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Exploring Experiences of Helpfulness in Psychologically Informed Environments in the Homelessness and Housing Sector.

A thesis submitted in partial fulfilment of the requirements for the Doctorate in Clinical Psychology

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May 2022

Declaration

This thesis has been submitted for the award of Doctorate in Clinical Psychology at the University of Sheffield. It has not been submitted to any other institution, or for the purpose of obtaining any other qualifications.

Structure and Word Counts

Literature Review

- i. Word count excluding references and tables – 7342
- ii. Word count including references and tables – 9712

Research Report

- i. Word count excluding references and tables – 8000
- ii. Word count including references and tables – 10140

Total Word Count (combining lay summary, literature review and research report)

- i. Word count excluding references and tables – 15610
- ii. Word count including references and tables – 20609

Lay Summary

Literature Review

Traditional service provision and psychotherapies may not meet the complex needs of people experiencing homelessness. Psychologically Informed Environments (PIEs) is an approach which attempts to embed psychological thinking and practice into services for people experiencing homelessness. A qualitative evidence synthesis was conducted to explore the experiences of staff and service users in delivering or receiving support under a PIE. Three electronic databases were searched, and ten studies were included. Data was analysed and three themes were identified. Participants described PIEs providing a focus on relationship, relational and physical safety, and promoting understanding. This was supported by spaces for staff to pause and think, changes in staff behaviour, and an appreciation of the trauma experienced by the homeless community. However, there were barriers such as difficulties in the wider system, staff ambivalence, and a lack of clear outcomes for service users. Further research is needed to explore the impact of PIEs for those at the intersection of homelessness and other marginalised identities, and how outcomes of PIEs are collected and reported.

Empirical Study

Previous research has suggested that PIEs are experienced as helpful by the staff implementing them, and by some service users' receiving support within them. This study explored what makes a PIE helpful, from the perspective of staff and service users. Sixteen staff and service users from a national homelessness charity took part in semi-structured interviews. The interviews were analysed, and four themes were identified. Participants described how a focus on practical support enabled them to stay engaged with the service, and supported staff to feel useful in their work. Acknowledging and addressing the power

imbalance in relationships, by giving service users choice, treating them with respect and honesty, and fighting for their needs in the wider system, was seen as an important way that this PIE supported service users. Getting to know one another as people, being able to spend time building a trusting relationship, feeling understood, and feeling genuinely caring and cared for, as well as staff sharing some of themselves, and flexibility were important in having helpful experiences within the service. Fewer barriers to this approach were found than anticipated. This might be due to the fact that people who had chosen to disengage from the PIE were not interviewed. Future research would benefit from developing an understanding of what has been unhelpful about engaging with a PIE. This study provides support for the ongoing implementation of PIEs, but more attention might need to be given to the practical support provided and thinking about how the power imbalance is addressed.

Acknowledgements

To my participants, who took the time to meet with me and share your views, my sincerest gratitude. Without your openness and honesty none of this would have been possible. Also, to the MAGPIE members who offered me such brilliant advice and were so warm and encouraging when I was starting out, and to all the staff members who helped with recruitment, thank you.

To my supervisor, Vyv Huddy, and my field supervisor, Peter Oakes, I want to thank you for your constant support. It hasn't been a straight-forward project, but I am so grateful for your patience, wisdom, and reassurance. You have been a vital part of the experience of learning who I want to be as a clinical psychologist.

To my Mum and Dad, and my wonderful husband, Liam. Thank you for being on my team because I know I would not be where I am today without you. I don't think I would ever be able to put into words how much I value your support.

Finally, to those of you who propped me up when I needed it, made me laugh, and generally made the last three years possible. Laura, Vicky, Alex, and Laura, you are the most inspirational, compassionate, and supportive friends anyone could hope to have. Thank you for everything you do. Fern and everyone at Aerial Empire, thank you for picking me up and helping me to fly during the hard times!

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Section One: Literature Review

What are staff and services user experiences of Psychologically Informed Environments (PIEs) or interventions in the homelessness sector: a thematic synthesis.

Abstract

Objectives

This review aims explore three key questions; 1) what are staff and service user experiences of psychologically informed environments or interventions within the homelessness and housing sector? 2) what are the perceived benefits and challenges of these approaches? And 3) what are the specific barriers and facilitators to engagement within the homelessness and housing sector?

Method

A search was conducted across three databases (Scopus, PsycInfo, and Web of Science) to identify peer-reviewed literature exploring experiences of psychologically informed environments or interventions within the housing sector. Search terms were created using the SPIDER search strategy tool.

Results

Thematic analysis of the included papers identified three superordinate themes, and nine subordinate themes, including *what a PIE provides*, *how the principles function in practice*, and *what gets in the way*.

Conclusion

The results of this synthesis indicate that many aspects of PIEs in practice align with the core principles of the approach. Specifically, the focus on relationships, psychological awareness or understanding, and reflective practice as a tool to change staff behaviour were all demonstrated within this review.

Practitioner Points

- Relationships and psychological awareness should form the foundation of working with people experiencing homelessness.
- Reflective practice is a key element in supporting staff in this work.
- More staff support may be required when implementing PIEs, to balance the focus on reflection with the practical tasks of their role.
- Services should work collaboratively to improve the social circumstances of people experiencing homelessness.

Keywords

Homelessness, Psychologically Informed Environments, reflective practice, qualitative evidence synthesis, thematic synthesis

Homelessness is a growing social issue in the UK. Latest figures collected by the UK Government suggest that 2,440 people were estimated to be sleeping rough on a single night in Autumn 2021 (Homeless Link, 2022). Although this equates to a 9% decrease from 2020, when considered against the first collated data in 2010, it represents a 38% growth in street homelessness (Homeless Link, 2022). It is important to acknowledge that this figure likely does not represent the full scale of the problem. For example, Crisis estimated that the number of people rough sleeping, sleeping in vehicles or in hotels across England, Wales, and Scotland in 2021 was nearer to 227,000 (The Big Issue, 2021). Even this estimation does not include those individuals and families experiencing “hidden” homelessness, who are sofa surfing or living in temporary accommodation.

Health and Mental Health Needs of People Experiencing Homelessness

Research acknowledges that people experiencing homelessness often have multiple, interrelated health and mental health needs, exacerbated by their frequent exclusion from health services (Fitzpatrick et al., 2011). Homeless Link collated data from 27 health needs audits across England and found that 78% of participants reported a physical health problem and 86% reported a mental health problem (Homeless Link, 2022). 18% of respondents had been refused registration with a National Health Service (NHS) General Practitioner (GP) surgery or dentist. People experiencing homelessness were more likely to experience stigmatising perceptions within emergency services and GPs, especially relating to addiction and substance use (Groundswell, 2022). In a recent report from Groundswell in West Yorkshire, participants also spoke about how unmet mental health needs had contributed to their becoming homeless and subsequently exacerbated physical health problems and difficulties in accessing services (Groundswell, 2022).

People experiencing homelessness are more likely than the general population to have experienced physical or sexual abuse in childhood (Sundin & Baguley, 2015). The lifetime prevalence of Adverse Childhood Experiences (ACEs) has been found to be significantly higher among people without stable housing (Liu et al., 2021), and housing status has been demonstrated as moderating ACE-related health risks (Barnes et al., 2021). In a recent meta-analysis, the prevalence of a current mental health problem in a population of people experiencing homelessness was estimated to be between 64% and 86.6% (Gutwinski et al., 2021).

Provision of secure housing has been demonstrated to benefit a range of health outcomes for people experiencing homelessness, including mental health, addiction, and long-term physical health conditions such as HIV (Fitzpatrick-Lewis et al., 2011). Given the complexity of recurrent or chronic homelessness, provision of housing may not be sufficient (McQuiston et al., 2014). Psychological therapy alone has also proven to have mixed results, for example, cognitive behavioural therapy (CBT) demonstrated a significant improvement in anxiety symptoms but had no significant effect on depression and post-traumatic stress disorder (PTSD) symptoms, psychological distress, self-efficacy, and quality of life (Huyan et al., 2020). Given the prevalence of traumatic experiences and the retraumatising impact of homelessness itself, an approach which addressed the psychological needs of people experiencing homelessness within a housing setting was deemed necessary (Keats et al., 2012).

Psychologically Informed Environments

Psychologically Informed Environments (PIEs) were developed building on the earlier work of Johnson and Haigh (2010) who developed the Enabling Environments framework to support increased psychological awareness within criminal justice and high

secure services. The Enabling Environment approach was summarised as such; “if asked why the unit is run in such and such a way, the staff would give an answer in terms of the emotional and psychological needs of service users, rather than giving some more logistical or practical rationale” (Johnson & Haigh, 2010, p.32). This is the fundamental aim of PIEs, in that the psychological needs of people experiencing homelessness and relationships are central to the approach (Keats et al., 2012; Johnson, 2018). PIEs differ from trauma-informed models in that the work is flexibly underpinned by psychological, social, and anthropological understandings of the wider contexts people experiencing homelessness exist within, as well as an understanding of the impacts of trauma and past experiences (Johnson, 2017). An understanding of how trauma impacts and operates in people’s lives is still a key tenant of the PIE approach (Keats et al., 2012). The approach has been developed since its initial conceptualisation by Keats et al. (2012), and the five key principles are now defined as: psychological awareness, staff training and support, learning and enquiry, spaces of opportunity, and the three Rs, rules, roles, and responsiveness (Johnson, 2018). Reflective practice and relationships run throughout the five core principles.

Psychological awareness is defined as considering all aspects which contribute to a person’s experience including their emotional experience, personality, and past life experiences (Keats et al., 2012; Johnson, 2018). This can operate across multiple levels including facilitating awareness and understanding amongst staff teams, adopting a psychological framework to underpin this understanding, and the use of specific techniques drawn from psychological professions and literature (Johnson, 2018). Staff training and support refers to a bedrock of development for all staff, not just those who are deemed to be struggling (Johnson, 2018). Although there is no core training deemed necessary for a service to become a PIE, a minimum requirement for training is considered to be an understanding of psychological and emotional trauma and how this operates in people’s lives. The principle of

learning and enquiry refers to the creation of a culture of curiosity and operates at a systemic and individual level through the cultural environment of the service, encouragement of reflective practice, recognition of fluctuating needs, and gathering of evidence which supports practice (Johnson, 2018). Spaces of opportunity, adapted from the previous physical environment principle (Keats et al., 2012) refers to the need for social spaces, and for all physical spaces to be designed in a psychologically-informed way, as well as the development of local networks and referral routes which support growth and opportunity for people experiencing homelessness (Johnson, 2018). The rules, roles and responsiveness principle aims to consider the practical elements of the service from its operational procedures, to the roles within the social structure, and the ways in which the service responds to changes or developments in these (Johnson, 2018). Relationships and reflective practice are not separate principles in themselves in this later conceptualisation of PIEs, as they are necessary throughout all of the principles. Johnson (2018) describes how by developing a culture of enquiry, reflective practice becomes a necessary facet of day to day work, rather than a meeting the staff simply attend.

The Evidence Base for PIE

PIEs have been widely adopted across the housing and homelessness sector, however collection of data to form an evidence-base remains behind implementation. Cockersell (2016) demonstrated that including a psychotherapeutic element in work with people experiencing homelessness could improve outcomes and attendance. Furthermore, Ritchie (2015) found reductions in residents' emotional distress, anti-social and self-harming behaviours, alongside an increase in engagement with services and self-care. Pilots included within the original PIE framework outline (Keats et al., 2012) cite benefits such as greater engagement in activities, reductions in hospitalisations and emergency care, reduction in serious incidents, and more sustainable positive moves for clients.

At the time of writing, no published reviews of literature pertaining to the effectiveness or experience of the PIE approach were found. As such, it is difficult to ascertain the outcomes of this approach, including the elements deemed to be most helpful by service users. Furthermore, there is no review exploring the barriers or facilitators to implementing such an approach in the homelessness and housing sector.

The Rationale for the Current Review

Although there are a number of published studies exploring staff and service user perspectives of PIEs, as yet a synthesis of this research has not been conducted. A comprehensive synthesis of the qualitative literature may support services to consider key barriers and facilitators when implementing PIEs and allow for adjustments to be made to suit the setting.

Aims

This review aims explore three key questions; 1) what are staff and service user experiences of psychologically informed environments or interventions within the homelessness and housing sector? 2) what are the perceived benefits and challenges of these approaches? And 3) what are the specific barriers and facilitators to engagement within the homelessness and housing sector?

In order to answer these questions this systematic review aims to identify, and assess the quality of, qualitative research exploring the perspectives of staff and service users' experiences of psychologically informed environments or interventions. Following this, thematic synthesis will be undertaken to identify relevant themes across the literature pertaining to experiences, benefits and challenges, barriers, and facilitators.

Method

The protocol for this review was registered on PROSPERO (see https://www.crd.york.ac.uk/PROSPERO/display_record.php?RecordID=313216).

Systematic Review

A search was conducted across three databases (Scopus, PsycInfo, and Web of Science) in March 2022, to identify literature exploring experiences of psychologically informed environments or interventions within the housing sector. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidance (Page et al., 2021) was followed to support the process of identification, selection, and critical appraisal of studies for inclusion in the synthesis (See Figure 1 for PRISMA diagram). The inclusion and exclusion criteria are presented in Table 1. As no previous review of this literature has taken place, searches were not limited by date of publication or country. This review excluded papers which were not published in English and those not published in peer-reviewed journals. The full search terms are presented in Table 2. Search terms were created using the SPIDER (Cooke et al., 2012) search strategy tool. The resulting papers from each database were extracted and duplicates were removed. Titles and abstracts of all papers were then screened against the inclusion and exclusion criteria to assess relevance to the review questions. The remaining papers were screened in full against the inclusion and exclusion criteria. The reference lists and citations of all included studies were searched for any additional relevant papers. A random sample of included and excluded papers were reviewed by the research supervisor to ensure reliability.

Data Extraction

Data extracted from the studies included the author and date, location of the study, participant demographics, method of data collection and methodology, and the main themes identified in each study.

Figure 1.

PRISMA diagram

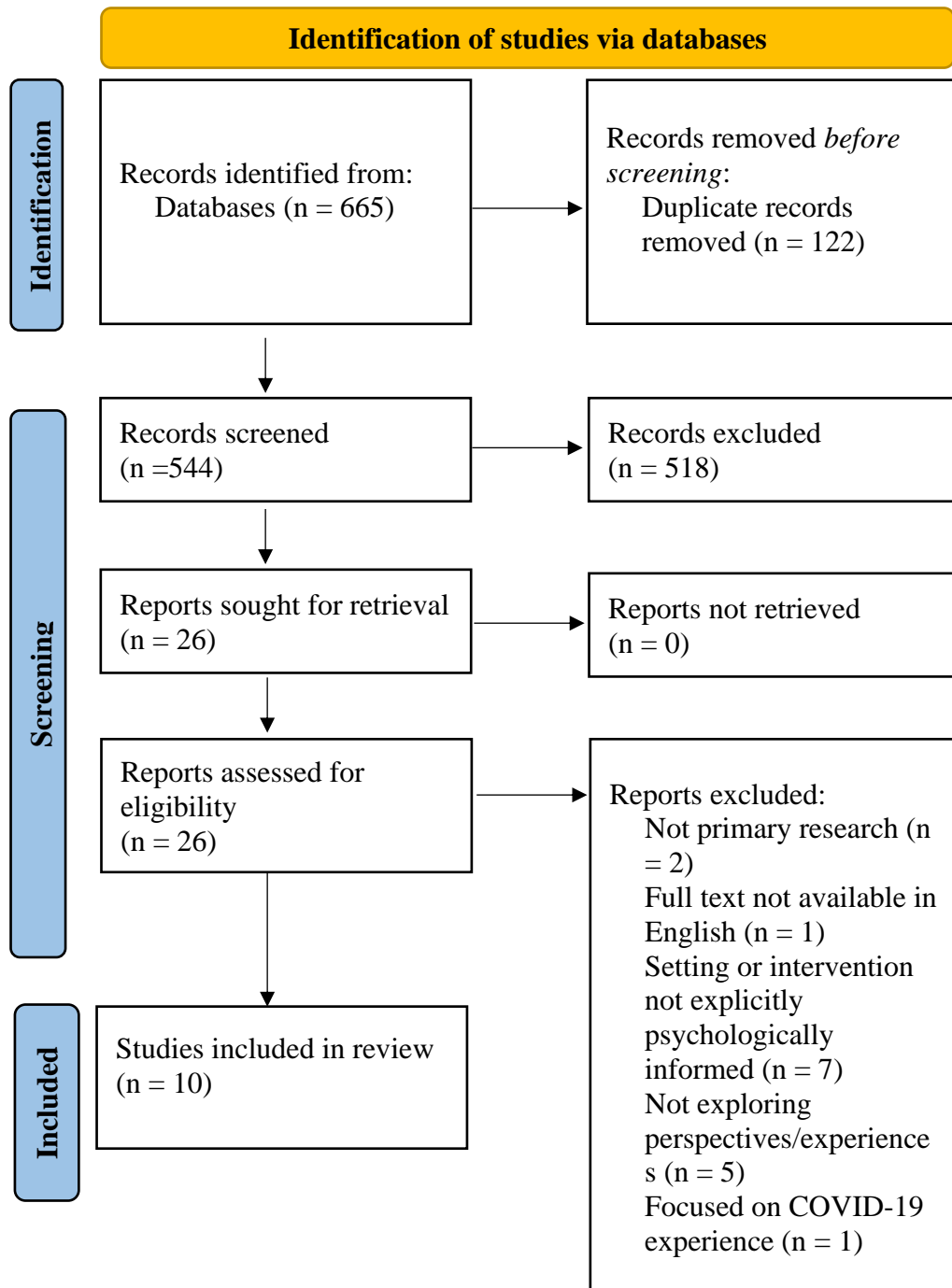


Table 1.

