Building connection against the odds: exploring the relationship between project workers and people experiencing homelessness

Clare Watson

June 2018

Submitted to the University in partial fulfilment of the requirements of the degree of Doctor of Clinical Psychology

Portfolio Volume 1: Major Research Project

Word count: 32,440

Acknowledgements

My warmest thanks go out to my supervisors Lizette and Rachel, you have been the source of so much inspiration and support. Thank you for sharing your creativity and experience with me and providing me with so much time and support along the way.

It is also very important to say thank you for the generosity of all my participants and their managers. You have taught me so much about relationships and left me with a new understanding that I will take away and draw upon in my own practice.

I also want to say a big thank you to the First step team, particularly Anna and Hannah, for your compassion and understanding which meant I was able to survive this thesis writing process! Also to Cohort 15 for sharing the journey with me.

A massive thank you is also needed to my wonderful family and friends. Probably the most important thankyou is to Joe, Ronan and Dave, who have kept me fed and listened to me through the ups and downs. Thanks!

Contents

Abstract

In the past decade homelessness has dramatically increased in the UK, against a backdrop of austerity (National Audit Office, 2017), with those working to support people experiencing homelessness (PEH) battling to build relationships with limited resources (Daly, 2017). Existing literature suggests that trusting and empathic relationships between workers and PEH forms the cornerstone for the needs of PEH to be met (Stevenson et al, 2014; Kidd et al, 2006). However, PEH also highlighted that relationships with services were often characterised by conditionality and disconnection (Westaway, Nolte & Brown, 2017). In order to better understand this context, this study aimed to explore project workers' experiences of building relationships with PEH.

A qualitative design was employed in which focus groups were carried out in six projects, using an opportunity sample of 22 project workers. Data was analysed using Thematic Analysis (Braun & Clarke, 2006), within a Social Constructionist epistemology (Burr, 1995). Three main themes were identified: 'Working hard to build connection,' 'Supporting each other within an unsupportive context' and 'Draining but sustaining.'

The findings of the study highlighted that project workers strove to build connection despite the odds, that connection with each other was used to counter systemic disconnection. They illustrate that project workers were driven by a strong value base, despite a challenging context. Clear clinical implications are put forward. Services supporting PEH need to be psychologically informed and project workers need to be provided with a reflective space in order to process complex relational dynamics and pressures, which can only happen with adequate funding. In deriving service provision for PEH interdependence not in/ dependence

needs to be the aim (Williamson, 2018). The potential role of clinical psychologists in relation to these clinical implications is highlighted throughout. Finally, the responsibility for improving the lives of PEH needs to be placed back on society to provide a context in which PEH can thrive.

Chapter 1: Introduction

1.1 Chapter overview

This research explores project workers' experiences of building relationships with people experiencing homelessness. In this chapter I will first define my personal and epistemological position that will shape my understanding and interpretation of the topic. I will then define the terms that will be used throughout. Next, I will outline and explore the political, psychological and relational environment in which relationships between workers and people experiencing homelessness are built. I will aim to summarise what is known about how support is experienced by people experiencing homelessness and outline psychological theory that will be applied throughout. In the second half of this chapter a systematic review will be carried out which will critically evaluate the existing research on workers' experiences of building relationships with people experiencing homelessness. Finally, I will conclude this chapter by detailing the rationale for the present study.

1.2 Personal and Epistemological position

1.2.1 Positioning myself as a researcher

Throughout my clinical work I have noticed how easy is it to individualise the problems people express who have been exposed to multiple traumatic and damaging experiences; how we often expect them to change when their situation has not. I have also noticed how frequently those that support these individuals are unsupported themselves, and therefore find themselves without the resources to cope with the emotional challenges of their role. This has led me to wonder what we can do to increase capacity and support staff so that the kind of relationships which allow for self- understanding and resilience to grow can be built. It has

also led me to realise how important it is to place these experiences in our social, cultural and political context in order to reduce individual blame. Clinical psychologists often work with the most vulnerable in society and experience first-hand the impact of social inequality on people's lives (McGrath, Griffin & Mundy, 2015). We occupy a relatively powerful position and are therefore well placed to speak out about the socio-economic determinants of distress, and advocate for prevention on a macro level (McGrath, Griffin & Mundy, 2015; Harper, 2015).

1.2.2 Epistemological position

In undertaking this project, I am coming from a social constructionist epistemology. Thus, I take the view that what we regard as 'truths' are constructed within our particular time, place and historical context (Burr, 1995). Therefore, this research project is not undertaken in order to discover an answer, but to better understand the meaning project workers make from their interactions with people experiencing homelessness. I hope this understanding will contribute to better services for those who find themselves homeless and better support for those who give their time to help these individuals.

Social constructionism provides a framework for contextualising our interpretations of the world and therefore research conducted within this epistemology aims to acknowledge the multiple levels of influence our conclusions derive from (Stacey, 1999). Therefore, as someone who has worked in a support worker role, who feels outraged at the marginalisation of people experiencing homelessness; and believes clinical psychology provides us with a useful way to fight social injustice, I do not approach this research from a neutral position. However, I will aim to make explicit my own assumptions and biases through the use of self-reflexivity in interpreting the results of this study. Taking a social constructionist stance on

this research allows me to take a step back and notice dominant, and sometimes conflicting, societal narratives about homelessness; namely individual versus structural origins (Cronley, 2010). As Mills (1959) argues, the primary task of a social science researcher is to try and understand the complex interconnection between personal problems and social issues.

1.3 Introduction to and definition of key concepts

1.3.1 Homelessness

Homelessness is multidimensional, encompassing deprivation across physiological, emotional, territorial, ontological and spiritual dimensions (Somerville, 2013). It encompasses both those sleeping rough, and the 'hidden homeless,' who may be living in temporary accommodation, night shelters or with friends and family (National Audit Office, 2016).

1.3.2 Terminology

1.3.2.1 People experiencing homelessness

The language that we use when speaking about marginalised groups or individuals accessing services impacts on our attitudes and assumptions about such individuals (Rich, 2018). Therefore, in this study the term people experiencing homelessness will be used, to define the individual first and their homeless status as second and subject to change. The phrase people or person experiencing homelessness will be abbreviated to PEH for readability. Within the literature on PEH living in supported accommodation many terms are used, such as customer, resident, client and service user. For the purposes of this study 'resident' will be used to describe individuals living in supported accommodation. This term was recommended in

consultation with participants and captures the nature of their place of residence as their home.

1.3.2.2 Project worker

Within this study I will use the term ‘project worker’ to refer to those members of staff working in supported accommodation where PEH are living. The terminology used to refer to members of staff varies between service provider; sometimes individuals are also referred to as hostel workers or staff or support workers. Differences are also observable within the literature. However, ‘project worker’ was decided on in this study following consultation with participants about the way they would like their job role to be defined.

1.4 Government policy and legislation

In the United Kingdom (UK) homelessness has dramatically increased under the government’s austerity programme - since March 2011 the number of people who are sleeping rough has risen by 134%; and the number of households in temporary accommodation has increased by 60% (National Audit Office, 2017). One of the current largest cause of homelessness is the ending of private sector tenancies, which have increased in price three times faster than earnings across England since 2010 (National Audit Office, 2017). At the same time, welfare reforms by the Department of Work and Pensions have meant Local Housing Allowance has been capped and frozen, meaning private rented properties have become less affordable and many individuals cannot afford to maintain shorthold tenancies, leaving them without a home (National Audit Office, 2017). Overall, government spending on homelessness has increased in recent years; however, the majority of this spending went on temporary accommodation, meaning a vast number of people are living in short term and unstable housing (National Audit Office, 2017). At the same time,

spending on preventing homelessness has reduced, with a 59% reduction in the Supporting People funding, designed to help vulnerable people live independently and remain in their own home (National Audit Office, 2017). Within this context, single people are typically deemed low priority and fall outside of homelessness legislation, despite two-thirds of single homeless people having support needs which mean they require supported housing (Fitzpatrick, 2000).

Austerity led funding cuts have had a significant impact on Local Authority budgets and spending. Local authorities in England lost 27% of their spending power between 2010/11 and 2015/16 (Hastings et al, 2015). The budget from the Central Government to Hammersmith and Fulham Local Authority has been cut by £70 million since April 2010 to March 2018. This budget will be reduced by a further £8.5 million in 2018/19 (London Borough of Hammersmith & Fulham, 2018). Hammersmith and Fulham is one of the most densely populated, and expensive boroughs in London, meaning the council is faced with a high discrepancy between the accommodation available and the needs of residents. Furthermore, the high land cost makes it hard for the local authority and providers to develop supported housing schemes and affordable housing (Joint Strategic Needs Assessment, 2016). Furthermore, since October 2017 funding for supported accommodation has been significantly destabilised, as supported housing has moved to being funded entirely by local authorities, and at their discretion; instead of through welfare payments such as housing benefit (Ministry of Housing Communities and Local Government, 2017).

In an attempt to address the problem of rising numbers of PEH, the government has introduced the Homeless Reduction Act (2017), which marks one of the biggest changes in the rights of PEH in the UK for fifteen years and came into play from April 2018. The Act

increases the obligations of local authorities to PEH, adding two new duties to the original duty from the Housing Act (1996) in which local authorities were duty bound to ensure accommodation is available for the person seeking housing. The first is a prevention duty, in which local authorities must take 'reasonable steps' to ensure accommodation does not stop being available; and secondly, a relief duty in which steps are also required to help PEH gain access to suitable accommodation (Homeless Reduction Act, 2017). The Act has been welcomed by many, requiring local authorities to help all eligible applicants, not just those with a 'priority need' (Homeless Reduction Act, 2017). However, organisations supporting PEH have highlighted that this legislation is occurring in the context of significant welfare cuts, reduced numbers of social housing and families being placed out of area (Shelter, 2017); and therefore, the Act will not be successful unless it tackles both the supply and affordability of decent housing (Homeless Households Inquiry, 2017). Furthermore, clauses pertaining to becoming 'intentionally homeless' continue to be present within the Act, meaning that if individuals do not co-operate with any steps of their 'personalised plan' they become internationally homeless and will be served notice (Homeless Reduction Act, 2017). Thus, many individuals who struggle to meet the conditions of their tenancy will continue to run the risk of finding themselves homeless and without the support from the local authority to obtain a home (Bramley & Fitzpatrick, 2015).

1.5 Towards a psychological understanding of homelessness

Evidence suggests that a complex interplay of structural and psychosocial factors combine to increase the risk of a person becoming homeless (Anderson & Raynes, 2004; Fazel et al, 2014).

PEH are some of the most marginalised within our society (Pascale, 2005) and recent socio-cultural and political trends have resulted in society constructing homelessness as a failure of personal responsibility; and the individual as 'deviant' or 'dysfunctional' (Cronley, 2010). Homelessness can impact on an individual's life in a global and catastrophic manner. PEH are subject to much higher levels of mental, physical health and substance use difficulties than the housed population (Fazel et al, 2008; 2014), and have reduced access to employment and statutory services (Fitzpatrick et al, 2017). Research into the histories of PEH have found high levels of childhood neglect and abuse, or complex trauma (Fitzpatrick, Johnson, & White, 2011). These experiences of developmental trauma have a potentially devastating impact on attachment relationships and can impinge on a person's ability to form stable relationships into adulthood, and seek help when needed (Ozcan et al, 2016; Rholes et al, 2016, Cockersell, 2018). Consequently, PEH are more likely to receive mental health and 'personality disorder' diagnoses as adults (Bramley et al, 2015; Campbell, 2006); and become repeatedly socially excluded (Fitzpatrick, Johnson & White, 2011).

Against a backdrop of multiple exclusion (Bramley et al, 2015), many PEH have learnt that 'home' is not a safe place (Seager, 2011). Scanlon and Adlam (2006) postulate that a state of being 'psychologically unhoused' becomes present in the most socially excluded PEH, which can be expressed through self-neglect, alienation and an inability to transition to and sustain a housed state. As a result, even when a tenancy is obtained, individuals can struggle to maintain stability, which can contribute to frequent eviction and the abandonment of housing (Teixeira, 2010). Furthermore, for those individuals who have moved around multiple hostels, retaining hope for a better future is difficult in the context of feeling let down by services where help was conditional (Westaway, Nolte & Brown, 2017). Thus, homelessness

can be understood as more than just a social or economic issue and it is imperative that interventions consist of more than just housing (Cockersell, 2012).

1.6 Supported accommodation and models of housing

Against this background of psychological need and marginalisation, two-thirds of single PEH have support needs which mean they require supported housing (Crisis, 2017). For many experiencing homelessness this includes frequent stays in hostel accommodation which, over the past twenty years, have developed from places which met only individuals' basic need of physical shelter, to one which support people with a range of difficulties (Warnes et al, 2005). Hostels or supported housing for PEH often exists as part of a 'staircase system' which involves 'progressing' PEH through a series of separate residences, towards independent living (Crisis, 2017). In the UK, current legal definitions of homelessness are based on an eligibility criterion of 'intentionality'; thus, providing the basis for differentiation between the 'deserving' and 'undeserving' (Busch-Geertsema & Sahlin, 2007). As a result, many PEH are excluded from statutory services and never progress to independent living (Clapham, 2003). These individuals have often had multiple damaging experiences of relationships and services (Bramley et al, 2015) and consequently struggle to develop the 'stability' required to maintain a tenancy (Campbell, 2006); often becoming evicted multiple times (Bramley et al, 2015). In order to tackle this problem, alternative approaches to housing and supporting PEH have been developed. The prominent three are Housing First, Psychologically Informed Environments and Trauma-Informed Care.

1.6.1 Housing First

The Housing First (HF) model was devised in the USA during the early 1990s in response to shortcomings of the existing 'linear' approaches to service provision for individuals

experiencing ‘chronic’ homelessness (Tsemberis & Eisenberg, 2000). The approach aimed to remove the conditionality of housing which meant that individuals with complex needs rarely reached the final stage of independent living (Pearson et al, 2009). Instead housing is considered as a human right, not requiring ‘readiness’. Immediate and permanent accommodation is given and not removed as a result of mental health and/or substance use difficulties. Within this model housing aims to be integrated with community-based support, promote consumer choice and target the most vulnerable (Tsemberis, 2010). Housing First projects are being implemented in developed countries globally (Fitzpatrick, 2011; Goering et al., 2011; Johnsen & Teixeira, 2012; Johnson et al., 2012). However, within the UK there has been some initial resistance to HF, with the first UK pilot study in 2010 (Johnson & Teixeira, 2012). Reasons for resistance from stakeholders appeared to be a misguided belief that we are ‘doing it already’ and many finding it hard to let go of a ‘treatment first’ philosophy where evidence is needed that an individual can maintain a tenancy (Johnsen & Teixeira, 2012). Furthermore, concerns have already been raised that ‘Housing First’ at best leaves vulnerable people in tenancies without adequate support, and at worst can be used to justify cuts to support provision (Homeless Link, 2017).

1.6.2 Psychologically Informed Environments

In the past decade two analogous approaches to supporting PEH have emerged, which aim to operationalise *how* PEH with complex needs can be supported and *what* these environments need to look like, Psychologically Informed Environments (PIE) in the UK (Johnson & Haigh, 2010; 2011) and Trauma Informed Care (TIC) in the USA (Hopper, Bassuk & Olivet, 2009). The concept of a PIE was derived from a multi-agency working group, convened by the Royal College of Psychiatrists in the UK (Johnson & Haigh, 2010). The approach aims to meet the fundamental needs of PEH through providing an environment in which emotional

and relational safety is possible; and in which damaged attachment relationships can repair (Phipps et al, 2017). As a result, services are structured around the emotional and psychological needs of service users, above any practical end; and attention is given to the relationship between staff and service users in these settings (Keats, Maguire, Johnson, & Cockersell, 2012). The approach encompasses five key elements: Developing a psychological framework of understanding, creating a physical environment and social spaces which promote safety, supporting staff through reflective practice and training, focusing on managing relationships as a vehicle for change and the evaluation of outcomes (Keats et al, 2012). Currently the model is being developed to broaden the understanding of a 'psychological framework' to include psychological thinking across systems of support and in establishing a measure for assessing implementation (Johnson, 2015).

1.6.3 Trauma-Informed Care

Trauma-Informed Care (TIC) was developed in the USA (Hopper, Bassuk & Olivet, 2009) and evolved out of an understanding of the potential for systems of support to be experienced as retraumatising by individuals with a history of traumatic life events (Reeves, 2011). The approach is based on Trauma Theory, which posits that if traumatic memories cannot be verbally or symbolically processed they are stored as physiological reactions to stimuli, situations or states of arousal that recall the traumatic experience (van der Kolk, 1996). Similarly, to the PIE approach, TIC aims to develop an environment which is sensitive to the needs of those who have experienced trauma through emphasizing safety and giving individuals the opportunity to rebuild control. Part of this process is understood to occur within relationships and providers are required to work against the power imbalances within services that are often reminiscent of previous abuses of power (Hopper, Bassuk & Olivet,

2009). Finally, a strength-based approach is adopted with the aim of using existing skills to build resilience (Hopper, Bassuk & Olivet, 2009).

TIC and PIE are complementary approaches to service delivery for people with complex needs, both aiming to improve the emotional and psychological well-being of people accessing, or working in, their services (Johnson, 2016). Both approaches are open-ended and therefore how the ethos of both models is operationalised in practice remains open to interpretation (Brown et al, 2016; Johnson, 2016). In the UK several services supporting PEH have been recently established as PIEs (Blackburn, 2012; Edwards, 2012; Williamson & Taylor, 2015). This study was carried out in hostels in which the PIE model was either being implemented or being developed.

1.7 The project worker role

In the context of the changing role of hostel accommodation, the role of workers supporting PEH within these settings has evolved (Warnes, Crane & Foley, 2005). Once focused on meeting basic needs of food and shelter, workers became 'key-workers' supporting PEH with a wide range of tasks such as accessing medical care and employment; and in personal development, acting as an advocate for PEH and drawing out their existing skills and resources (Buckingham, 2012). In recent years the UK government's austerity program has altered the nature of the project worker role (Homeless Link, 2011). Daly (2017) posits that austerity has become 'embodied' in ethics and practices of care, impacting on relationships between workers and PEH. With budget cuts across the sector, market-driven approaches to service provision have led to practice guidance becoming increasingly inflexible, with 'success' defined via output and targets (Banks, 2011; Stuckler & Basu, 2013). As a result, project workers often find themselves working in a context of increased tension and pressure

(Renedo, 2014). Workers described being caught between competing demands, on one hand striving to manage the complexities and emotionally challenging nature of their caring role; and on the other navigating organisational pressures and controls (Renedo, 2014).

Scanlon and Adlam (2012) suggest that these paradoxes permeate relationships not just between the worker and PEH, but across the network. Furthermore, they run the risk of reinforcing experiences of disconnection and alienation for PEH and can leave workers feeling helpless and disillusioned (Scanlon & Adlam, 2012), thus, impacting on workers' capacity to offer care and connection (Scanlon & Adlam, 2012). Johnsen and colleagues (2005) suggest that support workers' own conceptualisations of their identity and knowledge construct the service ethos and interactions with PEH, meaning they can either become spaces of 'care' or 'fear.' Some workers have described feelings of loss and adjustment to a professional identity they felt was no longer tenable (Daly, 2017). Others described a reality that, despite being driven by ethical practice, they had no choice but to amend their practice in line with the outcome focused context of their service (Daly, 2017).

1.8 People experiencing homelessness' experience of professionals and support

Within the literature there is a small qualitative evidence base which explores PEH's experiences of workers offering support. Many PEH recalled negative experiences both within housing services (Jost, Levitt & Porcu, 2011; Stevenson et al, 2014; Zerger et al, 2014; Westaway, Nolte & Brown, 2017) and healthcare settings (Oudshoorn et al, 2013; Padgett et al, 2008). Some participants reflected upon how the conditionality of housing and support left them feeling disillusioned and hesitant to seek help (Jost, et al, 2011; Westaway, Nolte & Brown, 2017). Others shared that long waiting times for housing caused stress and heightened emotion, impacting on their ability to trust and engage with services and workers

(Zerger et al, 2014). PEH described experiences of feeling infantilised or objectified in their relationships with workers, which promoted anger in many and as a result some participants opted out of services as a way of maintaining dignity and respect (Hoffman & Coffey, 2008). Others described being hesitant to open up about past experiences to workers; due to the fear that these will impact on both relationships with workers and chances of housing (Jost, et al, 2011; Stevenson et al, 2014). For those participants who had experienced volatile relationships in early life, relationships were complex (Padgett et al, 2008). However, despite the lack of trust, many simultaneously desired meaningful relationships with workers and feared rejection (Padgett et al; 2008; Westaway, Nolte & Brown, 2017).

In contrast to relationships based on conditionality and compliance, PEH consistently identified that valued relationships with workers were built on trust, flexibility and acts of kindness (Jost, et al, 2011; Oudshoorn et al, 2013; Padget et al, 2008; Stevenson et al, 2014). When trust in relationships was built, this formed the basis for PEH feeling able to engage with services and take relational risks in opening up (Jost, et al, 2011; Padgett et al, 2008). Ousdhoorn and colleagues (2013) highlighted the reciprocal nature of these relationships whereby PEH responded better to workers who were more relationally focused and sought to even out the power differential between them. At the same time, they observed that workers responded more positively to PEH who were calm, more able to follow rules and in less of a 'crisis' state (Ousdhoorn et al, 2013). Even when trust in relationships with workers was attained, it was fragile and often eroded through the transience of many workers' roles (Padget et al, 2008). Stevenson and colleagues (2014) further highlight the gravity that the emotional impact of relationships can have on both parties, which many workers are untrained or unsupported to cope with (Stevenson, 2014).

This research highlights the centrality of the relationship between PEH and workers offering housing and healthcare support. It appears that these relationships have the power to provide a safety net in which individuals who anticipate rejection and betrayal can participate in an alternate relational experience of trust and compassion. However, at the same time, these relationships therefore have the potential to reinforce familiar experiences of being disempowered and let down. Within this context Koegel (1992) suggests that the 'difficult to engage' label should be positioned with services and not individuals, highlighting the importance of not losing sight of the context within which these relationships exist.

1.9 Clinical relevance

A recent report by the American Psychological Association (APA) called for psychologists to expand and redouble their efforts to end homelessness (American Psychological Association, 2010). In the UK, the Psychologists against Austerity movement has emphasized the role of psychologists in creating conditions for wellbeing and resilience through tacking social inequality on an individual, local and political level (Peacock-Brennan & Harper, 2015).

