. At least with private companies like [organisation name] and stuff they can say we've got money for this we can just go and spend it whereas the council hostel if they want to get something done it's got to be form after form with months and months of meetings it just takes a lot longer to process.</p>	<p>Limitations on support</p> <p>Understanding mental health</p> <p>Funding</p> <p>Bureaucracy</p>
<p><b>Prologue – looking forward</b></p>	<p>Not at the minute I'm a kitchen Porter but he's training me up. Then in a month or so is gonna be built to commis chef                  I've always liked cooking, even as a kid because me ma wasn't well that's why I went into care I was cooking my own meals and stuff as a kid so my passions just grew from there</p>	<p><b>Family break down</b></p>

**Narrative 4 - Graham**

<p><b>Main Characters</b></p>	<p>Graham (pseudonym) – main character</p> <p><b>Shelter manager</b> – Graham experienced the shelter manager as a horrible person. She let others get away with smoking crack cocaine and injecting but threw Graham out for smoking cannabis. Graham was treated like a common criminal.</p> <p><b>Day Centre</b> – Graham attended the day centre whilst street homeless but was told he would have to wait a couple of weeks for any help and just had to walk away.</p> <p><b>Probation officer</b> – Grahams probation officer was a great person who helped him a lot and referred him to a charity who could help him.</p> <p><b>Support worker (homeless charity)</b> – Grahams support worker believed him in and found him somewhere to go straight away. She took him food and continued to support him. She phones him regularly and has arranged viewings for flats for him. She picks him up and takes him to viewings. She’s done everything for him and has been his rock.</p>	
<p><b>Chapters</b></p>	<p><b>Main Elements</b></p>	<p><b>Themes</b> Barriers and enablers</p>
<p><b>Chapters</b></p>	<p><b>Main Text</b></p>	<p><b>Themes</b> Notes</p>
<p><b>Preface – where I came from</b></p>	<p><u>The first time I went to prison I come out to a home and the second time I come out to a home I just didn’t find one in time</u> They were supposed to have for me one but they didn’t get me one</p>	<p><b>System failure – released to streets</b></p>
<p><b>Chapter 1 – breaking down</b></p>	<p><u>I was in a tag house and when I was released from prison had to go find my own place and never found one</u> I had to wait for my universal credit and it was just everything was just piled up on me When the tag house ran out I had nowhere to stay so I went to the [hostel] She ran that place like it was a prisoner of war camp It was horrible She was just a horrible person and she was letting some people getaway with stuff, got caught smoking cannabis, and there was people smoking crack cocaine and injecting They threw me out they didn’t give me a warning they just threw me out on the street It’s not the end of the world for gods sake I didn’t rob the bank of England They treated me like a common criminal <u>They threw me out at 8 o’clock in the morning when I had no money and nowhere to go</u></p>	<p><b>self-responsibility</b></p> <p>Benefits system failed</p> <p>Unhelpful people</p> <p><b>Hostile environments</b></p> <p><b>Drug use</b></p>
<p><b>Chapter 2 – broken down</b></p>	<p>What are you supposed to do on new years eve to find somewhere The places I was staying, the streets were cleaner Someone sent me to the [day centre] and <u>they just said oh you have to wait a couple of weeks</u> I said what do you mean wait a couple of weeks I’m on the street what I am supposed to for now How can you say come back in a week or so it’s freezing cold feels like it’s minus 12 degrees and I’m homeless Just to walk away walk away with all my stuff was unreal</p>	<p><b>Absence of help</b> absence of help <b>Stuck</b></p>

	<p>You feel lost... you just feel lost. You just feel lost.                  It's horrible you cant get yourself back on your feet its hard to find somewhere no one will trust you                  Its one of them things you cant understand unless you've experienced it</p>	<p><b>Destitute</b>   <b>Loss</b>   <b>Broken bonds</b></p>
<p><b>Chapter 3 – getting off the streets</b></p>	<p>It was through my probation officer. They are a great person whose helped me a lot.                  I was out for about six days <u>and I ended up getting a hotel room from [homeless charity]</u>                  Just believing in me getting me a place to stay they put me straight in a hotel room when they found out I was on the streets they acted on it straight away                  The girl that works [at homeless charity] shes always phones me                  She's been amazing. They are amazing.</p>	<p><b>Believing in me</b>   <b>Being present</b>  <b>One person</b></p>
<p><b>Chapter 4 - rebuilding</b></p>	<p><u>I went to the [hostel] which I'm in now and I've been very happy</u>                  If I need to speak to somebody about my future I would get someone there and then                  It's her that got me the viewings for the flat tomorrow.                  She got me food and everything when I was in the hotel room and had nothing                  She's my rock. She's boss.                  They really have really have pulled their finger out                  She's amazing I can't fault the girl, she's absolutely amazing. She's done everything for me.                  If I win on the euros I'll buy her something                  They just seen a bit of faith in me that's what they did and I'm not gonna let them down.                  I'm not gonna let them down                  I've got to use that tenancy and what I've got going and just build on it                  I'm on the road to recovery                  It's really looking up for me now</p>	<p><b>One person</b>           <b>Gratitude</b>           <b>Recovery</b></p>
<p><b>Prologue – looking forward</b></p>	<p>To have a nice home and going to live my life                  Have a nice home so I can see my children.                  I was a mess and didn't want them to see me like that on the streets. They'll see me differently when they see me in my own home.                  I havent' seen for for a couple of years, about four years now five years. But I've never forgotten them. That's all that matters to me.</p>	<p><b>Recovery</b>  <b>Children</b>        <b>Regret</b>  <b>Loss</b></p>

**Narrative 5 – Joe**

<p><b>Characters</b></p>	<p><b>Joe</b> (pseudonym) – main character</p> <p><b>Kids</b> – Joe left his home to protect his kids. He missed out on them growing up but is now back in contact with them and has met his grandkids.</p> <p><b>Police</b> – the police made it difficult for Joe to exist. He would often be arrested on the streets.</p> <p><b>Outreach worker</b> - the outreach worker went to see Joe every day. She took him to get his legs done and found him somewhere to live. She was there for him.</p>
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<b>Chapters</b>	<b>Main Elements</b> <u>Turning points</u>	<b>Themes</b> Barriers and enablers
<b>Preface – where I came from</b>	I had it good. I've got four brothers three sisters all doing well never touched a drug. I had my own house I got that myself with my kids	
<b>Chapter 1 – breaking down</b>	I was doing well with certain things but started using I couldn't put her through more than what she was going through and I couldn't put me kids through it <u>I was leaving for the kids</u> I lived in different houses some were alright some were terrible. One thing led to another and I became homeless. I've been on the streets ever since.	<b>Started using</b> <b>Family breakdown and broken bonds</b> <b>Self-responsibility and moral courage</b> <b>Loss</b>
<b>Chapter 2 – broken down</b>	you don't know it's gonna be like from one day to another it was terrible try to get enough money at the end of the day for drugs in your ale or whatever and enough to eat it just went on and on and before I know it the years have gone past they didn't give you help they just came round and they were one of those do you want a cup of tea apart from that for help not really no. Only getting you to places you need to go like your appointments and all that, get you there, food vans that come round, give you some food and that. they gave you clothes and socks and underwear and shit. the police made it difficult for people like us. Couldn't go nowhere couldn't be seen nowhere so I had to hide behind buildings or shops. if the police seen me I'd be arrested. And charged. And then you end up in court n get fined then you can't pay the fine go to prison back on the streets. The same old thing happening over again.	<b>Drugs all consuming</b>  <b>Absence of help</b>  <b>Destitute ?</b>  <b>Stuck</b>
<b>Chapter 3 – getting off the street</b>	<u>Until I bumped into [outreach worker] and she persisted in coming</u> She come to see me everyday and took me to get get me legs done and all that and she persisted so I thought I've got to give this girl credit and not take the piss She's been there for me If it wasn't for that girl, I'd probably still be, well I'd be dead by now She got me accommodation She's the one that for me off the streets. My support worker came to see me everyday This is like supported accommodation so they come twice a week to see if you're alright I'm in a mobility scooter cos my legs are bed. You haven't seen your kids and then the kids are all grown up and you got grandkids	<b>One person</b> <b>Being present</b>  <b>Gratitude</b>  <b>Being present</b> <b>What could have been</b>  <b>One person</b>  <b>Regret</b>
<b>Chapter 4 – rebuilding</b>	I've just started seeing my grandkids now. After all these years. And I'm not going to mess that up now. I've been clean for three years. I'm not very old I don't know how long I've got left in me, you've just gotta get on with it and now I have a nice life.	<b>Reconnecting with family</b>  <b>Recovery</b> <b>Gratitude</b>

<p><b>Prologue – looking forward</b></p>	<p>I'm just going along now and keeping it in the day.                  I'm alive and I'm reasonably average sort of.                  I'm back talking to my daughter and my granddaughter. I can't ask for more than that with the lifestyle I've left.                  I'm talking to my family again and my brothers and sisters and all that.                  You don't know what you've got til you've missed it                  It's not a nice place to be out there. I feel sorry for anyone who is out there now. I hope they can get whatever help they can get from whoever.</p>	<p><b>Recovery</b></p> <p><b>Gratitude</b></p> <p><b>Loss / missing out / regret</b></p> <p><b>Reaching back</b></p>
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**Narrative 6 - Ste**

<p>Characters</p>	<p><b>Ste</b> (pseudonym) – main character</p> <p><b>Mum</b> – Ste's mum was always there to pick up the pieces. She would pay for flats for him that he had lost when he was evicted.</p> <p><b>Group of lads</b> – when Ste was rough sleeping he woke up to a group of lads jumping on him. They threw all of his belongings into the canal.</p> <p><b>Drug and alcohol worker</b> - the drug and alcohol worker never gave up on him. She never stopped caring or gave up. When Ste didn't turn up to appointments she would track him down.</p> <p><b>Support workers (recovery house)</b> – the support workers at the recovery house also never gave up on him. When he fell behind on his service charges, they would help him to catch up.</p>	
<p><b>Chapters</b></p>	<p><b>Main Elements</b>  <u>Turning points</u></p>	<p><b>Themes</b>                  Barriers and enablers</p>
<p>Preface – where I came from</p>		
<p>Chapter 1 – breaking down</p>	<p>My mum, luckily I always had a mum there to pick up the pieces and because of my behaviour at the time I wasn't to be trusted so she always paid for another flat for me  <u>Sadly because of my addiction at that time I wouldn't pay again then I'd be evicted</u>                  I would get somewhere, never for longer than two years, and end up homeless again</p>	<p><b>Broken bonds / drug use</b></p> <p><b>self-responsibility</b></p>
<p>Chapter 2 – broken down</p>	<p>If I add up all the time from when I first started using to when I stopped I probably spent about eight years on the street                  I think I was about 17 the first time, it was petrifying                  I used to sneak into my mates gardens when they had gone to bed just because I felt safer                  I didn't understand about the help I didn't know about places                  I would just walk around all night rather than sleep and I would sleep in the day.                  I was awoken with this horrendous pain in my legs. And <u>as I've come round there was a group of lads jumping all over me everything I owned the bridge was on a canal I only had one sports bag with clothing that's all I had to my name and they threw it in the canal</u></p>	<p><b>Absence of help</b></p> <p><b>Destitute</b>  <b>Broken down</b></p>

	<p><u>I think I tried to take my own life after that</u> The mental health team they helped with my depression and they helped me with clothing and things</p>	
<p>Chapter 3 – getting off the street</p>	<p>[drug and alcohol worker] never give up. She just never give up on me. <u>People thought I was a bit of a lost cause but she never ever stopped caring or give up. She would be chased me down when I didn't turn up for appointments and stuff.</u> She left a paper trail saying call me because she knew the places I went and wherever I turned up there was a bloody letter saying don't forget to make an appointment I've learned from it and that's what I have to do in my work now because they're not the easiest to get hold of I ended up in a hostel They were great But living in there and being a drug addict with 70 other people exactly the same as me it doesn't make it easy to stop, but again, that's not down to them is it. That should have been my effort. I was so entrenched that's all. <b>It didn't take much if someone offered. And once you're living in a place like that everybody knows each others payday</b></p>	<p><b>One person Being present</b></p> <p><b>Stuck</b></p> <p><i>Reference to practice of sharing drugs and lending money on own payday knowing that the others will then have to share on their payday or pay you back to ensure continued supply between paydays.</i></p>
<p>Chapter 4 - rebuilding</p>	<p><u>I was luck enough to get a place in rehab</u> The support workers at the recovery house were brilliant they also never gave up on me. If I missed some (service charge) they'd be like we're putting it up to 40 so you can catch up I got into learning. I went in (school) but just got bored very quickly so I used to wag it a lot Once I got clean I volunteered at a place where my recovery was helping people that were homeless and substance issues I though what do I need to get into this, like health and social care and mental health awareness <u>So I just battered college and I'm still doing it now.</u> <u>The rehab, they offered me a job</u> They said, find a home and we will help and I got it dead quick I had a lot of rent arrears from not paying rent... they were so helpful and they cleared everything</p>	<p><b>Recovery / gratitude</b></p> <p><b>Believing in me</b></p> <p><b>Reconnecting with learning</b></p> <p>Giving it back practice</p>
<p>Prologue – looking back</p>	<p>What i do you wish at the time I don't know whether it's... they did bring something in where the housing benefit went straight to your landlord Cos mine always started off being paid to them but I would ring them and say no no pay it to me that would be the only way we will pay our rent is straight to your landlord not you getting it first. Because it's too easy you get money in your bank and use it for drugs it's easy to dip into it and think it's alright I'll pay it back a lot more on next time but it never happens I know people are struggling now and you don't even have to have a substance problem now it's just the cost of living</p>	<p><b>Drugs all consuming</b></p>