Inclusion and exclusion criteria

Inclusion	Exclusion
<ul style="list-style-type: none"> - Qualitative research - Peer-reviewed published literature - Primary research exploring either staff and/or service user experiences of psychologically informed^a environments or interventions - Housing or homelessness service - Conducted in any country (as long as the paper is published in English) 	<ul style="list-style-type: none"> - Written in a language other than English - Forensic or mental health inpatient service where a section or compulsory hold may be used - Studies exploring experiences of housing support which is not psychologically informed

^aPsychologically informed environments or interventions were defined as meeting the core principles of PIE (Keats et al., 2012; Johnson, 2018), or being underpinned by a recognised therapeutic model.

Table 2.

Search terms

Setting	“psychologically informed environment*” OR “PIE*” OR “enabling environment*”
Perspective	“people experiencing homelessness” OR “homeless people” OR hous* OR homelessness OR hostel OR “street homeless” OR “hidden homeless” OR “sofa-surf*” OR “sofa surf*” OR displaced OR “on the streets” OR “rough sleep*”
Interest, phenomenon of	Experience* OR review* OR perspective* OR rating* OR satisfaction* OR opinion* OR expectation* OR perception* OR view* OR outcome* OR attitude* OR understanding* OR description*
Method of enquiry	qualitative OR interview OR focus group OR “thematic analys*” OR “grounded theory” OR “phenomenology*” OR “interpretative phenomenological analys*” OR “discourse analys*” OR ethnograph*

Quality Appraisal

The quality of included papers was assessed using the Critical Appraisal Skills Programme (CASP) qualitative checklist (2018; Appendix A). Rating was carried out by the researcher, and 20% of the included papers were further rated by an independent researcher¹ for reliability. Ratings took place independently and any discrepancies were resolved through discussion between the researchers. Discussion with the independent researcher resulted in a more critical view of the papers as it was agreed that the CASP checklist (2018) allowed for significant rater variation. As such, the researcher re-reviewed all included papers, however no further changes to ratings were made.

Thematic Synthesis

Data were synthesised and analysed using thematic synthesis as outlined by Thomas and Harden (2008). A deductive approach was taken, using the five key principles of PIE (Keats et al., 2012; Johnson, 2018) as an a-priori framework to shape the coding and theme development. The results or “findings” section of each included paper were coded, line-by-line, by the researcher to identify meaningful segments of data (see Appendix B for an example). The codes were then sorted into descriptive categories, to collect together similar material across all papers (see Appendix C). These categories of codes were then used to develop analytical themes, to provide an interpretative analysis of the content (Thomas & Harden, 2008).

Results

Quality Appraisal

¹ The independent researcher was a trainee clinical psychologist with experience in qualitative research.

Full details of the quality assessment for each paper are presented in Table 3. All included papers received a “high” quality rating when assessed against the CASP criteria (2018). All studies had clear descriptions of aims with appropriate selection of methodology to address those aims and their research question. Rigour of analysis and ethical considerations were addressed to a limited extent within the included papers. Most papers cited ethical approval but did not discuss any relevant ethical issues or strategies implemented to manage issues highlighted. All but one paper (Buckley et al., 2021) failed to address the relationship between the researcher and participants and adequately reflect on the researcher’s own standpoint and subjectivity with regards to analysis. Papers were not excluded on the basis of quality; however quality assessments were conducted to support the analysis and guide the reader to interpret the studies in the context of their methodology.

Main Characteristics of Included Studies

The main characteristics and findings of the included studies can be found in Table 4. Four papers explored staff perspectives of facilitating a PIE (Benson & Brennan, 2018; Buckley et al., 2021; Cornes et al., 2014; Watson et al., 2019), whilst three papers explored the perspectives of clients receiving care under a PIE (Goodacre & Sumner, 2020; Pauly et al., 2016; Westaway et al., 2017). The remaining three studies gathered both staff and client perspectives and experiences (Fieldhouse & Greateorex, 2020; Pauly et al., 2019; Phipps et al., 2017). All included studies used either interviews or focus groups to collect their data. Two studies (Cornes et al., 2014; Pauly et al., 2016) used a mixed methods design, however only the qualitative data has been included in this review.

Table 3.

Quality assessment of included papers using the CASP tool

Authors and date	Q1 - Aims	Q2 – methodology	Q3 – design	Q4 – recruitment	Q5 – data collection	Q6 - Reflexivity	Q7 - Ethics	Q8 - analysis	Q9 - findings	Q10* - value	Overall rating
Benson & Brennan (2018)	Y	Y	Y	Y	Y	N	Y	Y	Y	Moderate	High
Buckley, Tickle & McDonald (2021)	Y	Y	Y	N	Y	Y	Y	Y	Y	Strong	High
Cornes et al., (2014)	Y	Y	Y	Y	Y	N	Y	Y	Y	Moderate	High
Fieldhouse & Greatorex (2020)	Y	Y	Y	Y	Y	N	Y	Y	Y	Strong	High
Goodacre & Sumner (2020)	Y	Y	Y	Y	Y	N	Y	Y	Y	Strong	High
Pauly et al., (2016)	Y	Y	Y	Y	Y	N	Y	Y	Y	Moderate	High

Pauly et al., (2019)	Y	Y	N	Y	Y	N	Y	Y	Y	Moderate	High
Phipps, Seager, Murphy & Barker (2017)	Y	Y	Y	Y	Y	N	Y	Y	Y	Strong	High
Watson, Nolte & Brown (2019)	Y	Y	Y	Y	Y	N	Y	Y	Y	Strong	High
Westaway, Nolte & Brown (2017)	Y	Y	Y	Y	Y	N	Y	Y	Y	Strong	High

Table 4.

Main characteristics of included studies

Authors	Setting/ Location	Sample (n)	Gender	Ethnicity	Staff (n) /service users (n)	Data collection	Intervention	Analysis	Main themes/findings
Benson & Brennan (2018)	Hostels, Northern Ireland	6	0% male	Not given	Staff only	Interview	PIE	Thematic framework	Keyworkers' experience of working with people who are homeless. Psychological approaches. Psychological awareness. Staff attitudes and perceptions.
Buckley et al. (2021)	Hostels, East Midlands (UK)	9	22% male	Not given	Staff only	Pre-post interview	Psychological case formulation meetings	Thematic analysis	Increasing psychological awareness. Stopping, thinking, and doing something different. A constraining context. Recognising and reinforcing good practice.
Cornes et al., (2014)	Various, UK	34	Not given	Not given	Staff only	Focus group	Community of practice	Framework analysis	Building collaborative networks and improving and sustaining relationships. Improvements in front line service responses.

									Shelter and space for reflective practice. Impact on service user outcomes.
Fieldhouse & Greatorex (2020)	Not given	9	Not given	Not given	Staff (n = 4) Service users (n = 5)	Interview and focus group	Financial skills training (within a PIE)	Thematic analysis	Having basic living needs met. Feeling validated. Feeling safe and secure. Greater confidence. Improved relationships.
Goodacre & Sumner (2020)	Charity	10	70% male	30% White British	Service users only	Interview	Literacy classes (within a PIE)	Thematic analysis	Challenging early experiences. Barriers to improving literacy. Perceived impact of poor literacy. Current motivation to improve literacy. Approaches that support literacy in adulthood.
Pauly et al., (2016)	Ontario, Canada	18	61% male	100% Indigenous	Service users only	Interviews	Managed Alcohol Program	Constant comparative analysis	Before I came here: safer than the streets and shelters. Safer than jails and hospitals. Finding housing, home, and hope.

									MAP as a safe refuge. MAP as housing and home.
Pauly et al., (2019)	Managed Alcohol Programs, Canada	107	75% male (only given for service users)	40% White (only given for service users)	Staff (n = 50) Service users (n = 57)	Interviews	Managed Alcohol Program	Situational Analysis	Pre-MAP arena: displacement and survival in abstinence-based worlds. Street-based survival world. World of losses and disconnections. MAP arena: "There is a Place". Harm reduction world. A safer world. A world of (re)connections.
Phipps et al. (2017)	Hostels, London (UK)	24	66% male	75% White British/Irish	Staff (n = 15) Service users (n = 9)	Interview	PIE	Thematic analysis	What makes a home? Impact of client needs. Managing relationships. Reflective practice. Theory vs practice.
Watson et al. (2019)	Various, London (UK)	22	36% male	50% White British	Staff only	Focus groups	PIE	Thematic analysis	Working hard to build connection. Supporting each other in an unsupportive context. Draining but sustaining.
Westaway et al. (2017)	Hostels, London (UK)	6	100% male	Not given	Service users only	Interview	PIE	Interpretative Phenomenological Analysis	Looking forward and the role of hope. Relationships to help. Identity and stigma.

Trauma and separateness,
intimacy and connection.

Of the 10 studies included, eight took place within services in the UK (Benson & Brennan, 2018; Buckley et al., 2021; Cornes et al., 2014; Fieldhouse & Greatorex, 2020; Goodacre & Sumner, 2020; Phipps et al., 2017; Watson et al., 2019; Westaway et al., 2017). The remaining two took place in Canada, in Managed Alcohol Programs (MAPs; Pauly et al., 2016; Pauly et al., 2019). MAPs differ from PIEs in that they are residential programs for people who are alcohol dependent and require a harm reduction approach to their alcohol intake. These studies were included as MAPs were underpinned by an understanding of trauma and past life experiences, staff attended training and reflective practice, and a focus was placed on relational care. These are consistent with the principles of psychological awareness, learning and enquiry, reflective practice, and relationships respectively (Keats et al., 2012; Johnson, 2018). Including these papers helps to increase the diversity of sources examined for the synthesis and may provide some important cross-cultural clinical implications.

Of the eight studies which took place in the UK, all were conducted within a PIE. Whilst five of these explored experiences of PIEs in general (Benson & Brennan, 2018; Cornes et al., 2014; Phipps et al., 2017; Watson et al., 2019; Westaway et al., 2017), three looked at specific interventions within a PIE setting. Buckley et al. (2021) gathered perspectives of staff who had attended team formulation meetings within hostels. Team formulation is described as the “process of facilitating a group of professionals to construct a shared understanding of a service-user’s difficulties” (Johnstone and Dallos, 2013, p. 5) and can provide a reflective space to enhance psychological awareness. Team formulation is deemed to be compatible with a PIE approach under the principles of psychological awareness and staff training and support (Keats et al., 2012; Johnson, 2018). Buckley et al. (2021) aimed to explore team formulation as a mechanism for implementing PIE, using pre- and post-intervention interviews with the staff team. Fieldhouse and Greatorex (2020)

explored the impact on wellbeing of a budgeting intervention for homeless young people. This intervention took place within a wider organisation which had adopted the PIE framework, and research was commissioned following key workers noticing an impact on participants wellbeing. Goodacre and Sumner (2020) explored the perspectives of adult learners with experiences of homelessness on a literacy programme facilitated within a PIE. Participants had engaged in at least one term of either literacy provision, English for Speakers of Other Languages (ESOL), individual literacy support or a combination of the above, via a national homelessness charity. Of the five papers exploring PIEs more generally, three took place in either emergency hostels or support accommodation (Benson & Brennan, 2018; Phipps et al., 2017; Westaway et al., 2017) and the remaining two took place in services which covered a variety of settings including residential and community support (Cornes et al., 2014; Watson et al., 2019).

Thematic Synthesis

Thematic analysis of the included papers resulted in the following synthesis. Three superordinate themes were identified including *what a PIE provides*, *how the principles function in practice*, and *what gets in the way*. Within the first theme, *what a PIE provides*, three subordinate themes were identified: *places relationships at the centre*, *creates relational and physical safety*, and *promotes understanding*. Within the second theme, *how the principles function in practice*, a further three subordinate themes included: *giving staff spaces to pause and reflect*, *changing interactions and staff behaviour*, and *acknowledging experiences of trauma and the emotional impact of the work*. Finally, in the theme *what gets in the way*, three subordinate themes were identified: *there are systemic challenges*, *there is ambivalence amongst staff*, and *the outcomes aren't always clear*.

Each theme will be described in turn, using illustrative quotes from across the included papers. The structure of superordinate and subordinate themes is presented in Table 5.

What a PIE Provides

This theme encompasses the core elements described by participants as influencing their experience of a PIE.

Places Relationships at the Centre. Included papers spoke about how vital building and sustaining relationships with service users were in providing their service.

“According to MAP staff, the relational component is integral to working in a MAP.”
(Pauly et al., 2019).

It was noted that building good relationships with service users enabled staff to go beyond simply managing behaviour and move towards meeting psychological needs.

“Keyworkers reflected on how they felt empowered to engage with clients and develop a rapport rather than just manage behaviour as had previously been the case” (Benson & Brennan, 2018).

“Both staff and residents spoke about the importance of building relationships, both in theoretical terms of meeting psychological needs and in practical terms of conversations with residents showing genuine interest in their backgrounds” (Phipps et al., 2017).

Relationships in this context were understood as restorative, and an important aspect in countering the previous traumas experienced by service users.

“In this way relationships were often understood as a powerful means of rehumanising and repairing histories of trauma and loss” (Watson et al., 2019).

Table 5.

Themes

Superordinate themes	Subordinate themes
What a PIE provides	Places relationships at the centre Creates relational and physical safety Promotes understanding
How the principles function in practice	Giving staff spaces to pause and reflect Changing interactions and staff behaviour Acknowledging experiences of trauma and the emotional impact of the work
What gets in the way	There are systemic challenges There is ambivalence amongst staff Outcomes aren't always clear

Creates Relational and Physical Safety. Included studies also highlighted the importance of providing a space which allowed service users to feel safe, both physically in contrast to previous experiences of living on the streets and in hostels, and relationally.

“It’s important for our clients that they actually feel safe and they feel someone cares for them and they belong somewhere” (Staff quote; Phipps et al., 2017).

There was an acknowledgement that this was a process for service users and that the approach of staff played a significant role in this.

“And from the point of homelessness it started to build up back past the border of ‘safety’ and way into the green” (Service user quote; Fieldhouse & Greatorex, 2020).

“Staff contributed to the sense of safety by helping with conflict resolutions as well as ensuring safety when drinking and helping to navigate shifts in relationships with street friends” (Pauly et al., 2016).

Promotes Understanding. A theme of understanding and developing psychological awareness was identified across all papers, with many highlighting that developing an understanding of service user’s behaviour in light of previous trauma supported more effective working relationships.

“It’s easier to find ways of working with somebody if you’ve got an understanding of some of the more bizarre pieces of behaviour” (Staff quote; Buckley et al., 2021).

“When you understand what’s behind their behaviour. It helps you to work with the person.” (Staff quote; Benson & Brennan, 2018).

Participants in several papers highlighted spending time to get to know and understand service users and spaces to bring together different perspectives as important in building a holistic and multi-layered understanding of the people they were working with.

“They’ve taken the time, they are more interested in your wellbeing and if you’re struggling ... they’ve got more time and patience for you” (Service user quote; Goodacre & Sumner, 2020).

“I like the fact it comes from different views and different services and people involved and we put it all together ... I think you can get another understanding of somebody.” (Staff quote; Buckley et al., 2021).

How the Principles Function in Practice

This theme describes the ways in which the previous core experiences are achieved, as highlighted by participants.

Giving Staff Spaces to Pause and Reflect. One of the ways in which PIEs were noted to have achieved a greater focus on relationships, safety, and understanding was through the provision of spaces for staff to reflect on the work. Several papers highlighted reflective practice or team formulation meetings as protected space for this reflection to occur.

“Reflective practice sessions were described as a safe space to take a step back from everyday tasks and think in detail about what might underlie resident difficulties, allowing staff to see the ‘bigger picture’ of client lives and appreciating multiple perspectives.” (Phipps et al., 2017).

Reflective practice was seen as supporting staff teams by providing a space to process the emotional content of their work and protecting against burn-out.

“It’s a space for everyone to come and process the emotional challenges of working with young people” (Staff quote; Fieldhouse & Greatorex, 2020).

“What we quickly discovered was if we don’t have an environment to reflect on what we do, you have a burnt out staff team” (Staff quote; Phipps et al., 2017).

Having this space to pause and reflect was also seen as shifting the way staff members approached their work with service users.

“Almost everyone discussed how they were likely to stop, think and change their approach in working with a service user following the meetings.” (Buckley et al., 2021).

Changing Interactions and Staff Behaviour. Through the reflective spaces highlighted above and an increased focus on relationships and understanding, participants witnessed a change in approaches to the work and interactions with service users.

“Sessions allowed staff to make changes in interactions with residents and reflect on their own actions and motivations, which in turn had an impact on client behaviour” (Phipps et al., 2017).

This was demonstrated in an understanding of the importance of listening and empathy, and in the changes staff made to their behaviour due to an increased awareness of the impact of trauma on service users.

“It comes down to her personal skills in dealing with people, with me. She had to know how to listen, how to address me and deal with me ... and that is a really strong quality.” (Service user quote; Fieldhouse & Greatorex, 2020).

“I was with somebody yesterday, he was bringing a problem but what he really wanted was to be understood. Practising empathy really helped [...] I could see by the end of the session he had actually come a decision himself about what he was going to do” (Staff quote; Benson & Brennan, 2018).