Theoretically, psychology provides a number of potentially useful theoretical frameworks for conceptualising the relationship between project workers and PEH, the focus of the current study. Two will be considered here, namely attachment theory and systemic thinking, and will provide much of the underpinnings for thought and reflection within this study.

1.9.1 Attachment theory

Attachment theory posits that human beings develop patterns of relating with others, which derive from an initial bond 'attachment' with a primary care-giver (Bowlby, 1982). Within the context of this relationship it is posited that infants develop 'mental representations' of

the self in relation to others, providing an unconscious blueprint for how an individual anticipates subsequent interactions and relationships with others (Bowlby, 1973; 1980). Thus, from an attachment theory perspective it can be argued that for individuals who did not grow up within a caregiving environment of safety and nurturance, relationships, and in turn the world, can come to represent fear and elicit a threat response (Danquah & Berry, 2013).

In adulthood, without an internal sense of safety, it can be argued from an attachment theory perspective that 'insecurely' attached adults can struggle to develop and maintain helpful relationships with others (Holmes, 2001). Without a sense of belonging or being included, it is these individuals who it can be argued are at the highest risk of experiencing homelessness; the ultimate in social exclusion (Seager, 2011). Furthermore, with an expectation of threat it has been reported that many PEH become stuck in patterns of experiences of feeling rebuffed (avoidant) and being ignored (ambivalent) by the very services designed to help (Holmes, 2001). While attachment theory has been critiqued for being too linearly causal and not fully acknowledging the potential importance of wider or later attachment connections beyond the dyad (Rutter, 1991), it can help us to consider and conceptualise how the experience of being 'mentally housed' is likely to powerfully impact on the effectiveness of any intervention to address homelessness. Therefore housing related solutions that do not pay attention to this are likely to fail (Scanlon & Adlam, 2006).

1.9.2 A systemic framework

As a result of the 'individualisation' of homelessness the system supporting PEH often categorises people in 'separate boxes defined by single issues;' each eliciting a different response from different services (Bramley & Fitzpatrick, 2015). Systems theory offers a counter to this issue, suggesting that problems are not located within individuals but in

patterns of relationships between people and systems (Bateson, 1979). Within this framework, teams are understood as a system of interconnecting relationships and complementary beliefs, where change in one part produces losses for others (Campbell, 1991). Therefore, managing multiple alliances becomes a complex task often characterised by 'conflict, emotionality, vulnerability and threat' (Rait, 2000) (p211).

Psychologists have used systemic thinking to conceptualise how valued, therapeutic, relationships can be built within this context. Campbell (1991) suggests that in order to bring about change within the system, a space is needed in which conflicting and complementary beliefs can be explored and understood (Campbell, 1991). Flaskas (1997) suggests that a 'good enough' relationship can emerge within therapeutic relationships in which social, cultural and power differences can continue to exist as a barrier but co-exist alongside intimacy and connectedness within a relationship. In this way systemic theory moves our understanding of relationships away from an either/or position and helps us understand how connection can be built within complex environments (Anderson, 1987).

Systemic theory can at times be criticised for focusing too much on the local (e.g. family) relationships, while potentially paying less attention to the political and structural frameworks and relationships (Jenkins, 1990). However, this framework lends itself to the PIE approach (Johnson & Haigh, 2010) which emphasizes the centrality of relationships and the need for workers to have a reflective space to explore their own emotional responses to the work. Furthermore, Johnson (2016) highlights the need to move towards a 'whole systems approach.' This is a view shared by NGOs supporting PEH, who have argued that homeless prevention works best when all agencies are working in partnership towards shared objectives (Shelter, 2017).

1.10 Building relationships with people experiencing homelessness (PEH): A Systematic Literature Review of workers' experiences

The narrative review highlights that against a backdrop of austerity and market driven service provision, trusting and compassionate working relationships with staff provide PEH with the stability necessary to develop in self-confidence and motivation. Relationship building has been described as the 'bread and butter' of work with PEH (Cockersell, 2011, p.179). However, this literature does not inform us about the subjective experiences of workers supporting PEH, how it feels to work in such an environment and what it is like to build relationships with this context. Therefore, a systematic literature review was carried out with the aim of forming a better understanding of workers' experiences of building relationships with PEH.

1.10.1 Search strategy

The search strategy focused on identifying papers which investigated experiences of individuals working with PEH in a professional or supportive capacity. The literature search was carried out from February to April 2018, with a final search ran in May 2018 to check for newer papers that may have been missed or published in the interval. Particular attention was given to these workers' relationships with PEH with an aim of exploring how they were experienced. Search terms were identified through reading the literature around workers' experiences within a supportive or therapeutic role and through consultation with my supervisors. Details of the search process in each of the databases used can be found in Appendix A, and a summary of these terms can be found in Table 1. An overview of the inclusion and exclusion criteria can be observed in Table 2 and an in-depth breakdown of this

process is in Appendix B. During the reading of full texts some 'borderline' cases were identified which were discussed with my supervisors in light of existing evidence and the study aims and a shared decision was made to include or exclude (Siddaway, Wood & Hedges, in press).

Search terms				
"homeless" OR "hostel"	AND	"staff" OR "worker"	AND	"relationship" OR "experience"

Table 1: Systematic literature review search strategy

Inclusion criteria	Exclusion criteria
Workers or professional's experiences of working with PEH either within a residential, supported accommodation, outreach or community setting. Research that investigated *relationships* within these settings, either with young people or adults experiencing homelessness. Research which included both the service user and workers perspective.	Research on health outcomes, either physical or mental health, including HIV and end of life care. Research describing or evaluating a therapeutic or organisational model or intervention. Research on families experiencing homelessness. Reflective or opinion pieces on PEH. Literature exploring the causes, prevalence, incidence or societal consequences of homelessness.

	Research on service development. Research solely from the person experiencing homelessness' perspective.

Table 2: Systematic literature review inclusion and exclusion criteria

1.10.2 Summary of findings from the Systematic Literature Review

Ten studies were included in the literature review. One used a quantitative design (Altena et al, 2017), one was mixed methods (Ferris et al, 2016) and eight qualitative (Chen & Ogden, 2017; Guirguis-Younger, McNeil & Runnels, 2009; Hennessy & Grant, 2006; Jezewski, 1995; Kidd, Davidson & Walker, 2007; McGrath & Pistrang, 2007; Phipps et al, 2017; Seiler & Moss, 2012). In accordance with guidelines by Siddaway, Wood and Hedges (in press) the strengths and limitations of each study was considered in light of the relevant quality criteria. These were included as follows: The Critical Appraisal Skills Programme (CASP, 2017) for the quantitative study, the Mixed Methods Appraisal Tool (Pluye et al, 2011) for the mixed methods, and the Eight "Big-Tent" Criteria for Excellent Qualitative Research (Tracy, 2010) for the qualitative research. A more in-depth summary, including the strengths and limitations of each paper can be found in Appendix C. An assessment of the quality standards of all papers can be found in Appendix D, E and F.

The literature critiqued within the review was divided into subsections in order to build a coherent story throughout (Baumeister & Leary, 1997). The decision of how to group the studies included in the review was informed by the research question, to explore project workers experience of building relationships with PEH (Siddaway, Wood & Hedges, in press). Studies were grouped due to the context in which the relationship was built and the findings of each study were considered in light of the existing literature, focusing on novel findings and the ability of the methodology to support these findings (Baumeister & Leary, 1997).

Therefore, this section will start by reviewing literature on workers' experience of building relationships with PEH in the context of providing healthcare, followed by workers' experiences of building relationships with young PEH. It will then move on to reviewing studies which investigated workers' experience of providing support to individuals moving out of homelessness; and end with studies which explored the working relationship between workers and adults experiencing homelessness in a housing support environment.

1.10.3 Experiences of building relationships with PEH in the context of providing healthcare

Three studies explored workers' experiences of providing healthcare to PEH (Guirguis-Younger, McNeil & Runnels, 2009; Jezewski, 1995; Seiler & Moss, 2010); two were carried out in the USA (Jezewski, 1995; Seiler & Moss, 2012) and one in Canada (Guirguis-Younger, McNeil & Runnels, 2009). All three studies used qualitative analysis and had small samples of participants (8-11).

Jezewsi (1995) used Grounded Theory to explore how healthcare workers overcome barriers to providing care to PEH, within nurse-managed shelter clinics. Barriers to PEH accessing healthcare included experiences of marginalisation and stigma, practical issues such as transport, fear of the 'system', perceptions of healthcare workers as judgemental and communication breakdown. Participants included five nurse practitioners, five community health workers and one social worker. The findings suggested that the working relationship provided a framework in which participants could connect PEH with the healthcare they needed. In this way 'staying connected' was conceptualised as the essence of their work, with three main aspects: the links that the healthcare workers form with PEH, the connections nurses establish with other providers and facilitating PEH's connection with the healthcare system.

This study appears to be the first of its kind, providing a unique insight into the centrality of the healthcare worker- service user relationship in facilitating access to healthcare in a highly marginalised group. The findings illustrate the necessity of connection, not just on an individual level, but within the 'community' involving a wider network of inter-professional and systemic support from all relevant agencies. The authors conclude that sensitivity and commitment are needed to help PEH access and receive healthcare.

Selier and Moss (2012) conducted a similar study in another nurse-managed clinic in the USA. The authors carried out nine open-ended interviews with nurse practitioners and data was analysed using a descriptive phenomenology approach. Nurse practitioners consistently described their role as fulfilling, believing that they were 'making a difference.' Job satisfaction was gained in part from the reciprocal nature of relationships, participants both gained insight into PEH's resilience and felt they were 'making a difference.' Participants

noted the ‘uniqueness’ of the homeless population in terms of their health needs and expressed frustration that healthcare was not always a priority. Participants also expressed a value driven approach and highlighted characteristics such as creativity, flexibility and openness as necessary for the role. The study adds to the work by Jezewski (1995) providing some insight into ‘how’ connection between healthcare workers and PEH is are formed, through relationships built on trust, where stories can be heard. Findings touch on the reciprocal nature of these relationships. However, the emotional impact of the work on participants is not explored, meaning it is hard to gain a sense of the emotional complexity of the role.

Guirguis-Younger, McNeil and Runnels (2009) explored how a small sample of healthcare workers (N=8) integrate their knowledge and learning into their work with PEH. Participants identified three main strategies: the first, integrating past personal and professional experiences in their work; the second, establishing and implementing a client centred approach; and the third, seeking out opportunities for interprofessional knowledge exchange and support. It appeared that for many participants, experiential knowledge of meeting others’ needs, and peer support, provided an invaluable resource for the role. In addition, an ethos of a ‘client led’ approach led healthcare workers to focus on building trust and making decisions together with PEH, respecting their preferences. The results highlight the value of ‘communities’ of practice in which peer support can be given and past experiences reflected and drawn upon.

The qualitative methodology of all three studies (Guirguis-Younger, McNeil & Runnels, 2009; Jezewski, 1995; Seiler & Moss, 2012) allowed ‘tacit,’ previously taken for granted knowledge about how healthcare workers build relationships with PEH to be explored in

some depth (Tracy, 2010). Due to the small sample sizes of all three studies conclusions that can be drawn from them are contextual and specific to the particular services in Canada and the USA. However, these studies provide important foci to consider when thinking about relationships between health care workers and PEH. One study (Jezewski, 1995) documented steps to ensure the credibility of their findings, collecting data from multiple sources which meant triangulation was possible; and making the process of analysis transparent via a clear audit trail. However, the quality of the data from the other two studies cannot be commented on as details of quality checks were not included.

The findings of the three studies examined above suggest that a trusting, working relationship in which healthcare staff aspire for connection, forms the basis of supporting PEH. Participants also described the necessity of supporting each other and the value of drawing upon personal and professional experiences of meeting others' needs. For many, this knowledge was cultivated over time in a process of reflecting on and learning from relationships with PEH. Experiences of building such relationships were largely described favourably, with 'barriers' and 'challenges' only mentioned, not explored. As a result, it remains unclear 'how' healthcare workers coped with the emotional challenges of their role and what context allowed this to happen. Participants in all three studies worked with PEH within a healthcare setting and as a result are likely to have come into contact for short amounts of time. It may be that within this context relationships remained at a relatively 'surface' level, meaning the emotional impact felt manageable.

1.10.4 Experiences of building relationships with young people experiencing homelessness

Three studies investigated workers' experiences of relationships with young people experiencing homelessness in supported accommodation (Altena et al, 2017; Kidd et al, 2007; McGrath & Pistrang, 2007). One used a quantitative methodology (Altena et al, 2017) and two qualitative (Kidd et al, 2007; McGrath & Pistrang, 2007). Two studies examined both worker and PEHs' experiences (Altena et al, 2017; McGrath & Pistrang, 2007) and the other just the workers' perspectives (Kidd et al, 2007). One study was carried out in the Netherlands (Altena et al, 2017), one in Canada (Kidd et al, 2007), and one in the UK (McGrath & Pistrang, 2007).

In a quantitative study of both young adults experiencing homelessness (N=102) and support workers (N=32), Alenta and colleagues (2017) examined the reciprocity of their relationships and the association with young adults' self-determination and quality of life. The study found that workers and young adults perceived the strength of their relationships differently. Young people perceived all relationships as the same in strength, whereas workers thought their relationships were stronger with some young people and not others. The majority of this variance within working relationships was accounted for by 'undifferentiated relationship factors,' suggesting the components that made up valued relationships were hard to quantify. Findings also indicated that those young adults who reported stronger relationships with workers, also improved the most in resilience and self-determination, highlighting the importance of this relationship for how young adults perceived themselves. Overall, the findings appear to emphasize the importance of considering working relationships as reciprocal and not making assumptions about how support is received. Furthermore, findings

stress the centrality of a strong working relationship in fostering a young adult's positive self-image.

Kidd and colleagues (2007) carried out a qualitative study which explored workers' experiences of providing services to young PEH in a hostel environment. The findings provide some insight into 'how' such relationships are built. Connection was understood as central. In order to connect, workers had to 'meet young people where they are at,' (p.18) to listen and not judge. Trust was understood as built on these connections and served as a platform for effective working relationships. Participants spoke about the conflict between enjoying their work and experiencing a high level of tension and burn out. One way workers coped with the emotionally challenging nature of the role was to support each other and help each member see their own skills. Additionally, participants spoke about striving to 'leave work at work;' in an attempt to gain some emotional distance outside of the hostel.

The findings highlighted that working within organisational and financial constraints placed additional pressure on participants and at times hindered the quality of the relationships they were able to maintain with young people. Participants spoke about 'constantly battling' against a biased social system with inadequate resources, struggling to engage 'suffering' youth; against a backdrop of genuinely liking the young people. The findings emphasise workers' emotional investment in relationships with young PEH. It appears this investment can lead to young people having rare trusting relationships; but also had the potential to cause workers high levels of stress. The authors conclude that providing workers the space to acknowledge the conflicting pressures they face can reduce the likelihood of burnout.

In an additional qualitative study, McGrath and Pistrang (2007) examined how both hostel staff (keyworkers) and young PEH (residents) perceived the keyworker relationship. Findings were similar to those of Kidd and colleagues (2007); relationships between staff and residents were complex, with staff facing a number of dilemmas; for example, how to enforce rules, but at the same time provide emotional support. Residents had similar experiences, grappling with whether keyworkers were agents of control, or allies. Qualities such as mutual respect and trust were important in managing tension in relationships. In such relationships the role of rule enforcer and supporter could be successfully combined. It was also important for residents to feel known and special to a member of staff. Between workers, approaches within their relationships with residents differed, some focused more on completing set tasks and others more on the resident's needs.

The authors conclude that the findings raise questions about the 'match' of expectations between keyworkers and residents and how this may lead to conflict within working relationships. They also highlight the importance of a reflective space for staff to process and make sense of the tension between control and support in their relationships with young PEH.

It appears the findings by Alenta and colleagues (2017) can be generalised to a wide group of young PEH, due to the larger sample size and recruitment spanning ten shelter facilities. Therefore, it seems likely that for many young PEH the relationship between a worker and young person is important in fostering the young person's perception of their resilience and agency. However, it appears that the quantitative design of this study limited the authors' ability to explore the 'unknown' factors within worker-young adult relationships which cause perceptions of their value to vary. Furthermore, the mean length of the working relationship

(1.35 months) may not have been enough time for many to have built relationships, meaning it was too soon to be able to draw useful conclusions about their reciprocity.

The two qualitative studies shed some light into what these 'unknown' relationship factors may be, with rich descriptions of the complexities of their relationships with young PEH (Kidd et al, 2006; McGrath & Pistrang, 2007). Workers had to negotiate a tension between the supportive and controlling aspects of their role and described both highly valuing and feeling exhausted by their relationships with young PEH. Both studies took steps to ensure the credibility of their studies, through the inclusion of two participant commentaries of the results (Kidd et al, 2007) and providing a clear explanation of the analytic process and decision to merge data analysis (McGrath & Pistrang, 2007). Due to the small and self-selecting nature of both samples it is unclear how generalisable the findings are beyond the remit of the studies. However, consistencies between the two studies' findings do suggest that conflicting emotional responses to the role and valuing trust and transparency with worker-resident relationships may be a commonly shared experience for workers supporting young PEH.

1.10.5 Studies which investigated workers experience of providing support to individuals moving out of homelessness

Two studies examined the experience of workers providing support to individuals moving out of a high support environment into the community (Chen & Ogden, 2012; Hennessy & Grant, 2006). One was conducted in the USA (Chen & Ogden, 2012) and the other in the UK (Hennessey & Grant, 2006).

Chen and Ogden (2012) carried out a qualitative study exploring the working relationship between twelve workers (psychiatrists, psychologists, social workers) and adults with mental health difficulties, leaving institutional services at risk of homelessness. The findings showed workers thought a client's motivation and a shared agreement about goals made it more likely that a client would move on to community-based accommodation. The working relationship was understood as the vehicle through which motivation and shared goals took shape; relying on two strategies, informal relating approaches and following the client's lead. Workers understood trust to be built through demonstrating reliability; and trust within a working relationship facilitated clients' motivation and commitment to retain housing.

The authors conclude that successful working relationships were built on 'humanistic' features such as trust, unconditional positive regard and flexibility. They suggest that the focus of community interventions for PEH should be on these relationships and not goals, skills and support; as trusting relationships were a prerequisite for engagement with the practical tasks necessary for community living. As a result, the authors recommend formalised guidelines are developed for the use of informal activities to privilege events such as sharing coffee together within a worker's role.

In a qualitative study, Hennessey and Grant (2006) examined the dynamics of housing support between support workers (N=16) and service users (N=25) moving out of homeless accommodation, into the wider community. In line with findings by Chen and Ogden (2012), the relationship between the service user and support worker formed a vital part of the resettlement process, with both practical and emotional support needed for the resettlement to be a success. Within this relationship, workers often acted as both an advocate and figure of trust and provided support in an informal manner. Over time emotional support was

developed through a trusting and compassionate relationship. In addition to relational factors, successful resettlement was also found to be dependent on the client being motivated to want to move away from homelessness.

The qualitative design of both studies allowed the rich exploration of a little researched relationship between workers and individuals at risk of homelessness transitioning out of a supported environment into the community. Chen and Ogden (2012) documented clear steps to ensure the rigor of their study; for example, though the use of a clear audit trail, reflexive conversations and triangulation. In contrast information about the process of analysis is missing from the study by Hennessey and Grant (2006). Therefore, it is not possible to assess the quality and rigor of the findings. Furthermore, the authors do not describe the process of analysing both resident and worker data; therefore, it is unclear to what extent there was consistency amongst participant groups.

The findings of both Chen and Ogden (2012) and Hennessey and Grant (2006) highlight the unique relationships support workers often have with service users, and the necessity of these relationships in providing the stability and emotional support for individuals to move out of homelessness. Both studies operationalise such relationships as being informal in nature and led by the service user. The studies emphasize the importance of support workers being given time to build trusting relationships with service users, as such relationships often provide a framework in which service users can develop motivation and gain independence.

1.10.6 Studies which explore the working relationship between workers and adults experiencing homelessness in a housing support environment

The final two studies examined workers' experiences of supporting adults experiencing homelessness within a supported housing context. One utilised mixed methods (Ferris et al, 2016) and the other qualitative (Phipps et al, 2017). One was carried out in Australia (Ferris et al, 2016) and the other in the UK (Phipps et al, 2017).

Ferris and colleagues (2016) carried out a survey (N=60) and semi-structured interviews (N=26) with frontline workers supporting PEH. The findings suggested that participants who perceived client suffering as higher also rated themselves higher on job satisfaction and lower on burnout. These relationships were mediated by organisational identification. Therefore, it appears identifying with organisational values provided participants with a way of coping with an emotionally challenging role, whilst staying attuned to clients' suffering. Furthermore, increased 'infrahumanisation' (emotional disconnection) did not predict lower burnout or increased job satisfaction, meaning workers did not find disconnecting from their clients' emotional states a helpful means of increasing their job satisfaction or reducing stress. Within the qualitative data, participants consistently spoke about 'bounded empathy' towards their clients, in which an authentic connection is present within the confides of work and 'left at the door' when they leave.

Phipps and colleagues (2017) carried out a study exploring the experiences and perspectives of residents (N=9) and hostel staff (N=10) and psychotherapists (N=5) living and working in a Psychologically Informed Environment (PIE). Both residents and workers reported a preference for working in a PIE model where time to build relationships together was prioritised. In line with much of the research within this review, trust was understood as a key

component of a strong working relationship. Some residents spoke about the positive effects of keyworker relationships, enabling them to feel cared for and feeling able to speak openly.

The authors conclude that it is important to make a hostel environment feel like a home and to create space for flexible, individualised working. In accordance with the findings by Ferris and colleagues (2012), the emotional impact of the work was acknowledged by both hostel staff and psychotherapists. The authors suggest reflective practice as a forum in which the emotional challenges of the work can be discussed. They add that sufficient time and resources are needed to be able to work in a psychologically informed way and therefore have an impact on the quality of resident-worker relationships that can be built.

The mixed methods design employed by Ferris and colleagues (2016) meant it is possible to both conclude that the protective nature of organisational identification appears to be present within a large group of hostel workers, at the same time as exploring their relationships with PEH in more depth. Furthermore, the authors' use of a field sample, over a convenience one, meant the participants are likely to be representative of typical hostel workers. However, there is a chance that those workers most impacted by being burnt out had already left the organisation. The study by Phipps and colleagues (2017) is one of the first to explore a popular model of housing support (PIE) and provides an interesting insight into perceptions of both workers and residents. In both studies the steps of analysis are clearly described, and therefore appear to be of suitable credibility and quality. The relevance of the study by Phipps and colleagues is aided by the inclusion of a service user advisor in developing the interview schedule.