Prologue – looking forward	Learning helps to better me and help others at the end of the day. that's why I help now I'm a harm reduction outreach worker so I work a lot with the homeless	<b>Reaching back</b> <b>A recovery</b>
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*Appendix 2 – Extracts of narratives by theme*

<b>Becoming Homeless</b>	
Starting or escalating drug use	<p>1: I've always took drugs. I've gone up the ladders.            1: I fucked up and started smoking crack and heroin            2: it was the drugs. Doing the drug dealing.            2: I was injecting heroin            3: I was going through a bad relationship which then led to a bad cocaine addiction            4: it was the cannabis            5: I ended up using drugs didn't I            6: I was homeless... because of the drugs to be honest</p>
Self-blame and self-responsibility	<p>1: it's just down to my own mental health and stupidity that I'm in the situation I'm in            1: she's tried to reach out to me and I've fucked things up being a smackhead. It's my own fault.            2: I chose to leave. Because of the drugs.            3: there's not really much that could have been done it was just part of my own decisions and my own making just the path of self-destruction            4: everything was just piled up on me you know what I mean so that's what it is            5: I was leaving for the kids            6: because of my addiction at the time I wouldn't pay again and then I'd be evicted            6: that's not down to them is it that should have been my effort</p>
Family breakdown	<p>1: the family relationship broke down            1: my relationship broke down            2: I chose to leave. Because I didn't want the drugs, me taking the drugs around them and me around the kids.            3: me ma wasn't well, that's why I got taken into care            5: I ended up using drugs didn't i. and I was kicked out. My girlfriend wasn't into it at the time.            5: I couldn't put her through more than what she was going through and I couldn't put the kids through it.</p>
Institutional failure	<p>1: Over about 12 months I purposely went to jail about six times. I did things on purpose to get me off the streets.            3: they removed me from my foster placement and placed me into semi supported living. Which was absolutely shocking            3: when they released me they released to a youth hostel            4: They [tag house] were supposed to have got me one [a home] but they didn't get me one... it's like leaving everything till the very last moment if you know what I mean before they will even do anything for you</p>
Broken bonds and mistrust	<p>1: I broke the bonds I had with people. Being selfish with money and the drugs.            2: And then I tried explaining to the kids and mum and she was saying I chose drugs over the kids            3: I'm very bad with love and staying in relationships with anyone            4: no one will trust you            6: at the time I wasn't to be trusted</p>
Moral courage	<p>1: I had to start robbing from shops and I did that a couple of times and I can't do that either. I can't bring myself to be a thief.            1: Until I get all my drugs shit behind me and my head sorted then I'm not going to see any of them anymore            2: I chose to leave. Because I didn't want the drugs, me taking the drugs around them and me around the kids.            5: I couldn't put her through more than what she was going through and I couldn't put the kids through it.</p>

<b>Being Homeless</b>	
Absence of help	<p>1: if there was help, I didn't know about it</p> <p>2: I didn't get any help until I went to [drug and alcohol service]</p> <p>3: And the support workers in there were absolutely terrible at the time to be honest. I watched one of the old support workers that just stand there and watched while a bird got threw down a flight of stairs.</p> <p>4: they just said oh you have to wait like a couple of weeks I said what do you mean wait a couple weeks I'm on the street what am I supposed to do now do you know what I mean</p> <p>5: they didn't give you help they just came round and they were one of those do you want a cup of tea apart from that for help not really no</p> <p>6: I didn't understand about the help I didn't know about places</p>
Destitute and broken down	<p>1: I had nothing left, nowhere to go.</p> <p>1: Drugs break you down, being homeless breaks you down. It turns you into something that you're not.</p> <p>2: when I first became homeless I was destitute</p> <p>3: . Just to walk away walk away with all my stuff it was unreal.</p> <p>5: Couldn't go nowhere couldn't be seen nowhere</p> <p>6: I was awoken with this horrendous pain in my legs. And as I've come round there was a group of lads jumping all over me everything I owned the bridge was on a canal I only had one sports bag with clothing that's all I had to my name and they threw it in the canal.</p> <p>6: I tried to take my own life after that</p>
Drugs all consuming	<p>1: When I get money I just think of drugs straight away.</p> <p>2: I spent most of the time thinking about drugs when I should have been like trying to think about getting off the streets</p> <p>5: it was terrible try to get enough money at the end of the day for drugs in your ale or whatever</p> <p>6: it's too easy you get money in your bank and use it for drugs</p>
Hostile interactions and environments	<p>3: it was more of a young offenders institution. There was fights on the regular.</p> <p>3: I thought I'm not like there's no protection in this building what's the point of being here</p> <p>4: she ran that place like it was a prisoner of war camp</p> <p>4: she was just a horrible person</p> <p>4: how can you say come back in a week or so it's freezing cold feels like it's minus 12 degrees and I'm homeless why can't you just sort something out</p> <p>5: the police made it difficult for people like us. Couldn't go nowhere, couldn't be seen nowhere</p> <p>6: I was awoken in this horrendous pain in my legs. And as I've come round there was a group of lads jumping all over me</p> <p>6: all it didn't take much if someone offered me and once you're living in a place like that everybody knows each others payday me included I knew everybody elses</p>
Loss	<p>1: I know what I've lost.</p> <p>1: I have lost a part of me that I can't find.</p> <p>1: I feel like I've lost me.</p> <p>2: without my kids I've got nothing</p> <p>3: I lost my child a few years back</p> <p>4: That feeling it was just horrible you just feel lost girl, you just feel lost. You just feel lost mate.</p> <p>5: you don't know what you've got til you've missed it do you</p>
Becoming stuck	<p>1: so I was on and off the streets. I would stay out a couple of days at a time and then find somewhere, a sofa, to get out of it for the night or a couple of nights. It came to a point where I ended up homeless more and more times. The periods got bigger. Life got shit.</p>

	<p>2: so my mind wasn't focused on trying to find somewhere, I was just trying to find drugs. And then once I found me drugs, then my mind was focused on trying to find somewhere and then once that wears off again your mind goes back to thinking right hang on I need to buy some more drugs now</p> <p>3: I've been in there (the system) all my life. yeah I've been round the hostels a few times</p> <p>4: they just said oh you have to wait like a couple of weeks I said what do you mean wait a couple weeks I'm on the street what am I supposed to do now do you know what I mean. Just to walk away walk away with all my stuff it was unreal. you have to experience it like I said to really know what I was going through.</p> <p>5: if the police seen me I'd be arrested. And charged. And then you end up in court n get fined then you can't pay the fine go to prison back on the streets. The same old thing happening over again.</p> <p>6: I was so entrenched that's all it didn't take much if someone offered me and once you're living in a place like that everybody knows each others payday me included I knew everybody elses.</p>
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<b>Escaping</b>	
One person who made the difference	<p>1: he helped me. And he just smashed it.</p> <p>1: I probably wouldn't be sat here now if it wasn't for [assertive outreach worker]</p> <p>2: he's (assertive outreach worker) the only reason I got help</p> <p>3: She was one of the people that realised I wouldn't be best suited for another council hostel</p> <p>4: She's my rock. She's boss. I can't get over they really have they really have pulled the finger out</p> <p>4: I can't fault the girl she's absolutely amazing she's done everything for me.</p> <p>5: well she's the one that got me off the streets</p> <p>6: She [CGL support worker] just never give up .</p> <p>6: She just never ever give up on me. people thought I was a bit of a lost cause but she never ever stopped caring or give up</p>
Being present and believing in me	<p>1: he's one of the best people I've ever me in this situation because he does his job and he gives a fuck.</p> <p>2: He's just always been there.</p> <p>3: these are actually not only just giving me the property and saying off you go they're actually working with me and making sure I'm actually staying on track with everything</p> <p>3: They actually took the time with me instead of just palming me off.</p> <p>4: just believing in me</p> <p>4: they just seen a bit of faith in me that's what they did and I'm not gonna let them down</p> <p>5: until I bumped into [worker] and she persisted on coming and she come to see me everyday</p> <p>6: . She just never ever give up on me. people thought I was a bit of a lost cause but she never ever stopped caring or give up</p>

<b>Rebuilding</b>	
Recovering from	<p>2: I got myself on a script. And eventually, I just stopped with the heroin</p> <p>3: I just cold turkeyed myself through it all. Because I've done all the [drug and alcohol service] stuff as well, but, like all the talking and that I can't do it</p> <p>4: I got good help so I'm on the road to recovery</p> <p>5: I've been in the rehab and I've been clean for years</p> <p>6: I was lucky enough to get a place in rehab</p>
Moving forward	<p>1: one step at a time</p> <p>2: everyday if a fight isn't it</p> <p>2: keep away from the drugs</p>

	<p>3: Not at the minute I'm a kitchen Porter but he's training me up. Then in a month or so is gonna be built to commis chef</p> <p>4: I've got to use that tenancy and what I've got going and just build on it</p> <p>5: I'm just going along now keeping it in the day you know what I mean</p> <p>5: I'm not very old I don't know how long I've got left in me you've just gotta get on with it. and now I have a nice life.</p> <p>6: it I love learning. Learning helps me to better me and help others at the end of the day</p>
Reconnecting with children	<p>1: I do need my kids back, but obviously one step at a time.</p> <p>1: I want to see my lads and be a dad again. That's all I want.</p> <p>2: the focus on my kids is what helped. I just want my kids back.</p> <p>2: Without my kids I've got nothing. my kids are everything to me. That's why I wanted to get clean and sort my life out.</p> <p>4: so I can see my children... They'll see me differently when they see me in my own home.</p> <p>4: that's (seeing children) all that matters to me.</p> <p>5: I've just started seeing my grandkids now. After all these years. And I'm not going to mess that up now</p> <p>5: . I'm back talking to my daughter and granddaughter. I can't ask for more than that</p>
Economic and housing barriers	<p>2: With the [housing association] situation, I was in a band D and [assertive outreach worker] got me into a B instead of a D</p> <p>2: I was in rent arrears with [housing association]. It was a nightmare trying to get everything sorted out.</p> <p>3: the benefits system is just a joke as well. It's just not enough money... if you add it all up your total bills add up to more than what they give you a month so that what do they expect you to do?</p> <p>4: I had to wait for my Universal Credit and it was just everything was just piled up on me</p> <p>6: because if you have a arrears with the council you're not even allowed on their list</p> <p>6: it's easy to dip into it and think it's alright I'll pay it back a lot more on next time but it never happens I know people are struggling now and you don't even have to have a substance problem now it's just the cost of living isn't it</p>

<b>Looking back</b>	
What could have been	<p>1: I I didn't end up with a roof over my head I would have ended up dead</p> <p>1: I would have ended up killing myself, I would have ended up dead. I would have killed myself definitely.</p> <p>2: if it wasn't for him (assertive outreach worker) I'd probably still be out there now</p> <p>5: If it wasn't for that girl, I'd probably still be, well I'd be dead now.</p>
Gratitude	<p>1: he got me somewhere very quickly and I was very grateful</p> <p>2: I wouldn't have got this far in life, I wouldn't have got this far in this situation if it wasn't for [assertive outreach worker]</p> <p>4: If I win on the euros I'll buy her something</p> <p>5: . I can't ask for more than that with the lifestyle I've led you know</p>
Regret	<p>2: but maybe there's some things I could have done differently.</p> <p>4: I wrote to them while I was in prison but I haven't seen them for a couple of years about four years now five years. but I've never forgotten them.</p> <p>5: I just wish I'd never started using.</p> <p>5: and you haven't seen your kids and then the kids are all grown up and you got grandkids you know I mean I've just started seeing my grandkids now. After all these years.</p> <p>5: You don't know what you've got til you've missed it do you.</p>



*Appendix 3 – themes in relation to domains identified by Somerville (2013)*

<b>Physical</b>	Loss, destitution, drugs (addiction?)
<b>Emotional</b>	Regret, loss,
<b>Territorial</b>	Destitution (nowhere to go), hostile environments (unable to occupy space on the streets)
<b>Ontological</b>	Self-blame/self-responsibility, loss (of self), being broken down and changed
<b>Spiritual</b>	Loss, recovery, gratitude
<b>Relational</b>	Family break down, broken bonds and mistrust, hostile interactions, one person who made the difference being present and believing in them

*Appendix 4 – participant information summary*

Mark is in his 40s. He had a good upbringing but struggled with his mental health since he was in primary school and did not receive any support. He became homeless after he started using crack and heroin. Initially, he spent some time sofa surfing before becoming street homeless. He recently moved into a hostel where he was residing at the time of the interview.