“[staff] reported that they will now sit down rather than stand over a person, speak in a softer voice, be mindful of how they position themselves or how they close a door behind them and not to jangle their keys.” (Benson & Brennan, 2018).

Acknowledging Experiences of Trauma and the Emotional Impact of the Work.

These shifts in interactions allowed staff and systems to acknowledge the trauma which service users had experienced, including the retraumatising impact of homelessness itself.

“I think it really helps having a framework from which staff are understanding and acknowledging of trauma.” (Staff quote; Benson & Brennan, 2018).

“The resident reflects on the death of their street family as illustrative of the significant harms of homelessness and street-based alcohol use and further connected these experiences to their own relationship with alcohol.” (Pauly et al., 2019).

There appeared to be a systemic recognition of the impact of working with people who have experienced significant trauma on the staff team as well.

“Anyone who is working with human distress and pain – it has a toll, it has an effect on you.” (Staff quote; Phipps et al., 2017).

What Gets in the Way

This theme describes the ways in which barriers operate to limit the implementation of PIE, or the blocks and difficulties participants have experienced.

There are Systemic Challenges. Despite the benefits noticed by many participants, there were also significant barriers to implementing PIE to its full potential. Most frequently cited were the various systemic pressures on teams, which got in the way of reflective spaces and making time to build relationships with service users.

“Project workers experienced many barriers to connection, such as limited resources, task focussed services, their own emotional capacity and resident’s hesitance to trust.” (Watson et al., 2019).

“Staff spoke of scarce resources alongside unrealistic externally imposed goals and targets which did not match the complexity of the task and could dehumanise their role as carer.” (Phipps et al., 2017).

Service targets and the pressure to move on from a placement seemed to be of concern to both staff and service users across the included studies.

“They reported feeling beleaguered by targets that did not reflect the intricacy of their holistic work with clients” (Cornes et al., 2014).

“I’ve got X company come and see me on the 1st about moving on ‘cos they say I’m ready to move, I’m not enjoying it” (Service user quote; Westaway et al., 2017).

In a few papers, difficulties in professional relationships were also cited as a barrier to implementing PIE on a broader scale. It was felt that those services which were harder to reach remained untouched by the increased awareness and understanding of PIE.

“For example, mental health professionals and social workers from adult social care were thought to be particularly hard to engage and as a result relationships with these workers and agencies remained unchanged.” (Cornes et al., 2014).

There is Ambivalence Amongst Staff. Furthermore, there was some ambivalence or hesitation about the PIE framework expressed amongst staff participating in the projects. Some felt that PIE was simply a rebranding of work they had been doing previously.

“What’s wrong with therapeutic milieu or therapeutic community? Why do we need psychologically informed environments, why do we need these new words?” (Staff quote; Phipps et al., 2017).

Staff also expressed a dislike or hesitation to participate in reflective practice, as it took them away from doing the tasks of their roles.

“Reflective practice was not universally appreciated: some considered it an unnecessary luxury in a culture where the staff role is considered ‘doing’ rather than ‘thinking’” (Phipps et al., 2017).

Ultimately, this could lead to divides within staff teams and a diluted or inconsistent approach to the work with service users.

“I still think it’s mixed ... I think some people get it some people don’t get it, some people like it some people don’t ... I think the challenge is ... either everybody embraces it, or we don’t really embrace it and then how does that work within the team environment?” (Staff quote; Buckley et al., 2021).

The Outcomes aren’t Always Clear. Finally, participants across the included studies expressed concerns about whether a PIE approach was having an impact on client outcomes, and whether this impact could be adequately measured or expressed.

“Members were unclear as to how these performance gains might translate as improved outcomes for their service users.” (Cornes et al., 2014).

“There’s been a view that what is this space going to change? The arena that we are sitting in speaking, how is that going to change the service? How is that going to change the clients?” (Staff quote; Phipps et al., 2017).

Services for people experiencing homelessness exist within a wider socio-political context, and some participants expressed concerns that a PIE approach is simply not enough to challenge and change this wider context, which has a significant impact on the lives and outcomes of service users. In the below quote, ‘wicked issues’ refers to the broader societal issues experienced by their clients, such as racism, discrimination, poverty, and stigma.

“There was a sense that these ‘wicked issues’ were rooted in longstanding political and structural factors and that communities of practice would therefore be largely powerless to address them.” (Cornes et al., 2014).

Discussion

This review aimed to systematically review and synthesise staff and service user experiences of PIEs, including benefits and challenges and any facilitators or barriers to this approach. Thematic synthesis of the included papers resulted in three superordinate themes including: *what a PIE provides, how the principles function in practice, and what gets in the way.*

What a PIE Provides

All papers referenced the importance of relationships, which mirrors the relational focus of the PIE framework (Keats et al., 2012; Johnson, 2018). An important finding of this review is that this was felt across both staff members and service users, indicating that this element of the framework is well implemented and has an impact for the clients involved in PIEs. Relationships were seen as a vehicle for change, in terms of providing a safe and caring environment for service users. The importance of relationships, or therapeutic alliance, is well documented in psychotherapy (Luborsky et al., 2002) and community mental health literature (Kidd et al., 2017). With regards to the homelessness and housing sector, Connolly and Joly’s (2012) synthesis of literature pertaining to “street-experienced” youth suggested

that having a strong bond with workers, who took the time to get to know the young people personally, improved engagement with health and wellbeing services. This review supports these findings in an adult population, as participants spoke about the understanding which was developed through relationships, which supported engagement and better management of behaviours which challenge. This finding further supports the improvements in engagement and sustained contact with the housing and partner organisations demonstrated in early data (Keats et al., 2012).

In the current review, the importance of feeling genuine care from staff was highlighted as an aspect which supports relational safety. The concept of relational safety builds on Rober's (1998) definition of safe therapeutic culture, whereby clients feel assured that their stories will be met with respect and empathy. Previous research suggests that people experiencing homelessness felt disenfranchised and relationally disconnected from housed people, including healthcare staff they interacted with (Hodgetts et al., 2007), and that men experiencing homelessness are unlikely to seek support for their physical or mental health, due to distrust of services and lack of good relationships with providers (Amato & MacDonald, 2011). Findings from the current review suggest that the focus on relationships within the PIE framework (Keats et al., 2012; Johnson, 2018) is fundamental in forming reparative relationships with people experiencing homelessness, supported by an understanding of trauma and an awareness that their previous experiences of services may not have been supportive. Further research would benefit from exploring the process of change from a position of distrust, to one where relationships with staff can be formed, and key facilitators of this change.

How the Principles Function in Practice

This theme contends with the experience and role of reflective spaces for staff, how these spaces then alter staff behaviour, and how these shifts enabled individuals and systems to acknowledge the trauma of homelessness and the emotional content of working in this field.

Staff described reflective spaces as giving time to pause and consider a “bigger picture” of the service user’s life, as well as protective spaces against stress and burnout. Reflective practice is one of the core principles of PIE (Keats et al., 2012; Johnson, 2018), and encompasses more formal reflective practice groups and the embedding of reflection into day to day work. These results go some way in describing the various benefits for staff, and subsequent impact on care. A reduction in stress and protection against burnout has also been demonstrated in studies with nursing students (Contreras et al., 2020) and medical staff (Dungey et al., 2020), as well as improved self-awareness (Contreras et al., 2020). This shift in self-awareness may be one of the ways in which staff in the present review were able to make changes to the way they interacted with clients following participation in reflective spaces.

Shifts in staff behaviour which were noted within this review included a focus on conversational skills, listening and attuning to the needs of service users. This supports previous research by Stevenson (2014), in which conversational support skills such as openness, willingness to listen, and treating service users with respect were highlighted as foundational elements of good quality care.

Given the prevalence of ACEs and traumatic experiences in the homeless population (Liu et al., 2021), an acknowledgement of these experiences at an individual and systemic level seems like an important facet of a PIE. Previous research has also demonstrated that frontline staff in the homelessness sector are also at higher risk of secondary traumatic stress

(STS; Schneider et al., 2021). The findings of the present review suggest that the principle of psychological awareness (Keats et al., 2012; Johnson, 2018) may facilitate an acknowledgement of the impact of trauma, and how this can be re-enacted in relationships, at all levels in an organisation. The inclusion of this in the organising framework of services allows for a systemic response to trauma, whereby all staff have received training and support, and an understanding of the impacts of trauma is built into the policies and procedures, for example regarding evictions (Keats et al., 2012; Johnson, 2018).

What Gets in the Way

This theme describes the various barriers to successful implementation of PIEs, including systemic and resource related issues, staff ambivalence, and a lack of clear outcomes. Although evidence generating practice is a key element of a PIE framework (Keats et al., 2012; Johnson, 2018), this review highlights a potential focus for future research as there are very few published accounts of the barriers faced and overcome by services implementing PIEs.

One reason for this lack of published evidence could be the difficulty expressed by participants in the current review in seeing clear, tangible outcomes for their service users. Keats et al. (2012) report some initial outcomes in their original outline of PIEs, including fewer evictions, more positive and sustained moves, fewer hospital admissions. However, these outcomes were preliminary findings, and an updated account has not been published. Furthermore, it may be difficult to attribute these outcomes to the implementation of PIE without appropriately designed outcome measures. Although the PIE self-assessment and service specification framework (Pizzaz; Johnson, 2018), has been designed as a tool for services to reflexively assess their development towards being a PIE, as yet no standardised measures of service user outcomes have been agreed upon.

Lack of resources and target-driven practice were also highlighted as barriers to successful implementation of a PIE. This is consistent with Campbell et al.'s (2021) study, whereby staff indicated that a lack of resources meant that people experiencing homelessness were more likely to “fall through the cracks” in the system. Much of the previous research attempting to identify barriers for staff working in this field has often focused on burnout, and the role of vicarious trauma (Schneider et al., 2021; Waegemakers, Schiff & Lane, 2019). Whilst the findings of the current review are not disputing the difficulties of working with people who have experienced trauma, it may be necessary for future research to explore the role of service demands and limited resources on staff burnout and subsequent experience of their work.

Critique of Included Studies

Only one study (Buckley et al., 2021) addressed the relationship between the researcher and participants. This is particularly important when a power imbalance is present, for example, when participant's housing may be linked to the support they are receiving. For example, in Ecker's (2017) reflexive exploration, interview location was found to impact on participants who experienced homelessness. Ecker's (2017) exploration of this with participants and through reflection enabled a more holistic exploration of the research topic. Further consideration of the relationship between researcher and participant would have allowed for the authors to consider how power was operating throughout the interviews. Although all studies mentioned gaining ethical approval, no studies discussed the specific ethical concerns of working with marginalised groups.

With regards to adequate critique of their methodology and results, four papers (Benson & Brennan, 2018; Cornes et al., 2014; Pauly et al., 2016; Pauly et al., 2019) failed to

address any limitations in their design. Therefore, it is difficult to assess the rigour of the studies and areas for future research.

All studies clearly presented the aims of the research, and qualitative methodology and data collection were aligned with these aims.

Limitations of the Review and Directions for Future Research

As this is the first review of literature of this kind, the researcher used broad search terms in an attempt to capture as many studies as possible, as well as carefully considering inclusion and exclusion criteria to ensure the included studies referenced appropriate service designs. However, due to the relative novelty of this approach, it is possible that some studies were missed from this selection. At points it was difficult to tell whether studies were referring specifically to PIE as a framework, and relevant studies may have been excluded on the basis of not explicitly stating the framework followed by the service. Furthermore, the use of the SPIDER search strategy tool (Cooke et al., 2012) has been critiqued for failing to identify all relevant research papers, despite having high levels of specificity (Methley et al., 2014). Attempts were made to ensure that all relevant papers were identified, including a forwards and backwards citation search of all included papers, however it is possible that other relevant research was not included as a result of this.

Furthermore, grey literature was excluded from this review. This may mean that relevant research was excluded, especially when considering that much of the PIE implementation in the UK has been carried out by charities and third-sector organisations who may not have the resources to consider publication. Outcome reports from PIEs may also fall under the service evaluation category, which may be less likely to be accepted for publication (Williams et al., 2020). A review of the grey literature would complement the current review to assess whether findings are compatible.

As this was an exploratory review, no limits were put on the country of origin of the study. Included papers came from the UK and Canada. Although healthcare is a universal provision in both countries, it is worth noting that the homeless communities are likely to have very different backgrounds and experiences. For example, all participants from Pauly et al.'s (2016) study identified their ethnicity as Indigenous, whereas 75% of Phipps et al.'s (2017) participants identified their ethnicity as White British. It is possible that experiences of racism intersected with experiences of homelessness for Pauly et al.'s (2016) sample, in way that would not correspond with the experiences of Phipps et al.'s (2017) participants. Future research and reviews may look to explore the experience of people for whom homelessness intersects with other factors, such as race, gender or sexuality.

The CASP (2018) checklist was selected to assess the quality of the included papers as this tool is widely used and accessible across a range of analysis types. However, the CASP tool allows for significant rater variation, in that many of the questions are answered with either a "yes" or "no". Although a second rater was used to ensure reliability in the ratings presented, a tool with better sensitivity may more accurately capture the variation in quality of the studies.

When completing a thematic synthesis, it is necessary to utilise quotations from the included papers. Papers in this review varied in how much of the direct dialogue with participants was presented, and therefore the quotes used in the review are both direct quotations from participants and excerpts of the researcher's interpretations. Although this is in line with the thematic synthesis process (Thomas and Harden, 2008), it does mean that the results are based on interpretations of other researcher's understandings of the dialogue with their participants. As such, the sense made of participants stories may be less grounded in their experiences and language.

Clinical Implications

Service Level Implications

This review indicates that many aspects of the original framework for PIE (Keats et al., 2012; Johnson, 2018) are recognised by staff and service users in practice. The synthesis provides further weight for the continued focus on relational care, and the inclusion of reflective practice for staff within the PIE setting.

However, some difficulties with the approach were outlined. With regards to the ambivalence of staff members towards the approach, further consideration could be given to staff training and recruitment, to ensure that staff values align with the core premise of the approach. Careful thought should be given to the introduction of PIE terminology, to avoid devaluing the work already being done by staff members and alienating them from the approach. In the current review there was suggestion that some staff members wish to prioritise the “doing” of their tasks, over time for reflection or “just thinking”, which will be vital to consider when planning implement of a PIE. A recognition of the numerous and challenging tasks which staff face within the housing and homelessness sector may need to be balanced with the benefits gained from spaces to pause and reflect. Furthermore, target-driven practice and lack of resources were highlighted as barriers. As such, services should consider whether their policies and procedures align with the PIE approach and provide the necessary supportive environment for staff working with people who have experienced trauma.

Difficult relationships between services were also highlighted as a barrier. Improving communication between local statutory and non-statutory services would be of benefit to people accessing and working in the homelessness and housing sector, to support continuity of care and approach.

Implications Within the Wider System

One of the noted difficulties with implementing a PIE approach, was the deep-rooted social issues of stigma, poverty, and discrimination. As previously highlighted, people experiencing homelessness still face many system-wide barriers when attempting to access support and healthcare (Fitzpatrick et al., 2011). The results of this synthesis suggest that wider consideration needs to be given to these experiences and ways of tackling them in order to provide holistic care for people experiencing homelessness.

During the COVID-19 pandemic, the UK government enacted the “everyone indoors” policy (Ministry for Housing, Communities & Local Government, 2020). This aimed to provide at least temporary accommodation for all rough sleepers, to ensure their safety with regards to contracting COVID-19. The results of this synthesis provide support to the concept that stable housing needs to be considered alongside relational care and holistic support in order to truly make a difference to the lives of people experiencing homelessness.

Conclusion

The results of this synthesis indicate that many aspects of PIEs in practice align with the core principles of the approach initially outlined (Keats et al., 2012; Johnson, 2018). Specifically, the focus on relationships, psychological awareness or understanding, and reflective practice as a tool to change staff behaviour were all demonstrated in the experiences of staff and service users within this review. However, some difficulties with the approach were noted, and further attention in practice and research should be given to the ways in which all staff members are trained and supported to be part of the approach, and the way in which outcomes are demonstrated and communicated.

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Appendix A – CASP Checklist for Qualitative Research



Paper for appraisal and reference: _____

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- what was the goal of the research
 - why it was thought important
 - its relevance

Comments: _____

2. Is a qualitative methodology appropriate?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
 - Is qualitative research the right methodology for addressing the research goal

Comments: _____

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments: _____

4. Was the recruitment strategy appropriate to the aims of the research?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
 - If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments:	
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5. Was the data collected in a way that addressed the research issue?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the setting for the data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- If the researcher has justified the methods chosen
 - If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
 - If methods were modified during the study. If so, has the researcher explained how and why
 - If the form of data is clear (e.g. tape recordings, video material, notes etc.)
 - If the researcher has discussed saturation of data

Comments:	
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6. Has the relationship between researcher and participants been adequately considered?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments:

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- If approval has been sought from the ethics committee

Comments:

8. Was the data analysis sufficiently rigorous?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
 - To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:	
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9. Is there a clear statement of findings?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider whether

- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments:	
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Section C: Will the results help locally?