The findings of both studies provide some insight into how hostel workers negotiate the emotional impact of their role. For some a strong organisational identification appeared to both facilitate connection with residents and protect against burnout (Ferris et al, 2016). However, Ferris and colleagues (2016) do not detail what these values are or explore how they are used, meaning further investigation is needed to understand how organisational identification can act as a protective mechanism for workers. Across both studies participants spoke of working with a trauma informed approach, bearing the impact of residents' traumatic histories in mind. The authors highlighted the necessity of the hostel environment to be set up to support these relationships and the importance of reflective space and time and resources for workers to be able to work in this way.

1.10.7 Summary of key findings

The current systematic review revealed that workers' experiences of building relationships with PEH have been little investigated in research, with the majority of studies limited to small, Western samples. Across the literature there is a lack of detail and reflexivity documented within the studies meaning it is not possible to assess how broadly the conclusions drawn reflect the majority of participants' perspectives.

That said, the findings showed some marked consistencies. Studies unanimously found a trusting, empathic and non-judgemental approach enabled workers to connect with and build valuable relationships with PEH. These relationships were understood to form the groundwork for PEH developing motivation to access support aimed at addressing their health and emotional needs; and in moving towards more independent living. In order to build a trusting relationship, workers needed to listen to PEH, hear their stories and 'meet them where they are at.' (Kidd, 2007, p.18).

For some workers this relationship building process was understood as reciprocally beneficial, with both workers and PEH gaining a sense of fulfilment from working together. It was notable that the complexity of these relationships was only explored by those workers providing more intensive, largely 'in house' support to PEH. Within these studies workers highlighted an emotionally draining process in which they had to navigate both nurturing and controlling aspects of their role. For these workers some sustenance was gained from their strong connections with PEH. A couple of studies briefly referenced a worker's desire to 'leave work at work'. However, it largely remained unclear 'how' workers coped with the emotional impact of their working relationships.

The importance of support from both peers and the wider system was highlighted in a number of studies, in addition to workers having access to a reflective space to process their emotional reactions to relationships with PEH. However, what remains unclear is how such sources of support are perceived and used by workers and the mechanisms by which they can be useful. A couple of studies sought to place workers' capacity to provide such support in context, highlighting the impact of wider issues such as limited funding and resources.

1.11 Rationale for the current research project

The literature reviewed in the introduction chapter begins to shed some light on the complexity contained in relationships between project workers and PEH. However, the few studies from the perspective of project workers leave a number of questions unanswered. Studies from the perspective of PEH highlighted that although trusting relationships with workers were invaluable, such relationships were often not available, and experiences of mistrust and disconnection in relationships with workers and services were common (Jost, et

al, 2011; Westaway, Nolte & Brown, 2017; Zerger et al, 2014). Therefore, there appears to be a clear gap in our understanding of the conditions which make valued relationships between project workers and PEH possible. Studies from the perspective of workers are limited in number and lacking in depth, with conclusions often drawn at a surface level. Some alluded to emotionally draining aspects of the role and a desire to disconnect on leaving work, however these dynamics require further exploration. Finally, additional investigation is required to understand how project workers use sources of support and how they can be useful.

Thus, the current study aimed to provide an in-depth exploration of project workers experiences of building relationships with PEH.

Chapter 2: Methodology

2.1 Overview

This chapter will start by detailing the use of thematic analysis in order to explore project workers experiences of building relationships with PEH. It will then describe the process of recruitment, explain the choice of focus groups to gather data and detail ethical procedures. Next, the data analysis process will be described in some depth, providing examples of how transcripts were understood and interpreted. Finally, the steps taken to ensure the quality, rigor and credibility of the findings will be clarified.

2.1.1 Design

This study was a thematic analysis of focus group data gathered from project workers supporting PEH within supported accommodation.

2.1.2 Choice of a qualitative design

A qualitative design was chosen for this study using thematic analysis. A qualitative design was chosen for a number of reasons. Firstly, the systematic review suggested that relationships between workers and PEH were best understood through qualitative methods; as there is not enough known to carry out meaningful quantitative research on the topic. Secondly, qualitive methods were deemed appropriate as the study aimed to explore the 'social process' of relationship building and understand the key elements of this experience (Harper, 2012). Qualitative findings can be used to dispel myths about marginalised populations (Dumka et al, 1998) and can act towards social change through 'giving voice' to those often not heard in society (Mishler, 1986; Rappaport, 1990). Thus, a final factor in the

choice of methodology was the hope that a qualitative design would bring to the fore the previously little heard experiences of project workers supporting PEH.

2.1.3 Choice of Thematic Analysis

The data within this study was analysed using thematic analysis as outlined by Braun and Clarke (2006). Thematic analysis provides a broad method of identifying and analysing patterns of meaning within a data set (Braun & Clarke, 2006). It is suited to explicating how a group conceptualises the phenomena under study (Joffe, 2012); and therefore, is well-matched for exploring project workers' experiences of building relationships with PEH. Furthermore, as thematic analysis is not tied to one particular epistemological position, it is appropriate for exploring the process of social construction in line with this study's epistemology, allowing the investigation of project workers' subjective experiences and meaning making processes (Braun & Clarke, 2006). Thematic analysis is the most commonly used method of analysis with focus group data (Wilkinson, 1999) and therefore, appeared the best fit of analysis for this study design.

2.1.4 Consideration of alternative methodologies

In the process of designing the study other modes of qualitative analysis were considered. Grounded theory (Glaser & Strauss, 1967) is a qualitive approach which enables the researcher to construct a theory 'grounded' in the data, with the aim of developing a model of (a) social process/es (Charmaz, 2014). In some aspects grounded theory appeared a suitable mode of analysis for the current study, as it is suited to questions which focus on processes, patterns and meaning in context (Tweed & Charmaz, 2012). However, the current study was approached with the aim to explore and construct common factors which the flexibility of thematic analysis appeared more suited to (Braun & Clarke, 2006), rather than work towards

an ‘inductively driven theory’ (Tweed & Charmaz, 2012). Choosing to explicitly carry out a thematic analysis meant this study had the flexibility to not subscribe to grounded theory’s explicit theoretical commitments (Braun & Clarke, 2006). Other qualitative methodologies were more explicitly unsuitable for investigating the research question. Interpretive Phenomenological Analysis (IPA) being more concerned with the subjective experience of the internal world of the individual, rather than a group, which allows the consideration of the more relational context; and Narrative Analysis more focused on the temporal stories individuals and communities tell across time, rather than a social process (Harper, 2012).

2.1.5 Data collection via focus groups

The use of focus groups to collect data appeared a sensible choice for this study as focus groups move away from researcher dominated questioning and instead aim to create a more naturalistic atmosphere where participants can open up and support one another (Rabiee, 2004; Willig, 2013). Focus groups also fit with the underlying motivation of this study to ‘give voice’ to a marginalised group, as they allow participants to take greater control of the conversation (Wilkinson, 1999). A key feature of focus groups is that the data collected reflects the multiple layers of the groups’ interactions (Thomas, MacMillan, McColl, Hale, & Bond, 1995). Therefore, data collection via focus groups is consistent with the social constructionist (Burr, 1995) and systemic theoretical underpinnings of the study (Bateson, 1979). In total six focus groups were carried out which appeared sufficient to capture a breath of perspectives; as a recent study found that when forty focus groups were carried out, 80% of themes were discoverable in two to three groups (Namey et al, 2016).

2.2 Participants

2.2.1. Participants' role and working environment

Participants were project workers working in projects run by a range of service providers, commissioned by Hammersmith and Fulham Local Authority. Projects were supported housing for single homeless people with medium to high support needs around mental health, substance misuse and/or offending behaviour. The number of residents per hostel ranged from 8 to 16. All hostels included 24-hour staffing with some having sleep-in staff. All residents were allocated a keyworker and given a support plan that was reviewed on at least a quarterly basis. Referrals were made via the Local Authority housing team.

Project workers were employed with the aim of supporting residents towards a safe and successful resettlement into the community. Workers were often encouraged to work in an outcome and goal focused way. Their tasks were broad and included the engagement with residents and assessment of their needs, case management, housing management and engagement in purposeful activity. Much of the role included liaison with supporting services, such as statutory, health, housing and employment services. In addition, workers were expected to document their work daily and produce reports on residents they were the allocated keyworker for.

2.2.2 Recruitment

Participants worked in projects supported by a social enterprise commissioned by the local authority, which provide specialist mental health input, including reflective practice, in projects (hostels) across a number of London boroughs. Members of the multidisciplinary team primarily work with staff to improve their capacity and capabilities to manage residents' mental health difficulties (Brown et al, 2016). Initial contact with the projects was made through the study's field supervisor who worked with the social enterprise in London.

Permission to approach managers within hostels was granted by the local commissioner (see the ethics form in Appendix G for more information). In order to aid recruitment participants' project managers were approached and then a team meeting was attended in which details of the project were provided, the information sheet given out (Appendix I) and potential participants were given the chance to ask any questions. The details of interested parties were then recorded.

Initially the focus groups were planned to be carried out at a local town hall, with the aim of mixing participants from different projects within each group in order to encourage difference (Willig, 2013). However, no participants attended the first pilot group due to difficulties occurring in their projects on the day. This highlighted the constraints in staffing within the project and as a result, the pressure on workers to be available to respond to any developments. Therefore, the design was amended and following consultation with my supervisors and project managers, and approval from the University of Hertfordshire ethics board, dates were arranged to carry out the focus groups within each project's team meeting. On the day of the focus group if project workers were present who had not been part of the introductory meeting they were given information about the purpose and nature of the study and given time to consider if they would want to participate.

2.2.3 Participation criteria

Participants were recruited from six different projects, and six focus groups were carried out, each only involving workers from each hostel. In order to maximise the number of participants an opportunity sample was used, in that all project workers meeting the eligibility criteria and present on the day of the focus group were asked to participate. In order to avoid the situation where project workers felt unable to be honest in front of more senior staff,

managers were excluded from the study. Project workers were eligible to participate if they had been working in their role for more than three months. Details of participants' demographics can be found in Table 3.

There were 22 participants included in the study; all those who volunteered for participation met the inclusion criteria. Participants had a broad age range from 25-53 (M= 34.3, SD= 11.5), the majority of participants either identified themselves as black British (N= 7), or white British (N= 11), with two identifying as mixed heritage, one as Polish and one as Asian. Time working with PEH also widely varied between participants, from 4 months to 22 years (M= 7.9, SD= 6.8). The individual ages of participants have been excluded from the demographics table in order to protect their anonymity.

Team	Participant identifier	Gender	Ethnicity	Role in team	Time worked with PEH in years and months
1	Malveka	Female	Asian	Project worker	4
1	Laura	Female	White British	Project worker	4
2	Charlie	Female	White British	Project worker	0.4
2	Steve	Male	White British	Project worker	20
2	Connor	Male	White British	Project worker	1
2	Sarah	Female	White British	Project worker	3.5
3	Wayne	Male	Black British	Project worker	6
3	Chris	Male	White British	Project worker	3
3	Jasmine	Female	Mixed heritage	Project worker	7
3	Anna	Female	Polish	Project worker	4.2
4	Deanna	Female	Black British	Project worker	2
4	Kerry	Female	Black British	Project worker	1.1

5	Trevor	Male	Black British	Project worker	14
5	Carly	Female	White British	Project worker	3
5	Hannah	Female	White British	Project worker	9
5	Tracy	Female	White British	Project worker	6
5	Chris	Male	White British	Project worker	5
6	Marjorie	Female	Black British	Project worker	22
6	Mabel	Male	Black British	Project worker	19
6	Devon	Male	Black British	Project worker	8
6	Diane	Female	White British	Project worker	13
6	Natasha	Female	Mixed heritage	Project worker	20

Table 3: Participant demographics

2.3 Ethical Considerations

2.3.1 Ethical approval

Ethical approval was granted from the University of Hertfordshire ethics board (Appendix G). As detailed above an amendment to hold focus groups within projects, rather than at a separate location, was submitted and granted (Appendix H). In order to ensure the study was carried out in an ethical manner, the Code of Human Research Ethics (British Psychological Society, 2014) was used as a guide.

2.3.2 Informed consent

As discussed in the recruitment subsection, all project workers present in the initial recruitment meetings were given an information sheet clarifying the aims of the study, what participation would involve, the terms of confidentiality and storage of their data, potential benefits and risks of participating and their right to withdraw at any point (Appendix I).

Information sheets were also provided to give out to team members not present with contact details for any questions.

On the day of each focus group, time was given to check if any members of staff were present who had not attended the initial meeting and therefore may not have had a chance to read the information sheet or ask any questions. In this situation the same information was clarified and potential participants given the opportunity to decline from participating. Care was taken to stress that participation was completely voluntary. No participants declined at this point. Finally, prior to starting the focus groups all participants signed a consent form (Appendix J).

Following the focus groups, a debrief was carried out in order to give participants time to reflect and process what they had heard and spoken about in the group. Prior to carrying out the groups team managers and the social enterprise team had agreed that project workers could speak with them about any part of the focus group they found distressing. All this information, and additional out of hours support service contact information, was provided to participants at the end of the groups (Appendix K).

2.3.3 Confidentiality

In order to maintain confidentiality all data collected in this study and participant identifiable information was anonymised and stored electronically in password protected conditions. Audio and visual data was planned to be recorded, however audio data proved sufficient. Once audio data had been uploaded electronically to the computer it was removed from the audio device. The confidentiality of all data was kept in line with the Data Protection Act (UK Government, 1998).

2.4 Service user consultation

A consultation was carried out with a service user group who are part of a well-established charity supporting PEH. The group meet on a monthly basis and consultants were paid for their time by the charity. A summary of the consultation can be found in Appendix L. In the consultation the aims and rationale for the current study were described and consultants gave their feedback. There was a consensus that relationship building was important to learn more about as each consultant could identify both positive and negative relationships with workers that had had a significant impact. Consultants also commented on the negative stories told about PEH and welcomed research focused on finding out what works. Some consultants felt confused about why the study was focusing on workers' experiences and not theirs; whereas others could see the importance of findings out how workers can be best supported to do their job. Overall, this consultation provided support for the current research questions and rationale and offered a powerful reminder that the overall aim for doing this research was to improve services for PEH.

2.5 Data collection

2.5.1 Devising the focus group questions

An open-ended interview schedule was devised with the aim of providing a framework to open up discussion and enable multiple perspectives to be expressed within the group (Raibee, 2004). The focus group questions can be found in Appendix M. In line with guidance by Kruegar and Casey (2000) questions were kept short, conversational and open ended. Steps were taken to ensure questions were one-dimensional, so as to not confuse participants and include 'good directions'. Furthermore, questions were designed to be asked to the group, to avoid putting individuals on the spot, and started with an easy, positive

question to relax participants and build confidence (Kruegar & Casey, 2000). Prompts were included in order to clarify, deepen descriptions and check out similar or different perspectives. The content of questions was informed by the PIE literature (Keats et al, 2012). Questions did not follow the five elements of PIE verbatim; however, the decision was made to explicitly ask about aspects of the approach, such as reflective practice, systems of support and literature or training that informed participants' practice. Questions were discussed with both supervisors and reviewed and revised accordingly in light of their research and field-based knowledge. The thoughts of the studys consultants were held in mind during the development of the questions, particularly descriptions of good and bad experiences.

2.5.2 The focus group process

Focus groups were carried out with between 2 to 5 participants in each (see table 2 for details) and they lasted between 45 and 90 minutes. As participants all worked together as colleagues there was no need for introductions. Within the literature there are different perspectives on whether to use pre-existing groups, with some in favour (Kitzinger, 1994); and others against (Thomas et al, 1995). The strengths and limitations of sampling a pre-existing group will be further explored in the discussion chapter. Due to a significant positive impact on sample size the decision was taken within this study to use pre-existing staff groups. Raibee (2004) writes about how important the role of the moderator is in enabling participants to feel relaxed and encouraging them to engage with and exchange feelings and ideas. As a result, steps were taken to create a safe and comfortable atmosphere (Kreuger, 1994), relationally through making both the focus group and study process explicit and actively addressing choice and confidentiality; and environmentally through carrying out the groups in participants' team rooms and bringing snacks and hot drinks. At the end of each group a reflective diary was written to note initial observations, thoughts about how it felt to

be a part of the group and what was striking or absent. Two examples of these reflections on the process of moderating the focus group are included in Appendix N. Moderation style was adapted to suit each group's needs, for example through asking more follow up questions in groups with fewer or quieter participants and adopting an assertive approach to moving onto new questions and time keeping in groups with more to say. Attention was given to include all group members in the conversation and ensure each had a chance to share their perspective.

2.6 Data analysis

Data was analysed using thematic analysis as described by Braun and Clarke (2006). Themes were generated in an inductive 'bottom up' way to ensure they were closely linked to the data, and therefore not driven by the researcher's theoretical interest, or from a coding frame (Braun & Clarke, 2006). Although the interview schedule was informed by the PIE framework, the data was not actively interpreted through this lens. That said, data was coded from a social constructionist epistemology and subject to the researcher's own assumptions and biases (Braun & Clarke, 2006). Therefore, steps were taken to identify these and ensure they did not overly influence the analysis which will be detailed below. Furthermore, the thematic analysis focused on a latent level, meaning that the researcher looked beyond the explicit 'surface' level, to the implicit concepts, beliefs and assumptions which were believed to shape the data (Braun & Clarke, 2006). Thematic analysis on a latent level lends itself to a social constructionist epistemology (Burr, 1995), as adopted by the current study, in which themes are understood to be socially constructed and do not simply 'emerge.' However, this further highlights the importance of a reflexive stance throughout the research process.

Braun and Clarke (2006) describe six phases of completing a thematic analysis which will be described below and applied to the analytic process of the current study. The process of analysis involved moving back and forward between phases, but for the purposes of this write up they will be described in order:

2.6.1 Phase 1: familiarising yourself with the data

In order to become 'immersed' in the data, each focus group was transcribed verbatim by hand. Braun and Clarke (2006) recommend reading and re-reading the transcripts at this point and through the process of transcription the data became very familiar. During this process a reflective log was kept of what stood out, noticing patterns and considering meanings and ideas for potential codes or themes.

2.6.2 Phase 2: generating initial codes

The coding took place in two stages. Firstly, all six transcripts were coded by hand in a line-by-line manner with the aim of staying as true to the text as possible. In this way the codes stayed as 'data-driven' as possible. During this process it proved difficult to 'step away' from the text. Therefore, a second stage of coding was undertaken in which all line by line codes were amalgamated to form 22 overarching codes. This two-stage process can be observed in the example transcript in Appendix O. All transcripts were then coded with the 25 overarching codes. At this stage in the process a transcript was coded by the principal supervisor, and reflective conversations were had to explore any points of difference, in order to check the credibility of the coding (Tracy, 2010).

2.6.3 Phase 3: searching for themes

This next phase involved focusing the analysis at a broader, thematic level (Braun & Clarke, 2006). Mind maps were used to test out different combinations of codes and to begin to construct themes from the data. An initial thematic map of the first four themes devised and the corresponding codes can be found in Appendix P. Following this process sub themes were constructed from the codes and a further review of the data was carried out, to develop an initial map of themes and subthemes (see Appendix P).

2.6.4 Phase 4: reviewing themes

At this phase consideration was given to how well the themes fit firstly the codes and secondly the data set as a whole (Braun & Clarke, 2006), as recommended by Braun and Clarke (2006). Patton's (1990) criteria for internal and external heterogeneity was considered, in which data should fit together meaningfully and themes should be clearly identifiable and distinct. During the first stage of this phase the collated coded extracts were read through to determine their consistency. During this stage a number of alterations were made to the thematic map (see Appendix P).

During the second stage of this phase the entire data set was re-read to check the validity of individual themes. Following reflective conversations with both supervisors there was consensus that themes and subthemes within the first 'Value driven practice' subtheme were not distinct enough, having a lot of overlap. Therefore, at this point the researcher went back to the data and coded extracts and reconsidered groupings. In addition, through considering the text as a whole and reflecting with supervisors on this process, an additional subtheme was co-constructed to capture aspects of the data that were seen as significant, but not fully captured up to that point. Thus, a subtheme 'Acting out of a helper identity' was added to the

theme ‘Draining but sustaining.’ To compare the difference between initial and the final thematic maps see Appendix P. Themes were finally decided upon as it appeared they fit together and gave a coherent narrative of the data (Braun & Clarke, 2006).

2.6.5 Phase 5: defining and naming themes

At this phase themes are ‘defined and refined’ to ensure that the ‘essence’ of each has been captured which fits with the story the researcher is telling about their data (Braun & Clarke, 2006). In order to do this the extracts for each theme were organised into a ‘coherent and internally consistent account’ (Braun & Clarke, 2006). When writing the narrative for the final themes and subthemes it appeared that the first theme ‘Value driven practice’ continued to lack internal consistency and also the subthemes did not appear to be telling a consistent story. Following a reflective conversation with the principle supervisor the theme and subthemes were refined and renamed in order to tell a more coherent narrative that developed throughout the theme. The final thematic map following this process is included in Appendix P.

2.6.6 Phase 6: producing the report

In this final phase the analysis was written up in the results chapter. Consideration was given to the presentation of the themes and subthemes in a coherent narrative to allow the reader to easily follow the story of the data. Extract were chosen with the aim of providing a rich description of each subtheme. On reviewing the first draft of this section it was reflected upon by both supervisors that some of the complexity within the focus group data was missing. Therefore, the results section was then reviewed and amended with the aim of constructing a more nuanced story of project workers’ experiences. A reflection on this process can be found in Appendix Q.

2.7 Quality assurance

When assessing the quality of qualitative research measures developed to assess the quality of quantitative research, such as reliability, validity, objectivity and generalisability are not

applicable (Yardley, 2014). Such measures come from a 'realist' epistemological position seeking to discover an objective truth and not how meaning was constructed, as the current study aimed to do from a social constructionist epistemology (Burr, 1995; Harper, 2012). Consequently, frameworks for assessing quality of qualitative research have been developed. Tracy (2010) presents one such framework with eight key markers: worthy topic, rich rigor, sincerity, credibility, resonance, significant contribution, ethics and meaningful coherence.