Gary is in his 40s. He became homeless after he chose to leave the family home to protect them from his drug use. He stayed with a drug dealer he worked for before becoming street homeless. He recently got on a script and stopped using heroin. He is currently in hostel accommodation and preparing to start looking for his own tenancy and reconnect with his children.

Adam is in his 20s. He was in care as a child and became homeless when his supported living placement broke down. He was street homeless between stays in hostel accommodation and a custodial prison sentence. He is now in his own tenancy and is training up to be a commis chef.

Graham is in his late 30s. He became homeless after being released from prison. He spent time rough sleeping after he was thrown out of a night shelter. He is currently in a hostel and is about to move into his own tenancy.

Joe is in his 40s. He became homeless after he started using drugs. He spent many years on the streets. He went to rehab and is now in permanent supported accommodation.

Ste is in his 30s. He became homeless for the first time at 17 years old and spent around eight years on the streets in total. He was in a hostel before going to rehab. He now works as a drug and alcohol outreach worker.

## Appendix 5 – Chapter Summaries

Chapter	Narrative Summary <i>Themes</i>
Chapter One Breaking Down	<p>This chapter was characterised by starting or increasing drug use leading to family breakdowns, broken bonds and mistrust. Some participants were also failed by institutions that released them into homelessness. All of the participants blamed themselves and took responsibility for their situation.</p> <p><i>Themes: escalating drug use; personal responsibility; family breakdown, broken bonds and mistrust; institutional failures; moral courage</i></p>
Chapter Two Broken Down	<p>Participants were broken down by their experiences and in becoming homeless described being destitute and a great sense of loss. Some participants became preoccupied with buying and taking drugs. Help was unavailable or invisible to them whilst they were on the streets. Participants shared stories of becoming or being stuck.</p> <p><i>Themes: absence of help; destitute and broken down; drugs all consuming; hostile environments; loss; becoming stuck</i></p>
Chapter Three Escaping	<p>This chapter was characterised by one person who made the difference. For all participants, this person was an outreach worker who was persistent and present. It was someone who believed in them. All participants attributed their escape from the streets to the help of this one person. During this time, participants presented themselves as passive following a shift from active to passive in their narratives over the course of chapter two. In chapter four, participants would return to a more active position.</p> <p><i>Themes: one person who made the difference; being present and believing in me</i></p>
Chapter Four Rebuilding	<p>Once participants had got off the streets, they began rebuilding their lives. This chapter was characterised by recovery and reconnecting with children and family. Some participants were just beginning this process where others had already reconnected and built themselves a home. One of the main challenges for participants in this chapter was overcoming economic and housing barriers. Most participants were continuing to receive support from the person who made a difference for them.</p> <p><i>Themes: recovering and moving forward; reconnecting with children; economic and housing barriers</i></p>
Afterword Looking Back	<p>This chapter was characterised by people looking back and reflecting on their experiences of becoming and being homeless. Participants reflected on what could have been, expressed gratitude and regret. Some participants were now reaching back through empathising with others who were now in the situation they were in or directly giving back to the community they were once a part of.</p> <p><i>Themes: what could have been; gratitude; regret</i></p>



Figure 1. COnsolidated criteria for REporting Qualitative research (COREQ) checklist completed

<b>COREQ (COnsolidated criteria for REporting Qualitative research) Checklist</b>			
<p>A checklist of items that should be included in reports of qualitative research. You must report the page number in your manuscript where you consider each of the items listed in this checklist. If you have not included this information, either revise your manuscript accordingly before submitting or note N/A.</p>			
Topic	Item No.	Guide Questions/Description	Reported on Page No.
<b>Domain 1: Research team and reflexivity</b>			
<i>Personal characteristics</i>			
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?	Cover
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	Cover
Occupation	3	What was their occupation at the time of the study?	2-10
Gender	4	Was the researcher male or female?	
Experience and training	5	What experience or training did the researcher have?	2-10
<i>Relationship with participants</i>			
Relationship established	6	Was a relationship established prior to study commencement?	2-8
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	2-8/9, 4-30
Interviewer characteristics	8	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	2-10/11
<b>Domain 2: Study design</b>			
<i>Theoretical framework</i>			
Methodological orientation and Theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	2-9
<i>Participant selection</i>			
Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	2-8
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, email	2-8
Sample size	12	How many participants were in the study?	2-11
Non-participation	13	How many people refused to participate or dropped out? Reasons?	2-11
<i>Setting</i>			
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	2-9
Presence of non-participants	15	Was anyone else present besides the participants and researchers?	2-9
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	2-11
<i>Data collection</i>			
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	2-9
Repeat interviews	18	Were repeat interviews carried out? If yes, how many?	2-9
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	2-9
Field notes	20	Were field notes made during and/or after the interview or focus group?	2-11
Duration	21	What was the duration of the interview or focus group?	2-9
Data saturation	22	Was data saturation discussed?	N/A
Transcripts returned	23	Were transcripts returned to participants for comment and/or	2-10

Topic	Item No.	Guide Questions/Description	Reported on Page No.
		connection?	
<b>Domain 3: analysis and findings</b>			
<i>Data analysis</i>			
Number of data coders	24	How many data coders coded the data?	2-9
Description of the coding tree	25	Did authors provide a description of the coding tree?	2-36
Derivation of themes	26	Were themes identified in advance or derived from the data?	2-36
Software	27	What software, if applicable, was used to manage the data?	N/A
Participant checking	28	Did participants provide feedback on the findings?	2-10
<i>Reporting</i>			
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	2-11
Data and findings consistent	30	Was there consistency between the data presented and the findings?	2-36
Clarity of major themes	31	Were major themes clearly presented in the findings?	2-11
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	N/A

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349 – 357

Once you have completed this checklist, please save a copy and upload it as part of your submission. DO NOT include this checklist as part of the main manuscript document. It must be uploaded as a separate file.

## ***Appendix B: Guidelines for target journal***

### ***Important information for prospective authors***

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All necessary files have been uploaded:

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- Include keywords
- All figures (include relevant captions)
- All tables (including titles, description, footnotes)
- Ensure all figure and table citations in the text match the files provided
- Indicate clearly if color should be used for any figures in print

*Graphical Abstracts / Highlights files* (where applicable)

*Supplemental files* (where applicable)

Further considerations

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- Relevant declarations of interest have been made
- Journal policies detailed in this guide have been reviewed
- Referee suggestions and contact details provided, based on journal requirements

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### **Section 3 Critical Appraisal**

## **Reflexivity and Implications for Practice on Qualitative Research with People Affected by Homelessness**

Sophie Holding

Lancaster University

Doctorate in Clinical Psychology

## **Introduction**

This section begins with a summary of the findings from both research papers. I then consider reflexivity and how my own position has interacted with and influenced the research design, interviews, analysis and interpretation of findings. Finally, the paper will expand on the research's clinical implications, considering my own position and experiences working with people affected by homelessness.

## **Summary of Research**

The first two sections of the thesis consist of a systematic literature review (SLR) and an empirical paper. The empirical paper used a narrative approach to explore six people's narratives of their pathway to and from sustained or repeated rough sleeping. The research aimed to understand the barriers and enablers to escaping homelessness throughout this pathway. In chapter one, escalating drug use had a corrosive impact on relationships resulting in family breakdowns, incarceration, or hospitalisation. Opportunities to prevent homelessness were missed resulting in people being released from institutions to the streets. Narratives of moral courage and personal responsibility emerged throughout this chapter. In chapter two, participants moved from active to passive within their narratives. Initially managing their situation through sofa-surfing or accessing shelters, they described becoming destitute with nothing left and nowhere left to go. Participants were exposed to hostile environments, including oppression, exploitation, and violence. There was no help available on the streets, or participants did not know how to access it, resulting in becoming stuck in their situation. In chapter three, participants escaped the streets with the support of one person who made the difference for them. This person, a support worker, was persistently present, believed in them, and showed care and understanding. Many participants accessed drug and alcohol treatment or rehabilitation. Reconnection with families, particularly children, was an

important aspect of their rebuilding. Their support worker continued to help them overcome economic and housing barriers. Participants looked back on their stories with regret for the things they had missed out on and gratitude for their lives today and the help they had received from their support worker.

The SLR used a meta-ethnographic approach to explore experiences of agency, choice and control for people affected by homelessness. The review identified 17 papers and the analysis elicited five themes. Participants in the studies experienced a loss of control on becoming and being homeless as a result of structural forces and socio-environmental contexts, resulting in limited choices. This loss of control constrained agency and participants constructed narratives of homelessness as a choice and adopted coping strategies that enabled a sense of control in order to reclaim agency. During experiences of homelessness, participants gave primacy to psychological safety by making choices to avoid or manage distress and promote immediate well-being whilst also avoiding situations that may evoke or replicate past trauma. Whilst homeless, it was difficult to make choices directed at the future due to overwhelming structural forces, a belief that homelessness was inevitable and an absence of predictability and stability. Exiting homelessness aligned with a shift from agency being predominantly directed at the present to agency being directed at the future. This resulted from socio-environmental and interpersonal changes alongside imagining an alternative future. Participants exercised agency whilst also choosing to relinquish some control in specific areas in pursuit of their imagined alternative future. Similarities between the themes from the two papers are highlighted in Table 1.

### **Reflexivity**

Whilst researchers should avoid centring themselves in their research interpretations and output (Alvesson 2003; Riach 2009), it is important to be aware of how our own positions in



relation to the research can influence the interview, analysis and writing processes Hertz (1996). Whilst qualitative research can never be objective, it is nonetheless important to acknowledge our influence on the research. This requires understanding how our own personal narratives shape the data and its interpretation (Kemmis et al. 2008; Mays and Pope 2000; McCorkel and Myers 2003). I have kept a reflective log throughout the research to support this process, extracts of which are included throughout this section and utilised to address the points where I feel my presence impacted the data and analysis.

In the last 14 years, I have occupied various positions, personally and as a worker and project manager in relation to homelessness. More recently, I have also undertaken a placement in a Housing First service at the time of interviewing, analysing and writing the research paper. I have predominantly worked with people who have experienced homelessness for a sustained period with repeated episodes of street homelessness and stays in temporary accommodation. The services were specifically for people who used drugs and alcohol in ways that they had identified as being problematic or described as an addiction. Most services used a treatment first model. Often people would have to prove to workers that they could manage aspects of independent living to progress through different stages of accommodation before being able to access a permanent tenancy of their own.

Structural and systemic forces create the conditions within which individual context and life experiences can lead to homelessness. Levels of homelessness in the UK are structurally driven by policy choices which determine housing supply and affordability, welfare spending and eligibility for housing assistance (Downie et al. 2018).

Whilst the literature review and empirical paper focused on homelessness, there was a high prevalence of drug use amongst participants. I argue that there is a point at which substance use becomes problematic and escalates into addiction in which people lose control over their drug use. Furthermore, I also argue that drug use is perpetuated by social and

political choices. The Misuse of Drugs Act is rooted in racist legislation designed to perpetuate racist housing and immigration policy and has evolved to continue to subjugate and criminalise youth cultures, black communities, and cultural threats to the status quo (Transform Drug Policy Foundation nd.) In the 1980s, areas of high deprivation, unemployment, and marginalisation in the UK experienced heroin epidemics (Parker, Bury & Egginton 1998). Since the financial crisis in the UK in 2008, there have been devastating increases in opioid related deaths; local authorities that experienced the largest spending cuts also saw largest increases in opioid use (Friebel, Yoo & Maynou 2022). The Misuse of Drugs Act has perpetuated addiction and drug-related deaths by giving precedent to criminalisation over treatment (Stothard 2021). I believe addiction is sustained by legislation and barriers to appropriate treatment and substitute prescribing alongside the neuropsychological impact of sustained drug use. Impairments of executive functioning, working memory and decision making in relation to long-term use of alcohol, cannabis, inhalants, opiates, psychostimulants, and ecstasy contribute (Yücel et al. 2007) towards powerlessness and loss of control over use which I believe constitutes addiction.