10. How valuable is the research?

HINT: Consider

- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature)
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments:

Appendix B – An Example of Coding

Table 1 Domains and themes	
Domains and themes	Quotes
1. What makes a home?	
1.1 Memories of other hostels	R9: "In the 70s, it was get them sober, get them washed, get them fed, get them de-loused and kick them out again. That was basically it" S10: "In a normal project without PIE you're firefighting [...] that's what happened in [hostel name] [...] someone actually called it 'Helmand Province' it was that bad [...]"
1.2 Constructing a home	R1: "It's friendly [...] it's homely, you know [...] first thing it wasn't very homely because it used to look like a hospital before. The paint colours [...] it used to be pink and green, now they changed the decoration and they put in new furniture, new book shelves, new books in there so it's more homely now, it's like home you know" S9: "This is not an institution, it's just it's a nice place [which] feel[s] homely with all these pictures [of] taking clients on holidays, buying a TV [...]"
1.3 Creating a valued space	P1: "The reason that nothing had happened previously was because the view was that if you make it nice, they'll just ruin it [...] [whereas now] [...] if people aren't involved, what value do they hold for the thing?" P4: "There was a building [...] that got some kind of architectural award for homelessness that's got transparent walls [...] and [...] you think, well that might be an architecturally inspired thing but what's that like for a homeless person to look at a transparent wall?"
1.4 Feeling safe	Interviewer: "Is there anything else that helped you feel safe there?" R6: The staff. To be honest with you, I've had a few iffy staff in my time [...] but there has been a couple that I've taken to and believe it or not, one I did take to, it was a bit hard but I took to him [...]" S8: "It's important for our clients that they actually feel safe and they feel someone cares for them and they belong somewhere"
2. Impact of client needs	
2.1 Awareness of trauma history and mental health needs	R2: "People that have [...] complicated problems are usually complicated people [...] This is what I found in the hospital [...] the people that you were with made up for it because they were also going through the same thing" P3: "Trauma doesn't even begin to describe what some of these clients have gone through"
2.2 Emotional reactions to resident backgrounds	S9: "It used to affect me, because when I first read a [referral form] and it was a lot of abuse [...] I can almost live it do you know what I mean? It did affect me in a way where for the first month, I couldn't see the person because I felt so bad [...] every time I saw the client I had tears in my eyes!" S6: "The best thing [is] when they say thank you, when they're smiling and enjoying themselves. Because they've spent most of their life being afraid or taken advantage of or being abused in some form or another"
2.3 Flexibility and engagement	R9: "The staff were good about it. I was drinking for three years. I continued drinking and I was in no state to start my recovery, so they gave me time" S10: "Rules work for those who will comply [...] and most of the client group we have don't really comply with rules [...] The one thing service users are not afraid of is being put back on the streets [...] they've been there, they've survived, so you threaten them with an eviction and they'll take the piece of paper from you, so how effective is it anyway?" P1: "We have been known to be delivering sessions sitting at the bedside of somebody [...] who is bedridden. We have a great picture of one therapist who is sitting there with a Staffordshire bull terrier on their knee and the client's sitting in bed with an ash tray that looks like something from the Royle Family [...]" so I think there's something about that [...] engagement work and that therapy is much more blurred in a sense"
3. Managing relationships	
3.1 Building trusting relationships	R9: "They're doing the best for you. There's no ulterior motive. Once you get over that, you can start progressing" S8: "I [...] try and get to know them and build relationships with them and try and understand where they are coming from"
3.2 Being on the same level	R6: "Why I like certain staff is because they talk to me the way a normal person would talk to me, not down at me or not like a child" S10: "It's not a 'them and us', it is kind of an 'us and us'"
3.3 Client perspectives of relationships: make or break	R5: "If you have a problem, I had [keyworker] yesterday, and I had a nice conversation with her [...] someone who gives you advice and tells you 'don't do that' [...] someone cares for you [...] that's how it is in here" R6: "Talk to me like a person [...] there's a couple of women who [don't do that] and you get up and they say, ok I'll sort it out but I would never, ever talk to her again"
4. Reflective practice	



Appendix C – Example of Theme Development

Something about relationships				Search Project			
Name	Files	Referenc	Created on	Created	Modified on	Modified	
a sense of community watching out for each other	1	2	01/04/2022 11:	RM	01/04/2022 11:	RM	
aligning yourself with the client through familiarity	1	1	23/03/2022 12:48	M	01/04/2022 14:	RM	
being accepted	2	3	23/03/2022 11:	RM	01/04/2022 15:	RM	
being human	4	5	22/03/2022 11:	RM	01/04/2022 10:	RM	
benefit of interacting with others	1	1	23/03/2022 09:	RM	23/03/2022 09:	RM	
building a relationship doesn't work without respect	1	1	23/03/2022 11:	RM	01/04/2022 14:	RM	
building relationships from shared interests	1	1	23/03/2022 14:	RM	01/04/2022 14:	RM	
building relationships from understanding a person	1	1	01/04/2022 10:	RM	01/04/2022 10:	RM	
close connections with project workers as helpful	1	1	02/04/2022 10:	RM	02/04/2022 10:	RM	
contrast between isolation and loneliness of street life and connection and wa	1	1	02/04/2022 10:	RM	02/04/2022 10:	RM	
contrasting previous feelings of loss rejection and current connection and bel	1	1	02/04/2022 10:	RM	02/04/2022 10:	RM	
deep family like relationships built on shared experiences between residents	1	1	02/04/2022 10:	RM	02/04/2022 10:	RM	
developing relationships on my terms	1	1	01/04/2022 10:	RM	01/04/2022 10:	RM	
feeling like a human	1	1	22/03/2022 11:	RM	22/03/2022 11:	RM	
going beyond managing behaviour to relationships	1	1	01/04/2022 10:	RM	01/04/2022 10:	RM	
opportunity for connection	1	4	22/03/2022 11:	RM	22/03/2022 11:	RM	
persistence in building relationships	2	2	22/03/2022 11:	RM	23/03/2022 14:	RM	
prioritising relationships is value led	1	1	01/04/2022 10:	RM	01/04/2022 10:	RM	
project workers value connection and shared humanity	1	1	02/04/2022 10:	RM	02/04/2022 10:	RM	

staff actions				Search Project			
Name	Files	References	Created on	Created by	Modified on	Modified by	
availability of staff is important	1	1	22/03/2022 11:45	RM	01/04/2022 14:46	RM	
being heard and understood	1	1	01/04/2022 09:48	RM	01/04/2022 09:48	RM	
doing for vs doing with	2	3	22/03/2022 11:52	RM	23/03/2022 10:31	RM	
fighting against injustice	1	2	23/03/2022 14:57	RM	01/04/2022 15:03	RM	
focus on working together	4	5	22/03/2022 11:30	RM	02/04/2022 12:47	RM	
focusing on strengths	2	5	23/03/2022 09:40	RM	02/04/2022 12:51	RM	
going above and beyond	2	2	23/03/2022 09:50	RM	23/03/2022 10:34	RM	
letting them open up	1	1	01/04/2022 09:49	RM	01/04/2022 09:49	RM	
sharing challenges creating options	1	1	23/03/2022 15:15	RM	01/04/2022 15:03	RM	
the importance of listening	3	3	22/03/2022 09:54	RM	01/04/2022 15:35	RM	
the importance of talking	2	2	22/03/2022 10:01	RM	01/04/2022 15:17	RM	

the role of a psychological framework				Search Project			
Name	Files	References	Created on	Created by	Modified on	Modified by	
acknowledging psychological needs	1	1	22/03/2022 10:29	RM	01/04/2022 14:56	RM	
ambivalence or contradictory feelings about TF	1	1	22/03/2022 14:34	RM	01/04/2022 14:38	RM	
balancing power	3	3	22/03/2022 12:08	RM	01/04/2022 15:31	RM	
becoming strengths based	1	1	23/03/2022 10:26	RM	01/04/2022 14:27	RM	
empathy as facilitating change	1	1	02/04/2022 11:31	RM	02/04/2022 11:31	RM	
empowering	2	3	22/03/2022 09:59	RM	02/04/2022 12:10	RM	
having a framework aids understanding	2	2	01/04/2022 09:53	RM	01/04/2022 09:59	RM	
PIE creates better outcomes	1	1	22/03/2022 10:31	RM	01/04/2022 14:56	RM	
PIE increases staff awareness of client's experience	4	7	22/03/2022 10:13	RM	02/04/2022 13:06	RM	
PIE is less rigid	1	1	22/03/2022 10:17	RM	02/04/2022 12:30	RM	
psychological approach helps clients move forward	1	1	02/04/2022 11:51	RM	02/04/2022 11:51	RM	
psychological approaches as empowering	1	1	02/04/2022 12:11	RM	02/04/2022 12:12	RM	
psychological approaches facilitate change	1	1	02/04/2022 11:33	RM	02/04/2022 11:33	RM	
psychological framework shifts staff approach	1	1	02/04/2022 11:35	RM	02/04/2022 11:35	RM	
TF can change perceptions of clients and their needs	1	1	22/03/2022 14:03	RM	01/04/2022 14:40	RM	
TF helps sense making	1	2	22/03/2022 12:05	RM	01/04/2022 15:10	RM	
TF influenced approach to work	1	1	22/03/2022 14:04	RM	01/04/2022 14:39	RM	
understanding the impact of staff behaviour	1	1	22/03/2022 12:05	RM	01/04/2022 14:41	RM	

Section Two: Research Report

What is helpful about a Psychologically Informed Environment? Exploring the perspectives of people experiencing homelessness and their key workers.

Abstract

Objectives

This study aimed to explore the perspectives of people experiencing homelessness and their key workers on what makes a helpful interaction with Psychologically Informed Environments, including the aspects highlighted as contributing, or creating, barriers to helpfulness.

Method

This study used a qualitative design, with reflexive thematic analysis. Sixteen participants were interviewed using a semi-structured schedule. Eleven participants were staff members currently employed by the partner organisation. Five participants were currently accessing support for homelessness from the partner organisation.

Results

Four themes and eight sub-themes were identified. Participants identified key aspects of helpfulness as; meeting basic needs, providing practical support, acknowledging and addressing the power imbalance, “more than just a ticket in the system” – getting to know me as a person, and focusing on connection.

Conclusion

Overall, this study provides support for the ongoing implementation of PIE, with a focus on psychological awareness and understanding, relationships, reflective practice, and flexibility and responsiveness. The inclusion of power and addressing the ways in which power operates in the lives of people experiencing homelessness, requires further research to understand fully.

Practitioner Points

- A focus on psychological awareness, relationships, and responsiveness is important when working with people experiencing homelessness.
- Power needs to be considered when working with people experiencing homelessness, on an individual and system level.
- Services should consider the ways in which their policies and procedures may serve to further dehumanise and isolate this community.

Keywords

Homelessness, Psychologically Informed Environments, qualitative, thematic analysis

Latest estimations from the UK Government suggest that 2,440 people were sleeping rough on a single night in Autumn 2021 (Homeless Link, 2022). Despite the Government's "everyone in" initiative² (Ministry for Housing, Communities & Local Government, 2020) during the COVID-19 pandemic, this figure represents a growth of 38% in street homelessness since data collection began in 2010 (Homeless Link, 2022). The way in which data is collected excludes those experiencing hidden homelessness³ and is therefore likely an underrepresentation of the issue.

Psychological Needs of People Experiencing Homelessness

The psychological needs of people experiencing homelessness are varied, and existing literature suggests numerous factors for consideration. Duke and Searby (2020) examined the backgrounds of women experiencing homelessness and found high levels of complexity and competing needs including substance use, post-traumatic stress disorder (PTSD) and experiences of domestic violence both prior to and during episodes of homelessness. Estimates suggest that nearly 80% of people experiencing homelessness have also experienced a life altering traumatic event (Christensen et al., 2005), suggesting that the needs of people experiencing homelessness go far beyond being physically housed. A recent meta-analysis suggests that between 64% and 86.6% of people experiencing homelessness have a current mental health problem (Gutwinski et al., 2021).

Limited research has explored the views of people experiencing homelessness on their own mental health needs. Westaway et al. (2017) interviewed homeless men who had experienced multiple service moves. Participants spoke of layers of traumatic loss, which led

² During the "everyone in" initiative, rough sleepers were offered temporary accommodation in hotels to combat the spread of COVID-19.

³ Hidden homelessness refers to individuals whose homelessness experience includes sofa surfing, living in temporary accommodation or staying with family or friends.

them to doubt positive possibilities in the future. Some participants spoke about using substances to numb both the pain associated with these losses, and the emotional experience of being homeless. Participants spoke of their experiences of some hostels offering just the basics, which fuelled the sense of impermanence and lack of connection with communities.

With regards to interventions targeting the mental health needs of this population, the literature is mixed. A recent meta-analysis explored the types of mental health interventions offered to people experiencing homelessness and their effectiveness (Moledina et al., 2021). Results indicate that assertive community treatment (ACT), intensive case management (ICM) and critical time interventions (CTI) demonstrated little to no improvement across mental health, quality of life, and substance use outcome measures (Moledina et al., 2021). However, ICM or CTIs, when coupled with permanent secure housing, did appear to reduce hospitalisations and use of emergency departments (Moledina et al., 2021). When exploring access to psychological therapies for homeless youth, Chaturvedi (2016) found that stigma, negative past experiences of help-seeking, lack of familiarity with therapy, and resistance to opening up were all identified as barriers to access by participants. Furthermore, the outcomes of traditional psychological therapy for homeless people are varied. In a recent meta-analysis Huyan et al. (2020) synthesised the results of 11 randomised controlled trials (RCTs) examining the efficacy of psycho-social interventions with homeless adults. Some interventions, including Cognitive Behavioural Therapy (CBT) and case management, produced a significant effect on levels of anxiety but failed to demonstrate any significant effect on depression and PTSD symptoms, psychological distress, self-efficacy, and quality of life (Huyan et al., 2020).

Some research suggests that instead of focusing on individual interventions, research and practice should be focused on how to create an environment of support. For example, in Stevenson's (2014) exploration of men's experiences of residential hostel care, the qualities

highlighted as the foundation of supportive care were: being listened to, being treated as a person, and being supported to boost their own social resources. It was clear that conversational support skills of staff, specifically openness, a willingness to listen and respect, to facilitate engagement were rated more highly than any other factor in supporting recovery.

A New Approach: Psychologically Informed Environments

One approach which attempts to develop and embed a supportive culture of care in services is the Psychologically Informed Environments (PIEs; Keats et al., 2012; Johnson, 2018) framework. The introduction of PIEs, originally conceptualised by Johnson and Haigh (2012), attempts to bridge the gap between the psychological needs of people experiencing homelessness and the inaccessibility of traditional psychological therapy. In essence, a PIE is a service which has developed an explicit psychological framework for thinking about the needs of their service users, incorporating an awareness of the impact of possible trauma, and prioritising emotional needs (Keats et al., 2012; Johnson, 2018). There are five key principles for consideration in developing PIEs; psychological awareness, staff training and support, learning and enquiry, spaces of opportunity, and the three Rs, rules, roles, and responsiveness (Keats et al., 2012; Johnson, 2018). A focus on relationships and reflective practice is seen to run throughout the five core principles (Johnson, 2018).

The evidence base for PIEs is in development, however many services in the homelessness and housing sector have adopted this approach. In a narrative review of research published since the original guidance, Cockersell (2016) describes key benefits of PIEs including increased engagement, not only with the immediate service, but also with other associated services, reduction in eviction rates, reduction in incidents of aggression and

self-harm and improved quality of life. Findings have also included a reduction in distress and improvements in housing security and employment (Ritchie, 2015).

There is little existing literature which explores people's experiences of PIE as an approach to foster more supportive relationships. Two recent studies focused on the perspectives of staff working within PIEs relating to the perceived benefits and challenges for themselves and clients. Benson and Brennan (2018) conducted one such study in a residential hostel in Ireland, where staff had been given training in basic counselling skills and regular reflective practice was facilitated. Staff members reported that using these skills has helped to motivate clients, by supporting them to come to their own decisions and improving engagement. Staff members reported feeling empowered in their conversations with clients and having more confidence in their ability to go beyond "managing" behaviour, to developing meaningful relationships (Benson & Brennan, 2018). Similarly, Watson et al. (2019) recommend a foundation of reflection and psychological awareness is developed within service policies and procedures, to support staff providing this kind of care. Phipps et al. (2017) explored the perspectives of staff and residents in hostels which had adopted a PIE approach. They found that a relational approach was acknowledged by staff and residents as helpful, as well as reflective practice being deemed essential to provide a space for staff to pause and think about the various challenges of working in this way (Phipps et al., 2017).

As yet there is no literature exploring perspectives on implementing PIE outside of a residential setting. There is also very limited research exploring service user perspectives, and specifically trying to unpick what is helpful about accessing a PIE.

Rationale for Current Study

The research described above demonstrates the varied and complex needs of people experiencing homelessness. Traditional psychological therapy may not be accessible, or fully

meet these needs by itself, possibly due to the chaotic and unconventional lifestyles associated with homelessness. The PIE approach aims to take a different perspective, by embedding therapeutic conversations into the daily lives of people experiencing homelessness. It appears that staff working within PIEs believe that this way of working provides better outcomes for the people they support, however this has yet to be explored outside of a residential hostel setting. Furthermore, the perspectives of people experiencing homelessness on the helpfulness of PIEs are not discussed in the current literature and will be vitally important in the success of this approach.

The current study takes place within a community outreach homelessness service which has adopted the PIE approach. It aims to understand staff and service user perspectives regarding what constitutes helpfulness within the theoretical framework of PIE.

Aims

This study aimed to explore the perspectives of people experiencing homelessness and their key workers on what makes a helpful interaction with services that utilise the PIE theoretical framework. More specifically it aimed to examine the aspects highlighted as contributing, or creating, barriers to helpfulness by people experiencing homelessness and their key workers.