The process of qualitative research leaves both the researcher and participants vulnerable to critique, sharing 'hard-earned truths' with those who are in a position to make judgements about the 'validity' of this knowledge (Stein & Mankowski, 2004). However, in order to best represent and translate unheard voices into action it is important research is grounded in the social context and experience of participants, that it acknowledges the researcher's ways of knowing; and offers new understandings through the shared experience of reader, writer and participants (Stein & Mankowski, 2004). With this in mind a table detailing the steps to meet and assess this criterion for the current study in included in Appendix R.

Chapter 3: Chapter 3: Results

3.1 Overview

This study aimed to explore project workers' experience of building relationships with people experiencing homelessness. In this chapter the results of the thematic analysis will be explored. Three main themes were constructed from the data, namely *'Working hard to build connection', 'Supporting each other in an unsupportive context'* and *'Draining but sustaining'*. Each theme and corresponding subtheme will be explored in depth below.

Working hard to build connection	• Value driven practice • Aligning with the residents' position • Holding on to connection despite the odds
Supporting each other in an unsupportive context	• Let down by the system • Supporting each other
Draining but sustaining	• Negotiating responsibility • The emotional cost • Acting out of a helper identity

Figure 1: Thematic map of themes and subthemes

3.2 Working hard to build connection

Participants described working hard to build a connection with residents within a challenging context. They described acting out of a strong value system in which importance was given to human connection and a sense of shared humanity. Participants were able to operationalise this approach as being non-judgemental, compassionate and strength-focused. Working day to day alongside each other led participants to align themselves with residents, getting to know them beyond their experiences of homelessness and coming to understand their different needs and strengths. At the same time, many participants highlighted the importance of being honest about the limitations of their role with their working context. Participants

experienced many barriers to connection, such as limited resources, task focused services and participants' own emotional capacity. Therefore, on one hand, participants spoke about the difficult position of falling short of their own ideals, but on the other held onto hope and came to view their relationships as restorative.

3.2.1 Value driven practice

Participants spoke about their relationships with residents as driven by a strong value base. It appeared this 'value driven practice' led participants to work hard to offer relational safety to residents, informed by an awareness of how often traumatic and damaging relationships had featured in thier lives. For many participants, working on a daily basis with residents had led them to appreciate their shared need to be treated like a human being, with respect and compassion. As a result, participants took active steps to practice in accordance with their values, focusing on residents' unique skills and strengths, and being non-judgemental and flexible whilst retaining honestly about limitations. They often spoke of the challenging context in which they practiced, in which efforts to connect were not reciprocated and resources were limited. Therefore, at times 'value driven practice' remained as an ideal and could not be translated to the reality of the working environment.

Many participants spoke about how, in the process of getting to know residents, they started to see themselves as sharing many similarities, leading to a recognition of their shared humanity, in a context of difference. It appeared this process enabled barriers of blame and stigma to be broken down, and connection to form.

> *Laura - She used to say to me 'look at you, you are perfect and you go to uni and you do all this' and I said to her what were you doing at my age? And she was doing*

> *nursing at the same university that I was at. So, you need to remember we are all fallible, we are all human and we are all vulnerable. You are not this bad person who was destined to end up this way. And I think over time I've learnt that we're human too and that's the easiest way to do this job is to remember we are human and they're human and that's it. (Group 1)*

For other participants, similarities between themselves and residents were not as obvious, but they chose to make active attempts to find 'common ground.' In this context it appeared participants positioned themselves as active agents within a relationship building process. Within these relationships participants often spoke about making repeated and extended efforts to build a connection, with little said about the residents' role in this process. Perhaps this reflects that participants often felt they played a more active role in the relationship building process than residents.

> *Connor - If you can find something in common just like one thing like food, sport, music, like one little thing like you, even if you don't like it yourself you can do a bit of research on it and just kind of have something to build on even if it's something tiny. (Group 2)*

Many participants expressed an understanding of the residents' past traumatic and damaging relationships. Coming to understand residents backgrounds appeared to activate a sense of empathy towards residents and lead participants to try and understand behaviour within this context.

> *It sometimes takes some time for obviously for them to actually gel with staff because a lot of our clients that we work with have come from some serious backgrounds, some serious damaged lives and it takes time to build that relationship. (Group 6)*

Participants also articulated a wish to work in a non-judgemental and considerate manner; with the aim of putting residents at ease. It may be that in keeping residents' needs in mind participants were able to offer some resistance to being positioned in an authoritarian role.

> *Chris - I find that I use humour quite a lot, especially if a client knows they have messed up and they know that they should have done something when they didn't……. if I make a comment that was nothing like what they expected me to bring up and it just kind of puts them at ease so we can discuss it and I will slowly broach what really needs to be addressed. (Group 3)*

Many participants spoke about the importance of working in a creative and flexible way, believing that different approaches worked for different individuals. In this way there seemed to be a belief held by participants that one could not always 'get it right' and therefore, whilst connection was possible, it did not happen with all residents.

> *Steve - I feel like key working in general is a lot of trial and error and experience and like no two people are never the same so you know what may work with one person may not work with another so I feel like it's just about being creative. (Group 2)*

When speaking about their relationship with residents, some participants spoke about drawing out residents' strengths in an active and deliberate way as they experienced residents

as not able to do this for themselves. Others described their efforts to engender joy and hope into the residents lives. In this way it appears participants took it upon themselves to offer a counter to the problem-saturated narratives so often present in the lives of people experiencing homelessness.

> *Malveka - You have to be that person, you have to be an uplifter and the person who brightens up the room, like I don't know, bring a bit of sunshine into someone's life. (Group 1)*

It appears that building a connection held a reciprocal value as participants often spoke about their connections with residents as motivating them to persevere with an often-challenging role. Therefore, it seems that within working relationships, focusing on strengths can engender a sense of hope when finding a connection proves difficult.

> *Laura - So, it's about finding positives like that, not just for the clients but also for our own self-preservation if I am honest! I don't want to come into work all day, every day thinking that everything is horrible; and we constantly face challenges. So, you have to find the good, you have to find the little diamonds in the rough don't you. (Group 1)*

At the same time participants reflected on the confusion and conflict that arose with residents, irrespective of the value driven nature of their approach. This speaks to the complexity of participants' relationships with residents. At times it seemed that participants found themselves in a position in which acting in accordance with their best intentions resulted in

further emotional challenge. Perhaps for some this led to a sense of not being able to 'get it right.'

> *Wayne - So it was care home when he was younger, then he was in prison, and then different homelessness shelters. I think he was in a mental health unit?*
> *Chris - Yeah he was*
> *Wayne - And so when he came here there was a lot of sounding out of boundaries to see how far he could take certain things urm and possibly because we are a lot more flexible and positive in the way we approach certain situations I think it might of confused him a bit about what kind of response to expect from different behaviours and so erm the way this manifest would be that he would over dramatize things, blow things out of proportion and see what kind of response he could get from staff and paint this narrative that it was him against the system. (Group 3)*

Organisational demands were also understood to limit time available for building relationships with the residents. Therefore, perhaps many participants experienced a conflict between their 'ideal' practice as described in this sub-theme, and what they were capable of within the contextual constraints. In such situations participants often spoke about being honest with residents about the limitations of their role. In being transparent with residents it appears participants were acting out of a desire to reduce the power imbalance between them.

> *Jasmine - So if there is something we can't actually achieve, or promise, or provide, sort of voicing that to them so they don't have false expectations of what they are going to receive here. (Group 3)*

The position of being caught between offering care and enforcing rules appears to speak to the heart of the conflict within participants role and many participants spoke about their struggle to negotiate this dynamic.

> *Devon - I guess we do still try to do things that they may be reluctant to do, like paying the service charge.*
> *Juliano - We are contractually obliged to*
> *Devon - Even though they may have said 'I want to come off drugs' you may still have to run behind them, remind them they missed appointments……..so when clients come in it's about saying we are flexible but we work within parameters. (Group 6)*

3.2.2 Aligning with the residents' position

Through building connections with residents, many participants spoke about coming to align themselves with thier struggles and take on an advocacy role. Some participants spoke about their role as one of relational repair, offering a counter to residents' past experiences of dehumanising and traumatic relationships. This was achieved through aiming to level the power difference through treating each resident as an individual. At the same time, participants also shared experiences of not being able to align with residents due to their own capacity to cope with complex relational dynamics. As a result, participants spoke about having to cope with the emotional and relational consequences of falling short of their own ideal.

Participants often spoke with authority about the emotional and psychological experiences of residents. There was a sense that participants' daily interactions with residents had given them a unique insight into their inside worlds; and some appeared to take on an advocacy role

as a result. This knowledge appeared to have been developed through their connections with residents over time. Many participants felt this understanding of residents was often not shared by others in the system in which they worked, and therefore aligned themselves for the residents and against 'the system'

> *Steve - These guys have had an extended stay through the hostel system, a longer-term placement, they have had that many keyworkers and had to build that many rapports they feel like they've had to put their life under the microscope that may times that they get so sick and tired of telling the same story. And if they have to tell a new keyworker, or a drugs worker or a new therapist, he just… it really boils his pits, it really annoys him, gets him quite angry and aggressive, you know, 'after all my story, they should know my story'. (Group 2)*

Participants shared how developing an awareness of the inconsistent sources of support that residents had historically received led them to try and counter these experiences though prioritising consistency within their own relationships. Disparity existed in the time different hostels had available to spend time with each resident and therefore participants varied in how able they felt they were to provide consistent support.

> *Laura - And consistency too, we work with people who have been in the system for a long long time, so twenty years of being dismissed or continuously treated as second rate citizen…..twenty years is not going to undo in three months. And what we can provide here, which a lot of the other hostels can't provide, not because they don't want to, is that we can provide long term support. (1)*

Participants varied in the degree to which they aligned themselves with the residents. Some reflected on their understanding of what change really meant for the residents. They expressed empathy towards the enormity of the challenge to make changes and what it really meant for their clients' lives.

> *Hannah - And for a lot of our clients who are moving away from offending behaviour and drug use behaviour and you know, it's a whole life change. It's all their friends, it's everything they know, it's everywhere they know, it's everything they know to do, it's, we are asking them to make the biggest change that can be imagined and if you hope for that and you start to work for that and then you are let down it is such a huge blow. (Group 5)*

However, in other groups there was an observable absence of such talk. Perhaps for some participants the emotional investment required to align themselves with the residents' struggle was too great. It appeared for many that the emotional effort required to persevere against residents' barriers of mistrust at times became too much.

> *Wayne - Yeah, I find being lied to directly to your face, knowing you are being lied to and still having to be supportive and positive. (Group 3)*

3.2.3 Holding on to connection despite the odds

Participants described the process of building connection with residents as active and deliberate, seeking to break down barriers of disconnection. They spoke about the struggle they often faced in connecting with individuals who anticipated being let down, within a context which did not often privilege the relationship building process. Consequently, participants spoke about having to fight for connection, in a context of limited time and resources available for them to focus on building relationships; whilst at times reaching their

own emotional limit and being subject to narratives about the value of being task, rather than relationally focused.

Within their relationships with residents, some participants spoke about taking a very active role in noticing and attending to their emotional states. It appears that such attention was motivated by an understanding that many residents did not have the internal resources to do this for themselves. In this way some participants appeared to take a high level of responsibility for regulating residents emotional experiences.

> *Laura - I had to be constantly aware of what was going right and not what was going wrong because she was so acutely aware of what was going wrong that I didn't need to keep tabs on it. She, she just didn't believe in herself at all. (Group 1)*

Holding residents' backgrounds in mind allowed participants to develop a more realistic expectation of the time and energy that would be necessary to build a connection. There was a sense that the ability to hold out hope for connection with residents was acquired by participants with experience. Therefore, perhaps the ability to persevere in the face of disconnection was more of a challenge for those participants newer to the role.

> *Sarah - What I've noticed is that it doesn't matter if two weeks in a row you knock on their door and they slam it in your face if that eventually means that after that two weeks they eventually open the door to you, that's progress. You have to build it up slowly and keep going yeah as it doesn't happen overnight as it takes someone time to get used to you, to trust you. (Group 2)*

Despite many participants expressing a desire to connect with residents, some reflected upon times this was difficult. Often participants appeared to be acting out of an assumption that despite the emotional difficulties residents often presented with, building a relationship was possible. Therefore, perhaps this made encountering residents for whom connection did not come easily all the more challenging.

> *Charlie - The client here that I am thinking of, it's her mood it's very up and down and so at the beginning I really struggled to build a relationship with her because I never seemed to match with her because she wasn't feeling well or she was in a bad mood. (Group 2)*

Participants varied in the extent that they were able to voice the impact of working with individuals who, due to their life experiences, could react in emotionally challenging and abusive ways. The focus on the residents and not themselves may reflect an organisational assumption that participants should be able to cope with any interpersonal challenge that presented itself. However, one participant gave insight into how their own backgrounds and experiences interacted with their ability to come to work and cope with abusive interactions. This seems to speak to a dynamic in which residents' histories were often at the forefront of participants' minds, but their own were not.

> *Sarah - I think it is a really tough role…… I think purely that you might have something going on in your personal life, you might be feeling a little bit sensitive and then you come in in the morning ……. and they are abusive to you. Sometimes that kind of thing can be really difficult to deal with. (Group 2)*

Participants spoke about organisational pressures to ‘do’ and develop plans, rather than spend time building connection, which often led to disconnected practice, which had the potential to place to vulnerable people in risky situations.

> *Devon - And you know at the time I was unfamiliar with the cycles of addiction and herion abuse, I was doing my training so I was unfamiliar. So, I just believed them, these are the issues around the family, this is what he needs to attend, plan in place. So within two weeks his mum has phoned me up 'I'm seeing heroin around the place, he's chasing the dragon' 'are you sure mum, are you sure?' it happened all in front of me without me absorbing or taking in what was happening. (Group 6)*

Working in an environment in which knowledge about residents’ backgrounds informed their ability to manage risky behaviour and conflict; some participants reflected upon the challenge presented when this information was not available. This speaks to the context of uncertainty that participants were building relationships in; and the gravity of relational anxiety present when a new resident moves into a hostel.

> *Natasha - And especially being rough sleepers as most of them are there are no records. They haven't signed on. So you are getting a total stranger walking through your door, and there are no checks, they could be anybody. They haven't claimed benefits for three to four years. (Group 6)*

Furthermore, another participant reflected upon the inaccuracy of information they received from other agencies. This speaks to participants’ sense of feeling disregarded by other members of the system; as inaccurate information about residents had the potential to place

them at a high level of risk. It offers an explanation as to why participants so valued attunement to residents' emotional states, perhaps as a means of feeling a sense of certainty within their relationship; when certainty made them feel safe.

> *Malveka - Yeah we often get downplayed risk assessments erm and which is a problem across the board. Difficult clients are too difficult to move on because they have too many areas on their risk assessment…..so they just remove them and then they send the clients here. (Group 1)*

The 'Working hard to build connection' theme speaks to the significant level of effort participants invested in their relationships with residents; and the steps they took to level the power imbalance between them. Fighting against disconnection in the form of trauma, mistrust and outcome focused services participants strived to connect with residents against the odds. In a context in which residents' needs were the priority, it appears that participants struggled to navigate competing organisational demands to both care for and control. Thus, at times, value driven practice was not a tenable option and participants had to cope with falling short of their ideals.

3.3 Supporting each other in an unsupportive context

Participants spoke about feeling unsupported in their role by other professionals and agencies and left to their own devices to manage complex relational dynamics with residents; but at the same time supported in this endeavour by colleagues within the project. Therefore, participants were often placed in a conflicting position of representing a system which they felt let down by. Participants shared times in which their efforts to advocate for the residents were dismissed by other professionals; leaving them feeling both unsupported and

invalidated. Furthermore, participants had consistently experienced misunderstanding and invalidation about their role by individuals in their personal lives. Alongside these experiences, all participants spoke about feeling listened to, supported and taken seriously by their colleagues and project manager. Perhaps arising from the perceived lack of external support, there was a real sense that participants were 'in it together' and participants spoke of valuing internal sources of support such as collaborative working and team reflection and discussion.

3.3.1 Let down by the system

In speaking about feeling let down by the system participants highlighted the many conflicts they have to cope with in their role. Despite aligning themselves closely with residents, participants spoke of realising that they often came represent a system that many residents experience as restrictive and punitive. In addition, participants spoke of being reliant on their organisation and external agencies and professionals for support, but not feeling supported by them. This experience appeared to be compounded by the value of participants' work not being recognised. It was noticeable that, for some, being able to locate these difficult experiences within a wider context of austerity was helpful in understanding them. However, for others their focus remained on how resource limitations impinged on their ability to form valued relationships with residents.

Participants shared that many of the residents had complex needs and therefore much of their time was spent helping them to gain access to sources of financial and emotional support. Many participants reflected on the struggle they often experienced in this endeavour; and expressed feeling alone in supporting residents. For those residents who had made positive

changes in their lives, this felt fragile and subject to continued support from external agencies.

> *Carly - It's the fact that you are seeing an injustice trying your hardest with people who you do genuinely care about to get them to a stage where they can get a service that they deserve, and you are meeting brick walls all the time. That can be like, mental health services, DWP, housing, immigration. There can be all these kinds of things that you meet road blocks along the way and that is for me the most frustrating part. (Group 5)*

At other times participants sought to put their frustrations into context, recognising that cuts to funding and increased pressure to meet targets were experienced throughout the system and impacted on the support available to all. For some participants it appears that understanding the wider context of their work helped them place the blame outside of their relationships with residents allowing some participants to stay connected.

> *Laura - I think it's a combination of a few things if I am honest [*why they are not well resourced and supported by their organisation*], one of them being the funding. Erm and the second thing being the pressure, on everyone, across the organisations. (Group 1)*

Some participants expressed frustration that despite knowing what support would be helpful to residents, giving it was not always possible, as with limited resources, relationships could not always be focused on. Therefore, irrespective of intention it appears there were times in which organisational tasks became prioritised as participants struggled to manage the safety

of multiple residents. At times there was a sense that participants were just ‘surviving’ a shift, appearing to parallel some of the residents’ own experiences of survival.

> *Deanna - even with the two people, it's it's it can be quite*
>
> *Kerry - Stretched*
>
> *Deanna - Yes, quite stretched*
>
> *Kerry - Because if one person is having a keywork session with their customer, then you are on your own really*
>
> *Deanna - I had to cancel my keywork sessions this week because there was no way I would be meeting with a customer and the buzzer is going, someone is knocking the door, please can I have my door open, phone, phone calls coming in. (Group 4)*

Within this ‘culture of survival’ participants often spoke about being subject to conflicting agendas, both from residents and the service provider. One participant reflected that due to the shortage of housing, residents would say what they needed to gain a place. Therefore, at times participants found themselves in a conflicting position of being both a resident’s ally and an authority figure who makes decisions which impact on their life.

> *Diane - And do you find as well that they may well say they want to do certain things, we will use come off drugs as an example, but they don't really want to come off drugs*
>
> *Devon - No they don't*
>
> *Diane - But what they really want is housing*
>
> *Juliano - Exactly*
>
> *Diane - But the system has got them because unless they do something about it they won't get that housing, and they may not want to do something about their drug use and*

if you give them a house they may carry on using. So, there is a bit of a conflict there. (6)

Therefore, despite often aligning themselves with residents, participants spoke about how they often became positioned as the face of an organisation which a resident may have found rejecting. Thus, being placed in an uncomfortable position as a gatekeeper of housing and support, but at the same time having little power to influence such decisions.

Tracy - A lot of time they did hold (service provider) and other services personally responsible. And that was really hard because we met so many urm people who just didn't want to know, you know what I mean. They had had so many bad experiences that it was just a case of them saying 'no I would rather stay on the street.' (Group 5)

Many participants also spoke about the complexity of their relationship with the organisation and wider system. Participants spoke about depending on their organisation and external agencies for support and guidance in challenging situations. However, there was a sense from participants that, like for the residents, external sources of support were unreliable; which appeared to create a sense that the only reliable sources of support were each other.

Laura - I think that most of the challenges the clients present with, although they can be draining it's part of the work……but what is difficult is when we are told, you know you won't be subject to racial abuse and if you do these are the policies and procedures and then you follow them and you are left at the end of it. (Group 1)

Some participants' feelings of being let down by external sources of support appear to have been compounded by experiences with other professionals in which they felt not listened to or disrespected. There was a sense from some participants that interpersonal challenges were acceptable with residents, but not other professionals. This speaks to a disconnection between participants and professionals from external services, which seems to have created an 'us' and 'them' culture. Perhaps this dynamic arose from a disparity between the closeness of participants' daily interactions with residents and the relatively infrequent contact with other professionals.

> *Malveka - We are meant to be resilient, we are meant to take some abuse to some extent and it's part of the job we are in. But we don't expect it from the wider team who are meant to be working with us like care coordinators, psychiatrists, doctors, housing officers. (Group 1)*

It may be that reactions that participants experienced from external agencies and professionals, which were described at times as disrespectful or dismissive, are reflective of the way society undervalues 'front line' workers. Furthermore, within a target driven context it may be that the value of participants' daily interactions with residents is hard to quantify and therefore becomes ignored. Some participants suggested this disconnect may be due to a lack of understanding of the project worker role.

> *Carly - I think there is that view from external services that project workers in hostels just kind of like facilitate this kind of non-engaging behaviour, or, but actually a lot of the work that we do do is consistently banging on to people about, 'you've got this*

appointment, you've got that appointment, we'll come with you if you want? we'll do anything just please please just engage!' (Group 5)

3.3.2 Supporting each other

Perhaps as a reaction to feeling let down by the system, all participants spoke about the value of supporting each other on a daily basis in their relationships with residents. There was a sense that participants were 'all in it together' and supporting each other was described as a vital means of coping with an emotionally challenging role. This support was operationalised as a collaborative and informal style of working in which daily interactions with residents could be discussed and new ideas shared. As part of this support system participants all spoke about the value of an experienced and compassionate manager; and, for those who had reflective practice in place, a time to talk through emotional responses to the work.

Participants spoke about a dynamic in which they felt their work was misunderstood by anyone who did not work supporting people experiencing homelessness; and consequently, they only spoke openly about their work with their colleagues. There was a sense from participants that their shared experience with colleagues allowed an emotional openness to develop, which did not feel safe elsewhere. In the context of managing complex emotional dynamics with residents some participants appeared to feel silenced by past experiences of openness being badly received by those outside of the profession. As a result, it appeared that without the support of their colleagues, participants were at risk of feeling isolated in their experience of working with residents.