### ***Enablers & Barriers on the Pathway to Rough Sleeping***

Many people I worked alongside in homelessness services became trapped moving around services rather than moving through them. People experiencing homelessness faced multiple complex challenges such as mental illness, substance use, trauma, physical illness, and cognitive impairment. As such, it is understandable that when intervention focuses on housing and finances, more than half of those receiving support could not escape homelessness (Crane and Warnes 2007). Even if we could secure support with housing and finances, barriers to health and social care proved insurmountable preventing them from moving on. Bureaucratic procedures, discrimination, stigma, and rigid eligibility criteria serve to exclude people affected by homelessness from the services they have a right to

access (O'Carroll and Wainwright 2019; Omerov et al. 2020; Armstrong et al. 2021). Even legislation such as the Mental Capacity Act has been misappropriated and used to exclude people who are experiencing homelessness (Martineau and Manthorpe 2020; Armstrong et al. 2021). As workers we would often engage in 'street-level bureaucracy' (Lipsky 2010) in trying to help people yet being restricted by existing structures. Many public services workers have discretionary authority in applying policy to individual cases (Lipsky 2010), we would attempt to push on discretion and collude with the system to create narratives of individuals that would make them eligible for services (see Smith and Anderson 2018). However, the barriers to NHS and social care systems were often insurmountable. We held no power and could only keep advocating for the people we worked with. As such, the motivations for my research topic were born from a frustration with structural and systemic barriers that led to people becoming stuck in prolonged periods of housing instability and homelessness.

### ***Agency, choice, and control***

Housing First England began launching their pilot projects whilst I was working in homelessness services. A key principle of Housing First is that people have choice and control over their support, housing, and lives. I was cynical about this approach given the systemic exclusion people were experiencing from the statutory services that they would need to be able to live independently. Systemic exclusion was often rooted in stigma and discrimination and perpetuated by limited resources that services had available. Stigmatised beliefs about people choosing to be homeless or narratives of 'underserving poor' for those who used substances were used to exclude people in the interests of budget pressures, waiting lists and service capacity. I worried principles of choice and control would be misused by services and agencies to perpetuate societal narratives of individual blame, and in doing so, further exclude people affected by homelessness and substance use from services.

### ***Research Design***

One of the most important considerations in the research design was holding in mind the poor or distressing experiences of professionals and authority figures for people experiencing homelessness (Martins 2008). I knew some of the people who were eligible to take part would know me from my previous roles. With regret, I may have served some of those people warnings or notice they had to leave accommodation or refused a referral. Even if they did not know me, being approached by someone who is doing research for a doctorate course in psychology will inevitably create a power imbalance. This was further rationale for potential participants to be approached about taking part in the research by support workers.

Only considering my own experience and perspective in the research design would be narrow-minded. Current service users, peer mentors, services managers and commissioners were consulted on the usefulness of the topic in practice, recruitment, data collection methods and ethics. This helped to ensure the research was acceptable to people experiencing homelessness and reached people who would be eligible to take part. It has been argued that research projects working with people who are marginalised should involve them from the start to ensure power is shared or flattened (Wilson and Neville 2009). In future, a participation-action research approach would better serve this purpose, as discussed in Section Two of the thesis.

### ***Interviews***

7<sup>th</sup> January "feeling uncertain if the interviews are good enough – one commented on it being the first time they've told their story as a whole. I'm not surprised, the way we do assessments fragments peoples lives and is too often a tick box exercise to assess eligibility" – Reflective log after two interviews

The interviews were notably short. I worried that the this would result in incomplete narratives and insufficient data. In the first two interviews' participants would initially give a summary of their narrative in chronological order with a clear beginning, middle and end.

This would result in an overreliance on follow up questions to elicit further detail to create a fuller narrative. In the first two interviews, fewer follow up questions were asked. I was cautious with my questioning, aware of the power dynamics, and resisting asking questions that could potentially lead to them sharing more than they wanted to.

12<sup>th</sup> January "I might have got more from him but I think we were both treading carefully around his recent 'cleaning up', cautious not to bring up too much emotive content" –  
Reflective log after second interview

Ethical decisions in research arise when we try to decide between courses of action based on what is morally right or wrong, rather than for efficiency, usefulness, or convenience (Barnes, 1979). In this situation, I was avoiding asking questions, however, I was assuming and making choices and decisions for the participants. In withholding some of my questions, I was shaping their narratives. In the remaining interviews, I asked all participants what led to their drug use, however, I invited them to decline to answer. I reminded them only to share what they felt comfortable with, and all four participants expressed they did not want to answer that question.

### *Analysis and Interpretation*

Participants articulated narratives of personal responsibility. This was similar to the findings from the SLR in which people constructed narratives of homelessness as a choice. In the years I spent working in homelessness services, it was rare to hear someone describe homelessness as a choice or to blame themselves for their situation. For such similar themes to emerge from both the narrative analysis and the SLR made me reflect on how the systems potentially influence people's narratives. Under the Homelessness Reduction Act 2017 people may be refused support if they are deemed to be intentionally homeless. As such people affected by homelessness may carefully construct their narratives to avoid any suggestions of personal responsibility. This may also be an attempt to subvert the dominant societal

narratives of homelessness as a moral failing and resist the associated stigma. Within the realm of personal responsibility were the acts of moral courage that led to homelessness. Three participants explained how they chose to leave the family home to shield their family from the impact of their drug use. In several years working in homelessness services, narratives of moral courage and personal responsibility had not presented. On reflection, this could be my own narrow lens at the time completing assessments that were problem-focused in their nature therefore either not noticing such narratives, or not inviting such narratives to be spoken and shared.

Researchers may have avoided engaging with agency to avoid adding to the stigmatising understandings of homelessness being cause by deviant choices (Pleace 2000). In highlighting themes of personal responsibility and narratives of choice, I held my own concerns about adding to stigma. This was more profound as these narratives were related to drug use which has a strong societal discourse as being deviant and is often associated with immorality. At times, I felt I was going against my values, and I wondered whether adopting the phrase 'moral courage' was a way to counteract that. However, to not include these aspects of participants' narratives would be to misrepresent their narratives and add to the perception of people experiencing homeless as passive, powerless and deficient (Parsell, Tomaszewski, and Phillips 2014). The same story emerged in three narratives and was very clearly articulated. The three participants all spoke of leaving the family home as a choice and they all expressed that the intention behind this was to protect their children and/or their partners.

### **Implications for Clinical Practice**

"What's the implications for staff? Staff welfare? Retention is important to allow time to develop relations, but we don't support the staff with the emotional, moral and spiritual impact of the work, risks of moral injury, risks of vicarious trauma, risks of burnout,

poorly paid, lack of training, long hours, insecure contracts?" Reflective log during analysis

During my time working in homelessness, I experienced and witnessed moral injury, vicarious trauma, and burnout. However, this was not caused by the people we worked alongside. This arose from, at times, systems that were so exclusionary that people were dying. There are some people I have worked with I still think about often. I have, on more than one occasion, served notice to someone who was critically unwell or approaching end of life to force the hand of statutory health and social care services to intervene. This conflicted deeply with my values. Services would then have to panic to find a solution for them rather than having time to plan and consider the person's preferences and needs. And most importantly, there was a human being at the centre of that who was faced with rejection and abandonment in one of the most painful moments of their lives at the hands of the place that they considered to be home.

Bureaucracy, societal stigma, and deep social exclusion have resulted in too many deaths. It makes the relationships between workers and the people we serve fragile. When faced with systemic and structural barriers that become insurmountable, we turn our gaze away from the system and towards the person. We try to force change and sometimes we do force change, but the change is then happening in the wrong place. We label people hard to reach, non-engaging, abusive, and aggressive. For me, this is where clinical psychology became invaluable. Through formulations and reflective practice, we were able to find ways to understand the complex interactions between systems and individuals whilst also consider psychosocial dimensions. We were better able make sense of and understand the completely justified ways people responded to us and their social environment. This helped us to keep our gaze turned outwards towards the system. Access to reflective practice gave us space to respond to the emotional impact of the work. It created space to interrogate our own practice.

Over recent years, increasing evidence is emerging on the potential benefits of clinical practice to support staff working with people affected by homelessness. Clinical supervision has potential to reduce burnout in staff, increased understanding and implementation of trauma informed care, protected staff from burnout and compassion fatigue, reduced staff turnover and ultimately benefited the people being supported (Hough 2021; Maguire, Grellier, and Clayton 2017). Reflective practice groups have been identified as being supportive for staff and helped them overcome challenges in their work (McLaughlin, Casey, and McMahon 2019) and staff valued having time to think about their own emotional responses to the work (Watson, Nolte, and Brown 2019).

“Focusing too much on structural and systemic inequalities and barriers maintains the position of people experiencing homelessness as powerless and deficient. That is unhelpful – even harmful – to everyone in the system. People who are homeless can’t do anything – we risk blaming them or treating them as victims. The staff can’t do anything, because they don’t have the power to overcome the ‘system’. There has to be a better way to frame this. Maybe I could do that in my critical appraisal” – Reflective log after writing up SLR

Many theoretical approaches that offer some causal explanation of how homelessness occurs and is sustained include a common aetiology of traumatic, abusive and/or neglectful early life experiences (see Campbell 2006; Maguire, Keats, and Sambrook 2010; Seager 2015). The word trauma has become medicalised and can obscure human suffering (Bracken, Giller & Summerfield, 1995; Summerfield, 2001, 2004). Experiences of trauma can sometimes be better understood as exploitation and oppression rooted in political inequities of our unjust societies (Reynolds et al, 2014; Richardson and Reynolds, 2014). Attributing homelessness solely to trauma without interrogating the social and political factors that contribute to trauma and responses to trauma individualises homelessness. This risks misattributing political and structural inequality and oppression to personal deficiency (de Finney et al 2018). In 2017,



1.5 million people in the UK faced destitution. Such long-term poverty arose from harsh debt recovery practices by public authorities and utility companies; benefits delays, gaps and sanctions; financial pressures associated with poor health and disability; and high costs of living (Fitzpatrick et al. 2018). Given many sources of poverty are manufactured by the state, this demonstrates how destitution arises from oppression and inequality that is delivered by design.

As highlighted in some narratives, homeless people are policed, making it at times impossible for those on the streets to live without breaking any laws (Stevens 2017). As such, people are incarcerated or displaced, resulting in them becoming more hidden and decreasing the likelihood that outreach services will see them out and be able to offer support.

Displacement and incarceration is further compounded by anti-homeless architecture, public space protection orders, anti-social behaviour orders and the Vagrancy Act which are all used against people affected by homelessness. This is more profound for people who have no recourse to public funds thereby having less access to resources to manage their situation. This is also highlighted starkly by immigration rules which, as of 2020, make rough sleeping grounds for refusal or cancellation of permission to be in the UK (Morgan 2022).

It is even more striking in this context that narratives of personal responsibility and themes of narratives of choice emerged. The various ways in which people reclaimed agency, and in doing so some power and control over their lives, was evident through the systematic review. It also emerged in individuals' narratives as they spoke of leaving accommodation that was unsafe. Within such oppressive and hostile environments, people affected by homelessness continued to take action to move against such oppression and hostility. The way people responded to subjugation and oppression to maintain their dignity could be considered acts of resistance (Reynolds 2020). The ways that people resist oppression are not always easily noticed or identified as resistance (Richardson and Wade 2008). Through the

SLR for example, we heard how people abandoned or avoided temporary accommodation to avoid evoking or replicating past experiences of trauma and distress. This could be better framed as an act of resistance against institutionalising and oppressive environments that give rise to complex and often harmful interpersonal dynamics such as coercion and exploitation. Most people experiencing homelessness people seek to construct identities that provide some semblance of dignity and self-worth (e.g. Snow and Anderson 1987; Miller and Keys 2001; Hoffman and Coffey 2008). As found in the SLR, they also make rational choices to prioritise meeting psychological and physical needs. Framing such choices as acts of resistance, which also serve some function in restoring dignity (Wade 1997), may align more closely with the narratives of people experiencing homelessness. This also makes it explicit that choices, such as abandonment or avoidance, are rational actions in response to hostile socio-political and socio-environmental contexts.