Method

Research Position – Epistemology

As the focus of this research was to understand and make sense of participant's experiences of conversations, the researcher took a critical realist approach to this study, acknowledging that participants experiences of conversations are located in their own social context and positioning the researcher as within this context (Braun & Clark, 2022; Pilgrim, 2014). A critical realist approach best reflects participants experience of their own story,

without assuming that their own “truth” reflects the experiences of others and acknowledging that the telling of this “truth” is impacted and changed by the experience of the interview and interpretations of the researcher (Pilgrim, 2014; Sims-Schouten et al., 2007). Within this language is understood as intentional (Hall, 1997), in that our understanding of things is unique, and we use language as a tool to attempt to convey our own truth.

Design

The study utilised a qualitative design, where transcripts of semi-structured interviews were analysed using reflexive thematic analysis (TA; Braun & Clark, 2019; Braun & Clark, 2022). Reflexive TA (Braun & Clark, 2019; Braun & Clark, 2022) was deemed most appropriate as it allows the researcher to generate patterns of meaning across a dataset of different perspectives. In reflexive TA the researcher is positioned as being central to the process of knowledge generation, and the subjectivity and reflexivity of the researcher is an explicitly core part of the interpretation (Braun & Clark, 2019; Braun & Clark, 2020; Braun & Clark, 2022). This is particularly important when working with marginalised groups, as an assumption that the researcher simply “gives voice” to participants without acknowledging their own subjectivity can serve to further silence seldom heard populations (Barron, 1999).

Interpretative Phenomenological Analysis (IPA; Smith et al., 2009) was considered, however was not deemed appropriate to answer this research question as this study aims to capture meaning across participant accounts, rather than focusing on individual meaning, and focuses on the perspectives of a broadly heterogeneous group (Smith et al., 2009; Braun & Clark, 2020).

Setting

This study took place in collaboration with a national homelessness charity in the UK, referred to as the partner organisation throughout. The partner organisation offers one-to-one

outreach support with housing and associated needs, and occupational and therapeutic groups. The partner organisation has adopted the PIE framework throughout all of their locations, supported by the recruitment of a clinical psychologist in each site. The organisation uses a coaching framework to support the individual interventions, however sites operate independently and access support and training through their clinical psychologist as deemed appropriate. The clinical psychologists provide regular reflective practice and supervision spaces, as well as offering consultation and individual therapy.

Patient and Public Involvement (PPI)

Members of the lived-experience advisory board at the partner organisation were approached for discussion and reflections on the research topic, procedure, and materials. The board consists of people with experience of homelessness who had previously or were currently accessing the partner organisation for support. Members of the advisory board provide consultation on a range of topics including the implementation of the PIE framework, research and evaluation, and policy development. The researcher met with members of the board for two hours and provided a copy of the research protocol, information sheet, consent form, topic guide for review prior to the meeting. Members of the board offered feedback that the topic area was of interest and would be relevant to the implementation of PIE within the organisation. They requested changes be made to some of the language in the topic guide for interviews in order to make it more accessible to people who may have difficulties with literacy. The wording was altered, and further readability statistics were run on the topic guide to ensure accessibility. They advised that it would be important to ask about difficult, as well as positive experiences, in order to gain a well-rounded sense of the perspective of people experiencing homelessness. As a result, further prompts were added to the question regarding unhelpful or difficult conversations.

Ethical Considerations

Ethical approval for the study was obtained from the University of Sheffield Research Ethics Committee (Appendix A).

Participants

Purposeful sampling was used to recruit 16 participants for the study. Participants were sought from multiple locations with the UK, and participants with a range of experience, or multi-layered perspectives, were targeted for recruitment. Within the partner organisation participants may occupy dual roles, for example as a service user and a volunteer, or as someone with lived experience of homelessness and a staff member. As such, data from all participants has been analysed together, to appreciate the multiple perspectives brought to the research question. Participants were recruited to interview if they met the criteria outlined in Table 1. All participants were adults and lived or worked in four locations across the UK. 11 of the participants were staff members, employed in a variety of roles at the partner organisation including tutors, coaches, clinical psychologists, and volunteers. Of the 11 staff members, three explicitly identified having lived experience of homelessness. Five of the participants were currently accessing services at the partner organisation. Further demographics are represented collectively to maintain anonymity of the participants, as discussed with the lived-experience advisory board. Of the 16 participants, 11 were male, 6 identified themselves as White British, and 14 were currently securely housed. The most common age range was between 31-40 years old, with a range between 27-70 years old. Length of time working for the partner organisation ranged from three months to 10 years, whereas the range for length of time accessing the partner organisation was between five months and two years.

Table 1.

Inclusion criteria

Inclusion criteria
Servicers or staff members who are, or have been, receiving or providing support within the associated national charity ^a .
Service users who had dropped out of support programmes prior to completion.
Service users or staff members with an adequate level of spoken English to enable them to understand the research process and give informed consent.
Service users who had been assessed by their key worker as being able to cope with the demands of an interview, especially with regards to any mental health or substance use concerns

^aSupport was deemed to include any of the one to one support streams including progression coaching, housing, or learning support.

Saturation was not deemed to be an appropriate assessment of the data for this study, as the aim was to explore different perspectives from a heterogeneous sample whereby saturation may never be achieved (Braun & Clark, 2021b). Instead, the concept of information power (Malterud et al., 2016) was used to assess the data throughout the recruitment process, whereby the research aims, case specificity and quality of the dialogue are used to assess whether further participants must be recruited (Malterud et al., 2016). Data was deemed to have sufficient information power (Malterud et al., 2016) after 16 interviews.

Procedure

Participants were approached through the partner organisation. A poster (Appendix B) was circulated to all staff members alongside the information sheets designed for either staff members (Appendix C) or service users (Appendix D). Service users were approached by staff members and given the information sheet and researcher contact details. All participants had an informal discussion with the researcher prior to the interview date to discuss confidentiality and safety, and all provided either written or electronic consent (See Appendix E for sample consent form). Participants were given the choice of either a remote video-conferencing or telephone interview or an in-person interview.

Participants engaged in a one-to-one, semi-structured interview with the researcher. Interviews lasted between 17 and 75 minutes. A topic guide (Appendix F) was used throughout the interviews, to allow participants to develop the conversation further and avoid interviews becoming overly rigid.

All interviews were audio-recorded using an encrypted Dictaphone and transcribed by the researcher.

After completing the interview time was allowed for a debrief discussion with the researcher. All participants were entitled to a £10 Tesco or Amazon voucher.

Quality and Rigour

Considering Elliott et al.'s (1999) guidelines for ensuring credibility in qualitative research, alongside Braun and Clarke's (2021a) tool for evaluating the quality of reflexive TA, a series of checks, outlined in Table 2, were implemented to ensure the quality and rigour of this study.

Analysis

Within reflexive TA there are six recursive phases which the researcher moves between in a non-linear fashion, revisiting previous phases to enrich and develop later phases (Braun & Clark, 2022). Although these are presented in a linear fashion below, analysis was an iterative process, whereby the researcher moved between phases as needed within the process.

Analysis begins with familiarisation, whereby the researcher read through the transcripts multiple times to become familiar with each account. During familiarisation separate reflective notes were taken (see Appendix G for an example) as the researcher noticed points of interest or potential patterns amongst transcripts. These then inform, but do not preclude coding in the second phase. Coding involves reading through all the transcripts and ascribing code labels to points of interest to the research question. Coding was undertaken in multiple phases to develop codes, for example in coding all transcripts in order of interview, in reverse order and also from the mid-point backwards and forwards (see Appendix H for an example). Codes were then used to develop initial themes, or patterns of meaning across the data (see Appendix I for an example). Themes were then developed by revisiting the transcripts and reflective familiarisation notes, and through discussion with the research supervisor. Themes were then refined, defined, and named. Finally, the creation of a narrative to describe the analysis and themes development is

Table 2.

Elliott et al. 's (1999) criteria for quality assessment in qualitative research

Guideline	Application to current study
Owning one's perspective	The researcher addressed their own bias and experiences within the reflexive statement (Appendix J), and a reflective log was kept throughout the process (Appendix K).
Situating the sample	Demographic data for the sample is presented to allow the reader to understand the participant's context.
Grounding in examples	Direct quotations are included throughout the results section of the report.
Providing credibility checks	Pilot interviews were conducted. Feedback was offered by the pilot participants on the interview style, topic guide (Appendix F), and transcripts were used to aid reflection in research supervision. Codes and themes were discussed with the research supervisor, to aid the reflective process. Member checking and secondary coding were not implemented, as these did not fit with the critical-realist epistemological stance. Member checking does not fit with an acknowledgement of researcher subjectivity (Morse et al., 2002). Braun and Clarke's (2021a) checklist to assess the quality of reflexive TA was also applied (Appendix L).
Coherence	The development of the analysis is clearly presented (Appendices G, H, I), and the results are reported in a clear and concise manner.
Accomplishing general vs specific research tasks	The findings of the study are limited to the perspective of those who participated, and the time at which they participated. The researcher discusses broader implications of these findings, but does not aim to provide generalisable results, in line with good practice for reflexive TA (Braun & Clark, 2021a).
Resonating with readers	The implications for clinical practice and further research are discussed.

considered the final part of the interpretation, where further developments and refinement are completed.

Reflexivity

Reflexivity is an integral part of the research process when using reflexive TA, particularly as the researcher is acknowledged to be an “outsider” researcher (Braun & Clark, 2022). A full reflexive statement can be found in Appendix J and a reflective log (see Appendix K for an excerpt) was kept throughout the process in order to examine the ways in which the researchers background, experiences, and assumptions were influencing each stage of the process.

Results

Reflexive thematic analysis was conducted by the researcher on the entire dataset. From this, four themes and eight sub-themes were identified. These are organised as detailed in Table 3. Participant contribution to themes is outlined in Table 4. Core facilitators of helpfulness were identified as “meeting basic needs, providing practical support”, “acknowledging and addressing the power imbalance”, service users feeling like “more than just a ticket in a system – getting to know me as a person”, and “focusing on connection”. Acknowledging and addressing the power imbalance was achieved by “giving or being offered choice”, demonstrating “respect and honesty”, and the non-statutory status of the organisation giving staff power to advocate on behalf of service users in the wider system, “‘Fighting’ for service users’ needs”. Participants felt like “more than just a ticket in a system” when they were able to get to know one another, “spending time, building trust”, “developing a foundation of understanding” and experiencing a “genuine embrace of care and community”. Focusing on connection was achieved by allowing space for staff and service

Table 3.

Main themes

Theme	Sub-themes
Meeting basic needs, providing practical support	
Acknowledging and addressing the power imbalance	Giving or being offered choice Respect and honesty 'Fighting' for service users' needs
More than just a ticket in a system – knowing me as a person	Spending time, building trust Developing a foundation of understanding An embrace of genuine care and community
Focusing on connection	When staff are human, we build better relationships Staff are flexible – boundaries are not brick walls

Table 4.

Participant contribution to themes

	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13	P14	P15	P16
Meeting basic needs, providing practical support	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Acknowledging and addressing the power imbalance	√	√	√		√	√	√	√		√	√	√	√	√		
Giving or being offered choice	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Respect and honesty	√	√	√	√	√	√	√	√	√	√	√	√	√		√	√
'Fighting' for service users' needs	√		√		√	√	√		√	√			√			
More than just a ticket in a system – knowing me as a person	√	√		√	√		√	√	√	√		√	√		√	√
Spending time, building trust	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Developing a foundation of understanding	√	√	√	√	√	√	√	√	√	√	√	√	√		√	√
An embrace of genuine care and community		√		√	√			√	√	√	√			√		√
Focusing on connection	√	√	√	√	√	√	√	√		√		√	√	√	√	
When staff are human, we build better relationships	√	√		√	√	√		√	√	√	√	√	√		√	√
Staff are flexible – boundaries are not brick walls	√	√	√			√	√			√		√	√			√

users to be human, “When staff are human, we build better relationships”, and encouraging flexibility, “Staff are flexible - boundaries are not brick walls”.

Meeting Basic Needs, Providing Practical Support

Participants discussed the importance of providing practical support. This included meeting basic needs to allow for people to engage appropriately in the support offered.

“you can’t learn if you’re absolutely knackered or if you’re absolutely starving and your ... basic needs aren’t being met” P9

However, practical support was also important in keeping people engaged, as this was often their primary reason for contact with the service.

“it’s the reason I’ve found accommodation through [the organisation] ... I’m trying to get a bus pass now ... all sorts of stuff that ... they’ve helped with since I’ve been ... engaging with them” P14

Being able to provide practical support might also be validating for staff members, helping them to feel as though they are making a difference to lives of the people they support, in a system which often leaves people stuck.

“for example getting them food bank vouchers if they’re struggling for money or hooking them up to local services ... I really like doing that stuff ... I find ... they’re very tangible to see the results ... of those conversations ... it’s always like ... really positive outcomes ... kind of reflects on my need to be validated” P9

Acknowledging and Addressing the Power Imbalance

Staff interviewed acknowledged that there was a power imbalance in their relationships with clients.

“actually if you think about the relationship between the worker and ... the client or whatever you want to call them ... there’s a massive power imbalance between the two and we always knew that” P1

Some staff hypothesised that this, at least partially, could be exacerbated by the basic needs of clients which are tied up in their support from services.

“you know if your home is tied up in all this... you know you don’t wanna say to people who are helping you no I don’t wanna do that” P5

Staff and clients spoke about a variety of ways in which they could address the power imbalance, on a personal and system level, which are outlined in the below subthemes.

Giving or Being Offered Choice

The importance given to client choice within the organisation was highlighted as core to addressing the power imbalance in the relationship. Participants discussed this as being embedded within the organisation across all of their interactions.

“they’re ... very encouraging but quite open to you saying ... no that’s not for me ... which I have done with things that they’ve suggested ... it’s completely up to us ... what services we use and what we don’t” P2

This appeared to be a different experience for participants, when compared with a wider system which did not allow for preferences or autonomy. Participants spoke about experiences with other services where referrals had been made without their knowledge, which conveyed a lack of trust in their judgement and a lack of respect for their knowledge of their own needs. It’s possible that the experience of being given choice and having that choice respected, rather than pushed, conveyed respect for service users as people, rather than seeing them as an amalgamation of their problems.

“they won’t push it so if you say no it’s no” P8

Respect and Honesty

Participants also spoke about honesty and respect as key to a more equal relationship.

“we couldn’t meet every expectation ... but being you know ... honest about that ... and not labouring it either ... moving on” P1

This conveyed a sense of respect, felt by both staff and service users, which enables them to work alongside and learn from one another. This sense of “working together”, expressed below, reflects a move towards a more equitable relationship whereby there is a resistance to “doing for” the service user, in favour of “doing with”.

“I try and make it as equal as possible ... so I treat ...them like an equal ... with the same respect that I would another professional ...” P4

“he just treats everyone the same you can see within that environment ... working alongside someone like that ... I can learn a lot ...” P3

‘Fighting’ for Service Users’ Needs

Participants spoke about the organisation’s non-statutory status as giving power to fight for clients in a system which often marginalises them further.

“that gives us this ... I like to call it sharp elbows ... it gives us this real power to fight ... for our members ... in any way we can” P6

Non-statutory status was identified as giving the organisation independence, allowing them to go beyond “ticking boxes” to provide the support necessary.

“they are sort of a ... a non-government organisation but they have enough independence to say well ... maybe we can help people move on” P7

“I’m not going to rush them into doing things that they don’t want to do to tick a box to get them gone ... to get the next one in” P10

Participants highlighted the context of austerity, stigma, and hostility towards people experiencing homelessness within the wider system and society, for example, being unable to register with a general practitioner (GP) due to having no fixed abode, as necessitating the use of “sharp elbows”. There was a sense that independence of the organisation enabled them to think creatively and to challenge systemic barriers on behalf of service users without fear of funding-related repercussions. Battle metaphors, such as fighting, were used by participants suggesting a potential struggle or overwhelm at the hands of further stigmatising and marginalising systems.

More Than Just a Ticket in a System – Knowing Me as a Person

*“you feel like you’re a number you feel like you’re ... a ticket within a system and you know ... you’ve got an expiry date ... with [the organisation] you don’t feel like that”
P8*

Participants spoke about being treated differently within the current organisation, when compared with wider services. The concept of feeling as though you are a “ticket within a system” conveys a sense of dehumanisation and of being perceived as a number, or as part of a process, rather than as a person with qualities, values, and perspectives. The suggestion that within other services people experiencing homelessness have an “expiry date” relates to a sense that you are not given the time or space to unpick the multi-layered and intersecting experiences which led to you becoming homeless, rather you are expected to meet certain milestones in a service-defined time frame, which does not acknowledge your needs.

“I’m not saying it’s necessarily [the organisation] but ... on some of the housing agencies in [city] you get put into bands and if you don’t get enough points you’re too low down the list nobody will try” P7

This sense of being reduced to a “points” system was also expressed by other service users, reinforcing that sense of dehumanisation and lack of individuality and autonomy.

One of the core aspects identified as helpful within the partner organisation’s approach was the time spent building trust, getting to know and understand service users, alongside genuine care and compassion for their experience.

Spending Time, Building Trust

Participants identified one way in which they became “more than just a ticket in a system” within this organisation as being reflected in the time spent developing trusting relationships and getting to know one another. There was a sense that developing trust takes time, possibly due to the previous traumatic life events of people experiencing homelessness, or due to their experience of other services.