Deanna – Yeah, if you discuss with your colleague, it does work, rather than going outside and sharing outside because people outside they don't have the experience and they don't know what you are going through

Kerry - And you can speak openly with your colleagues and your manager you can speak openly, whereas outside you can't

Deanna - You have to be

Kerry - You have to keep things confidential. (Group 4)

Within the context of feeling unsupported and misunderstood by both professionals from external agencies and friends and family, participants spoke about forming invaluable supportive networks within their project. They spoke about the support they gained here as providing them with the strength to persevere with often emotionally challenging relationships with residents. There was a sense from participants that they were 'all in it together' and some spoke about actively trying to create a supportive working environment. Therefore, it appears that without such support many participants would have not been able to sustain their relationships with residents.

Sarah - For me it sounds cheesy but if I didn't work within such a good team I don't think I would have lasted this long

Connor - Same

Sarah - Everyone around me is so positive it kind of, you feed off of that energy, so for me off the top of my head that is probably the main if not only reason that keeps me like going. (Group 2)

Most participants operationalised this support as an informal, ongoing conversation between team members, such as a chat in the office. Most spoke about feeling they were able to come and ask for help from each other at any time. Perhaps a shared knowledge of the emotional impact of the role built a safe environment in which honesty was possible. There was a sense for some that the process of voicing and sharing concerns had a restorative function, providing participants with an emotional release.

> *Anna - I think just talking to each other as well, just as colleagues like, you can get frustrated when you have clients who don't want to engage with you and you can try many times many different ways to try and get them to sit down with you to anything and you just keep hitting a wall and then you've got colleagues who you can sit down with and ask, 'I am running out of options, what's your idea?' (Group 3)*

Despite many participants speaking of the value of sharing emotional challenges with colleagues, for some a fear of burdening others prevented them from being open about the difficulties they experienced at work. Therefore, participants' shared experiences had the capacity to both set a precedent for open conversation and hinder others from feeling able to voice their true feelings. In the context of feeling unsupported elsewhere, it appears that those participants hesitant to confide in their colleagues ran the risk of coping with the emotional challenges alone.

> *Tracy - I have a very small support network outside of the work, so that is something that I do struggle with because I just tend to 'okay just keep it in' and I think there are things that you need to outlet really. And if something happens. At the end of the day if it's something big that your other colleagues are going through it's difficult to then*

maybe go and then maybe go and talk to them because you don't want to upset them so to speak. (Group 5)

Many participants also spoke about supporting each other through being collaborative and making decisions together. Some spoke about the shared decision-making process as allowing them to feel heard and realise that they were not alone. Perhaps in a context where decisions made had the potential to impact on both relationships with and the futures of residents, sharing this responsibility reduced the pressure on participants. One participant reflected that a collaborative ethos was not always present in hostels, which highlights the necessity for collaboration in allowing participants to feel supported in their role.

Charlie - I think that a lot of decisions don't get made without getting a few people's opinions, not just one person, which isn't always the case in other companies I've worked for so that's a change yeah, sort of to be heard a bit more (2)

The consistency of the staff team varied between projects. Participants from projects where they had worked with colleagues for a long time reflected on how they felt staff team consistency facilitated supportive relationships with both colleagues and residents. However, many participants worked in projects in which staff turnover was high, which may have been a reflection on them feeling unsupported and in turn impacted on the consistency of support they were able to provide to residents.

Laura - Our staff team hasn't changed much as well, so that makes a difference because in a lot of hostels that is constantly changing every couple of weeks, every couple of months. So we are able to build long term rapport. (1)

Participants all spoke highly of the support they received from their project manager and identified qualities such as being containing, compassionate and reliable as important. Many spoke about the value they placed on their manager's experience and ability to keep calm in high stress situations. One participant spoke about the role of flexibility in preventing staff burn out when managing highly emotive situations. There was a sense that the manager played a key role in creating an ethos of support within the hostel.

> *Jasmine - He takes the pressure off, I think, erm he's a manager but like right now he's on reception, he's like visible, he's always around. If he's not visible you can get in touch with him somehow. Like he's always willing to step in and lend a hand, he's not like 'oh that's not my job,' he doesn't mind getting stuck in. I think obviously he is part of the team, but you can actually feel that he is as well. (3)*

In some projects an outside facilitator offered a reflective space for participants on a semi-regular basis, however this was not consistent across projects. Those participants who had reflective practice in place, spoke about the value of having a space just for them, within a working context in which others' needs were often the priority. Therefore, a reflective space appeared to offer a counterpoint to many participants' feelings of being unsupported. Furthermore, within an outcome-focused context, it appeared to offer an opportunity for an outsider to witness and validate the effort they put into building relationships with residents and highlighted existing skills and strengths. Due to the inconsistency of reflective practice between projects it is difficult to gauge its benefit.

> *Sarah - What I like about reflective practice is that it recognises, it's like a space where you can talk about how you have reacted personally to something, and how you feel about things, in contrast to our team meetings which are very action focused. And for me I like that space as it recognises that actually we are human and as much as most of the time we are fine and we have a really thick skin there are times that it's going to affect you and that's fine because it is a really hard job we are doing. (2)*

The theme 'Supporting each other within an unsupportive context' captures a polarised position in which participants felt hindered in their ability to practice in accordance with their values by the restrictions and responses they received from their wider organisation and external agencies; but at the same time feeling well supported by colleagues and their manager. Conflicts were highlighted in needing external support but not feeling this was available. It appeared that some parallel processes were present between residents and participants, in which participants felt unsupported, misunderstood and devalued by their wider organisation and external agencies, in the same way residents often felt about services and society. Against this backdrop, participants leaned on each other for support, feeling that if they were not there for each other, no one else was.

3.4 Draining but sustaining

Throughout the focus groups participants expressed conflicting emotions about their work. On one hand many shared stories and experiences of feeling exhausted and demoralised by investing time and effort into the lives of individuals who may struggle to change in line with the organisations' requests. Some spoke about struggling with how much responsibility to take on and battling with how much dependence versus independence to expect from residents. However, on the other hand a clear message of job fulfilment ran throughout; with

all participants clearly articulating the value of their work both personally and professionally. In line with the 'Working hard to build connection' theme, participants spoke about acting out of a strong helper identity in their practice, a stance that was often exhausting but also sustaining.

3.4.1 Negotiating Responsibility

The relationship to responsibility varied between participants and was described as an ongoing negotiation with themselves, residents and colleagues. Some participants expressed a strong narrative of individual independence, directing much of their work towards establishing independence in their relationships with residents. However, other participants spoke about themselves as residents' only source of support, and as a result, took on significant responsibility for their wellbeing. In an attempt to cope with this dynamic, participants described aiming to be clear about the limits of their responsibility with residents'. However, it was often not possible to maintain clear boundaries, as working on the 'front line' participants were positioned both by residents and external agencies as able to meet residents needs.

Many participants spoke about a process of internally negotiating how much responsibility they wanted to take on in their relationships with residents; and positions shifted throughout. For some, there was a clear narrative of aiming for residents to become independent and as a result, participants placed the onus of change on the individual. There was a sense that valuing independence allowed some participants to accept when problems were not resolved or change did not occur, through positioning difficulties as residents' own; and removing themselves from blame.

> *Natasha - At the end of the day we are not advice workers, we are not miracle workers, we are not psychiatrists, we are not doctors and I think back in the old school it was seen that you are the support worker and you have all the answers and all your answers are right and it's nothing like that. So now, we are trying to get them to tell us what they want. What service do you want us to provide for you? How can we help you? We can't solve your problems. We can encourage you and we can supervise you but at the end of the day you are going to have to do it. (Group 6)*

However, against the background of struggling to gain residents' access to sources of long term support and housing some participants expressed a strong sense of responsibility for the residents' wellbeing. Perhaps their sense of responsibility was compounded by feeling disconnected from external agencies and attuned to residents' needs; creating a sense that without them, residents were alone.

> *Malveka - We are some of these clients' families and the only contact they have with the public or somebody else……Whereas personally I have my friends, family and my partner……which helps me when I am feeling low. So I do feel we have to be there for our clients because it could be a matter of they need to speak to someone, and if they are not able to do this they are likely to pick up a drink, or use, or harm themselves. So I do think we have to be there and ready when they need us. (Group 1)*

It appears that having to hold in mind multiple residents' needs had the potential to place participants under significant pressure. As a result, they could feel obligated to continue to support residents despite experiences of abuse from them, highlighting the extent of the responsibility they felt. There was a sense for some participants that, through the process of

becoming attuned to residents' needs, they became prioritised over their own. It appears that this dynamic has the potential to place participants in a position in which they may feel obligated to maintain potentially damaging relationships with residents.

> *Laura - If the staff team decide to pack it in and say do you know what, I am not coming back to work I have been racially abused every day for the past three weeks……. where does that leave the other nine clients in the building? Without any support. (Group 1)*

Many participants spoke about the high expectations they felt from residents to meet their needs, with some believing residents thought they were there to do tasks for them. There seemed to be a concern from some participants that residents would become dependent on their relationship; provoking some to place the responsibility back onto the individual. There was a sense that some participants expected residents to become more independent over time, reflecting a common societal narrative that independence is possible for all and a preferred way to be. As a result, many participants shared their frustration when residents struggled to carry out tasks on their own.

> *Chris - I think you are talking about the entitlement that clients often show, because they have been in the system for such a long time they do believe that everything belongs to them and is for free. That they don't need to take any responsibilities and because the system is quite soft and very supportive they don't see that they should put some work into it. They just have this kind of*
>
> *Wayne - Yeah, I believe that they think we work for them, not with them. (Group 3)*

Within this context it appeared that participants often found it easier to build relationships with residents who were more able to take an independent role. In addition to societal narratives about individual responsibility, this reaction can also be understood in the context of pressure from the organisation for residents to become more dependent over time. There was a sense that pressure for residents to become independent placed participants in a difficult position, being aware of the extent of residents' needs; whilst having targets for moving on in mind.

> *Deanna - Customers who live in a hostel or assessment centre like this, they feel you are there to do everything……Although at the end of the day you still need to push and be setting reminders, but there are relationships and relationships. There are good ones where you know the clients are ready to listen and take what you say on board you know, make your life easy. (Group 4)*

In order to cope, many participants spoke about being very transparent with residents about their expectations of independence to avoid residents developing too much dependency within relationships. In addition to societal and organisational pressures, this approach appears to have developed through participants' beliefs about the high level of independence needed by residents to function out of a project setting.

> *Jasmine – But it's got to the stage now where I don't do it because of that reason and because we are setting them up to fail. If we do everything for them when they eventually move out of here how are they going to know how to deal with these things? ……. Like if you are not going to be able to handle your business in here with*

support, it's going to be much more difficult when you are in your own environment. (Group 3)

3.4.2 The emotional cost

All participants spoke about the emotionally draining nature of their work. Despite many expressing compassion and understanding towards residents, they reflected upon times in which their relationships with residents had become difficult to cope with. Within a context of feeling disconnected from any external source of support, exhausting shift work and fighting for limited resources, participants described the role as taking an emotional toll. Consequently, participants reflected upon times when they reached the limit of their compassion and only had the energy or resources to just get through the day. In order to cope with this emotional cost participants strove to 'leave work at work;' however, for many emotional disconnection on leaving work proved difficult.

Many participants expressed the conflicting emotions they experienced in relation to their role. On one hand sharing the fulfilment they gained from their role; but at the same time recalling experiences that were emotionally exhausting and at times overstepped what they felt able to cope with. There was a sense from participants that due to their level of emotional investment in their relationships with residents, there was potential for intense and extreme emotional responses, both of satisfaction and despair.

Malveka - He's in his own flat now and it's been three years. There is still a lot of emotional support that he needs. It can be draining at times; but there's certain aspects which, it's just amazing. (Group 1)

At times, working with residents who often had traumatic and disturbing histories presented a significant emotional challenge for participants. Some participants reflected on experiences in which they had found a limit to their compassion, particularly in situations in which residents' value systems seemed to differ drastically from their own. In such situations it appeared that participants drew on their relationships with one another as a means of coping, as in navigating situations so out of society's norm only colleagues were felt to understand.

> *Marjorie - He had just got done for this sexual assault. So we sat down and said how do you approach these people? He turned to me and B, 'I scope out the vulnerable.' I said 'my god this man is wicked,' he used that word 'I scope out.' And in that moment Diane - I went cold*
> *Marjorie - So that was another side to him, we were really blown away. And that made me realise this man is dangerous. He had been over a year before he said that. You know what, a shiver went down my spine. (Group 6)*

Participants also described their role as emotionally and physically exhausting, as due to the nature of shift work and limited resources; there were situations in which they were left to cope with residents' emotional distress alone. There was a sense that whilst many participants valued their shared humanity with residents, their needs were often left unconsidered by residents.

> *Laura - He is constantly screaming at night so we haven't been able to sleep and because we are suffering sleep deprivation when he comes in in the morning for a coffee and to have a chat we are obviously totally knackered and upset because we haven't slept all night ……we are human beings at the end of the day. (Group 1)*

Participants spoke reflectively about times in which they felt they had reached the limit of what they could emotionally invest in residents, particularly in the context of supporting multiple individuals. One shared how hard it was to keep making plans of support for residents, only for them to drop out and relapse. This appears to speak to the level of emotional investment given to residents by the project workers and the personal nature of the support offered.

> *Wayne - I will be happy to support them within the team, but to personally have that experience again with that client, I can't I can't I don't think I can do that again. I already have to give that to eleven other clients. To do the same thing again with the same person again, I just don't have the energy for it. So that is yeah, a massive challenge for me having to constantly… having to do the same thing over and over again knowing that you could get to the end and then he lasted two weeks following a six-month residential rehab. (Group 3)*

Furthermore, some participants shared feelings of being constantly tested for authenticity and trustworthiness by residents who, due to past experiences, expected to be let down within relationships, including relationships with services. Therefore, despite their emotional investment in residents, participants often found their intentions being questioned.

> *Laura - M for example would come in and say to me 'if I did this, what would happen?' And then two minutes later before A would come in for handover she would ask her the same thing and if our answers were not exactly identical she would have a thirty-minute rant about how staff don't know what they are doing. (Group 1)*

For a number of participants one way of coping with the emotional cost of the role was to try and compartmentalise their personal and professional life, leaving ‘work at work’.

> *Deanna - Professional mode, once you are at work you can't allow your own problems or anything to affect your work. You've got to go into professional mode because you've got to be there for these people, so yeah, anything you have got going on personally you've got to leave it. If you are going through whatever you have to leave it at the door. (Group 4)*

However, emotionally disconnecting from the lives of residents proved easier for some than others. Many participants reflected upon their struggle in navigating a helpful work-life balance, finding it hard to put boundaries around work and personal time. Perhaps differences in participants’ ability to disconnect from their relationships with residents reflects differences in emotional investment and connection. It appeared that many participants felt their most successful relationships were those in which they had invested the most of themselves. However, perhaps the cost of this was that as a result it became hard to disconnect when not at work.

> *Marjorie - In the beginning I used to do it (take work home) but it's too much, it's too much. You would go home every Friday*
> *Diane - That's what I was doing and I was driving myself up the wall*
> *Marjorie - And there will be people you have left behind at work whose lives are, there are things that need doing. And if you go home and carry that with you, you will burn out.*

Juliano - Sometimes at three in the morning I will check my emails

Diane - Really Juliano, I do understand how it is

Juliano - If I am just lying on the bed and there is my laptop and I will just check.

(Group 6)

3.4.3 Acting out of a helper identity

Participants expressed a strong sense of their project worker identity, one that was conceptualised as offering restorative relationships to residents and believes it is important to not give up. For many this identity often became an ideal, as due to limitations placed on their work by both lack of resources and support, practicing in accordance with their values and in line with this ideal was not always possible. Participants' relationship to their helper identity appeared to be complex. For some, this was a part of themselves that they aspired to leave at work; however, the emotionally draining nature, and the depth of connection participants sometimes felt, meant this was not always possible. In addition, despite the majority of participants aiming to separate from their work identity when leaving work; experiences of misunderstanding in their personal lives made how both a helper role and people experiencing homelessness are devalued in society ever present. Notwithstanding this context, there was a clear message from all participants about the sustaining nature of their work. Many reflected upon the unique perspective on life they had gained from their relationships with residents and shared stories of success which motivated them to persevere.

Throughout the focus groups a clear sense of the project worker identity came to light. It appeared that for many participants wanting to improve the lives of people experiencing homelessness had motivated them to take on the role. Participants often spoke about a desire to be different, positioning many in society as lacking understanding and themselves as

holding value in the lives of people experiencing homelessness. For some it felt important to be a person who cared and was willing to act in accordance with their values.

> *Hannah - I think I think we would all be telling untruths if we said we didn't come into this job to try and change something or to try to make a difference as it were. And I think maybe that comes from the person that you are, the person that like erm, being a person that can empathise. (Group 5)*

Within this context, participants often spoke about the feeling of fulfilment they gained from their work. There was a sense that against a backdrop of emotionally draining relationships, sustenance was also gained from sharing in a process of change with residents. It appeared that for many participants satisfaction was gained from acting in line with their identity of persevering in the face of a challenge.

> *Kerry - We do have difficult ones but we don't give up on them unless they give up on themselves. Some do give up on themselves at the end of the day, but just being part of their lives, you know it's fulfilling for me. (Group 4)*

However, it appeared that despite the emotional energy participants invested into their relationships, their efforts were not always regarded in a positive light by residents. Some came to position participants as the face of the system they felt had let them down, meaning that some residents were not interested in a relationship. This speaks to the impact of the wider system on both participants' relationships with residents and their identity. Irrespective of intention, participants had to cope at times with their identity being viewed as someone who was unhelpful, as part of 'the system'.

Tracy - So, it may be that the DWP let them down but they would focus in on their support worker at X hadn't done their job properly and let's just say that would be their particular fault. It's difficult. (Group 5)

Many participants also shared experiences in which it became clear their work was misunderstood and undervalued by those outside of the profession. For many this realisation was a shock, as participants often spoke about the value of their role. It seems such reactions speak to how helping professions are regarded within our society; and run the risk of leaving those working in a support worker role feeling isolated and misunderstood. In response, participants dismissed these reactions, creating further distance between themselves and the common societal view on homelessness. Instead aligning with both residents and each other.

Carly - I had the same conversation with one of the mums at the nursery pick up……..she said it was very noble of me, what does that even mean!?
Hannah - It means they think it's a shitty job and we are working with horrible people
Chris - Yeah, yeah
Hannah - They don't want to touch because of some kind of self-sacrificing
Carly - Ooooo
Chris - That's it
Hannah - That's how it is, we enjoy the work, we enjoy the contact with people
Carly - Definitely
Hannah - It's fascinating. (Group 5)

For some participants, reactions to their role struck a more personal chord. It appeared that many participants' close alignment with residents led undermining comments about their role being taken as a personal affront, not just on behalf of themselves, but also the residents. This speaks to the impact of the project worker role on participants' lives, not just professionally, but personally. It appears that in aligning themselves with residents, participants are placed in a position where they have 'picked a side'; that in seeking to protect those who are often marginalised by society participants in turn experience a level of marginalisation by association.

> *Tracy – At some point I would like to work specifically with offenders and I've got it quite a lot that when I say that to people that it it's kind of a thing where they think I am going to be in massive danger. You know what I get, 'but you are so small, will you be ok?' Well yeah because they are people, they are not going to stab me upon meeting me. And it's really interesting like when I said that to a few of my friends, it's like there is something wrong with me. (Group 5)*

Against a background of often feeling let down and undermined in their professional relationships, at times participants found themselves in a position where their identity as a valued worker was being challenged from both inside and outside of their work environment.

> *Laura - In a professional sense, support workers are not heard or respected and it's like our voices or opinions don't matter. Even though we are with them twenty-four hours, just because we don't have the status as say a social worker or a housing officer…. it's just as if you are talking rubbish, we are just complaining and we don't want to do our job properly. (Group 1)*

As a result, the majority of participants spoke about a desire to create a clear boundary between their personal and professional selves. However, such a reaction had the potential of leaving participants to cope with complex emotional responses with little support outside of their colleagues. Furthermore, in light of reactions from acquaintances in their personal lives it appears that despite aiming for such separation, this was often not possible.

> *Anna - I hate talking about work after work, I am sorry, it's my private life. I want to be by myself and spend the time how I want, not to think about work after work, it's already can be demanding so I like to leave it. (Group 3)*

In light of derogatory messages received about their identity from those outside of their project, participants consistently spoke about drawing strength, resilience and satisfaction from their relationships with residents and colleagues. Participants spoke with pride about residents' achievements and acknowledged the enormity of such success given where they had started from. It appeared participants gained a positive sense of agency and utility from supporting residents to achieve their goals and they were sustained by those relationships where residents had become more independent.

> *Deanna - I'm more fulfilled. I'm knowing that erm, I am able to support an individual to achieve their dream or achieve their goals in life. It's a sort of fulfilment for me. That I was able to play a role, a vital role in the life of an individual. So knowing that and I'm not only talking about those who have moved, but those who are here. (Group 4)*

Participants spoke about a reciprocal process in which their investment in residents was sustaining for both and the process of learning from each other led them to a new appreciation and perspective on their own lives, knowing they have learnt and gained from residents and that this has positively impacted on their identity.

> *Kerry - I've learnt a lot as well just from everybody that comes here has a different story to tell and come from different backgrounds, and some of them have had really tough lives. And just hearing their stories I have learnt so much, and it helps to kind of make you a stronger person because you think look what this person has been through all of this stuff and they are still, still going on and it kind of helps you to be strong in your own personal life. (Group 4)*

The theme 'Draining but sustaining' seeks to capture the complexity of participants' relationship to their role. Subject to powerful societal narratives which privilege individual independence participants found themselves struggling to support individuals with complex needs towards an unachievable goal, in a system of scarce resources. As a result, many participants sought to disconnect on leaving work, but could not escape the lack of understanding expressed about their role by those outside of the profession. Against this backdrop participants spoke about being sustained by helping others and in line with the 'Working hard to build connection' theme, appeared driven by a strong value base; and experienced personal growth as a result. It appeared for many aligning themselves with residents, mean they had 'picked a side'; that in seeking to protect those who are often marginalised by society participants in turn experience a level of marginalisation by association.

Chapter 4: Discussion

4.1 Overview

This chapter will start by returning to the aims of the study set out in the introduction, to explore project workers' experience of building relationships with PEH. It will then move on to summarising the key findings from the results and explore these in light of current literature and from a theoretical perspective. The novel contribution of these findings will then be highlighted and applied to clinical practice. Next, reflections will be discussed on the methodological strengths and limitations of this study, followed by implications for future research and finally conclusions will be drawn.