Reynolds (2020) describes how people are described and defined based on perceived deficits, diagnoses, addiction, and moral failings which can conceal violence and oppression serving to perpetuate undignified stories that blame people for their failings and subvert descriptions of agency and resistance. The positive relationships with support workers described in both the SLR and research paper in which people felt understood and believed in may contribute to the construction of narratives through which dignity can be restored by moving away from individual deficit-based descriptions. Common language construction as described by Levy (2004) is a potentially useful framework for people experiencing homelessness and workers including clinicians to work within a shared 'house of language', despite differences in culture and life experience. Common language construction draws on narrative approaches highlighting the importance of externalising problems so that people are not defined by them. Similarly, the concept of "absent but implicit" (White 2011) to explore the stories of self, including a person's values, that lie beyond the problem story. This is akin

to identifying the theme of moral courage, although this wasn't explicitly named by participants, they narrated a problem story of drugs and the impact his had on their families, however within these narratives it was evident that they deeply valued their families and children and sought to protect them. This concept also has potential in engaging with addiction where it can be difficult to move beyond problem laden narratives (Anthony 2004).

## **Conclusion**

The research papers were shaped and influenced by my own position and experiences of homelessness. Through this critical appraisal, I have hoped to increase transparency in the work that has been undertaken. Furthermore, it is hoped that by bringing my own experiences to the interpretations of the research, the implications for clinical practice highlighted in this section are useful in practice whilst the fight for structural and systemic change in the UK is ongoing.

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Table 1. Application of themes generated in SLR to narrative from empirical paper

Chapter	Themes from empirical paper	Themes from systematic literature review
Chapter One	Drug use	Prioritising physical and psychological safety
	Family breakdown Broken bonds and mistrust	Lack of resources and diminished social capital
	Institutional failure	Overwhelming structural and systemic forces
	Moral courage	Self-reliance, autonomy, and agency Constrained capacity and capability
	Personal responsibility	Self-reliance, autonomy, and agency
Chapter Two	Absence of help	Lack of resources and diminished social capital Constrained capacity and capability
	Destitute	Lack of resources and diminished social capital Constrained capacity and capability Overwhelming structural and systemic forces
	Hostile environments	Lack of resources and diminished social capital Constrained capacity and capability Overwhelming structural and systemic forces Prioritising physical and psychological safety
	Loss	Lack of resources and diminished social capital Constrained capacity and capability
	Becoming stuck	Lack of resources and diminished social capital Constrained capacity and capability Overwhelming structural and systemic forces Prioritising physical and psychological safety
Chapter Three	One person who made the difference	Socio-environmental change
	Persistence and believing in me	Socio-environmental change
Chapter Four	Recovering from	Socio-environmental change
	Reconnection	Socio-environmental change
	Economic and housing barriers	Socio-environmental change





**Section 4 Ethics Form**

Sophie Holding

Lancaster University

Doctorate in Clinical Psychology

## Lancaster Faculty of Health & Medicine Research Ethics

### *Governance checklist*

#### **Introduction**

Please complete all sections (1 to 4) below. If none of the self-assessment items apply to the project then you do not need to complete any additional LU ethics forms.

Further information is available from the [FREC webpage](#)

Note: The appropriate ethics forms must be submitted and authorised to ensure that the project is covered by the university insurance policy and complies with the terms of the funding bodies.

**Name:** Sophie Holding

**Department:** Health Research

**Title of Project:** Understanding the enablers and barriers to exiting homelessness throughout the pathway to sustained rough sleeping

**Supervisor** (if applicable): Suzanne Hodge

#### **Section 1A: Self-assessment**

1.1 Does your research project involve any of the following?

- a. Human participants (including all types of interviews, questionnaires, focus groups, records relating to humans, use of internet or other secondary data, observation etc)
- b. Animals - the term animals shall be taken to include any non-human vertebrates or cephalopods.
- c. Risk to members of the research team e.g. lone working, travel to areas where researchers may be at risk, risk of emotional distress
- d. Human cells or tissues other than those established in laboratory cultures
- e. Risk to the environment
- f. Conflict of interest
- g. Research or a funding source that could be considered controversial
- h. Any other ethical considerations

Yes - complete Section 1B

No - proceed to Section 2

#### **Section 1B: Ethical review**

If your research involves any of the items listed in section 1A further ethical review will be required. Please use this section to provide further information on the ethical considerations involved and the ethics committee that will review the research.

Please remember to allow sufficient time for the review process if it is awarded. The ethical review process can accommodate phased applications, multiple applications and generic applications (e.g. for a suite of projects), where appropriate; the [Research Ethics Officer](#) will advise on the most suitable method according to the specific circumstances.

1.2 Please indicate which item(s) listed in section 1A apply to this project (use the appropriate letter(s), eg a,c,f)

Items: a

1.3 Please indicate which committee you anticipate submitting the application to:

- NHS ethics committee
- Other external committee
- LU FASS/LUMS Research Ethics committee
- LU FST Research Ethics committee
- LU FHM Research Ethics committee
- LU AWERB (animals)

### **Section 2: Project Information**

This information in this section is required by the Research Support Office (RSO) to expedite your proposal.

2.1 If the establishment of a research ethics committee is required as part of your collaboration, please indicate below. (This is a requirement for some large-scale European Commission funded projects, for example.)

- Establishment of a research ethics committee required

2.2 If the research involves either the nuclear industry or an aircraft or the aircraft industry (other than for transport), please provide details below. This information is required by the university insurers.

[Click here to enter text.](#)

### **Section 3: Guidance**

The following information is intended as a prompt and to provide guidance on where to find further information. Where appropriate consider addressing these points in the proposal.

- If relevant, guidance on data protection issues can be obtained from the Data Protection Officer - see [Data Protection website](#)
- If relevant, guidance on the Freedom of Information Act can be obtained from the FOI Officer - see [FOI website](#)
- The University's Research Data Policy can be downloaded [here](#)
- The health and safety requirements of each research project must be considered, further information is available from the [Safety Office website](#)
- If any of the research team will be working with an NHS Trust, consider who will be named as the Sponsor (if applicable) and seek agreement in principle. Contact the [Research Ethics Officer](#) for further information
- If you are involved in any other activities that may result in a conflict of interest with this research, please contact the [Head of Research Services](#) (ext. 94905)
- If any of the intellectual property to be used in the research belongs to a third party (e.g. the funder of previous work you have conducted in this field), please contact the [Intellectual Property Development Manager](#) (ext. 93298)

- If you intend to make a prototype or file a patent application on an invention that relates in some way to the area of research in this proposal, please contact the [Intellectual Property Development Manager](#) (ext. 93298)
- If your work involves animals you will need authorisation from the University Secretary and may need to submit an application to AWERB, please contact the [University Secretary](#) for further details
- Online Research Integrity training is available for staff and students [here](#) along with a Research Integrity self-assessment exercise.

**3.1** I confirm that I have noted the information provided in section 3 above and will act on those items which are relevant to my project.

Confirmed

#### **Section 4: Statement**


**4.2** I understand that as researcher I have overall responsibility for the ethical management of the project and confirm the following:

- I have read the Code of Practice, [Research Ethics at Lancaster: a code of practice](#) and I am willing to abide by it in relation to the current proposal
- I have completed the [ISS Information Security training](#) and passed the assessment
- I will manage the project in an ethically appropriate manner according to: (a) the subject matter involved; (b) the code of practice of any relevant funding body; and (c) the Code of Practice and Procedures of the university.
- On behalf of the institution I accept responsibility for the project in relation to promoting good research practice and the prevention of misconduct (including plagiarism and fabrication or misrepresentation of results).
- On behalf of the institution I accept responsibility for the project in relation to the observance of the rules for the exploitation of intellectual property.
- I will give all staff and students involved in the project guidance on the good practice and ethical standards expected in the project in accordance with the university Code of Practice. (Online Research Integrity training is available for staff and students [here](#).)
- I will take steps to ensure that no students or staff involved in the project will be exposed to inappropriate situations.


Confirmed

**Please note:** If you are not able to confirm the statement above please contact [Faculty Research Ethics Officer](#) and provide an explanation

#### **Applicant**

Name: Sophie Holding      Date: 10/11/20      Signature: 

#### **\*Supervisor (if applicable):**

Name: Suzanne Hodge      Date: 10/11/20      Signature: 

*\*I declare that I have reviewed this application, and discussed it with the applicant as appropriate. I am happy for this application to proceed to ethical review.*

#### **Head of Department**

(or delegated representative)

Name: Bill Sellwood Date: 18/11/20 Signature;

A handwritten signature in black ink that reads "Bill Sellwood". The signature is written in a cursive style with a large, looping flourish at the end of the word "Sellwood".

*Please return this form to your Faculty Research Ethics Officer*

*Application for Ethical Approval for Research*

Faculty of Health and Medicine Research Ethics Committee (FHMREC)  
Lancaster University

**Application for Ethical Approval for Research**

***for additional advice on completing this form, hover cursor over 'guidance'.***

**Guidance on completing this form is also available as a word document**

**Title of Project:** Understanding the enablers and barriers to exiting homelessness throughout the pathway to sustained rough sleeping

**Name of applicant/researcher:** Sophie Holding

**ACP ID number (if applicable)\*:**

**Funding source (if applicable)**

**Grant code (if applicable):**

**\*If your project has *not* been costed on ACP, you will also need to complete the Governance Checklist [\[link\]](#).**

**Type of study**

Involves existing documents/data only, or the evaluation of an existing project with no direct contact with human participants. **Complete sections one, two and four of this form**

Includes *direct* involvement by human subjects. **Complete sections one, three and four of this form**

**SECTION ONE**

**1. Appointment/position held by applicant and Division within FHM** trainee clinical psychologist

**2. Contact information for applicant:**

**E-mail:** s.holding2@lancaster.ac.uk      **Telephone:** 07534498285 (please give a number on which you can be contacted at short notice)

**Address:**

Clinical Psychology, Health Innovation One, Sir John Fisher Drive, Lancaster University, Lancaster, LA1 4AT

**3. Names and appointments of all members of the research team (including degree where applicable)**

**3. If this is a student project, please indicate what type of project** by marking the relevant box/deleting as appropriate: (please note that UG and taught masters projects should complete **FHMREC form UG-tPG**, following the procedures set out on the [FHMREC website](#))

PG Diploma       Masters by research       PhD Thesis       PhD Pall. Care

PhD Pub. Health       PhD Org. Health & Well Being       PhD Mental Health       MD

DClinPsy SRP  [if SRP Service Evaluation, please also indicate here: ]      DClinPsy Thesis

**4. Project supervisor(s), if different from applicant:** Dr Suzanne Hodge, Dr Ste Weatherhead

**5. Appointment held by supervisor(s) and institution(s) where based (if applicable):**

Dr Suzanne Hodge, Lecturer in Health Research, Lancaster University

Dr Ste Weatherhead, Clinical Psychologist, NeuroTriage

**SECTION TWO**

**Complete this section if your project involves existing documents/data only, or the evaluation of an existing project with no direct contact with human participants**

1. Anticipated project dates (month and year)

Start date:

End date:

2. Please state the aims and objectives of the project (no more than 150 words, in lay-person's language):

**Data Management**

*For additional guidance on data management, please go to [Research Data Management](#) webpage, or email the RDM support email: [rdm@lancaster.ac.uk](mailto:rdm@lancaster.ac.uk)*

3. Please describe briefly the data or records to be studied, or the evaluation to be undertaken.

4a. How will any data or records be obtained?

4b. Will you be gathering data from websites, discussion forums and on-line 'chat-rooms'  n  o

4c. If yes, where relevant has permission / agreement been secured from the website moderator?  n  o

4d. If you are only using those sites that are open access and do not require registration, have you made your intentions clear to other site users?  n  o

4e. If no, please give your reasons

5. What plans are in place for the storage, back-up, security and documentation of data (electronic, digital, paper, etc)? Note who will be responsible for deleting the data at the end of the storage period. Please ensure that your plans comply with General Data Protection Regulation (GDPR) and the (UK) Data Protection Act 2018.

6a. Is the secondary data you will be using in the public domain?  n  o



6b. If NO, please indicate the original purpose for which the data was collected, and comment on whether consent was gathered for additional later use of the data.

Please answer the following question *only* if you have not completed a Data Management Plan for an external funder

7a. How will you share and preserve the data underpinning your publications for at least 10 years e.g. PURE?

7b. Are there any restrictions on sharing your data?

### 8. Confidentiality and Anonymity

a. Will you take the necessary steps to assure the anonymity of subjects, including in subsequent publications?  yes

b. How will the confidentiality and anonymity of participants who provided the original data be maintained?

9. What are the plans for dissemination of findings from the research?

10. What other ethical considerations (if any), not previously noted on this application, do you think there are in the proposed study? How will these issues be addressed?