“you’ve spent a lengthy period of time with them so you’re gaining that trust over and over and over again” P8

“she was just so ... moved by ... you know somebody had bothered to sit down with her [laughs] you know and shown her a couple of chords on the guitar and spent some time with her really with her ... just focused on her ...” P12

Participants painted a picture of time as a valuable resource, given freely within the organisation and spent focusing on the needs identified by the client. Participant 12’s quote above represents a sense that spending time provided an important counter to the dehumanisation frequently witnessed by staff in this sector.

This freedom to spend time on relationships was also valued by staff members, in giving them the reflective space to prepare and debrief after difficult conversations, as well as helping them to feel satisfied in their work.

“I do prefer having more time and space to have the conversations but also to prepare for the conversations and also to debrief from the conversations and reflect on them” P13

“I really like the fact that we’ve ... worked the length that we have and be able to have ... the relationship is massively important to me” P4

This suggests that the value given to relationships is embedded throughout the culture of the organisation and allows staff to approach potentially challenging conversations from a position of reflection and psychological awareness.

Developing a Foundation of Understanding

Participants spoke about a foundation of understanding people’s historical and current contexts as an important aspect to build helpful relationships, for both staff and service users.

“now I understand why and now ... it’s better for me cos now I’ve got the torch and we’re testing that ground out between us” P1

Participant 1 describes the process of working out what will be helpful as “going along a path together, testing out the footing”. The “torch” represents an understanding of the service user’s context, and how this might be enacted in their relationship as they try to navigate the “path” of the housing system. Understanding and psychological awareness are seen as illuminating potential strengths and difficulties they might face as they journey together and suggests a sense of being alongside one another and learning together in the process.

This foundation of understanding enabled staff to position themselves in the most helpful way to support clients.

“these members could have really quite traumatic ... backgrounds ... you’re not there to ... speed them up on their work ... you know you’re there to ... help them and support them” P15

This position was felt by clients as a consistent “guiding light” of their work with the staff members, as opposed to previous experiences with family and services.

“at no point do I feel like [staff member name] has done that just going oh well you’re just being silly ... there’s always been a little bit of trying to work out where that’s come from” P2

An Embrace of Genuine Care and Community

Participants spoke about how genuine care for clients was built into the ethos of the organisation.

“there’s just such a lovely ... inclusive supportive non-judgemental environment ... and accepting you are who you are” P11

This was felt to be reflected in the approach towards clients, considering their relational safety, as well as the consideration given to physical spaces and safety.

“I think having people ... who care in so many different ways is felt very strongly ... I think that attention to so many domains ... is probably experienced as very much a sort of ... embrace almost” P5

“I’ve just shifted my classes there and ... it’s just been much nicer ... environment for us to ... just to relax in and classes feel like just a relaxed chat and then they start learning ... rather than ... them being kind of in this formal environment” P9

This approach gave rise to a sense of community amongst the staff and clients, which although offered some respite from the experience of marginalisation in wider society, may also make it harder to move on from the organisation.

“[the organisation] do become such a central part of your life ... and very quickly as well ... in a good way ... but then when you haven't got other parts of society you can branch out to it makes moving on a little bit difficult ...” P2

Focusing on Connection

Participants highlighted the importance of human connection, above the other potential goals of the work together.

“it's that human connection ... when I've heard [client name]'s story I believe that's more important than some of the other work ... I think it's more important for me to have a human conversation with him” P10

This was thought of as being a different experience to that which homeless people might usually expect. This again highlights the dehumanisation of people experiencing homelessness within wider society, and the importance of re-dressing this within homelessness services.

“just treating people as human beings ... giving people the space to just ... be themselves for a little bit ... where they're not out on the streets being moved on by ... the police or abused by passers-by or looking for the next place to stay that night you know it was just a little oasis of being ... normal” P12

Being human was also applied to staff, in a willingness to own mistakes and an acceptance that we are all learning in relationships at all times. This may link to the previous

theme regarding building trusting relationships, as being a ‘flawed’ human could be both a facilitator to developing trust and resulting from a trusting relationship.

“I think ... no one’s going to be perfect there’s only so much and a lot of its trial and ... error ... I was learning ...” P15

When Staff are Human, we Build Better Relationships

It was identified that in order to build good relationships, sharing something of yourself was important.

“they’re telling me a lot of personal stuff and we go into where I’m going this weekend with my wife and on holiday but just little bits like that ... it’s that element of human from them just being ... a person that’s coming in” P10

“I said ... we all get agitated and stressed about different things ... and I said to him as an example and I think this was ok ... I said to him I personally get really stressed about driving around roundabouts ... so he gave me advice ... and I think he felt he had something to give” P16

Despite this appearing to be integral in building relationships, participants also expressed some hesitation about sharing, as noted above by Participant 16. This could suggest that reflection and supervision are vital in developing an understanding of the appropriate level of self-disclosure, for example, thinking about the potential benefits and harms of sharing information. Alternatively, this hesitation could reflect a Westernised, individualistic culture which does not place value on shared experiences or the use of self in relationships, which can be re-enacted within “professional” relationships.

Participants spoke about more meaningful or helpful conversations arising from these kinds of relationships.

“the fact that we’d got that relationship meant that we could have such a meaningful conversation” P4

Relationships were seen as sustaining and supportive. This could link to the previous theme regarding a sense of community, as the connection with other people becomes a source of emotional and social support, rather than simply a channel through which “tasks” get completed.

“so actually it became less around running a project... and much more at that point about sustaining ... and supporting each other through a really difficult time” P1

Staff are Flexible - Boundaries are not Brick Walls

Although participants generally felt that being human led to deeper relationships and more helpful interactions, it is also not without challenges. Careful reflection on boundaries, as well as an understanding of boundaries as flexing and moving with the needs of the situation were also noted.

“there’s ambiguity all the time ... and you just have to understand where ... those boundaries are ... but that those boundaries aren’t hard ... brick walls” P12

Participants discussed the ethical implications of this flexibility, and the weight of this consideration on their practice. The values of the organisation, individuals working within the organisation, and a culture of reflexivity and person-centred care were deemed to be important in support staff members to navigate possible ethical dilemmas and ensure that the boundaries placed were containing, rather than punitive.

“I think every day is like an ethical conundrum ... over things that maybe seem trivial but represent a wider ... value base or wider stance ... every day is like ... what’s my value base is always useful or ... that rule of ... if 90% of your colleagues would have

done the same thing in that situation then you're probably not too far wrong ... and that very much relies on a culture ... that's not too ... punitive ...” P13

Discussion

This study aimed to explore the perspectives of people experiencing homelessness and their key workers on what makes a helpful interaction with PIEs. Findings suggest that helpfulness is encompassed in the provision of practical support, an acknowledgement and attempt to address the power imbalance, being seen and treated as a person, and a focus on connecting with one another.

Meeting Basic Needs, Providing Practical Support

This theme encompasses the need for participants to provide and receive practical support. For service users, participants suggested that this aids engagement and alters the material problems of homelessness. For staff, it is suggested to be an important part of feeling useful, within a wider system of frustration and barriers.

The practical support needs of people experiencing homelessness are not well explored in the existing literature. For example, a recent synthesis of literature pertaining to improving the social conditions of people with mental health problems found only one article focusing on money management (Elbogen et al., 2016), where much of the other literature focused on changing cognitions, supporting socialisation, and managing emotions (Barnett et al., 2022). Housing First, an approach first developed in the United States (US) in 1992 but increasingly implemented in other Western countries, attempts to address these needs from a harm minimisation stance. Under Housing First principles, housing is seen as a basic right and a platform from which all other needs can be met (Homeless Link, 2017). Research highlights service users' satisfaction with this flexible and open-ended approach but does not

explore service user perspectives on the ways in which the practical support elements of the approach impact on lives (Bretherton & Pleace, 2015).

Being able to provide practical support and receiving tangible outcomes of their work may be protective for staff working in this high stress environment. This is consistent with the personal accomplishment area of the Maslach Burnout Inventory (MBI; Maslach & Jackson, 1981a), whereby staff who feel accomplished and helpful in their work are better able to manage stressors leading to burnout. Given the higher rates of secondary traumatic stress (STS; Schneider et al., 2021) demonstrated in frontline homelessness services staff, future research may benefit from exploring the link between practical support and staff burnout or stress further.

Acknowledging and Addressing the Power Imbalance

This theme explores the ways in which individual staff members and the organisation acknowledge and work to re-dress the power imbalance in their relationship with service users. Key elements were defined as providing choices, being respectful and honest, and using the organisational power to fight for service users' needs in the wider system.

This theme is consistent with the Power Threat Meaning Framework (PTMF; Johnstone & Boyle, 2018), in that the PTMF places a focus on exploring the ways in which power has and is operating in the lives of service users. Within the partner organisation, service users are understood within the context of their lives ('what has happened to you?'; Johnstone & Boyle, 2018), and the impact of limited access to material and legal power, and social capital is addressed within the work. The PIE framework (Keats et al., 2012; Johnson, 2018) and the current study acknowledge how building respectful and honest relationships can become a source of interpersonal power (Johnstone & Boyle, 2018), which may have

been lacking in the lives of people experiencing homelessness, through previous trauma and disenfranchisement.

In the current study this goes beyond exploring the impact of power on an individual level, and also features in how staff resist the forces of power with, and on behalf of, service users (Afuape, 2016). This is consistent with previous literature which calls for a move away from an individualised approach in homelessness (Afuape, 2016; Vandenburg et al., 2021). Hodgetts et al. (2014) describe how re-integration of rough sleepers into poor quality, exploitative housing systems leads people to “fail” to maintain a tenancy, whereas a critical examination of the housing system and collective action aimed to change the exploitative nature of the system could provide long-term, secure housing. The importance of choice, highlighted in this study, reflects previous research in mental health. Rose (2018) argues that goals set by mental health services are typically influenced by neoliberal ideology, and thus often perpetuate an individualised, disempowering relationship, and argues instead that “goals” must be defined by the individual themselves. This is consistent with previous work conducted by Campbell et al. (2021), which suggested that people experiencing homelessness valued space to discover what a meaningful life meant to them, supported by people who were caring, compassionate, and not pushing them to “recover” in a particular way.

More Than Just a Ticket in a System – Getting to Know Me as a Person

This theme addresses the ways in which participants felt the organisation treated them differently than they had been treated by the wider system. Developing relationships in which they were seen as a person was highlighted as a key element of helpfulness and included being able to spend time getting to know each other, building from a foundation of understanding, and feeling genuinely caring and cared for.

This theme supports the focus on relationships throughout the PIE framework (Keats et al., 2012; Johnson, 2018), and specifically the sub-theme of “developing a foundation of understanding” links directly to the principle of psychological awareness (Keats et al., 2012; Johnson, 2018). Previous research suggests that staff training and reflective spaces are key in supporting the development of psychological awareness (Benson & Brennan, 2018; Buckley et al., 2021; Cornes et al., 2014; Phipps et al., 2017). Participants in the current study spoke about the importance of personal characteristics in developing understanding. Future research may benefit from exploring the interaction between personal values and staff training, and the subsequent impact on service user experience.

Time is a concept which has not been widely explored in the PIE or homelessness literature, however seemed to be a consistent factor cited as contributing to helpfulness in the current study. Time spent building relationships and accessing support is not explicitly covered in the PIE framework (Keats et al., 2012; Johnson, 2018), however future research could explore the role of time, or how time is used, to expand upon the findings of the current study.

Focusing on Connection

This theme incorporates concepts related to developing genuine connections between staff and service users. This includes the importance of being human and sharing some of yourself, alongside flexibility and an understanding of boundaries as changeable.

Therapist self-disclosure is a controversial issue within the psychotherapy literature, however a recent meta-synthesis linked therapist self-disclosure with enhancing the therapeutic relationship, improving service user mental health, and perceptions of overall helpfulness (Hill et al., 2018). Findings from the current study appear to support the previous literature, suggesting that key workers sharing something of their own life can bring a new

depth to their relationship with people experiencing homelessness. Participants noted that this community are frequently at risk of abuse or discrimination, and therefore being vulnerable in a relationship may be more difficult. It is possible that modelling an acceptance of staff members' own humanity provides space for service users to explore their own vulnerability in a safe way. Further research into the experience of self-disclosure within this sector would be beneficial in developing a better understanding of the ways in which this can be helpful, or any potential challenges.

Flexibility was further highlighted as an important facet of helpfulness and building connections. This supports previous research by Campbell et al. (2021), whose participants highlighted that staff members who 'bent the rules', acting with compassion and understanding, were perceived as more helpful on people's journeys out of addiction and homelessness. The findings from the current study also provide further support for the inclusion of formal and informal reflective practice as a fundamental aspect of the PIE framework (Keats et al., 2012; Johnson, 2018), as participants highlighted a need for space to think through decisions, and a culture which allows responsiveness to individuals.

Limitations and Future Research Directions

Although the present study makes a valuable contribution to the current literature base regarding PIEs, there are some limitations to be addressed.

Firstly, participants volunteered to take part and therefore may not represent the full range of experiences. For example, although people who had dropped out of the organisation's support were not excluded, none were recruited to participate. As recruitment took place through the organisation, it is likely that advertisement materials did not reach these individuals. Attempts were made to explore challenging conversations or experiences within this context, and some of this is addressed in the analysis, however individuals who

have refused or left this support may have a different perspective on the support they received. Therefore, future research might benefit from exploring the perspectives of individuals who have not found a PIE beneficial, to further develop an understanding which can be practically applied.

Furthermore, the consent rate for the current study was relatively low, with 41% of those who expressed initial interest not completing an interview. It was beyond the scope of the current study to explore the reasons for this however, inclusion of this data may better situate a sample and provide context for the perspectives explored. Only five participants identified that they were currently accessing services at the partner organisation, and therefore the service user narrative in the present study may be limited. Recruiting people experiencing homelessness to participate in research can be difficult due to distrust of services, social withdrawal, or simply other pressing demands in their lives (Strehlau et al., 2017). Attempts were made to ensure the process was accessible⁴, however future research may benefit from an alternative recruitment strategy in order to capture an in-depth understanding of the perspectives of this population.

The involvement of the lived-experience advisory board was a strength of the current study however, true coproduction was not achieved as the board were not involved in the research design or analysis. Beebeejaun et al. (2015) argue that good reflexive practice in research aspires to work alongside participants and communities, empowering marginalised individuals to take ownership of narratives constructed about their community. Future research would benefit from a greater degree of coproduction.

⁴ For example, the researcher made themselves available for informal conversations about the study, visited sites to begin to form relationships, and offered a range of availability and modalities for completing interviews.

It was beyond the scope of the present study to explore the impact of the COVID-19 pandemic however this was raised by some participants. The impact of restrictions on people experiencing homelessness has been researched more broadly (e.g., Abramovich et al., 2021; Auerswald et al., 2022; Corey et al., 2022), and future research could explore the impact of the pandemic on the core relational domains noted in this study.

Implications for Clinical Practice

The present study provides further supporting evidence for the implementation of PIE in the homelessness and housing sector. Core aspects from the PIE framework (Keats et al., 2012; Johnson, 2018), including psychological awareness or understanding, focusing on connections and relationships, and responsiveness and flexibility were highlighted by participants as facilitating helpfulness. The role of practical support identified within this study further supports the implementation of Housing First, but the importance of embedding this within a PIE requires further exploration.

The power imbalance is not currently specifically addressed within the PIE framework (Keats et al., 2012; Johnson, 2018), and findings from this study suggest that this may play an integral role in how helpful services are perceived to be. This would be of relevance to services directly supporting people experiencing homelessness in considering the ways in which the care they provide challenges, or submits to, the oppressive systems which continue to discriminate and disempower the homeless community. This should also be considered at a political level, to consider the ways in which the voices and opinions of people experiencing homelessness can contribute to policy development and implementation, especially when considering the broad range of needs of this group.

The contrast between participants experiences of this non-statutory organisation and other organisations within the wider system is stark. Experiences of feeling like “a ticket in a

system” demonstrate a lack of person-centred care, and the way in which stigma and socio-political issues contribute to the dehumanisation and marginalisation of people experiencing homelessness. Services, including those outside of the direct provision of homelessness support, may better serve this community by examining their policies and procedures and exploring the way in which they interact with people experiencing homelessness. An understanding of trauma would be vital at every level, in order to provide an accessible and equitable service to this community.

Conclusion

This study found that practical support, addressing power, treating service users as people, and focusing on connection were deemed to be central to the helpfulness of accessing or working in a PIE. Limited barriers were identified, and future research would benefit from exploring the perspectives of people who have not accessed, or have ceased to access, PIEs in order to gain a better understanding of the associated difficulties.

Overall, this study provides support for the ongoing implementation of PIE, with a focus on psychological awareness and understanding, relationships, reflective practice, and flexibility and responsiveness. The inclusion of power and addressing the ways in which power operates in the lives of people experiencing homelessness, requires further research to understand fully.

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Appendix A – Ethical Approval Letter



Downloaded: 26/05/2022
Approved: 12/07/2021

Rose Martin
Registration number: 190217895
Psychology
Programme: DCLinPsy

Dear Rose

PROJECT TITLE: What makes a helpful conversation? Exploring the perspectives of people experiencing homelessness and their key workers.

APPLICATION: Reference Number 041121

On behalf of the University ethics reviewers who reviewed your project, I am pleased to inform you that on 12/07/2021 the above-named project was **approved** on ethics grounds, on the basis that you will adhere to the following documentation that you submitted for ethics review:

- University research ethics application form 041121 (form submission date: 29/06/2021); (expected project end date: 31/08/2022).
- Participant information sheet 1093073 version 1 (09/06/2021).
- Participant information sheet 1093074 version 1 (09/06/2021).
- Participant consent form 1093075 version 1 (09/06/2021).