4.2 Summary of findings

This study aimed to explore project workers' experiences of building relationships with people experiencing homelessness. Three themes were identified; 'Working hard to build connection', 'Supporting each other in an unsupportive context' and 'Draining but sustaining'.

4.2.1 Working hard to build connection

The theme 'Working hard to build a connection' speaks to the extensive time and emotional investment project workers put into building relationships with residents. In prioritising these relationships project workers appeared to be acting out of a strong value system which regarded residents as unique individuals. This approach was understood as providing a counter to dominant societal narratives of PEH as undeserving, and provoked project workers to take active steps to level the power imbalance between them. It appeared that forging trusting relationship with residents in their home facilitated connection on a 'human' level. In

this way relationships were often understood as a powerful means of rehumanising and repairing histories of trauma and loss. Out of this context a process of alignment appeared to emerge, resulting in project workers adopting an advocacy role for residents in a context of limited resources. There was a strong sense from project workers that if they did not fight for residents, no one else would. For many project workers, holding onto these preferred connections proved a struggle, with residents expectant of relational failure, in a role defined by market-led targets. Internal conflicts occurred between attuning to residents' needs and meeting organisational demands and therefore value driven practice proved at times, more of an ideal than a reality.

4.2.2 Supporting each other in an unsupportive context

The theme 'Supporting each other in an unsupportive context' captures the interplay between project workers feeling simultaneously let down by the professionals and systems they worked in and listened to and cared for by their teams. Experiences of striving and struggling to gain residents access to resources, compounded by feeling unsupported by fellow professionals from external agencies and their wider organisation, created a sense that project workers were alone in their endeavour. As a result, an 'us against them' dynamic seemed to evolve, whereby project workers felt expertise developed through being on the 'front line' with residents were undervalued, creating distance within working relationships. Furthermore, the relationship between project workers and their service provider proved complex, on one hand feeling hindered in meeting residents' needs due to organisational restrictions; and on the other relying on the same organisation for support and protection. Consequently, project workers found themselves positioned as representing an organisation to residents that they felt let down by. Against a background of feeling unsupported and devalued externally, flexible, informal and compassionate support was gained from both one

another and their managers, providing a place of safety in a context of uncertainty. For those project workers who had reflective practice in their project, time to think about their own emotional responses was highly valued, in a role in which residents' needs felt like the priority.

4.2.3 Draining but sustaining

The theme 'Draining but sustaining' highlights project workers' conflicting emotional responses to their work. Project workers described experiencing a high emotional cost, but also gaining fulfilment from their relationships with residents. The amount of responsibility project workers took on for residents wellbeing was subject to ongoing negotiation, with observable differences between project workers. Some appeared to be acting out of dominant societal narratives about individual independence, whereas others took on significant personal responsibility for residents' wellbeing; and there was a sense that each position came with an emotional cost. Seemingly in line with the high societal value placed on independence, project workers were often fearful of creating dependence in their relationships with residents. Experiences of negotiating competing demands, battling for resources and managing complex emotional dynamics were common. However, a strong helper identity was also expressed in which project workers understood their relationships with residents as restorative. Therefore, many contradictions appeared to be present in project workers' experience of their relationships with residents and they were often caught between being an advocate and a gatekeeper. Consequently, the significant emotional cost to project workers was compounded by a perceived lack of understanding and value placed on their role by those outside of the profession. Despite these challenges much value was placed and fulfilment gained from project workers' relationships with residents.

4.3 Links to previous research

4.3.1 What supportive relationships look like

In line with literature from the systematic review, project workers highlighted the centrality of a trusting, compassionate and non-judgemental relationship with residents as a starting point for engagement with services and support (Altena et al, 2017; Chen & Ogden, 2017; Ferris et al, 2016; Guirguis-Younger, McNeil & Runnels, 2009; Hennessy & Grant, 2006; Jezewski, 1995; Kidd, Davidson & Walker, 2007; McGrath & Pistrang, 2007; Phipps et al, 2017; Seiler & Moss, 2012). Consistent with the literature on TIC, project workers described relationships with residents as built on empathy and attunement to their histories and emotional responses; with a focus on drawing out unique strengths and skills (Hopper, Bassuk & Olivet, 2009). In this way relationships with residents were understood as a deliberate attempt to counter previous abuses of power (Hopper, Bassuk & Olivet, 2009) and appeared to hold a restorative function. Within project workers' descriptions of these relationships there are aspects which align with the substantive literature on the therapeutic alliance. The literature has repeatedly found processes similar to the therapeutic alliance are necessary to effective helping (e.g. Barker & Pistrang, 2002), with a strong relationship with a social worker associated with a higher quality of life for homeless adults (Chinman et al, 1999). Furthermore, the results align with the literature on the experiences of PEH, who identified valued relationships as built on trust, flexibility and kindness (Padget et al, 2008; Stevenson et al, 2014; Westaway, Nolte & Brown, 2017).

However, as illustrated in the systematic review, the depth and complexity of relationships formed in the residents' accommodation differed from those formed in a healthcare setting, which often felt more straightforward (Guirguis-Younger, McNeil & Runnels, 2009; Jezewski, 1995; Seiler & Moss, 2010). Project workers had to work hard to maintain

connection with residents who experienced high levels of distress and often anticipated rejection. Bird (2000, 2006) suggests that helping relationships are never completely safe and aiming for 'enough-safety' within relationships with clients helps move beyond the dichotomy of safe or unsafe. This concept will be further explored within the clinical implications section.

The results of the current study highlight that project workers often continued to work hard at relationships which felt emotionally unsafe due to concerns not being taken seriously by their organisation and feeling if they did not support each other, no one else would. It appeared that in this context the relational safety given by colleagues and their managers offered 'enough-safety' to maintain connection. This emphasizes the lack of relational safety project workers experience in their role and the resulting need for project workers to rely on colleagues and managers for support. This takes forward our understanding regarding good practice which will be returned to below.

4.3.2 Taking on an advocacy role

The results suggest that project workers adopted an advocacy role for residents within a context of feeling let down and unsupported by external agencies and the welfare system. It appeared they achieved this through staying connected to their values and their team. Project workers approach appeared to be value driven and motivated by a heightened sense of responsibility towards residents' wellbeing. For project workers an advocacy role seemed to be expressed as part of their identity and to provide them with a way of feeling empowered, in an often-powerless position. Arundhati Roy (2005) describes how seeing an infringement on a person's human rights inspires people to action. It appeared that connection built over time, through daily interactions, led project workers to align themselves for residents and

against ‘the system’. Scanlon and Adlam (2012) describe how polarised relationships can emerge within project environments within a context of high tension and organisational pressure. They suggest workers can become

> *stuck in the middle between the dis-organisation of the systems they work in and the distressing nature of working with the clients they serve: between the ‘‘rock’’ of increasing demand and dependent need and the ‘‘hard place’’ of apparently decreasing resources (*Scanlon and Adlam, 2012, p. 74-75*).*

They further suggest that anxiety resulting from this conflicting position can lead teams to disconnect individually or as a whole; driven by a sense that ‘survival’ means sticking together against the ‘persecutory’ organisation (Scanlon & Adlam, 2012). For project workers an additional layer of disconnection was found in how their role was misunderstood and devalued by others both in their personal and professional lives. These words ring true for the findings of studies which have highlighted the low wages, unstable contracts and high-pressure environments care workers are increasingly subject to in the UK (Hussein, 2017; Razavi & Staab, 2010). Therefore, it appears project workers were subject to parallel processes of those experienced by PEH in which their needs were ‘pushed away’ and not thought about, as facing them felt too painful (Scanlon & Adlam; 2006; 2012).

Therefore, the results of the current study suggest that project workers often became placed in a polarised position, for the residents, and against the ‘system’, which resulted in them advocating for residents needs. It appears project workers were acting out of a strong value system and helper identity in taking this action, which many experienced as empowering. However, despite experiencing some personal gains, this ‘fight’ proved exhausting for many

and the results highlight the need for project workers and external agencies to move out of this dynamic and into a more collaborative relationship. This will also be returned to in the clinical implications below.

4.3.3 Emotional investment and resisting disconnection

The results of this study add to the existing literature which describe the impact of working within an increasingly inflexible and target driven environment in the context of austerity and market-driven approaches to service provision (Banks, 2011; Stuckler & Basu, 2013; Renedo, 2014). Project workers spoke about the tension and emotional exhaustion resulting from simultaneously striving to manage complex relational dynamics with residents and adhering to and enforcing organisational rules and procedures. In line with findings by Daly (2017), within this environment project workers' identity as an advocate and helper was often compromised, through being placed in a position of deciding deservedness for limited resources; or not having the means to focus on residents emotional needs. Therefore, project workers in the current study appeared to experience the most emotional distress in the act of negotiating the complexity of their role, not in relationships with residents. Vikki Reynolds (2012) describes the 'spiritual or ethical pain' prompted when practicing in accordance with one's values is violated by the working context. She further goes on to suggest that:

> *"The problem is not in our heads or our hearts, but in the social world where clients live and struggle alongside workers against structures of injustice" (*Reynolds, 2011, p. 24*).*

Within the literature much has been written about the tendency for the '[1]emotional labour' (Hochschild, 1983) undertaken by those in a helping role to lead to '[2]burnout' (Maslach et al, 2001) or '[3]compassion fatigue' (Figley, 2002). However, there also exists a literature which posits that staff working with people who have experienced trauma can experience vicarious growth (Linley, Joseph & Loumidis, 2005; Brockhouse et a, 2011). In the current study project workers spoke of the struggle, but also the satisfaction gained from relationships; with many describing being sustained by residents' resilience and resourcefulness. These findings are in support of those by Ferris and colleagues (2016), who found that connecting with clients' suffering increased job satisfaction and lowered burnout, with organisational identification as a mediator.

Within the current study resistance to disconnection was enacted through the support project workers generously gave to each other. This speaks to the work of Vikki Reynolds (2012) who writes about the role of power in creating division between workers and the importance of solidarity in establishing connection in the face of disconnection. The act of solidarity in the face of disconnection is also in line with research which highlights the sustaining nature of staying connected within a helping role (Jezewski, 1995; Selier & Moss, 2012) and importance of speaking openly with colleagues to reduce compassion stress and fatigue (Figley, 2002).

[1] 'Emotional labour' was originally defined as 'the management of feeling to create a publicly observable facial and bodily display (Hochschild, 1983). The term has since been used to describe the conscious effort to embody emotions which enable a person's job to be performed effectively (Lovatt et al, 2015).

[2] 'Burnout' is commonly understood as physical, emotional and mental exhaustion in response to prolonged exposure to emotionally demanding situations (Pines & Aronson, 1988).

[3] 'Compassion fatigue' can be defined as a state of tension and preoccupation with the traumatized patients by re-experiencing the traumatic events, emotional responses and arousal associated with the patient (Figley, 2002).

For project workers in the current study, battling with the complexity of their role appeared to be their predominant source of stress. Relationships with residents, although challenging at times, also proved sustaining and provided the opportunity for personal growth. In order to cope with the competing demands placed on them by their organisation, project workers leant on each other in solidarity. These findings suggest that in an emotionally challenging context, acting out of a strong value system and attuning to residents' needs can be protective, but also a cause of some distress. They also highlight the centrality of a reflective space for project workers to process the complexities of their role and nurture supportive relationships. This will be returned to in the clinical implications section.

4.3.4 Relationship to independence

The results suggest project workers experienced conflicting ideas in relation to independence in their relationships with residents, which seem to reflect the differences between societal views versus those learnt from experience. On one hand, aiming for residents' independence appeared to underlie much of participants' work, but on the other, many took on responsibility to be an 'uplifter' expressing that if they did not offer a consistent, safe and predictable relationship to residents, no one else would. These differing viewpoints seem to reflect how project workers are subject to contradictory discourses in their work, with psychological literature emphasizing the role of compound trauma in creating disconnection and dependence (Bramley & Fitzpatrick, 2015), jarring against a society which values individual responsibility (Cooper & Lousda, 2005). In her chapter on 'The Dependency Paradox' Emma Williamson (2018) names the contradiction which exists within services for PEH in relation to dependence and independence. Dependency can be defined as a state of relying on or being controlled by someone or something else and independence as being free from outside control or authority. Williamson (2018) suggests that dependency is often feared

in the context of service provision, ironically, as dependable and nurturing services provide the key for fostering psychological growth and greater independence. She goes on to define this necessary and human need for dependence as 'interdependence' and suggests that making a person aware of their dependency needs allows them to move towards greater autonomy. Furthermore, even for those who view themselves as living independently, it is impossible to function in isolation and interconnectedness is a necessary and valuable resource.

For participants in the current study these conflicts appeared ever present in their work. Many described the fundamental role of "interdependence" (Williamson, 2018, p.247), dependable and secure relationships with residents, which could be operationalised as focusing on 'small wins' and 'scaffolding' support over time to build confidence. However, within the service structure "interdependence" was understood as a temporary state with the final goal being independence, leading many participants to feel frustrated when independence was not reached. It appears therefore that societal narratives around individual responsibility prevented participants from being able to fully value "interdependent" relationships with residents; creating a sense of failure. These findings speak to concerns raised about interventions such as Housing First which, unless provided alongside integrated community support, run the risk of setting PEH up to fail (Prestige, 2017). Furthermore, these findings are in support of Jordan and colleagues (1991) who suggest that in order for growth towards independence to take place, connection and relying on others is needed, through a process of combining dependency and self-sufficiency.

4.4 Links to theory

In the introductory chapter, attachment theory (Bowlby, 1973; 1980; 1982) and systemic thinking (Campbell, 2000; Fredman, 1996) were introduced as useful frameworks for understanding the relationship between project workers and PEH. The results of the current study can be considered in light of both theoretical perspectives.

4.4.1 Attachment theory

Using attachment theory, it is possible to try and make sense of the complex emotional responses project workers described in relation to their work and use this understanding to inform service design and delivery. The results of the study suggest that project workers often experienced complex emotional responses in relationships with residents which at times could feel overwhelming and hard to cope with. According to attachment theory, the attachment system was designed to enable help-seeking (Bowlby, 1982). However, following on from experiences of developmental and compound trauma (Fitzpatrick, Johnson & White, 2011; Bramley et al, 2015), many PEH develop an insecure or disorganised attachment style (Danquah & Berry, 2013; Seager, 2011). As a result, residents efforts to seek proximity with workers from a place of internal unsafety can lead them to be experienced as demanding and emotionally exhausting by workers (Barber et al, 2006).

Within this challenging context, many project workers experiences of what enabled them to build relationships with residents' seems to reflect key aspects of secure relationships as described in the attachment literature, for example, an approach which prioritised a secure, consistent and flexible relationship which was attuned and responsive to resident's needs (Bowlby, 1982, 1988; Bucci et al, 2015). In these cases, security in relationships appeared to be built through project workers providing a 'psychological home' for residents in which they

were ‘given place’ in the minds of these workers and their team members (Brenman, 1985). Furthermore, project workers understood these secure relationships as the foundation for residents developing in self-confidence, learning new skills and building on existing strengths. Therefore, it appears the development of attachment relationships with a key worker potentially provided a base from which residents could explore and develop more independence (Ainsworth et al, 1978; Feeney & Thrush, 2010). Cockersell (2016) described the ripple effect of these ‘secure’ relationships with workers enabling PEH to move on to engage with other services. Thus, attachment theory helps us make sense of this study’s findings in relation to independence, suggesting that instead of fearing dependence in working relationships; with the provision of dependable support, PEH can be scaffolded to move towards becoming integrated within a network of support (Feeney & Thrush, 2010; Williamson, 2018).

For many project workers the real challenge of their work came from navigating relationships within an unsupportive or ‘insecure’ system, meaning that these complex relationships were built within a context of uncertainty; without a ‘secure base’ (Bowlby, 1988). Consequently, project workers experienced heightened responsibility towards the resident’s wellbeing and tremendous pressure, feeling alone in meeting their needs. These findings relate back to the work of Scanlon and Adlam (2005; 2006; 2012) who described how systems supporting PEH often come to mirror their insecure or ‘unhoused’ states of mind and become ‘(dis)stressed’ and disconnected. Project workers described feeling the needs of both residents and themselves were often not held in mind by external agencies and acquaintances in their personal lives. There was a sense of disconnection throughout the system which resulted in a lack of information sharing, meaning that new residents were ‘unknown’ and project workers were placed in risky situations.

Seager (2011) described how organisations supporting PEH can become ‘mind blind’ focusing on concrete and materialistic outcomes instead of their ‘universal psychological and spiritual needs.’ Scanlon and Adlam (2005) suggest that this is because outcome focused service models are based on assumptions of a ‘housed’ state of mind. They further go on to suggest that individualistic societal discourse which suggests PEH are ‘intentionally’ homeless alleviates society from having to take responsibility for the needs of PEH, meaning homelessness is understood as a choice. This literature rings true with the findings of the current study - at times project workers’ teams could provide a ‘secure base’ where distress could be heard and contained; however, the universal message from those outside of the project was believed to be one of misunderstanding and dismissal (Bowlby, 1988). Furthermore, concrete goals around supporting residents into work and independent living, meant time to focus on building connection was often not prioritised by their organisation.

Exploring the findings of the current study within attachment theory brings to the fore the fundamental nature of ‘secure’, dependable and consistent relationships between project workers and PEH (Bowlby, 1988). In a context of ‘mind blind’ service provision, project workers faced an unsurmountable challenge of providing relational security within a disconnected system. These findings stress the need for practices which facilitate connection to be put in place both within projects and the wider system. They also emphasise the need for service to adjust their goals from independence to ‘interdependence’. These points will be returned to in the clinical implications.

4.4.2 A systemic framework

Considering the results of this study from a systemic perspective enables us to think beyond what is going on within an individual to focus on the patterns of interaction between individuals and systems (Campbell, 2000). According to systemic theory, people live within multiple levels of context, such as their culture, family and relationships and ideas about personal identity which influence and give meaning to their actions (Campbell & Draper, 1985). Glenda Fredman (1996) highlights the importance of considering how an individuals' 'relationship to help' may be shaped by these differing levels of context. For example, a person experiencing homelessness may come from a family where seeking help is shameful; and who have experienced attempts to seek help from services as unsuccessful; deterring future help seeking behaviour (Fredman, 1996). For many project workers in the current study it appeared that beliefs about the importance of offering help to those who need it had become woven into their identity. Project workers spoke about the satisfaction they felt when able to act in accordance with this helper identity and struggled when organisational and resource constraints meant this was not possible.

Positioning theory postulates that members of a system create discourses with available positions in which a person can construct their identity, however, problems arise when individuals become stuck in their position (Buruk, Barratt, & Kavner, 2013). Project workers in the current study described being positioned in multiple ways, which appeared to create difficult patterns of interaction. For example, they often felt positioned as active by residents who adopted a more passive role. In addition, they spoke of being positioned as the face of 'the system', which led some residents to view them with mistrust. By external agencies, project workers had a strong sense of being placed in an uneducated position, leading 'experts' to dismiss their hard-won knowledge about residents. At the same time many spoke

of being positioned as a ‘martyr’ by members of society who did not understand the value of their work. It appears that in breaking down the multiple identities which project workers need to navigate we can come to appreciate the complexity of their role and understand the competing pressures they face. These findings speak to the work of Carmel Flaskas (2007) who describes the complex interplay of hope and hopelessness within relationships. In this way both ‘hope’ and ‘hopelessness’ are understood to simultaneously exist, which provides an opportunity for workers to move out of the either/or position commonly described in the current study (Anderson, 1987; Flaskas, 2007). Flaskas (2007) further goes on to suggest that reflective practice provides a space in which hope can be nurtured, but at the same time hope and hopelessness can be emotionally held.

Kathy Charmaz (2014) highlights the importance of attending to what is not said within qualitative research. What is striking from the results of this study is the absent descriptions from project workers about themselves outside of their work environment, and what appeared evident was the desire of many to disconnect the personal and professional. Winslade (2002) proposes that those in a helping profession can feel under pressure to separate personal and professional experiences in life and highlights the value of coming to understand the intersection of all aspects of the self. Furthermore, drawing upon second order cybernetics (Boscolo et al, 1987), Glenda Freedman (1996) raises the need to understand workers’ as well as clients’ relationship to help, in order to understand how these belief systems, interact. However, in line with other studies exploring workers’ experiences of providing care in the accommodation of PEH, many participants expressed a desire to ‘leave work at work’ (Kidd et al, 2006; McGrath & Pistrang, 2007), whilst acknowledging this was not always possible. It may be that participants’ attempts to disconnect from their helper identity outside of work both functioned as a way of coping with an emotionally challenging role; but also added to

the sense of disconnection discussed above. Rait (2000) argues that in order to successfully work in complex systems the presence and relationship between multiple alliances needs to be recognised. Therefore, these findings may reflect the lack of time given to some project workers to reflect upon their own context and consider the reciprocal relationships between themselves, residents and other members of the system.

Systemic theory provides us with a framework to think about the multiple contexts which project workers act out of in their work. The results suggests that despite drawing on a strong value base and helper identity project workers seemed to lack opportunities to connect with personal and professional aspects of themselves at work. Reflective spaces which facilitate this integration and self-awareness are likely to remove project workers from being caught in a polarised position of either connection or disconnection (Winslade, 2002) and engender hope within teams (Flaskas, 2007). These points will be returned to below.

4.5 Clinical implications

4.5.1 Psychologically Informed Environments (PIE)

The results of this study corroborate the frequently expressed need for teams and systems supporting PEH to work in a psychologically informed manner (Johnson & Haigh, 2010; Seager, 2011; Keats et al, 2012; Phipps et al, 2017; Westaway, Nolte & Brown, 2017). Project workers participating in the current study were from projects who were at varying levels of implementing a PIE and therefore the findings come from workers who had differing levels of experience of this approach. As detailed in the introduction chapter, the PIE initiative was set up as a means of addressing the complex needs of PEH (Johnson & Haigh, 2010; Keats et al, 2012); the primary aim being to provide a place of safety and a

'psychological home' (Seager, 2011). The clinical implications from the current study will now be considered within the five key principles of PIEs (Keats et al, 2012):

4.5.1.1 Developing a psychological framework

The results of this study indicate that participants were working in line with what can be described as a 'trauma informed' approach (Hopper, Bassuk & Olivet, 2009), building relationships within an attachment framework (Bowlby, 1982). However, this approach appeared to have been hard-won through an experience of trial and error and not consistently informed by an explicit 'psychological framework.' The findings of this study highlight the real value of project workers' knowledge about building relationships with PEH; however, it appeared this was often not evident to participants who felt uncertain about how best to manage interactions. Therefore, the results of the study indicate that managers and service providers need to play an active role in changing the culture within projects from one which privileges 'doing things', to a place where thinking about feelings is a priority and not a luxury (Phipps et al, 2017). In this way we can begin to operationalise the taken for granted models of practice often present in support work (Holt & Kirwan, 2012, p.389).