## SECTION THREE

**Complete this section if your project includes *direct* involvement by human subjects**

1. Summary of research protocol in lay terms (indicative maximum length 150 words):

An estimated 4,266 people rough sleep every night in England and it is estimated that 40% of people rough sleeping have experienced prolonged or repeated homelessness. Rough sleeping is not typically an isolated incident but a pathway in which other forms of homelessness are experienced prior to rough sleeping, e.g. 'sofa-surfing' or stays in hostels, and there is a need to identify the barriers that exist at each stage.

The study aims to explore the barriers and enablers to exiting homelessness throughout the pathway to entrenched rough sleeping through interviews with people who have experiencing repeated rough sleeping since the implementation of the Homelessness Reduction Act 2017. Stories will be generated from the interviews and narrative analysis will be applied to identify themes that describe and explain their experiences of barriers and enablers to exiting homelessness and entrenched rough sleeping.

## 2. Anticipated project dates (month and year only)

Start date: January 2021

End date: April 2022

## Data Collection and Management

For additional guidance on data management, please go to [Research Data Management](#) webpage, or email the RDM support email: [rdm@lancaster.ac.uk](mailto:rdm@lancaster.ac.uk)

## 3. Please describe the sample of participants to be studied (including maximum & minimum number, age, gender):

Participants will have experienced recurrent rough sleeping within the last two years, since the implementation of the Homelessness Reduction Act 2017, who are currently staying in local authority commissioned temporary accommodation. Inclusion criteria will involve individuals who are 1) over 18 years of age, 2) have experienced a minimum of two episodes of rough sleeping for at least two nights within the last two years. Participants will be excluded if there is any question regarding capacity to consent raised by the individual, primary researcher or any other professionals involved in their support. Participants will also be excluded if they had no recourse to public funds, or if they had dependent children whilst experiencing homelessness, due to significant differences in legislation and service provision. The study will aim to recruit between six and 12 participants.

## 4. How will participants be recruited and from where? Be as specific as possible. Ensure that you provide the *full versions* of all recruitment materials you intend to use with this application (eg adverts, flyers, posters).

Participants will be recruited via [REDACTED]. A recruitment letter will be sent to staff teams within recruitment venues. Participants who meet the inclusion criteria will be informed of the opportunity to be involved in the study by the services they are accessing. The participant information sheet and consent forms will be attached to the email to services (Appendix A) so that they can be provided to those who are interested in participating. Alternatively, if potential participants contact the researcher directly, they can be given the option of copies being posted to them if they do not want to ask staff for them. Those interested in participating in the interviews will be able to request a phone call to ask any questions and review the information sheet and consent form. If they wish to continue, they will be asked to provide verbal consent and a time convenient for them will be arranged. Participants may be turned away if the maximum number of participants have completed interviews.

5. Briefly describe your data collection and analysis methods, and the rationale for their use.

Data will be collected via interviews conducted by telephone. Participants who are currently accommodated will be able to participate from their own rooms. There is currently no shared rooms in [REDACTED] services therefore they will have access to a confidential space. For those who are not accommodated, [REDACTED] will facilitate a private room at their day centre or another organisational venue for the interview. Access to a phone can be facilitated by the accommodation provider or [REDACTED] if required. Currently all those who are experiencing rough sleeping are being provided with mobile phones. Interviews will begin with an initial open-ended question inviting participants to tell their story about early life, becoming homeless and their experiences of homelessness. Narrative analysis will be applied to the data. Narrative analysis preserves accounts within their context rather than fragmenting them (Riessman, 2008) and allows exploration of social and cultural context of people's stories (Patton, 2002). The boundaries of narrative segments will be identified and each transcript will be coded noting content and underlying themes before the themes, patterns and connections across themes are identified (Riessman, 1993). Particular attention will be paid to people's experiences across physical, emotional, territorial, ontological and spiritual dimensions which are often neglected in homeless narratives (Somerville, 2013).

6. What plan is in place for the storage, back-up, security and documentation of data (electronic, digital, paper, etc.)? Note who will be responsible for deleting the data at the end of the storage period. Please ensure that your plans comply with General Data Protection Regulation (GDPR) and the (UK) Data Protection Act 2018.

Demographic information including age, gender, accommodation status and duration of homelessness will be collected during the interview. These will be stored electronically on a secure password protected platform (OneDrive, housed by Lancaster University). These documents will be stored separately to audio recordings, transcripts, and summaries. All researchers will have access to audio recordings, transcripts and summaries.

7. Will audio or video recording take place?  no  audio  video

a. Please confirm that portable devices (laptop, USB drive etc) will be encrypted where they are used for identifiable data. If it is not possible to encrypt your portable devices, please comment on the steps you will take to protect the data.

Audio recordings will be transferred to a password protected account immediately upon completion of the interview using Lancaster University's Virtual Private Network.

b What arrangements have been made for audio/video data storage? At what point in the research will tapes/digital recordings/files be destroyed?

Following completion of the study, audio recordings of interviews will be deleted, and the transcripts will be transferred to the DClinPsy Research Co-ordinator to be stored securely by the doctorate in clinical psychology programme at the University of Lancaster for a period of at least ten years. All data will be saved electronically. Paper copies of all documents will then be destroyed. All data will be saved in password-protected file space on the university server in an encrypted environment.

Please answer the following questions *only* if you have not completed a Data Management Plan for an external funder

8a. How will you share and preserve the data underpinning your publications for at least 10 years e.g. PURE?

Following the researcher's completion of the doctorate access to the data will be transferred to the research coordinator in the division of clinical psychology for long terms storage.

8b. Are there any restrictions on sharing your data ?

Due to the small sample size, even after full anonymization there is a small risk that participants can be identified. Therefore, supporting data will only be shared on request. Access will be granted on a case by case basis by the Faculty of Health and Medicine.

#### 9. Consent

a. Will you take all necessary steps to obtain the voluntary and informed consent of the prospective participant(s) or, in the case of individual(s) not capable of giving informed consent, the permission of a legally authorised representative in accordance with applicable law?  yes

b. Detail the procedure you will use for obtaining consent?

Copies of the information sheet and consent form will be provided to potential participants by staff at recruitment venues. Team meetings will be attended (remotely) by the primary researcher to share information about the researcher, give the opportunity for staff to ask questions and to ensure they do not feel any pressure to encourage people to participate. A phone call will be arranged to give opportunity to ask any questions. Verbal consent will be taken immediately prior to the interview and will be audio recorded separately to the interview.

10. What discomfort (including psychological eg distressing or sensitive topics), inconvenience or danger could be caused by participation in the project? Please indicate plans to address these potential risks. State the timescales within which participants may withdraw from the study, noting your reasons.

The nature of the interview topic may include discussing sensitive topics or result in emotional distress. It will be made explicit to the participant before commencing the interview that they should only share what they feel comfortable with sharing. Interviews will take place within accommodation projects within which the participant resides where possible to ensure that staff are available to support any safeguarding concerns should they arise. Participants will be asked to confirm their current location at the start of the interview. All participants will be given the opportunity for a debrief at the end of the interview. They will be provided before the interview with a list of resources and services available within the local community that they are able to access.

11. What potential risks may exist for the researcher(s)? Please indicate plans to address such risks (for example, noting the support available to you; counselling considerations arising from the sensitive or distressing nature of the research/topic; details of the lone worker plan you will follow, and the steps you will take).

The researcher will use their university email address and a research contact number.

12. Whilst we do not generally expect direct benefits to participants as a result of this research, please state here any that result from completion of the study.

There may be no direct benefit to participation in this study.

13. Details of any incentives/payments (including out-of-pocket expenses) made to participants:

There will be no incentive or out-of-pocket expenses for the participant.

14. Confidentiality and Anonymity

a. Will you take the necessary steps to assure the anonymity of subjects, including in subsequent publications?  yes

b. Please include details of how the confidentiality and anonymity of participants will be ensured, and the limits to confidentiality.

Demographic information and any other identifiable information will be stored separately to transcripts and recordings on OneDrive in a password protected file . Anonymised direct quotations will be used in reports or publications. Given the nature of the study and the sample population it is possible that people may be able to identify participants from the details of their stories. This will be made explicit in the participant information sheet and consent form for the participant's consideration.

If what is said in the interview indicates a risk of harm to the participant or another person, confidentiality will be breached in order to appropriately safeguard the individual or any other person. Where possible, this will be discussed with the participant prior to taking any further action.

15. If relevant, describe the involvement of your target participant group in the *design and conduct* of your research.

Consultation has been undertaken with a local peer-led service user group, peer mentors, service managers and local authority commissioners. This had contributed to the co-production of an accessible service design, particularly considering COVID-19 restrictions. Due to the rapid provision of accommodation since March 2020, the study will recruit those who have experienced recurrent rough sleeping in the last two years. Furthermore, if current coronavirus measures are in place, the study will aim to recruit those who are accommodated at time of interview. If rough sleeper centres have reopened during recruitment, those accessing rough sleeper services such as day centres and shelters will also be recruited. The recruitment process will be the same as it is for those who are accommodated and will be facilitated by the staff teams at the centres. This ensures that those who are participating have access to a telephone in a confidential space and that there are support staff on-site to support any risk management. There will be the option to complete the interview over multiple sessions should this be preferred by the participant. They have advised it is likely that some people will not attend or withdraw before the interview takes place, therefore recruitment will continue until sufficient interviews have been completed.

16. What are the plans for dissemination of findings from the research? If you are a student, include here your thesis.

The research team will have access to the audio data and transcripts. The results will be written up and summarized in a doctoral thesis and may also be submitted for publication in an academic/professional journal; they may be written up as a book or book chapter, and/or presented at conferences or workshops.

17. What particular ethical considerations, not previously noted on this application, do you think there are in the proposed study? Are there any matters about which you wish to seek guidance from the FHMREC?

Most people affected by homelessness have experienced significant hardship, e.g. abuse, trauma, institutional care, adverse life events (Fitxpatrick et al., 2013). Many have also experienced poor or distressing experiences of professionals and authority figures (Martins, 2008). The primary researcher who will be conducting interviews has extensive experience of working with people experiencing homelessness, particularly those with multiple complex needs. All participants will be reminded of their right to withdraw should they become distressed or appear to be having difficulty with the interview. Should a participant become distressed during the interview, the interview will be paused or abandoned as appropriate. It will be made explicit to the participant before commencing the interview that they should only share what they feel comfortable with sharing. Interviews will take place within accommodation projects within which the participant resides to ensure that staff are available to support any safeguarding concerns should they arise. For those who are not accommodated, a confidential space will be facilitated by [REDACTED] or other appropriate staffed venue. Participants will be asked to confirm their current location at the start of the interview. All participants will be given the opportunity for a debrief at the end of the interview. They will be provided before the interview with a list of resources and services available within the local community that they are able to access.

If unmet needs are identified during the interview, consent will be sought to liaise with relevant professionals for appropriate onward referrals to be made.

In line with the mental capacity act, all participants will be assumed to have capacity unless it is established otherwise. If any concerns are raised by the researcher, the participant, or any other professionals regarding the participant's capacity to consent, the participant will not be able to continue with their participation.

**SECTION FOUR: signature**Applicant electronic signature: Date 

Student applicants: please tick to confirm that your supervisor has reviewed your application, and that they are happy for the application to proceed to ethical review

Project Supervisor name (if applicable):

Date application discussed

**Submission Guidance**

1. Submit your FHMREC application by email to Becky Case ([fhmresearchsupport@lancaster.ac.uk](mailto:fhmresearchsupport@lancaster.ac.uk)) as two separate documents:
  - i. **FHMREC application form.**  
Before submitting, ensure all guidance comments are hidden by going into 'Review' in the menu above then choosing *show markup>balloons>show all revisions in line*.
  - ii. **Supporting materials.**  
Collate the following materials for your study, if relevant, into a single word document:
    - a. Your full research proposal (background, literature review, methodology/methods, ethical considerations).
    - b. Advertising materials (posters, e-mails)
    - c. Letters/emails of invitation to participate
    - d. Participant information sheets
    - e. Consent forms
    - f. Questionnaires, surveys, demographic sheets
    - g. Interview schedules, interview question guides, focus group scripts
    - h. Debriefing sheets, resource lists

**Please note that you DO NOT need to submit pre-existing measures or handbooks which support your work, but which cannot be amended following ethical review. These should simply be referred to in your application form.**

2. Submission deadlines:
  - i. Projects including direct involvement of human subjects [**section 3 of the form was completed**]. The *electronic* version of your application should be submitted to [Becky Case by the committee deadline date](#). Committee meeting dates and application submission dates are listed on the [FHMREC website](#). Prior to the FHMREC meeting you may be contacted by the lead reviewer for further clarification of your application. Please ensure you are available to attend the committee meeting (either in person or via telephone) on the day that your application is considered, if required to do so.
  - ii. The following projects will normally be dealt with via chair's action, and may be submitted at any time. [**Section 3 of the form has not been completed, and is not required**]. Those involving:
    - a. existing documents/data only;



- b. the evaluation of an existing project with no direct contact with human participants;
  - c. service evaluations.
3. **You must submit this application from your Lancaster University email address, and copy your supervisor in to the email in which you submit this application**

## ***Research Protocol***

### **Introduction**

In Autumn 2019, the Ministry of Housing Communities and Local Government (Ministry of Housing Communities and Local Government 2020b) reported that 4,266 people were rough sleeping on any given night in England. However, methodologies used for the annual count are controversial and underestimate the extent of rough sleeping (Fitzpatrick, Pawson, Bramley, Wilcox, et al. 2012; Wilson and Barton 2020). Alternative estimates have estimated that at least 142,000 households at any one time are rough sleeping, sleeping in places not designed for human habitation, staying in unsuitable temporary accommodation or 'sofa-surfing' (Downie et al. 2018). It has been forecast that if current housing policy and homelessness intervention continues, 191,000 people will be homeless in England by 2031.