The following amendments to this application have been approved:

- Amendment approved: 13/10/2021

If during the course of the project you need to [deviate significantly from the above-approved documentation](#) please inform me since written approval will be required.

Your responsibilities in delivering this research project are set out at the end of this letter.

Yours sincerely

Department Of Psychology Research Ethics Committee
Ethics Administrator
Psychology

Please note the following responsibilities of the researcher in delivering the research project:

- The project must abide by the University's Research Ethics Policy: <https://www.sheffield.ac.uk/rs/ethicsandintegrity/ethicspolicy/approval-procedure>
- The project must abide by the University's Good Research & Innovation Practices Policy: https://www.sheffield.ac.uk/polopoly_fs/1.6710661/file/GRIPPpolicy.pdf
- The researcher must inform their supervisor (in the case of a student) or Ethics Administrator (in the case of a member of staff) of any significant changes to the project or the approved documentation.
- The researcher must comply with the requirements of the law and relevant guidelines relating to security and confidentiality of personal data.
- The researcher is responsible for effectively managing the data collected both during and after the end of the project in line with best practice, and any relevant legislative, regulatory or contractual requirements.

Appendix B – Advertisement for Study

We are looking for Crisis members and staff to take part in a research project

My name is Rose, and I am a trainee psychologist at Sheffield University.



I am really interested in the conversations that take place between Crisis Staff and Members. I especially want to know more about what makes those conversations helpful for people. I am doing a research project as part of my course, and I will be interviewing members and staff to talk about what makes their conversations helpful. We are also hoping that this will help to develop the service.

Who can take part?

If you have used Crisis services, or work in Crisis currently, we would like to speak to you about your experiences.

What do you have to do?

We would like to interview people, for about an hour, about their experiences of conversations in Crisis. We want to hear your honest opinion.

£10 voucher available to every participant.

If you would like to take part, please speak to your coach or contact Rose Stratton (rstratton1@sheffield.ac.uk) for more information.

This study has received ethical approval from the University of Sheffield's Psychology Research Ethics Committee

Appendix C – Information Sheet for Staff Members



Participant Information Sheet

What makes a helpful conversation? Exploring the perspectives of people experiencing homelessness and their key workers.

You are being invited to take part in a research project. Before you decide whether or not to take part, it is important to understand why we are doing this project and what we are asking you to do.

Please read this information in your own time. You can talk about it with other people if you want to.

Please ask us if you have any questions or if you would like more information.

1. What is the reason for the project and why is it important?

We would like to talk to people about their experiences of conversations with service users at Crisis Skylight. We want to use this information to improve the support offered to people experiencing homelessness.

2. Why have I been chosen?

You have been invited to take part as you are employed by Crisis Skylight.

3. Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep. We will ask you to sign a consent form that records that you agreed to take part. You can withdraw at any time without explaining your reasons. If you choose not to take part this decision will not affect the care you receive.

4. What will happen if I take part? What do I have to do?

If you agree to take part, we will arrange a time to meet with you and conduct an informal interview.

How and when would the interview happen?

- The interview will last no longer than an hour.
- During the interview we will ask you some questions about your experiences of talking with service users.
- Before the interview you will be asked some basic information about yourself, for example your age. You do not have to answer these questions and can still take part without answering them. If you do answer these questions, they will also be anonymous and will not include your name or any other information that would identify you.
- The interview will be audio recorded. Once the recording has been typed up, the recording will be destroyed.
- It is up to you what you talk about and you can choose not to answer any question if you do not feel comfortable.
- The interview will happen somewhere easy for you to get to, or by phone if COVID-19 restrictions stay in place.
- Information from these interviews will be written up into a report. You can have a copy of this report if you want it. The report will form part of the researcher's qualification in their doctorate in Clinical Psychology. It might also be published in a journal. You will not be identified in any reports or publications.



- You will be offered a £10 voucher for taking part. You do not have to accept this. If you do want the voucher, you will be asked to fill out a receipt. This will be securely stored for 7 years by the University of Sheffield.

5. What are the possible disadvantages and risks of taking part?

We expect there to be low risks involved in the study. However, talking about some of your experiences might cause some discomfort or distress. If there are questions you find distressing or intrusive, you do not have to answer them. You can also leave the study if you wish. If you feel distressed during the interview, you can choose to stop at any time.

You can talk to the interviewer at the end about anything that might have bothered you. They can check if you have the support you need. We will let you know who to contact for support should you feel distressed as a result of talking to the researcher.

6. What are the possible benefits of taking part?

The information we get from this study may help us to improve the way services support people experiencing homelessness.

7. Will my taking part in this project be kept confidential?

All the information that we collect about you will be kept strictly confidential. It will only be accessible to members of the research team. You will not be able to be identified in any reports or publications. If you agree to share the information you provide with other researchers, then your personal details will not be included.

- The only time this may change is if you said something that suggested you or someone else was at risk.
- The researcher may have to discuss this with people outside of the research team, to ensure you are safe. Only the information related to risk would be shared, everything else would remain private.

8. What is the legal basis for processing my personal data?

According to data protection legislation, we are required to inform you that the legal basis we are applying in order to process your personal data is that 'processing is necessary for the performance of a task carried out in the public interest' (Article 6(1)(e)). Further information can be found in the University's Privacy Notice <https://www.sheffield.ac.uk/govern/data-protection/privacy/general>

9. What will happen to the results of the research project?

The researchers will listen to all the interviews, to find out what common themes people have talked about. These themes will be written up into a report. If you would like a copy of the final report, we can provide one.

10. Who is organising the research?

The research is being organised by the University of Sheffield.

11. Who has ethically reviewed the project?



This project has been ethically approved via the University of Sheffield's Ethics Review Procedure.

12. Payment for taking part

All participants are eligible to receive a £10 voucher for their participation. You can choose whether or not to accept this. If you choose to accept a voucher, you will be asked to sign a form confirming that you have received it. This form will be kept securely in a locked cabinet or as a digital copy for at 7 years after the end of the project, accessible by [University](#) finance and administrative staff for reference in the event of a financial audit.

13. What if I want to complain about the way the study has been carried out?

If you want to complain about this study, please contact the researcher (Rose Stratton) first. If you do not feel your complaint has been dealt with, you can contact the researcher's supervisor (~~Vyx~~ Huddy) or the Head of Department (Dr Liz Milne, e.milne@sheffield.ac.uk). You can also talk to your key worker, who can help you to make a complaint. If you need to complain about the way your personal information has been handled, you can find out how to complain here: <https://www.sheffield.ac.uk/govern/data-protection/privacy/general>

14. Contact for further information

If you have any questions, please contact:

Rose Stratton (rstratton1@sheffield.ac.uk)

~~Vyx~~ Huddy (v.huddy@sheffield.ac.uk)

Thank you for considering taking part.

Appendix D – Information Sheet for Service Users



Participant Information Sheet

What makes a helpful conversation? Exploring the perspectives of people experiencing homelessness and their key workers.

You are being invited to take part in a research project. Before you decide whether or not to take part, it is important to understand why we are doing this project and what we are asking you to do.

Please read this information in your own time. You can talk about it with other people if you want to.

Please ask us if you have any questions or if you would like more information.

1. What is the reason for the project and why is it important?

We would like to talk to people about their experiences of conversations with staff members at Crisis Skylight. We want to use this information to improve the support offered to people experiencing homelessness.

2. Why have I been chosen?

You have been invited to take part as you are being or have been supported by Crisis Skylight.

3. Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep. We will ask you to sign a consent form that records that you agreed to take part. You can withdraw at any time without explaining your reasons. If you choose not to take part this decision will not affect the [care](#) you receive.

4. What will happen if I take part? What do I have to do?

If you agree to take part, we will arrange a time to meet with you and conduct an informal interview.

How and when would the interview happen?

- The interview will last no longer than an hour.
- During the interview we will ask you some questions about your experiences of talking with your key worker.
- Before the interview you will be asked some basic information about yourself, for example your age. You do not have to answer these questions and can still take part without answering them. If you do answer these questions, they will also be anonymous and will not include your name or any other information that would identify you.
- The interview will be audio recorded. Once the recording has been typed up, the recording will be destroyed.
- It is up to you what you talk [about](#) and you can choose not to answer any question if you do not feel comfortable.
- The interview will happen somewhere easy for you to get to, or by phone if COVID-19 restrictions stay in place.
- Information from these interviews will be written up into a report. You can have a copy of this report if you want it. The report will form part of the researcher's qualification in their doctorate in Clinical Psychology. It might also be published in a journal. You will not be identified in any reports or publications.



- You will be offered a £10 voucher for taking part. You do not have to accept this. If you do want the voucher, you will be asked to fill out a receipt. This will be securely stored for 7 years by the University of Sheffield.

5. What are the possible disadvantages and risks of taking part?

We expect there to be low risks involved in the study. However, talking about some of your experiences might cause some discomfort or distress. If there are questions you find distressing or intrusive, you do not have to answer them. You can also leave the study if you wish. If you feel distressed during the interview, you can choose to stop at any time.

You can talk to the interviewer at the end about anything that might have bothered you. They can check if you have the support you need. We will let you know who to contact for support should you feel distressed as a result of talking to the researcher.

6. What are the possible benefits of taking part?

The information we get from this study may help us to improve the way services support people experiencing homelessness.

7. Will my taking part in this project be kept confidential?

All the information that we collect about you will be kept strictly confidential. It will only be accessible to members of the research team. You will not be able to be identified in any reports or publications. If you agree to share the information you provide with other researchers, then your personal details will not be included.

- The only time this may change is if you said something that suggested you or someone else was at risk.
- The researcher may have to report this to the staff at Crisis to look after your wellbeing. The researcher would talk to you about this. Only the information related to risk would be shared, everything else would remain private.

8. What is the legal basis for processing my personal data?

According to data protection legislation, we are required to inform you that the legal basis we are applying in order to process your personal data is that 'processing is necessary for the performance of a task carried out in the public interest' (Article 6(1)(e)). Further information can be found in the University's Privacy Notice <https://www.sheffield.ac.uk/govern/data-protection/privacy/general>

9. What will happen to the results of the research project?

The researchers will listen to all the interviews, to find out what common themes people have talked about. These themes will be written up into a report. If you would like a copy of the final report, we can provide one.

10. Who is organising the research?

The research is being organised by the University of Sheffield.



11. Who has ethically reviewed the project?

This project has been ethically approved via the University of Sheffield's Ethics Review Procedure.

12. Payment for taking part

All participants are eligible to receive a £10 voucher for their participation. You can choose whether or not to accept this. If you choose to accept a voucher, you will be asked to sign a form confirming that you have received it. This form will be kept securely in a locked cabinet or as a digital copy for at 7 years after the end of the project, accessible by [University](#) finance and administrative staff for reference in the event of a financial audit.

13. What if I want to complain about the way the study has been carried out?

If you want to complain about this study, please contact the researcher (Rose Stratton) first. If you do not feel your complaint has been dealt with, you can contact the researcher's supervisor (~~Vyx~~ Huddy) or the Head of Department (Dr Liz Milne, e.milne@sheffield.ac.uk). You can also talk to your key worker, who can help you to make a complaint. If you need to complain about the way your personal information has been handled, you can find out how to complain here: <https://www.sheffield.ac.uk/govern/data-protection/privacy/general>

14. Contact for further information

If you have any questions, please contact:

Rose Stratton (rstratton1@sheffield.ac.uk)

~~Vyx~~ Huddy (v.huddy@sheffield.ac.uk)

Thank you for considering taking part.

Appendix E – Consent Form



“What makes a helpful conversation?” Consent Form

<i>Please tick the appropriate boxes</i>	Yes	No
Taking Part in the Project		
I have read and understood the project information sheet, or the project has been fully explained to me. (if you will answer No to this question please do not continue with this form until know what being part of the project will mean.)	<input type="checkbox"/>	<input type="checkbox"/>
I have been given the chance to ask questions about the project.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to take part in the project. I understand that taking part in the project will include being interviewed which will be audio recorded.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that taking part is voluntary and that I can stop and remove my interview from the study at any time. I do not have to give any reasons for why I do not want to take part. There will be no consequences if I choose to stop.	<input type="checkbox"/>	<input type="checkbox"/>
How my information will be used during and after the project		
I understand my personal details such as name, phone number, or other contact details will not be given to people outside the project.	<input type="checkbox"/>	<input type="checkbox"/>
I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be named in these unless I ask to be.	<input type="checkbox"/>	<input type="checkbox"/>
I understand and agree that other authorised researchers will have access to this data only if they agree to keep the confidentiality of the information as asked for in this form.	<input type="checkbox"/>	<input type="checkbox"/>
I understand and agree that other authorised researchers may use my data in publications, reports, web pages, and other research outputs, only if they agree to keep the confidentiality of the information as asked for in this form.	<input type="checkbox"/>	<input type="checkbox"/>
So that the information you provide can be used legally by the researchers		
I agree to give the copyright I hold in any materials created as part of this project to The University of Sheffield.	<input type="checkbox"/>	<input type="checkbox"/>

Name of participant [printed]

Signature

Date

Name of Researcher [printed]

Signature

Date

Project contact details for further information:

Rose Stratton (researcher)

Rstratton1@sheffield.ac.uk

~~Vxx~~ Huddy (supervisor)

V.huddy@sheffield.ac.uk

Appendix F – Topic Guide

Thank you for meeting with me today. As we discussed previously, I'd like to learn more about your experience of providing/receiving support from X service. I'd like to get to know more about how you came to provide/use this service, what your experience of conversations with client/key worker was like, what you felt was beneficial about these conversations and any challenges you might have experienced. You don't have to talk about anything you don't wish to talk about, and you can ask me to clarify anything or stop the interview at any time.

Context of employment in/access to the service

- Can you tell me a bit about how you came to work in/access this service?
- Approximately how long have you been employed/supported by the service?
- How did you and client/key worker end up working together?

Descriptions of conversations

- How often do/did you meet together? Was there a focus of your sessions?
- Have you finished working together? How long have you been/did you work together for?
- What has your overall experience been of working with client/key worker? Did this fit with what you were expecting?
- Can you tell me about your relationship with client/key worker? Did this fit with what you were expecting?
- Can you give me some specific examples of conversations that were particularly meaningful to you? What impact did this conversation have on you?

Benefits of conversations

- What aspects of your conversations with client/key worker would you say were most helpful? Why is this? Did that fit with your expectations prior to providing/receiving this support?
- What was important in helping you to have these conversations?

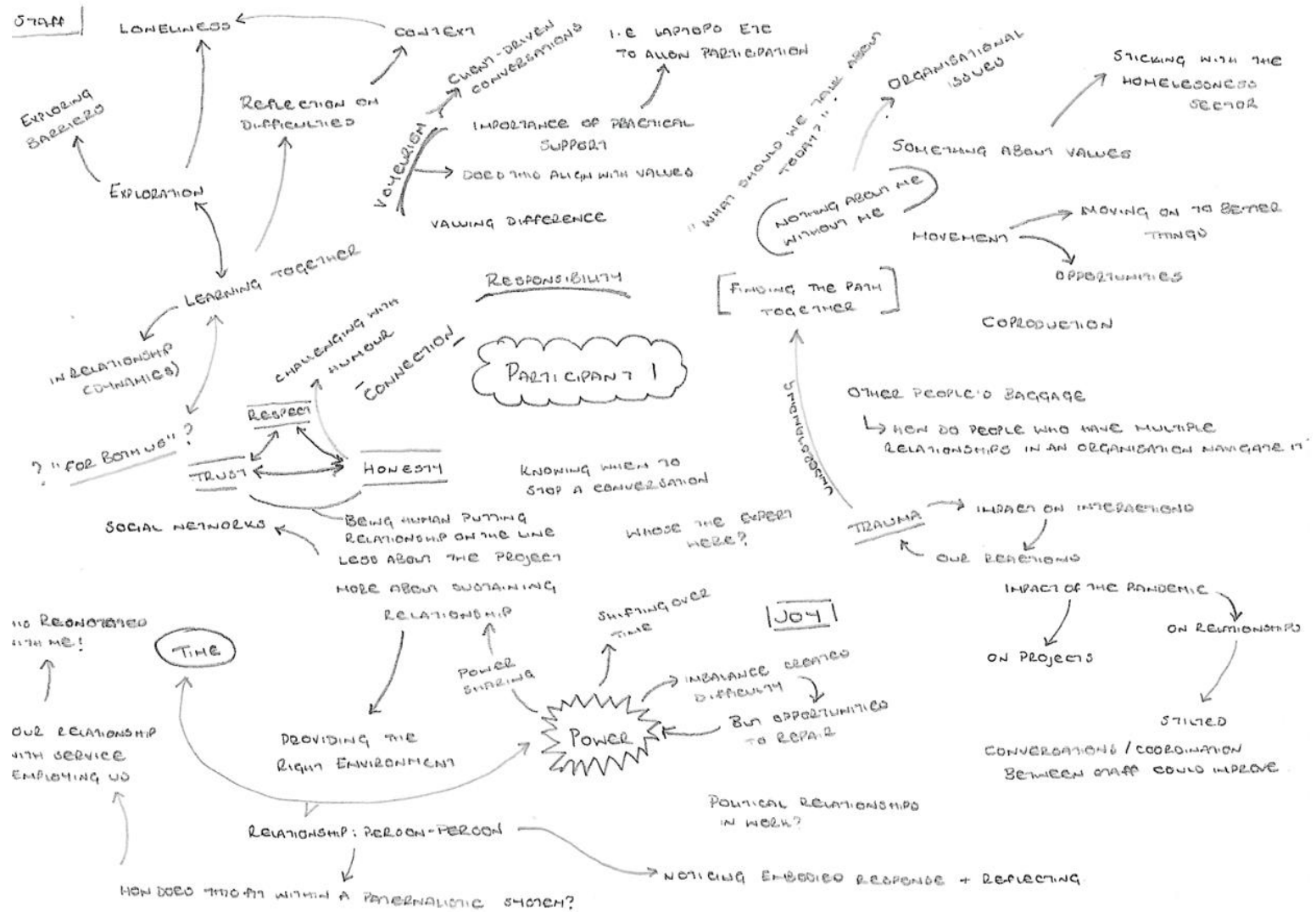
Challenges or barriers to conversations

- Are there any examples of times when conversations were more difficult or not as helpful? What made these conversations more difficult?
- Is there anything that got in the way of you having these conversations?
- Were there things that you felt you couldn't talk about? Why?
- Is there anything that would have made your conversations more helpful?