The PIE guidance suggests that schools of thought underlying their work need to be made explicit for workers and shared with all team members, so they can anticipate how they will need to work and what support the organisation can offer (Keats et al, 2012). Within PIE 2.0, the updated PIE framework, Johnson suggests that it is a 'psychological awareness' that is important, in whatever format works for the residents and project staff team (Johnson, 2015). Therefore, the results of this study stress the need for staff teams supporting PEH to be given time to reflect upon and develop a way of working – and thinking about their work - that

draw upon both experiential and theoretical knowledge in order to increase confidence and reduce anxiety in the task of relationship building.

Clinical psychologists have not typically worked in hostel environments (Williamson, 2018b); However, they are well placed to create collaborative partnerships with organisations and support the development of a psychological framework that is useful for workers to drawn upon. An example of this can be found in a recent pilot in South London which has sought to develop a 'psychologically informed service model' between the NHS, Local Authority and a service provider (Williamson, 2018b). Providing psychological support 'in house' in a flexible manner, allowed those usually excluded from services to access assessment, formulation and interventions (Willamson, 2018b). Reflective practice and collaborative working with external agencies created opportunities for emotional safety to develop for both PEH and workers and improved the effectiveness of the work (Williamson, 2018b). Therefore, the findings of the current study challenge clinical psychologist to think beyond traditional service models to build connection. Adequate funding and support from local commissioners would need to be in place to facilitate this exercise.

4.5.1.2 The physical environment and social spaces

June Campbell (2006) described how, for many PEH, the idea of a home is connected with anxiety relating to trauma memories, which is compounded by the instability and conditionality of supported housing. In order to address this problem, the PIE approach advocates for the physical environment in hostels to be designed to maximise feelings of safety, through thoughtful design with residents' input (Keats et al, 2012). The findings of the current study highlight the emotionally exhausting nature of the project worker role which appeared to reflect conflicting demands, lack of support and residents distress. Within this

emotionally challenging context Campbell (2006) suggests a ‘home’ is needed to counter and ‘contain’ some of the system-wide instability. In the current study participants described that often the most important interactions often took place in informal settings where residents felt freer to leave, highlighting the impact of environmental safety on a person’s ability to form trusting relationships. These findings are in line with feedback from residents living in a PIE, who described the many ways a sense of home could be created, through both physical (ie. locked door and room checks) and relational (safe relationships with staff) means (Phipps, 2017). The act of creating a safe and pleasant environment lends itself to co-production between workers, residents and members of the local community (Cockersell, 2018), through drawing upon residents expertise in what makes them feel safe and engaging community members in creating such an environment.

4.5.1.3 Staff training and support

The results of this study clearly highlight the hard emotional work project workers invest into the psychological and relational challenges they face and the lack of support they often experience in this endeavour. As a result, project workers drew upon each other for support in a context of feeling unsupported by external agencies. For those who had reflective practice in place, those aspects which allowed participants a ‘space just for us’ in which they could be listened to and heard were most valued. Therefore, the findings of the current study show the centrality of value-informed practice as a means for staff to sustain, and keep themselves safe, within challenging working environments. Thus, supervision or reflective practice that enables staff to connect with their values in relation to their work would facilitate a safer working environment to support their wellbeing. As explored above, reflective practice can provide a space in which both hope and hopelessness can be heard, to avoid becoming stuck in unhelpful ‘good’ or ‘bad’ relational dynamics (Flaskas, 2007).

Therefore, a major clinical implication for the current study is for reflective practice to be integrated into project workers' working environments. Staff training and support is central to the PIE approach with reflective practice understood as one of the most fundamental aspects (Keats et al, 2012). This recommendation is supported by literature highlighting the value and effectiveness of this reflective practice in projects supporting PEH (Cockersell, 2015; Phipps et al, 2017; Richie, 2015). Reflective practice is offered in different ways in different services and can include complex case discussions and formulation. It does not form part of 'standard' commissioning within projects and therefore additional research is needed to evidence the impact on staff and PEH to help with robust commissioning. Furthermore, as highlighted by the results of the current study, project workers were largely unfamiliar with having their needs made a priority and therefore a culture shift will be required to move many projects towards reflective ways of working that will require full support from the manager and service provider.

In addition to within-hostel support, the findings point to a clear need for formal networks of communication and support to be developed between projects and the agencies they work with. Glenda Fredman (2014, p. 62) suggests "weaving textured net-works of relationships that connect" as an antidote to demoralisation, through setting up network meetings in which opportunities for understanding others' perspectives are created. The results of this study highlight a need to break down the barriers of assumptions and professional isolation experienced by project workers through setting up easily accessible channels of communication between agencies supporting PEH. This would need to include opportunities for all stakeholders supporting PEH to come to understand each other's role and build trusting working relationships. Clinical psychologists could take the lead in co-authoring

guidance with project workers for workers from statutory services operationalising how relationships can be built in a trauma-informed way.

Participants revealed expertise in understanding and working with complex relational dynamics that could be shared and built on across projects and professional groups. Perhaps this could be achieved through attending each other's team meetings or setting up opportunities for joint training and skills sharing. In this way connection within the system, not just within each project could be harnessed. Emma Williamson (2018) suggests that, in order to give workers the space to notice and work with emotional responses and dynamics in their role, managers need to focus on what structures, systems and processes are needed for their team to function, for example, supervision, reflective practice, training, staff-client ratios and incident debriefs. (Williamson, 2018). The results also suggest that existing practices of informal support, such as daily informal conversations about residents, should be acknowledged as a key mechanism of support for staff and therefore prioritised and supported by the project managers and service provider.

4.5.1.4 Managing relationships

At the heart of the PIE model is the idea of relationships as the principal tool for change (Keats et al, 2012). This conceptualisation of the relationship was consistently expressed by participants who understood their relationships with residents as the cornerstone of their work, forming the foundation for self-confidence and independence to grow. The complexity of these relationship was made evident by the findings of this study, meaning that project workers need to be allocated "space to think" and "time to do the work" (Cockersell, 2018, pp102-103). This would require managers to allocate reflective time within the working day so that competing demands did not arise. The results indicate the longevity and consistency

required for trusting relationships to be built; which conflicted with organisational pressure to complete practical tasks within limited time scales. Vikki Reynolds (2012, p.23) writes about the need for individuals to "know-in-the-bones that our work matters" for it to be sustainable.

Thus, the results of the current study suggest that value-driven practice and cohesive and well supported teams can not only mitigate against disconnection and burn out but facilitate personal growth for project workers. This finding brings hope to clinical practice, suggesting that against a backdrop of systemic disconnection, project workers can be sustained through practices of reflection and support. Bird's (2000, 2006) ideas of 'enough-safety' and Flaskas's (1997) thoughts on a 'good enough' therapeutic relationship are relevant here. Within the current socio-economic context time and resources are scarce, however these findings highlight that 'enough safety' can be enough and therefore managers and teams should work together to think about how safety can be created and maximised within their working day.

Participants in the current study appeared to know how to build valued, sustaining, relationships with residents; but due to organisational and resource limitations often did not have the time or means to. It is also important to consider here that PEH do not always describe relationships as healing (Westaway et al, 2017), which became clear in the service user consultation carried out within the current study (Appendix L). Therefore, the results of the current study call into question how sustainable the project worker role is due to increasing pressure in austere times (Daly, 2017). Within the context of high levels of burnout (Maslach et al, 2001) and compassion fatigue (Figley, 2002) amongst workers in a helping profession, there is a clear need for the emotional needs of project workers to be factored into service design and delivery. Irrespective of how hard project workers strive for

connection with residents, without adequate staffing, resources and support from the wider system they are being set up to fail. These changes would need to occur both at a political and commissioning level, as with cuts to local authority budgets (National Audit Office, 2017), commissioners also face difficult decisions regarding resource allocations which can only be addressed by the government.

4.5.1.5 Evaluation of outcomes

The act of evaluation forms the basis for reflective practice, understanding the impact allows the consideration of whether the outcomes are desired and if they can be improved (Cockersell, 2018). The results of the current study describe a relational process in which connection is the starting point for change. Evaluating the effectiveness of these "immeasurable outcomes, the ineffable, intangible, and untraceable" (Reynolds, 2012, p.13) prove somewhat of a challenge within a context of target-focused, market-driven service provision. Vikki Reynolds (2012) highlights that the most invaluable outcomes are often the "unhappening's" (p.14), those damaging events that did not happen as a result of trusting relationships and well thought-out support. That said, qualitative research methods lend themselves to capturing these complex processes and therefore additional qualitative studies exploring the experience of a PIE should be conducted to add weight to the few existing studies (ie. Phipps et al, 2017; Westaway et al, 2017). However, there is also a real need for an organised large-scale evaluation of PIE in order to inform commissioning, as without empirically validated and robust outcomes examples, good practice can remain localised and not considered viable by commissioners (Maguire & Ritchie, 2015). Clinical psychologists are skilled in carrying out service evaluations and large scale research projects and therefore should focus their efforts on creating a robust evidence base which speaks the commissioners

‘language’ on how the needs of PEH and those supporting them can be met (Maguire & Ritchie, 2015).

Cockersell (2018) argues that frontline services supporting PEH need to be designed with complexity in mind and suggests PIE forms a framework in which researchers “can deal creatively with the complex problems and the complex people experiencing them” (p.221). However, he further highlights that guidance for commissioners PIE may fall short as within this context, problems are often seen as ‘complicated’ with a string of linear solutions, rather than complex and circular ones (Cockersell, 2018). He suggests that the Enabling Environments approach, on which PIE was based offers helpful guidance to commissioners designing systems of care, for two reasons. Firstly, the approach has a quality assurance system validated by the Royal College of Psychiatrists and secondly, it is a conceptual framework which facilitates high-level reflection on the qualities which make a ‘humane and humanly responsive system’ (Cockersell, 2018, p.222).

4.5.2 Placing some of the responsibility back onto society

This study has sought to understand project workers’ experiences of building relationships with PEH in context. This context is one in which societal narratives place individual responsibility on PEH and align dependency with “scroungers and malingerers” (Cooper & Lousada, 2005, p153); thus, understanding homelessness as a choice and removing a sense of collective responsibility (Reynolds, 2012). It is a context in which personal budgets, services and housing options available to vulnerable people are being cut and discontinued (National Audit Office, 2017). Front line ‘project workers’ work at the margins of this system, experiencing on a daily basis the emotional cost of struggling to support individuals with complex needs with limited resources. Placed in the firing line, it is those working on the

margins who work to improve the lives of others who are marginalised, not the rest of society (Spade, 2011).

Psychological theory (Ainsworth, 1982; Bowlby, 1982; Winnicott, 1960) and experiential knowledge tell us that dependence is not infantilising but conversely can be fundamental for an individual to begin to understand their needs and develop confidence in their own abilities. However, our current welfare system is not set up with this in mind and therefore the relationship between the state and market needs to be restructured to recognise "the importance and centrality of dependency needs and dependent care to a well-functioning state, market and society" (Williamson, 2018, p.248).

PEH living in medium-high support accommodation often have substantial and potentially life long support needs (Bramley & Fitzpatrick, 2015). Therefore, consideration needs to be given in service provision to the fact that although some PEH will move on to live independently, others will not (Bramley & Fitzpatrick, 2015). Furthermore, instead of demonising ongoing dependency needs, we need to reconceptualise nurturing, interdependent relationships as valued and beneficial. Within the current climate the concept of 'moving on' begs the question, moving on to what? In changing our perceptions and expectations of PEH and co-producing services with those who use them perhaps we can move away from environments which often set individuals up to fail, focusing instead on the value and reality of interdependence (Williamson, 2018). Recognising the importance of interdependence can for example invite services to focus more on the ongoing relational and practical needs that PEH will continue to have (as we all do) as they move towards greater independent living. This focus has the potential to avoid the social isolation PEH often encounter once they are housed due to a lack of consideration of social support and community integration during the

transition phase or the premature withdrawal of services due to an over-simplistic understanding of independence as e.g. having one's own living space.

Clinical psychologists are well placed to fill this role, through increasing awareness of these matters, bringing forth knowledge about the impact of austerity and marketisation of services and facilitating rehumanising contexts. Campbell (2006) suggests that pressure to find clear-cut solutions to complex problems can lead staff to develop a fantasy of the individual tenancy 'a home of one's own' as a solution. However, as explored within this chapter, a 'home' is not a safe place for many PEH. Therefore, the results of the current study highlight that if housing is first provided it needs to be integrated with sufficient and thoughtful community support to make a house a home (Tsemberis, 2010).

4.6 Methodological reflections

4.6.1 Reflections on the research process

During the process of carrying out this research I have been prompted into action. Once someone who believed activism was something other people do, I have been inspired by the participants in this study to become an active member of the Housing and Mental Health Network, a co-produced community group who raise awareness of and campaign against the impact on housing instability on peoples' lives. Throughout the research process I have been blown away, again and again, by the compassion and resilience of the project workers in the study. I hope that I have managed to both retain this respect and the academic rigor and credibility of the study. As detailed in the methodology, reflective conversations and writing were used with my supervision team to both understand how my own experiences and values impacted my interpretation of the data and to ensure that the credibility and sincerity of the analysis was maintained. In this way I was able to use self-reflexivity to recognise my

original position as an advocate and take a step back from the data and view it with a more nuanced lens. For example, instead of only interpreting participants experiences from their perspective I sought to locate them within the wider social, political context of housing provision. As a clinical psychologist my passion for improving the lives of marginalised people has only been strengthened by this research process and I look forward to seeking out continued opportunities to conduct research in this field.

4.6.2 Strengths

This study provides a timely insight into the experiences of project workers, working on the front line to support PEH. Within the context of a significant rise in homeless in the past decade (National Audit Office, 2017), the results of this study highlight the centrality of the socio-economic as well as relational environment on project workers' ability to build valued relationships with PEH. Rappaport (1990) highlights the importance of asking the question 'for whose benefit is the research being conducted?' The experiences of individuals working within a helping role have often been neglected from public attention. The results of the current study bring to light these struggles and offer some practical ideas about how project workers can be better supported, through having reflective space to process complex emotions; and the connections that need to be formed between all agencies working to support PEH. The hope is that in turn having well-supported workers will enable PEH to also feel well-supported and heard.

The use of focus groups in participants' place of work allowed for the inclusion of more participants and for the interaction to enrich reflections. Furthermore, it was possible to create a more relaxed environment which reduced the power imbalance between researcher and participants, as they were with people they knew well and felt comfortable with, potentially freeing up conversation. In addition, capturing participants in a team meeting is likely to have

led to a more representative sample as no additional effort to travel or juggle additional work commitments was required. As a result, the study benefited from a 100% response rate.

Stein and Mankowski (2004) suggest that for qualitative research to shape our discipline we must both describe the journey and publish the findings. Attempts were made throughout this study to offer methodological transparency, particularly in relation to the data analysis process; as, in line with the social constructionist epistemology, it was important for the reader to understand how the findings were constructed. This study was conducted with an agenda, to elevate marginalised voices and unheard experiences. Therefore, the findings of the study have been clearly linked to both clinical and societal implications with the aim of being compelling enough to motivate action (Stein & Mankowski, 2004).

4.6.3 Limitations

Despite the potential strengths of carrying out focus groups with pre-existing groups, there are also limitations. It may be that social desirability factors made it difficult for participants to be honest about their feelings and experiences. For example, there was unanimous praise for participants' managers, however it may be that different perspectives would have been easier to voice if participants were with others they did not know; and therefore, there were no potential relational repercussions. As explored in the reflective diary (Appendix N), pre-existing group dynamics may also have made it harder to voice difference, particularly unfavourable experiences or viewpoints (Thomas, 1995).

The purpose of this study was to explore project workers' experiences in depth, to add to existing research and broaden and enrich our understanding, not to make generalisations. However, it is of note that the majority of projects sampled from had implemented a PIE

approach to some extent, although variation existed. Furthermore, many had monthly reflective practice and/or case discussions. Thus, experiences of project workers may be different in other projects, with different teams and networks of support. For example, in the current study it was not possible to explore what happens when a team perceives a manager as unsupportive. Therefore, firstly due to the small sample size and secondly due to the specific design or model of practice within projects, the findings should be generalised to other projects with caution.

In addition, this study only includes voices of workers, and therefore only offers some understanding of one side of the relationship. However, this study built on a previous qualitative study which explored men's experiences of moving between hostels, who had been multiply excluded (Westaway, Nolte & Brown, 2017). Therefore, it aimed to step back from PEH's experiences, and think about the system and relationships which shape these experiences. The voices of the project managers and professionals working in related services are also absent from the study despite featuring heavily in project workers' experiences. Ideas of how to address these limitations will be discussed below in the 'future research' subsection below.

In order to ensure the quality of this research reflections were used throughout. However, the richness of the data could have been improved through the use of additional sources of data, for example individual interviews with the managers, which would have been triangulated with the data. Furthermore, the service user consultation was useful, but service user involvement could have been enhanced further and additional project worker consultants included throughout the project, e.g. in devising interview questions and offering their perspectives on the analysis and conclusions drawn. Following submission, opportunities will

be sought out to disseminate the findings in and beyond academic journals. Particular focus will be paid on dissemination in contexts where PEH and those working on the frontline of homelessness services would access and have the opportunity to comment, such as social media, the HomelessLink website and in the PIELink newsletter.

4.6.4 Future research

As explored in the discussion, a clear direction for future research is the continued generation of evidence of 'what works' within a PIE framework, both qualitatively and quantitatively, to both gain an in-depth understanding, but to also provide 'evidence' within the language of commissioners to maximise the likelihood of psychologically informed services being commissioned (Maguire & Ritchie, 2015). Evaluating PIE can be difficult as, by its nature, it is an approach which can be flexibly applied to meet service needs (Johnson, 2010). However, the flexibility of the model also means that it is being continuously refined and processes developed, which might open up new possibilities for researching PIEs (Johnson, 2015). To the best of the researcher's knowledge there has been one qualitative study looking at both resident and staff perspectives (Phipps et al, 2017), extending and building on this research within different projects would provide both further in depth understanding and highlight aspects of continuity between projects. Qualitative studies would benefit from being co-produced with PEH in order to ensure their credibility and usefulness to PEH.

As mentioned above, the current study led on from a qualitative study of people experiencing homelessness's experiences of moving through multiple hostels (Westaway et al, 2017). It would be useful to return back to PEH with further research focusing on the relationship with workers. Particularly as difficulties with keyworkers were highlighted in the service user consultation. Furthermore, research into the perspectives of managers and those services

working closely with project workers would enrich our understanding of the support system. It would be useful to better understand how aspects of the PIE model, such as reflective practice, impact on both workers and PEH.

With growing homelessness within the context of austerity, there is an urgent need for ongoing research into the experiences and services for those experiencing homelessness; in addition to more research into the implications of cuts to services and support. Furthermore, there is a need for a robust evaluation of the effectiveness of each of the housing models (TIC, Housing First, PIE) approaches to guide policy around which one best suited to address homelessness. These models do not form a part of 'standard' commissioning within projects and therefore additional research is needed to evidence to commissioners how the needs of PEH can be best met.

4.7 Conclusions

This study aimed to explore the experiences of project workers who work hard to build relationships with some of the most marginalised in society, but whose voices are rarely heard. The result revealed project workers to be driven to support PEH by a strong value base, to strive for connection in the face of systemic disconnection and to be there for each other, when no one else was. They emphasised that, in a context of market-driven service provision, project workers are faced with the impossible dilemma of both providing care and control; and that they often feel alone in negotiating this dilemma through feeling unsupported by external agencies. Against this backdrop, project workers spoke of the implicit value of their work, describing the fulfilment that building trusting working relationships can bring and the positive changes these relationships can make on the lives of PEH. The clinical implications resulting from this study are clear. Services supporting PEH

need to be psychologically informed. Project workers need to be provided with a reflective space in order to process complex relational dynamics and pressures. In deriving service provision for PEH ‘inter dependence’ (Williamson, 2018, p247), not dependence needs to be the aim. Finally, the responsibility for improving the lives of PEH needs to be placed back on society to provide a context in which PEH can thrive.

References

Altena, A. M., Krabbenborg, M. A. M., Boersma, S. N., Beijersbergen, M. D., Berg, Y H M v an den, Vollebergh, W. A. M., & Wolf, J R L M. (2017). The working alliance between homeless young adults and workers: A dyadic approach. *Children and Youth Services Re view, 73,* 368-374.

American Psychological Association. (2010). *Helping people without homes: The role of psy chologists and recommendations to advance training, research, practice and policy: Pre sidential task force on psychologys contribution to end homelessness.* Washington, DC: American Psychological Association.

Andersen, T. (1987). The reflecting team: Dialogue and meta-dialogue in clinical work. *Fami ly Process, 26*(4), 415-428.

Anderson, D. G., & Rayens, M. K. (2004). Factors influencing homelessness in women. *Publ ic Health Nursing, 21*(1), 12-23.

Banks, S. (2011). Ethics in an age of austerity: Social work and the evolving new public man agement. *Journal of Social Intervention: Theory and Practice, 20*(2), 5-23.

Barker, C., & Pistrang, N. (2002). Psychotherapy and social support: Integrating research on psychological helping. *Clinical Psychology Review, 22*(3), 363-381.

Bateson, G. (1979). *Mind and nature: A necessary unity*. London: Wildwood House.

Baumeister, R. F., & Leary, M. R. (1997). Writing narrative literature reviews. *Review of Gen eral Psychology, 1*(3), 311-320.

Blackburn, P. J. (2012). Developing a psychological approach: The wellbeing service for ho meless and vulnerably housed people in Bristol. *Housing, Care and Support, 15*(2), 66-7 0.

Boscolo, L. (1987). *Milan systemic family therapy: Conversations in theory and practice*. Ne w York: Basic Books

Bowlby, J., & Institute of Psychoanalysis. (1973). *Attachment and loss: Anxiety and anger*. L ondon: Hogarth Press.