### **Theory & Research**

Traditionally, the factors that cause homelessness in the UK have been divided between individual and structural factors (Bramley and Fitzpatrick 2018; Busch-Geertsema et al. 2010; Fitzpatrick 2005). Structural factors with the strongest evidence base for single homeless people are poverty, unemployment, lack of affordable housing and welfare reform. It is largely accepted in recent literature that these structural factors create conditions within which homelessness occurs, combining with individual factors, such as mental ill health, problematic substance use, leaving institutions, relationship breakdowns and debt (Pleace and Bretherton 2013; Pleace 2000; Alma Economics 2019). This approach to understanding the causes of homelessness has been heavily criticised for understanding homelessness as a physical condition only (Somerville 2013) with a lack of explanation of causation (Fitzpatrick 2005; Somerville 2013) thereby failing to account for the mechanisms by which these factors result in homelessness.

Many theoretical approaches that offer some causal explanation of how homelessness occurs and is sustained include a common aetiology of traumatic, abusive and/or neglectful early life experiences (see (Campbell 2006a; Maguire, Keats, and Sambrook 2010; Seager 2015)). These approaches offer some explanations as to how trauma may cause and sustain homelessness and prevent people from being able to escape from the most entrenched forms of rough sleeping.

### **Current Service Provision**

There are currently 991 accommodation projects and 181 day centres for single homeless people in England (Homeless Link 2020). These services primarily offer support with accommodation, resettlement, employment, training and welfare benefits whilst less than 30% offer support for substance use and/or mental health issues. As such, individual factors that contribute towards homelessness are largely neglected within current service provision. Interventions focusing on housing and finances found more than half of those receiving support failed to thrive and safely exit homelessness (Crane and Warnes 2007). This is in part attributed to the staircase model that is typical in the UK in which progression towards independent accommodation is conditional on acceptable behaviour, compliance with support and sustained abstinence (Tsemberis 2010; Johnsen and Teixeira 2010). Housing First initiatives aim to change this by providing housing without any preconditions and this approach is gaining momentum with a growing evidence base across Europe and North America. Providing rapid access to housing, alongside intensive mental health support, Housing First projects resulted in ending homelessness for eight out of every ten people (Pleace and Bretherton 2013). Attempts to rapidly reproduce this service provision in the UK have resulted in reduction in fidelity to the original Housing First model. Furthermore, a maximum of 20% of those in contact with homelessness services are targeted by the initiative with some projects modifying referral criteria to exclude those who have more chaotic lifestyles (Homeless Link 2015).

### **Prolonged & Recurrent Rough Sleeping**

Those who experience rough sleeping are ten times more likely to die than those of a similar age in the general population (Aldridge et al. 2018) and have an average age of death of 47 years old (Thomas 2012). Physical health problems are reported by 88% of those experiencing rough sleeping and 49% reported long-term health conditions (Homeless Link 2014). It has been found that 40% have mental health problems and those with mental health problems are 50% more likely to spend a year or more on the streets (St Mungo's 2016).

In London 37.5% of those currently rough sleeping, and 41% of those accessing night shelters in Liverpool have remained street homeless for a prolonged period of time or have returned to rough sleeping following a period of being accommodated. This demonstrates that the provision of housing alone is inadequate in supporting a significant number of people to make sustainable exits from homelessness (McNaughton 2008; Seager 2011).

### **Current Study**

Becoming 'street homeless' is not an isolated incident, and people often experience 'sofa surfing' or stays in temporary accommodation before rough sleeping (McDonagh 2011) and there is a need to identify the barriers that exist at each stage (Robb 2020). In light of this, the study will collect the stories of people who have recently experienced sustained rough sleeping in order to explore their experiences throughout the journey to sustained rough sleeping including the experiences of different forms of homelessness they may have experienced prior to rough sleeping.

The current study is focusing on the single homeless population, that is adult only households without dependent children. Homelessness is often perceived as a physical state in which deprivation across emotional, territorial, ontological and spiritual dimensions are often neglected (Somerville 2013). It has been argued that in analysing homeless people's life stories, more attention needs to be paid to discourses that influence and shape those stories (Clapham 2003). In light of this, the study will adopt a narrative approach to support the investigation of a process over time and seeks to portray a holistic description of phenomena rather than a fragmented account.

### **Research Questions**

The principal research questions are, for people who have experienced recurrent episodes of rough sleeping:

- What are the barriers to exiting homelessness throughout the pathway to becoming street homeless?
- What are the barriers and enablers to exiting recurrent rough sleeping?

### **Community Consultation**

Consultation has been undertaken with a local peer-led service user group, peer mentors, service managers and local authority commissioners. This had contributed to the co-production of an accessible service design, particularly considering COVID-19 restrictions. Due to the rapid provision of accommodation since March 2020, the study will recruit those who have experienced recurrent rough sleeping in the last two years. Furthermore, the study will aim to recruit those who are accommodated at time of interview if coronavirus measures are still in place. If during recruitment day centres and night shelters are reopened, those who are rough sleeping and not currently accommodated will also be recruited. This is to ensure access to phones and video calling in a

confidential space. This also ensures that those who are participating have support staff on-site to support any risk management. There will be the option to complete the interview over multiple sessions should this be preferred by the participant. They have advised it is likely that some people will not attend or withdraw before the interview takes place, therefore recruitment will continue until sufficient interviews have been completed.

## **Method**

### *Design*

As the purpose of the study is to facilitate greater understanding of the lived experience of barriers and facilitators to escaping rough sleeping throughout the journey to rough sleeping, the study will utilize a narrative approach. Interviews will be conducted in line with a narrative analysis approach. Interviews will begin with an initial open-ended question (Appendix F). Prompts will be used to encourage participants to tell their story. All interviews will be transcribed and summarized. A copy of the summary will be offered to the participant for review to enhance reliability.

The analysis will be guided by several frameworks of Crossley (2007); (Crossley 2000) and Riessman (1993, 2008). Participants stories will be collated and themes across and within the stories will be developed, paying particular attention to barriers and facilitators to exiting homelessness. The stories will include an analysis of physical, emotional, territorial, ontological and spiritual dimensions (Somerville 2013).

The study aims to recruit a minimum of six participants as this is the number typically recruited for narrative research (Crouch and McKenzie 2006). The number of participants will be dependent upon the number of interviews required for each participant, whilst being within the scope of resources available for the study.

### *Participants*

Participants will have experienced recurrent rough sleeping within the last two years, since the implementation of the Homelessness Reduction Act 2017. They will be known to services supporting people who are experiencing rough sleeping. Inclusion criteria will involve individuals who are 1) over 18 years of age, 2) have experienced a minimum of two episodes of rough sleeping for at least two nights within the last two years. Participants will be excluded if there is any question regarding capacity to consent raised by the individual, primary researcher or any other professionals involved in their support. Participants will also be excluded if they had no recourse to public funds, or if they had dependent children whilst experiencing homelessness, due to significant differences in legislation and service provision.

### *Procedure*

Participants will be recruited via [REDACTED]. A recruitment email (Appendix A) will be sent to staff teams within recruitment venues accompanied by the recruitment leaflet (Appendix B), information sheet (Appendix C), consent form (Appendix D) and debrief (Appendix E). Participants who meet the inclusion criteria will be informed of the opportunity to be involved in the study by the services they are accessing and can then be provided with the recruitment pack. Information sheets will detail the flexible time commitment involved and outline how potentially emotive participating in narrative interviews can be. Participants will be encouraged to only share what they feel comfortable with and will be given the opportunity to debrief with the researcher. Support staff can provide additional support if required, therefore participants will be encouraged to inform their key worker of their involvement in the research. The debriefing sheet will provide

information about other agencies in the [REDACTED] area that they can access for further support.

Those who are then interested in participating in the interviews will be able to request a phone call to ask any questions and review the information sheet and consent form. If they wish to continue, they will be asked to provide verbal consent and a time convenient for them will be arranged. Staff at recruitment venues will be asked to facilitate a quiet and confidential space where the person can participate in the interview and ensure access to a phone if they do not have their own mobile phone. The primary researcher will make the phone call to the participant to avoid any charges being incurred for the participant. If the participant does not answer, a voicemail will be left briefly stating who is calling and that it is regarding an interview and that I will try again in ten minutes. If the second call is not answered, a voicemail will be left advising how to contact the primary researcher should they wish to take rearrange. Immediately prior to commencing the interview, participants will be asked to give verbal consent. This will be recorded separately to the interview. Interviews will be audio recorded and transcribed. Summaries of the interviews will be written, and the participant will have the option of this being fed back to them in a written or verbal format. Narrative analysis will be applied to the data.

#### *Storing Participant Information*

Confidentiality will be adhered to in line with ethical guidelines and Lancaster University policies. Demographic information including age, gender, accommodation status and duration of homelessness will be collected during the interview. These will be stored electronically on a secure password protected platform (OneDrive, hosted by Lancaster University). These documents will be stored separately to audio recordings, transcripts, and summaries. All members of the research team will have access to audio recordings, transcripts and summaries to enable these to be checked and discussed in supervision, in order to increase trustworthiness, reflexivity and rigor in the analytical process.

Audio recordings will be transferred to OneDrive immediately upon completion of the interview. Following completion of the study, audio recordings will be deleted, and the transcripts and consent files will be transferred to the Lancaster University DClinPsy programme Research Co-ordinator who will store them securely in password-protected encrypted file space on the university server for a period of at least ten years. All data will be saved electronically. Paper copies of all documents will then be destroyed.

#### *Proposed Analysis*

Narrative analysis will be applied to the data. Narrative analysis preserves accounts within their context rather than fragmenting them (Riessman 2008) and allows exploration of social and cultural context of people's stories (Patton 2002). The boundaries of narrative segments will be identified and each transcript will be coded noting content and underlying themes before the themes, patterns and connections across themes are identified (Riessman 1993). Particular attention will be paid to people's experiences across physical, emotional, territorial, ontological and spiritual dimensions which are often neglected in homeless narratives (Somerville 2013). In order to increase the trustworthiness, reflexivity and rigor in the analytical process, supervisors will listen to interviews, provide feedback and remain involved in the analytic process.

#### **Practical Issues**

Previous research indicates recruitment may be challenging due to a variety of issues including a lack of permanent address. Recruitment will be maximised by using multiple homelessness services as recruitment sites. This will also support a more diverse sample as it is not reliant on a single referral

source. Data collected from the [REDACTED] suggests that at least 350 people who accessed the service in the 12 months prior to coronavirus restrictions would meet the inclusion criteria for the study.

The majority of those in services will have been provided with a mobile phone, however, where this is not the case, access to telephone is provided by accommodation providers.

### **Ethical Considerations**

Most people affected by homelessness have experienced significant hardship, e.g. abuse, trauma, institutional care, adverse life events (Fitzpatrick, Bramley, and Johnsen 2013). Many have also experienced poor or distressing experiences of professionals and authority figures (Martins 2008). The primary researcher who will be conducting interviews has extensive experience of working with people experiencing homelessness, particularly those with multiple complex needs. All participants will be reminded of their right to withdraw should they become distressed or appear to be having difficulty with the interview. Should a participant become distressed during the interview, the interview will be paused or abandoned as appropriate. It will be made explicit to the participant before commencing the interview that they should only share what they feel comfortable with sharing. Interviews will take place within accommodation projects within which the participant resides where possible to ensure that staff are available to support any safeguarding concerns should they arise. Participants will be asked to confirm their current location at the start of the interview. All participants will be given the opportunity for a debrief at the end of the interview. They will be provided before the interview with a list of resources and services available within the local community that they are able to access.