Conclusion

- What changes could be made in this setting to make your conversations more helpful?
How would this work?
- Is there anything we haven't covered that you feel is relevant to the topic?

Appendix G – Example of Familiarisation Notes



Appendix H – Example of Coding

been impressed with every person I've come across in that organisation um ... from a member's point of view I could guess ... you know almost it sounds a bit trite to kind of say it now [laughs] ... the big kind of thing I learned was ... that everybody could become homeless ... you know ... there are no ... um ... you know there are no rules about what individuals you know which individuals become homeless and which don't you know ... that said ... um ... my understanding and certainly talking to the mental health experts within Crisis is that ... a lot of people that do end up homeless have some really deep ... kind of childhood ... kind of psychological issues ... which are very hard to fix so it's about complex problems ... lots of other people you know sometimes it's just circumstance and it's maybe some had choices on the way ... um ... and so that's ... you know that's ... that was an eye opener that ... you know really it could be anybody ... and I remember chatting to one bloke that came in ... and the thing that struck me was I just thought you know ... you look like me [laughs] ... right now you look like me and yet you know he'd had a divorce he'd lost his job and he was living in a car ... it was just I have to say absolutely heart breaking but ... you know it brings it home to you that it can be anybody um ... and ... I suppose the other ... I suppose the other issue is that they are just people [laughs] you know ... and ... it kind of makes me think now actually now when I listen to people talk about ... homeless people as a collective ... you know I guess in the way that people would call about ... um ... you know ... um er ... make some sort of collective slight about a race of people ... you know it's racist in a way so I guess those are ... those are sort of a summary of my key take outs really ...

I: Yeah ... and this might be a bit of a tricky one to answer but I'm wondering if that is what you were expecting to experience before you started volunteering or ...

P12: Yeah I mean I just didn't have any expectations really ... I mean I knew ... cos I'd ... you know I really didn't know about Crisis I wasn't joining because of Crisis um I was joining because I thought I could help out in this drama group with homeless people and

Commented [SR(DASHNF)]: Homelessness doesn't discriminate

Commented [SR(DASHNF)]: Developing an understanding of traumatic backgrounds of clients helps with empathy?

Commented [SR(DASHNF)]: Connecting personally with clients = homelessness can affect anyone

Homeless / getting to know people removed stigma - they are just people.

man is going I'm going to do it I'm going to do this I'm out today and I'm going to do this and so on and so on and then we reach the top and I can turn round and I can see their faces and I can see the smile and one of the greatest quotes we ever got was ... we are not four guys experiencing homelessness we're four guys who are climbing a hill ... that's just awesome it's just awesome ... erm ... so ... some of the greatest conversations I've had are are out there and actually ... so ... we do the John Muir trust award ... and ... my manager came out on a coaching observation two months ago now ... and I had these four people who came up [place name] with me and we discussed what ... this hiking program had offered them ... and I can send you the ... she collated all the quotes ... I can send you those if you like ...

I: Yes please that would be interesting yeah

P6: It's fascinating yeah ... so ... I'm not sure if I've totally answered your question there ...

I: Yeah so that's great ... could I ask what was it about picturing that in your mind and going back to that memory that made you feel a bit emotional?

P6: Erm ... just the journey ... people's journey ... er ... it's ... so our role is a thankless job and I totally believe that ... we ... our ego needs fed in this role ... so I didn't mention it but I was an actor for years and years ... so my ego got fed when I was on the stage and people applause and I bow and rah rah rah and I do this now ... and I do I need something to make it worthwhile ... I need ... and that ... that level of achievement ... because we get somebody a sofa and they don't necessarily say thank or or ... we bust a gut in the background to help somebody get housed or to fight the council and our members don't realise what's gone on ... but this ... visual sense of achievement and even if they don't verbalise it but I know that 23 stone guy has plodded his way up that hill ... and I know he's gonna go home and he's gonna be knackered and he's gonna hurt and the next morning he's gonna wake up and go I fucking

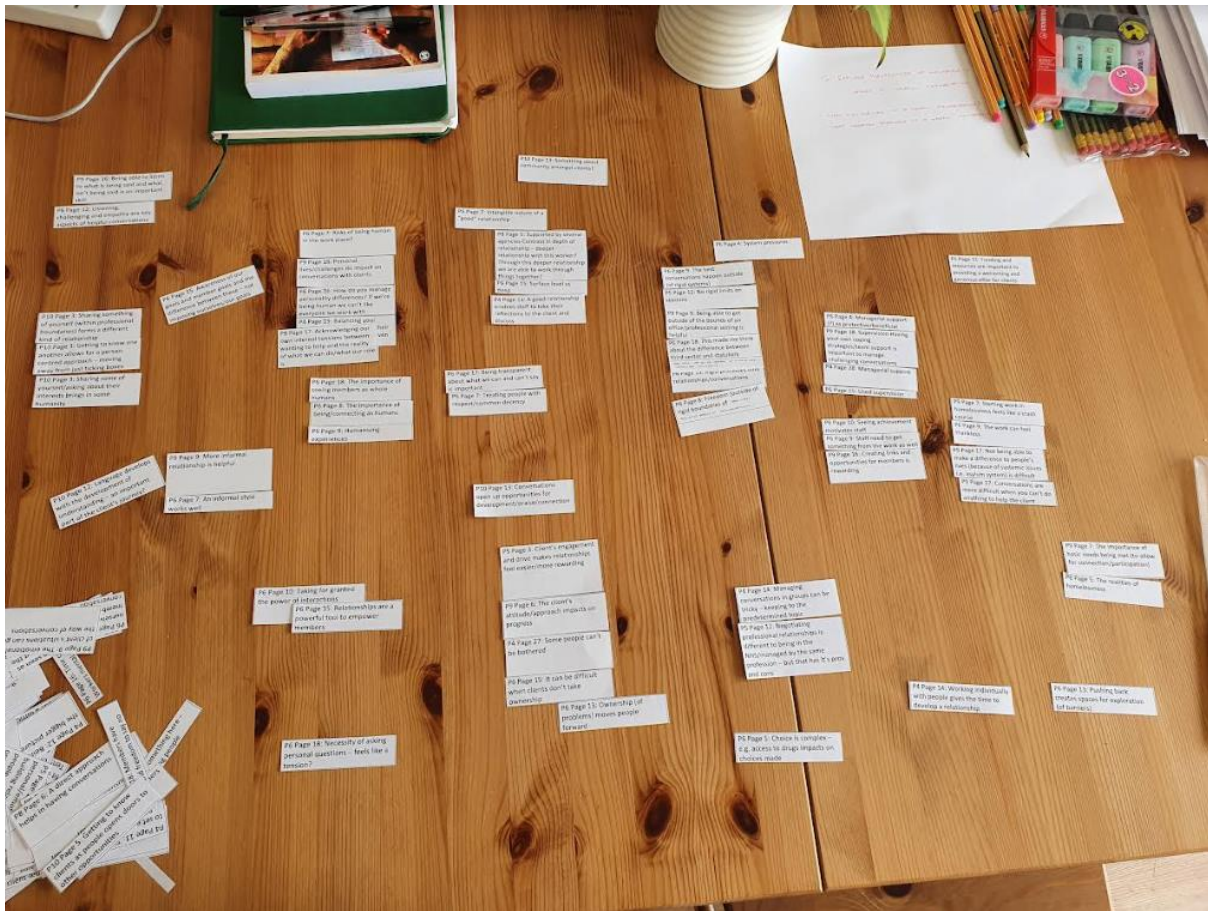
Commented [SR/DASH/NF23]: Humbling experiences

The best conversations I have outside of work are

Commented [SR/DASH/NF24]: Staff need to get something from the work as well

The work can feel
- the mess -

Appendix I – Example of Theme Development





P1 Page 7: There is a power imbalance in staff-client relationships

P1 Page 19: Having conversations about people without them is unnecessary/dehumanising?

P1 Page 8: Ways of working which maintain the power imbalance are unnecessary. Who does it serve?

P5 Page 19: Client desire to please or be positive (linked with other aspects of service) might get in the way of talking about more difficult emotional responses

P5 Page 16: There might be a tendency to agree to referrals/other things when you consider the power dynamic (i.e. home is tied to the organisation)

P6 Page 15: Relationships are a powerful tool to empower members

P1 Page 15: To address the power imbalance you need to share something of yourself/your feelings

P3 Page 6: Personal qualities/equality/power sharing are important in relationships

P1 Page 14: Being honest/transparent helps conversations

P6 Page 17: Being transparent about what we can and can't say is important

P1 Page 8: Advocacy training/experience makes someone strive for a more equal relationship/different kind of relationship

P15 Page 5: Supporting clients to own their story?

P16 Page 9: Homelessness/trauma can make people bitter. It's important to be on a level with people (addressing the power?)

P8 Page 18: Having choice over what you talk about/don't talk about is important (psychological/relational safety?)

P4 Page 25: The client has choice in what we do/don't discuss (whether the staff member thinks it would be helpful or not)

P6 Page 18: Members have choice and freedom to say no

P4 Page 25: Acknowledging that there might be some benefit to discussing challenging topics but allowing the client to lead

P2 Page 20: The importance of prioritising (clients choice) what you want help with. Flexibility in approach enables human changes

P2 Page 4: Genuine choice enables people to make decision for themselves

P2 Page 4: Gives more control

P4 Page 15: Addressing power within the relationship. Treating people with respect and like an equal

P16 Page 6: Homeless people have less control/power over their own lives – being considered an equal in a conversation can give some worth

P2 Page 22: Different levels of privacy are important for different bits of information. Client choice?

P2 Page 23: Client choice is really important and can fluctuate

P2 Page 22: Client choice in who gets what information helps to build the relationship/trust?

Appendix J – Reflexive Statement

The researcher is white, female, trainee clinical psychologist, from a working-class background. She has a professional background in working with people experiencing homelessness, addiction and mental health problems, and a strong interest in social justice and community psychology approaches. She intends to go on and work in the homelessness and housing sector post qualification. At the time of writing this report, the researcher was working within a third sector organisation supporting asylum seekers and refugees, many of whom were experiencing homelessness due to the difficulties of navigating the Home Office system. She was also working in a Public Health department, focusing on the wider determinants of mental health and preventative approaches.

The researcher works with a number of therapeutic modalities in her clinical work but is drawn to more systemic and narrative approaches. The researcher chose a qualitative project, and subsequently reflexive TA, as this aligns with the value she places on hearing the stories of marginalised or seldom heard groups and reflected her own beliefs that knowledge is collaboratively produced between participants and researchers, rather than viewing the researcher as an objective observer.

The research took place during the COVID-19 pandemic, which highlighted a number of social and health inequalities for marginalised populations. During the early stages of recruitment, the UK were under lockdown restrictions, which included “everyone in” whereby people experiencing homelessness were temporarily housed in hotels.

Appendix K – Excerpt from Reflective Log

Excerpt 1

I noticed I felt a bit surprised at this person's story, but when I reflect on that, I feel sort surprised at my own surprise? It makes me think about the powerful dominant narratives about homelessness in society, and the impact of that on my embodied response in the interviews. These interviews are really supporting some my own beliefs around treating people as human beings and being genuinely interested in them, which I should probably keep an eye on in terms of influencing the sorts of questions I ask.

Excerpt 2

I noticed on the train here that I was feeling quite anxious about how I might be viewed by people, which also made me think about how that might have been neglected in the online interviews I've done. I'm aware that today I've chosen a deliberately casual outfit, which makes me think about how I'm trying to position myself (reducing some of that 'professional' status?). It's making me think about how all these small choices impact on the relationship I build with participants and then subsequently the information they tell me. It's also making me wonder about what I hear and don't hear.

Excerpt 3

I'm noticing during familiarisation that there are certain things which I'm more drawn to hearing, for example, something around time and having time to build relationships and get to know people. I wonder if this is because of my own experience of NHS services as over-stretched and not having the time I would like with people? Also something came up about service users' lying, and I noticed that I didn't make a note of that. Is it because it makes me uncomfortable? It does make me uncomfortable because it feels quite a blaming word, but the context is that people might lie for their own protection. Maybe my discomfort clouds my ability to hear what's being said?

I'm also noticing an urge to "get everything" captured in my themes. I wonder if this is coming from the idea of "giving voice" to participants, or feeling like I need to do them justice?

Appendix L – Quality Assessment Tool for Reflexive TA

Table 1. A tool for evaluating thematic analysis (TA) manuscripts for publication: Twenty questions to guide assessment of TA research quality.

These questions are designed to be used either independently, or alongside our methodological writing on TA, and especially the current paper, if further clarification is needed.

Adequate choice and explanation of methods and methodology

1. Do the authors explain why they are using TA, even if only briefly?
2. Do the authors clearly specify and justify which type of TA they are using?
3. Is the use and justification of the specific type of TA consistent with the research questions or aims?
4. Is there a good 'fit' between the theoretical and conceptual underpinnings of the research and the specific type of TA (i.e. is there conceptual coherence)?
5. Is there a good 'fit' between the methods of data collection and the specific type of TA?
6. Is the specified type of TA consistently enacted throughout the paper?
7. Is there evidence of problematic assumptions about, and practices around, TA? These commonly include:
 - Treating TA as one, homogenous, entity, with one set of – widely agreed on – procedures.
 - Combining philosophically and procedurally incompatible approaches to TA without any acknowledgement or explanation.
 - Confusing summaries of data topics with thematic patterns of shared meaning, underpinned by a core concept.
 - Assuming grounded theory concepts and procedures (e.g. saturation, constant comparative analysis, line-by-line coding) apply to TA without any explanation or justification.
 - Assuming TA is essentialist or realist, or atheoretical.
 - Assuming TA is only a data reduction or descriptive approach and therefore must be supplemented with other methods and procedures to achieve other ends.
8. Are any supplementary procedures or methods justified, and necessary, or could the same results have been achieved simply by using TA more effectively?
9. Are the theoretical underpinnings of the use of TA clearly specified (e.g. ontological, epistemological assumptions, guiding theoretical framework(s)), even when using TA inductively (inductive TA does not equate to analysis in a theoretical vacuum)?
10. Do the researchers strive to 'own their perspectives' (even if only very briefly), their personal and social standpoint and positioning? (This is especially important when the researchers are engaged in social justice-oriented research and when representing the 'voices' of marginal and vulnerable groups, and groups to which the researcher does not belong.)
11. Are the analytic procedures used clearly outlined, and described in terms of what the authors actually did, rather than generic procedures?
12. Is there evidence of conceptual and procedural confusion? For example, reflexive TA (e.g. Braun and Clarke 2006) is the claimed approach but different procedures are outlined such as the use of a codebook or coding frame, multiple independent coders and consensus coding, inter-rater reliability measures, and/or themes are conceptualised as analytic inputs rather than outputs and therefore the analysis progresses from theme identification to coding (rather than coding to theme development).
13. Do the authors demonstrate full and coherent understanding of their claimed approach to TA?

A well-developed and justified analysis

14. Is it clear what and where the themes are in the report? Would the manuscript benefit from some kind of overview of the analysis: listing of themes, narrative overview, table of themes, thematic map?
15. Are the reported themes topic summaries, rather than 'fully realised themes' – patterns of shared meaning underpinned by a central organising concept?
 - If so, are topic summaries appropriate to the purpose of the research?
 - If the authors are using reflexive TA, is this modification in the conceptualisation of themes explained and justified?
 - Have the data collection questions been used as themes?
 - Would the manuscript benefit from further analysis being undertaken, with the reporting of fully realised themes?
 - Or, if the authors are claiming to use reflexive TA, would the manuscript benefit from claiming to use a different type of TA (e.g. coding reliability or codebook)?
16. Is non-thematic contextualising information presented as a theme? (e.g. the first 'theme' is a topic summary providing contextualising information, but the rest of the themes reported are fully realised themes). If so, would the manuscript benefit from this being presented as non-thematic contextualising information?
17. In applied research, do the reported themes have the potential to give rise to actionable outcomes?
18. Are there conceptual clashes and confusion in the paper? (e.g. claiming a social constructionist approach while also expressing concern for positivist notions of coding reliability, or claiming a constructionist approach while treating participants' language as a transparent reflection of their experiences and behaviours)
19. Is there evidence of weak or unconvincing analysis, such as:
 - Too many or too few themes?

Table 1. (Continued).

Too many theme levels?
Confusion between codes and themes?
Mismatch between data extracts and analytic claims?
Too few or too many data extracts?
Overlap between themes?
20. Do authors make problematic statements about the lack of generalisability of their results, and or implicitly conceptualise generalisability as statistical probabilistic generalisability (see Smith 2017)?