If unmet needs are identified during the interview, consent will be sought to liaise with relevant professionals for appropriate onward referrals to be made.

In line with the mental capacity act, all participants will be assumed to have capacity unless it is established otherwise. If any concerns are raised by the researcher, the participant or any other professionals regarding the participant's capacity to consent, the participant will not be able to continue with their participation.

### **Plans for Dissemination**

The results will be written up as part of a doctoral thesis and may also be submitted for publication in an academic/professional journal; they may be written up as a book or book chapter, and/or presented at conferences or workshops.

### **Proposed Timetable of Key Milestones**

<b>Date</b>	<b>Planned Action</b>
Nov 2020	Ethics submitted
Nov/Dec 2020	Lit review
Jan-March 2021	Data collection and transcription
March – July	Data analysis
Oct 2021	First draft research paper
Nov 2021	First draft literature review
Dec 2021	First draft critical appraisal
Jan 2022	Second drafts
March 2022	Submit

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## Appendices

### *Appendix A: Letter Confirming Ethics Approval*



Applicant: Sophie Holding

Supervisor: Suzanne Hodge

Department: Division of Health Research

FHMREC Reference: FHMREC20064

26 January 2021

**Re: FHMREC20064**

**Understanding the enablers and barriers to exiting homelessness throughout the pathway to sustained rough sleeping**

Dear Sophie,

Thank you for submitting your research ethics application for the above project for review by the **Faculty of Health and Medicine Research Ethics Committee (FHMREC)**. The application was recommended for approval by FHMREC, and on behalf of the Chair of the Committee, I can confirm that approval has been granted for this research project.

As principal investigator your responsibilities include:

- ensuring that (where applicable) all the necessary legal and regulatory requirements in order to conduct the research are met, and the necessary licenses and approvals have been obtained;
- reporting any ethics-related issues that occur during the course of the research or arising from the research to the Research Ethics Officer at the email address below (e.g. unforeseen ethical issues, complaints about the conduct of the research, adverse reactions such as extreme distress);
- submitting details of proposed substantive amendments to the protocol to the Research Ethics Officer for approval.

Please contact me if you have any queries or require further information.

Email: [fhmresearchsupport@lancaster.ac.uk](mailto:fhmresearchsupport@lancaster.ac.uk)

Yours sincerely,

A handwritten signature in black ink, appearing to read 'ABP' with a flourish at the end.

Annie Beauchamp,

Research Ethics Officer, Secretary to FHMREC.

***Appendix B: Letter to Professionals***

Lived experience of homelessness and rough sleeping: A narrative analysis



Dear colleagues,

I am a trainee clinical psychologist and for my doctoral thesis I am conducting a research study into people's experiences of becoming homeless and rough sleeping. I would like to ask for your help in recruiting participants if you are willing and feel it would be appropriate. I am hoping to recruit between six and twelve participants across services in [REDACTED] who have experienced rough sleeping.

Specifically, this involves recruiting people over 18 years of age who are accessing your services and report at least two episodes of rough sleeping for at least two nights on each occasion. Unfortunately, those who had dependent children during their experience of homelessness and those with no recourse to public funds will not be able to participate.

Bearing all of this in mind, I would be grateful if you would consider supporting this research and circulating an initial information leaflet (see attached) to the individuals in your service who may fit these criteria. A more detailed information sheet and consent form are also attached. Please share this with anyone who is interested in participating and meets the criteria for the research.

Please email me if you have any questions about this process or queries about the research. I appreciate your time and consideration.

Best wishes,

**Sophie Holding**

Trainee Clinical Psychologist

Lancaster University

Email: [s.holding2@lancs.ac.uk](mailto:s.holding2@lancs.ac.uk)

Telephone: 07882610227

### *Appendix C: Recruitment Leaflet*



#### **Lived experience of homelessness and rough sleeping: A narrative analysis**

I am Sophie Holding. I am training to become a psychologist. I want to find out about peoples experiences of homelessness. I want to hear stories from people who have experienced homelessness to find out about:

- What led to people becoming homeless and what that was like for them
- What led to people rough sleeping and what that was like for them
- What made it more difficult to escape from rough sleeping and/or homelessness
- What helped people escape from rough sleeping and/or homelessness

I'm hoping to talk to people who have experienced rough sleeping at least twice for at least two nights each time over the last two years. Your experience is important, and I would like to talk to you. I hope that, by sharing what I learn from these stories, those working in and designing services will be able to better understand and support people experiencing homelessness.

If you want to take part or would like to know more:

- Tell a member of staff who will let me know you're interested
- Contact me directly or with someone's help:

Call me: 07882610227

Email me: [s.holding2@lancaster.ac.uk](mailto:s.holding2@lancaster.ac.uk)

## *Appendix D: Participant Information Sheet*

### **Participant Information Sheet**



For further information about how Lancaster University processes personal data for research purposes and your data rights please visit our webpage: [www.lancaster.ac.uk/research/data-protection](http://www.lancaster.ac.uk/research/data-protection)

#### **Understanding the enablers and barriers to exiting homelessness throughout the pathway to sustained rough sleeping**

My name is Sophie Holding and I am conducting this research as a trainee clinical psychologist on the Doctorate in Clinical Psychology programme at Lancaster University.

#### **What is the study about?**

I want to find out about peoples experiences of homelessness. I want to hear stories from people who have experienced homelessness to find out about:

- What led to people becoming homeless and what that was like for them
- What led to people rough sleeping and what that was like for them
- What made it more difficult to escape from rough sleeping and/or homelessness
- What helped people escape from rough sleeping and/or homelessness

#### **Why have I been approached?**

Local services who are supporting people who are experiencing homelessness have been asked to pass on this information to anyone in the city who has experienced rough sleeping.

#### **Do I have to take part?**

No. It's completely up to you to decide whether or not you take part. Whether you take part or not will have no effect on the services or support that you receive.

#### **What would I have to do?**

You would have a telephone call with me which would last for between 30 and 90 minutes. More time can be made available if needed. I will ask you to tell me about your experiences of homelessness. This could include what led to you becoming homeless, your experiences of being homeless and rough sleeping. I may also ask you about what led to rough sleeping and what has made it difficult or helped you to escape from homelessness or rough sleeping.

Interviews will be recorded so that I can type them up later. Once I have typed up all the interviews, I will summarise them and look for common themes.

#### **Who will know what I've told you?**

My supervisors will have access to the recording of your interview. I will type up your interview and try to remove any identifiable information including names and places. Quotes from your interview could be used in any reports or presentations about this research. These quotes will be anonymised as much as possible. It is possible that people who know you may be able to identify you from the details of your story.

If something that is said in the interview makes me think that you or someone else is at risk of significant harm, I will have to break confidentiality and tell someone about this. If possible, I will tell you if I have to do this.

### **What happens after I take part?**

I will write a report about the project. This will be read by some people at the University. It might also be in a psychology article so that other people can read it or it may be presented to others who are interested in the research. The university will keep the anonymous information from the project safely stored for ten years.

### **Can anything bad happen if I take part?**

Sharing your story could be an emotional or distressing experience. You might decide that you don't want to take part because it will be too difficult or upsetting for you. That's absolutely fine. If you do decide to take part, I will ask you to share as much or as little of your story as you like. I won't ask you to talk about anything that you don't want to talk about. If you feel upset or uncomfortable during the interview you can ask to stop or take a break. There will also be an opportunity to talk about how you felt doing the interview after it has finished. If you experience any distress following the interview, I will encourage you to let me or your support worker know. I can also direct you to an independent source of support.

### **Are there any benefits to taking part?**

Although you may find participating interesting, there are no direct benefits from taking part. Taking part will not influence the level of support you receive in any way, and I cannot provide financial compensation for your time. The results of the study may inform how to improve support for people experiencing homelessness.

### **Can I change my mind about taking part?**

You can change your mind at any time before or during our interview. You can withdraw from the study up to two weeks after your interview, without giving a reason. Withdrawing from the study will not affect the support you receive in any way. If you decide to withdraw from the study during this time, none of the information you shared will be used in the research.

### **What do I do if I want to take part?**

You can tell your support worker or contact me directly at [s.holding2@lancaster.ac.uk](mailto:s.holding2@lancaster.ac.uk) or on 07882610227.

Alternatively, you can contact the supervisors of this project:

Dr Suzanne Hodge, Research Supervisor, Lancaster University

Tel: 01524 592712: Email: [s.hodge@lancaster.ac.uk](mailto:s.hodge@lancaster.ac.uk)

Dr Ste Weatherhead, Neurotriage

Email: [ste@neurotriage.com](mailto:ste@neurotriage.com)

### **Complaints**

If you wish to make a complaint or raise concerns about any aspect of this study and do not want to speak to the researcher, you can contact:



Dr Ian Smith

Tel: (01524) 592282

Email: [i.smith@lancaster.ac.uk](mailto:i.smith@lancaster.ac.uk)

Division of Health Research, Lancaster University, Lancaster, LA1 4AT

If you wish to speak to someone outside of the Clinical Psychology Doctorate Programme, you may also contact:

Dr Laura Machin Tel: +44 (0)1524 594973

Chair of FHM REC Email: [l.machin@lancaster.ac.uk](mailto:l.machin@lancaster.ac.uk)

Faculty of Health and Medicine

(Lancaster Medical School)

Lancaster University

Lancaster

LA1 4AT

Thank you for taking the time to read this information sheet. To register your interest in participating in this research, please contact me at [s.holding2@lancaster.ac.uk](mailto:s.holding2@lancaster.ac.uk) or on 07882610227. You can also ask your support worker to contact me on your behalf.

## *Appendix E: Consent Form*

### Consent Form



#### **Study Title: Understanding the enablers and barriers to exiting homelessness throughout the pathway to sustained rough sleeping**

We are asking if you would like to take part in a research project that will explore peoples experiences of homelessness and rough sleeping. Before you consent to participating in the study we ask that you read the participant information sheet and provide verbal consent prior to the interview if you agree. If you have any questions or queries about this consent form please speak to the principal investigator, Sophie Holding. If you choose to participate in this study, you will be asked to give consent over the phone prior to the interview.

1. I have read the information sheet for this project and I understand what it says.
2. I have had the opportunity to ask any questions and to have them answered.
3. I understand that my interview will be audio recorded and then will be written up anonymously. I understand that some people might be able to tell who I am from the details of my story.
4. I understand that audio recordings will be kept until the research project has been examined.
5. I understand that taking part is voluntary and that I can change my mind about taking part at any time before or during the interview.
6. I understand that I can ask for my information to be removed for up to two weeks after my interview although it may not be possible after this.
7. I understand that the information from my interview will be pooled with other participants' responses, anonymised and may be published; all reasonable steps will be taken to protect the anonymity of the participants involved in this project.
8. I consent to information and quotations from my interview being used in reports, conferences, and training events.
9. I understand that the supervisors will also be able to listen to the interview recordings.
10. I know that what is say in the interview will be kept anonymous unless I tell the researcher that somebody, including me, might be at risk of getting hurt.
11. I consent to Lancaster University keeping written transcriptions of the interview for 10 years after the study has finished.
12. I consent to take part in the above study.

*Appendix F: Debriefing Sheet***Debriefing Sheet****Understanding the enablers and barriers to exiting homelessness throughout the pathway to sustained rough sleeping**

Thank you for taking part in this research project and for sharing your story. What you have told us will help us to understand better what it is like to be homeless and what we can do to improve the support available.

If talking about your experiences has raised any concerns for you or upset you, there are several ways to receive additional support. Firstly, you can talk to your support worker(s) or someone else involved in your support. If you like, I can make them aware that you have taken part in the research. Secondly, there are independent support agencies that you could contact including:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

If you are unhappy about how the interview process has gone and would like to make a complaint, you can contact any of the research supervisors, or an independent member of the research team. These contact details are included below.

Finally, if you would like to receive a short summary of the information you have shared during the interview please let me know and I will ensure you receive this information within two weeks of your interview date.

Once again thank you for your time and your participation.

All the best,

**Sophie Holding**

Tel: 07882610227

Email: [s.holding2@lancaster.ac.uk](mailto:s.holding2@lancaster.ac.uk)

**Additional contacts:**

Dr Suzanne Hodge, Research Supervisor, Lancaster University

Tel: 01524 592712 Email:

Dr Ste Weatherhead, Neurotriage

Email: [Ste@neurotriage.com](mailto:Ste@neurotriage.com)

Ian Smith, Lancaster University,

Tel: 01524 592282 Email: [i.smith@lancaster.ac.uk](mailto:i.smith@lancaster.ac.uk)