Bowlby, J., & Institute of Psychoanalysis. (1980). *Attachment and loss*. *Sadness and Depress ion.* New York: Basic Books.

Bowlby, J., & Institute of Psychoanalysis. (1982). *Attachment and loss* (2nd ed.). London: Ho garth.

Bowlby, J. (1988). *A Secure Base.* New York: Basic Books.

Bramley, G. & Fitzpatrick, S. (2015). *Hard Edges: Mapping severe and multiple disadvantage*. England: Lankelly Chase Foundation

Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2). pp. 77-101.

Brockhouse, R., Msetfi, R. M., Cohen, K., & Joseph, S. (2011). Vicarious exposure to trauma and growth in therapists: The moderating effects of sense of coherence, organizational su pport, and empathy. *Journal of Traumatic Stress, 24*(6), 735-742.

Brown, R., O'Neill, T., Kingshott, O., & Walters, S. (2016). *In-reach direct psychology input with Hammersmith and Fulham hostels: A service evaluation.* St. Mungos.

Buckingham, H. (2012). Capturing diversity: A typology of third sector organisations' responses to contracting based on empirical evidence from homelessness services. *Journal of Social Policy, 41*(3), 569-589.

Burr, V. (1995). *An introduction to social constructionism* Taylor and Francis.

Buruk, C., Barratt, S., & Kavner, E. (2013). *Positions and polarities in contemporary systemic practice: The legacy of David Campbell.* London: Karmac.

Busch-Geertsema, V., & Sahlin, I. (2007). The role of hostels and temporary accommodation. *European Journal of Homelessness, 1*

Campbell, D., Draper, R., & Huffington, C. (1991). *A systemic approach to consultation* Karnac.

Campbell, D. (2000). *The socially constructed organization*. London: Karnac.

Campbell, J. (2006). Homelessness and containment -- a psychotherapy project with homeless people and workers in the homeless field. *Psychoanalytic Psychotherapy, 20*(3), 157-174.

Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). Los Angeles: SAGE.

Chen, F. -., & Ogden, L. (2012). A working relationship model that reduces homelessness among people with mental illness. *Qualitative Health Research, 22*(3), 373-383.

Chinman, M. J., Rosenheck, R., & Lam, J. A. (1999). The development of relationships between people who are homeless and have a mental disability and their case managers. *Psychiatric Rehabilitation Journal, 23*(1), 47-55.

Clapham, D. (2003). Pathways approaches to homelessness research. *Journal of Community & Applied Social Psychology, 13*(2), 119-127.

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

Cockersell. P (2018a). Applying psychology as a response to the impact of Social Exclusion. In Cockersell. (Ed). *Social exclusion, compound trauma and recovery: Applying psychology, psychotherapy and PIE to homelessness and complex needs*. London: Jessica Kingsley Publishers.

Cockersell. P (2018b). The problem and potential of complexity. In Cockersell. (Ed). *Social exclusion, compound trauma and recovery: Applying psychology, psychotherapy and PIE to homelessness and complex needs*. London: Jessica Kingsley Publishers.

Cooper, A. & Lousada, J. (2005). *Borderline Welfare: Feeling and fear in modern welfare* (The Tavistock Clinic Series). London: Karmac.

National Audit Office (2016). *Homelessness: Third Report of Session 2016-2017.* Department for communities and Local Government: UK.

National Audit Office (2017). *Homelessness: Third Report of Session 2017-2019.* Department for communities and Local Government: UK.

Critical Appraisal Skills Programme.CASP (cohort study) checklist . Retrieved from http://www.casp-uk.net/checklists

Campbell, D., Draper, R., & Institute of Family Therapy (London). (1985). *Applications of systemic family therapy: The Milan approach*. London; Orlando, Fla: Grune & Stratton.

Cronley, C. (2010). Unravelling the social construction of homelessness. *Journal of Human B ehaviour in the Social Environment, 20*(2), 319-333.

Daly, A. (2017). Embodied austerity: Narratives of early austerity from a homelessness and r esettlement service. *Ethics and Social Welfare,* 1-13.

Danquah, A. N., & Berry, K. (2013). *Attachment theory in adult mental health: A guide to cli nical practice*. London: Routledge Ltd.

Dumka, L. E., Gonzales, N. A., Wood, J. L., & Formoso, D. (1998). Using qualitative method s to develop contextually relevant measures and preventive interventions: An illustration. *American Journal of Community Psychology, 26*(4), 605-637.

Edwards, A. (2012). Developing a psychological approach: Learning from a housing associati on pilot. *Housing, Care and Support, 15*(2), 63-65.

Fazel, S., Khosla, V., Doll, H., & Geddes, J. (2008). The prevalence of mental disorders amo ng the homeless in western countries: Systematic review and meta-regression analysis. *P LoS Medicine, 5*(12), 1670-1681.

Fazel, S., Prof, Geddes, J. R., Prof, & Kushel, M., Prof. (2014). The health of homeless peopl e in high-income countries: Descriptive epidemiology, health consequences, and clinical and policy recommendations. *Lancet, The, 384*(9953), 1529-1540.

Ferris, L. J., Jetten, J., Johnstone, M., Girdham, E., Parsell, C., & Walter, Z. C. (2016). The Fl orence nightingale effect: Organizational identification explains the peculiar link betwee n others' suffering and workplace functioning in the homelessness sector. *Frontiers in Ps ychology, 7*(JAN).

Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self-care. *Journal of Clinical Psychology, 58*(11), 1433-1441.

Fitzpatrick, S. (2000). *Single homelessness: An overview of research in Britain*. England.

Fitzpatrick, S., Bramley, G., & Johnsen, S. (2013). Pathways into multiple exclusion homeles sness in seven UK cities. *Urban Studies, 50*(1), 148-168.

Fitzpatrick, S., Pawson, H., Bramley, G., Wilcox, S., & Watts, B. (2017) Institute for Social P olicy, Environment, University of New South Wales. *The homelessness monitor: Englan d.*

Fitzpatrick, K., Myrstol, B., & Miller, E. (2015). Does context matter? examining the mental health among homeless people. *Community Mental Health Journal, 51*(2), 215-221.

Fitzpatrick, S., Johnsen, S and White, M. (2011) Multiple Exclusion Homelessness in the UK : Key Patterns and Intersections, *Social Policy and Society, 10*(4) 501-512.

Flaskas, C. (1997). Engagement and the therapeutic relationship in systemic therapy. *Journal of Family Therapy, 19*(3), 263-282.

Flaskas, C. (2005) Introduction: orienting to therapeutic relationships and the space between. In A. Perlesz. *The Space Between: Experience, Context and Process in the Therapeutic Relationship*. London: Karnac.

Flaskas, C. (2007). Holding hope and hopelessness: Therapeutic engagements with the balanc e of hope. *Journal of Family Therapy, 29*(3), 186-202.

Fredman, G. (1996). The relationship to help. Interacting beliefs about the treatment process. *Clinical Child Psychology and Psychiatry.*

Glaser, B. G., & Strauss, A. C. (1967). *Constructing grounded theory*. Chicago: Aldine.

Goering, P. N., Streiner, D. L., Adair, C., Aubry, T., Barker, J., Distasio, J., . . . Zabkiewicz, D. M. (2011). The at home/chez soi trial protocol: A pragmatic, multi-site, randomised c ontrolled trial of a housing first intervention for homeless individuals with mental illness in five Canadian cities. *BMJ Open, 1*(2)

Guirguis-Younger, M., McNeil, R., & Runnels, V. (2009). Learning and knowledge-integrati on strategies of nurses and client care workers serving homeless persons. *Canadian Jour nal of Nursing Research, 41*(2), 20-34.

Harper, D. (2015). Psychologists against austerity. *The Psychologist,*

Harper, D. (2011). Choosing a qualitative research method. In A. R. Thompson (Ed.), *Qualita tive Research Methods in Mental Health and Psychotherapy: A guide for students and pr actitioners* (p. 83-97). Chichester, UK: John Wiley & Sons, Ltd.

Hastings, A., Bailey, N., Bramley, G., Gannon., M., & Watkins, D. (2015). *The cost of the cuts: The impact on local government and poorer communities.* Joseph Rowntree Foundation.

Hennessy, C., & Grant, D. (2006). Developing a model of housing support: The evidence fro m Merseyside. *International Journal of Consumer Studies, 30*(4), 337-346.

Hoffman, L., & Coffey, B. (2008). Dignity and indignation: How people experiencing homel essness view services and providers. *Social Science Journal, 45*(2), 207-222.

Holmes, J. (2001). *The search for the secure base: Attachment theory and psychotherapy*. Phi ladelphia, PA: Brunner-Routledge.

Holt, S., & Kirwan, G. (2012). The 'key' to successful transitions for young people in leaving residential child care: the role of the keyworker. *Child Care in Practice, 18*, 317-392.

Homelessness Reduction Act (2017)). *The Homelessness Reduction Act*. UK Parliament: London.

Homeless Households Inquiry (2017). *Homeless Households Inquiry.* UK Parliament: London.

Housing Act (1996). *Housing Act.* UK Parliament: London.

Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*, *3*(2), 80-100

Hochschild, A. R. (1983) *The Managed Heart: Commercialization of Human Feeling*. Berkeley: University of California Press.

Hussein, S. (2017). "We don't do it for the money" … the scale and reasons of poverty- pay among frontline long- term care workers in England. *Health & Social Care in the Community, 25*(6),1817-1826.

Jenkins, H. (1990) Contemporary Family Therapy, 12: 311.

Jezewski, M. A. (1995). Staying connected: The core of facilitating health care for homeless persons. *Public Health Nursing*, *12*(3), 203-210.

Joffe, H. (2011). Thematic Analysis. In A. R. Thompson (Ed.), *Qualitative Research Methods in Mental Health and Psychotherapy: A guide for students and practitioners* (p. 209-223). Chichester, UK: John Wiley & Sons, Ltd.

Johnsen, S., & Teixeira, L. (2012). 'Doing it already?': Stakeholder perceptions of housing fir st in the UK. *International Journal of Housing Policy, 12*(2), 183-203.

Johnson, R. (2015). Psychological awareness is normal. Retrieved from http://pielink.net/que stions/a-single-model/

Johnson, R., & Haigh, R. (2010). Social psychiatry and social policy for the 21st century - new concepts for new needs: The 'psychologically-informed environment'. *Mental Health and Social Inclusion, 14*(4), 30-35.

Johnson, R., & Haigh, R. (2011). Social psychiatry and social policy for the 21st century: Ne w concepts for new needs - the 'enabling environments' initiative. *Mental Health and Soc ial Inclusion, 15*(1), 17-23

Johnson, R. (2016). Principles and practice in psychology and homelessness: Part one – differ ent models, different language? Retrieved from http://pielink.net/?s=principles+and+pra ctice+in+psychology+and+homelessness.

Joint Strategic Needs Assessment (2016). *Housing support and care: Integrated solutions for integrated challenges.* Hammersmith and Fulham.

Jost, J. J., Levitt, A. J., Hannigan, A., Barbosa, A., & Matuza, S. (2014). Promoting consumer choice and empowerment through tenant choice of supportive housing case manager. *Am erican Journal of Psychiatric Rehabilitation, 17*(1), 72-91.

Keats, H., Cockersell, P., Maguire, N.J., and Johnson, R. (2012). *Psychologically Informed S ervices for Homeless People: Good Practice Guide*. London: Department of Communiti es and Local Government.

Kidd, S. A., Miner, S., Davidson, L. S., & Walker, D. (2007). Stories of working with homeless youth: On being "mind-boggling". *Children and Youth Services Review, 29*(1), 16-34.

Kitzinger, J. (1995). Qualitative research: Introducing focus groups. *BMJ, 311*(7000), 299-302.

Koegel, P. (1992). Through a different lens: An anthropological perspective on the homeless mentally ill. *Culture, Medicine and Psychiatry, 16*(1), 1-22.

Krueger, R. A., & Casey, M. A. (2000). *Focus groups: A practical guide for applied research* (3rd ed.). London; New Delhi; California: Sage Publications.

Linley, P. A., Joseph, S., & Loumidis, K. (2005). Trauma work, sense of coherence and positive and negative changes in therapists. *Psychotherapy and Psychosomatics, 74*, 185-188.

London's Hostels for Homeless People in the 21st Century. *Providing services for 15,000 people in housing need in London.*

London Borough of Hammersmith & Fulham (2018). *Revenue Budget and Local Council Tax Levels 2018/19*. Hammersmith and Fulham.

Lovatt, M., Nanton, V., Roberts, J., Ingleton, C., Noble, B., Pitt, E., . . . Munday, D. (2015). The provision of emotional labour by health care assistants caring for dying cancer patients in the community: A qualitative study into the experiences of health care assistants and bereaved family carers. *International Journal of Nursing Studies, 52*(1), 271-279.

Maguire, N., & Ritchie, C. (2015). Clinical Psychology: A rare and essential resource in commissioning quality services for homeless people. *Clinical Psychology Forum,* 265, 23-27

Maslach, C. H., Schaufeli, W. B. |., & Leiter, M. P. (2001). Job burnout. *Annual Review of Ps ychology, 52*(1), 397-422.

McGrath, L., Griffin, V., & Mundy, E. (2015). *The psychological impact of austerity: A briefi ng paper.* Psychologists Against Austerity.

McGrath, L., & Pistrang, N. (2007). Policeman or friend? dilemmas in working with homeles s young people in the United Kingdom. *Journal of Social Issues, 63*(3), 589-606.

Mills, C. W. (1959). *Sociological Imagination.* New York: Oxford University Press.

Ministry of Housing Communities and Local Government (2017). *Funding for Supported Housing: Government Response to Two Consultations.* Department for Work and Pensions.

Mishler, E. G. (1986). *Research interviewing: Context and narrative.* Cambridge, MA.: Harv ard University Press.

Namey, E., Guest, G., McKenna, K., & Chen, M. (2016). Evaluating bang for the buck: A cos t-effectiveness comparison between individual interviews and focus groups based on the matic saturation levels. *American Journal of Evaluation, 37*(3), 425-440.

Özcan, N. K., Boyacioğlu, N. E., Enginkaya, S., Bilgin, H., & Tomruk, N. B. (2016). The rela tionship between attachment styles and childhood trauma: A transgenerational perspectiv e – a-controlled study of patients with psychiatric disorders. *Journal of Clinical Nursing, 25*(15-16), 2357-2366.

Oudshoorn, A., Ward- Griffin, C., Forchuk, C., Berman, H., & Poland, B. (2013). Client–provider relationships in a community health clinic for people who are experiencing homelessness. *Nursing Inquiry, 20*(4), 317-328

Padgett, D. K., Henwood, B., Abrams, C., & Davis, A. (2008). Engagement and retention in services among formerly homeless adults with co-occurring mental illness and substance abuse: Voices from the margins. *Psychiatric Rehabilitation Journal, 31*(3), 226-233.

Pascale, C. (2005). There's no place like home: The discursive creation of homelessness. *Cultural Studies - Critical Methodologies, 5*(2), 250-268.

Peacock-Brennan, S. & Harper, D. (2015). *Improving public discussion about inequality: A briefing paper.* London: Psychologists Against Austerity. Retrieved from https://psychagainstausterity.files.wordpress.com/2016/03/ talking-about-inequality.pdf

Phipps, C., Seager, M., Murphy, L., & Barker, C. (2017). Psychologically informed environments for homeless people: Resident and staff experiences. *Housing, Care & Support, 20*(1), 29-42

Pines, A., & Aronson, E. (1988). *Career burnout: Causes and cures.* New York: Free Press.

Pluye, P., Robert, E., Cargo, M., Bartlett, G., O'Cathain, A., Boardman, F.,Rousseau, M. C. (2011). A mixed methods appraisal tool for systematic mixed studies reviews. Retrieved from http://www.webcitation.org/5tTRTc9yJ

Prestige, J. (2017, October 3). *Housing first is unique - let's do it right*. Retrieved from https://www.homeless.org.uk/connect/blogs/2017/oct/03/housing-first-is-unique-let%E2%80%99s-do-it-right

Rabiee, F. (2004). Focus-group interview and data analysis. *Proceedings of the Nutrition Soci ety, 63*(4), 655-660.

Rait, D. S. (2000). The therapeutic alliance in couples and family therapy. *Journal of Clinical Psychology, 56*(2), 211-224.

Rappaport, J. (1990). Research methods and the empowerment social agenda. In P. Tolan, C. Keys, F. Chertok & L. Jason (Eds.), *Researching community psychology: Integrating the ories and methodologies.* (pp. 51-63). Washington, D.C.: American Psychological Assoc iation.

Rayner, V. (2012). Psychologically informed services: A response from the housing, care and support sector. *Housing, Care & Support, 15*(2), 71-73. 10.1108/14608791211254199 R etrieved from http://search.ebscohost.com/login.aspx?direct=true&db=jlh&AN=1044185 72&site=ehost-live

Razavi, S., & Staab, S. (2010). Underpaid and overworked: A cross-national perspective on c are workers. *International Labour Review, 149*(4), 422.

Reeves, C. (2011). The changing role of probation hostels: Voices from the inside. *British Jo urnal of Community Justice, 9*(3), 51-64.

Renedo, A., & Jovchelovitch, S. (2007). Expert knowledge, cognitive polyphasia and health: A study on social representations of homelessness among professionals working in the v oluntary sector in London. *Journal of Health Psychology, 12*(5), 779-790.

Reynolds, V. (2011). Resisting burnout with justice-doing. *International Journal of Narrative Therapy & Community Work, 4,* 27-45.

Reynolds, V. (2012). An ethical stance for justice-doing in community work and therapy. *Journal of Systemic Therapies, 4,* 1833-1840.

Rholes, S., Paetzold, W., & Kohn, J. L. (2016). Disorganized attachment mediates the link fro m early trauma to externalizing behaviour in adult relationships. *Personality and Individ ual Differences, 90,* 61-65.

Rich, J. L. (2018). *People experiencing homelessness, they aren't defined by it.* United States Interagency Council on Homelessness. Retrieved from: *https://www.usich.gov/news/peo ple-experience-homelessness-they-arent-defined-by-it*

Roy, A. (2005). *An ordinary person's guide to empire.* New Delhi, India: Viking by Penguin Book.

Rutter, M. (1991). A fresh look at 'maternal deprivation'. In P. Bateson (Ed.), *The developmen t and integration of behaviour* (pp. 331-374). Cambridge: Cambridge University Press.

Scanlon, C., & Adlam, J. (2006). Housing 'unhoused minds': Inter-personality disorder in the organisation? *Housing, Care & Support, 9*(3), 9-14.

Scanlon, C., & Adlam, J. (2008). Refusal, social exclusion and the cycle of rejection: A cynic al analysis? *Critical Social Policy, 28*(4), 529-549.

Scanlon, C., & Adlam, J. (2012). The (dis)stressing effects of working in (dis)stressed homel essness organisations. *Housing, Care & Support, 15*(2), 74-82.

Seager, M. (2011). Homelessness is more than houselessness: A psychologically-minded app roach to inclusion and rough sleeping. *Mental Health and Social Inclusion, 15*(4), 183-1 89.

Seiler, A. J., & Moss, V. A. (2012). The experiences of nurse practitioners providing health c are to the homeless. *Journal of the American Academy of Nurse Practitioners, 24*(5), 303 -312.

Siddaway, A. P., Wood, A. M., & Hedges, L. (in press).How to do a systematic review: A bes t practice guide to conducting and reporting narrative reviews, meta-analyses and meta s yntheses. *Annual Review of Psychology.*

Somerville, P. (2013). Understanding homelessness. *Housing, Theory and Society, 30*(4), 384-415.

Spade, D. (2011). Normal life: Administrative violence, critical trans politics, and the limits o f law. Brooklyn, NY: South End Press.

Stacey, J. (1999). Virtual truth with a vengeance. Contemporary Sociology, 28(1), 18– 23.

Stein, C. H., & Mankowski, E. S. (2004). Asking, witnessing, interpreting, knowing: conducti ng qualitative research in community psychology. *American Journal of Community Psyc hology*, 33, 21-35.

Stevenson, C. (2014). A qualitative exploration of relations and interactions between people who are homeless and use drugs and staff in homeless hostel accommodation. *Journal of Substance Use, 19*(1), 134-140.

Stuckler, D., & Basu, S. (2013). *The body economic: Eight experiments in recovery, from icel and to greece.* London: Penguin.

Thomas, L., MacMillan, J., McColl, E., Hale, C., & Bond, S. (1995a). Comparison of focus g roup and individual interview methodology in examining patient satisfaction with nursin g care. *Social Sciences in Health, 1,* 206-219.

Tracy, S. J. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative resea rch. *Qualitative Inquiry, 16*(10), 837.

Tsemberis, S., & Eisenberg, R. F. (2001). Pathways to housing: Supported housing for street-dwelling homeless individuals with psychiatric disabilities. *Primary Care Companion to the Journal of Clinical Psychiatry, 3*(1), 34-35.

Tweed, A., & Charmaz, K. (2012). Grounded theory methods for mental health practitioners. In A. R. Thompson (Ed.), *Qualitative Research Methods in Mental Health and Psychoth erapy: A guide for students and practitioners* (p. 83-97). Chichester, UK: John Wiley & Sons, Ltd.

Teixeira, L. (2010) *Still Left Out? The Rough Sleepers '205' Initiative One Year On.* London: St Mungo's and Crisis.

Tsemberis, S. (2010b) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction.* New York, NY: Hazelden.

Van der Kolk, B. A., Pelcovitz, D., Roth, S., Mandel, F., McFarlanem A., & Herman. J. L. (1 996). Dissociation, somatization, and affect dysregulation. The complexity of adaption to trauma. *American Journal of Psychiatry, 153*¸ 83-93.

Warnes, T., Crane, M., & Foley, P. (2005). *London's hostels for homeless people in the 21st c entury.* Pan-London Providers Group: London.

Westaway, C., Nolte, L., & Brown, R. (2017). Developing best practice in psychologically in formed environments. *Housing, Care and Support, 20*(1), 19-28.

Wilkinson, S. (1999). Focus groups. *Psychology of Women Quarterly, 23*(2), 221-244.

Willig, C. (2013). *Introducing qualitative research in psychology* (3rd ed.). Maidenhead: McG raw-Hill Education.

Williamson, E. (2018). The dependency paradox. In Cockersell. (Ed). *Social exclusion, compound trauma and recovery: Applying psychology, psychotherapy and PIE to homelessness and complex needs*. London: Jessica Kingsley Publishers.

Williamson, E. (2018b). PIE-oneering psychological integration in homeless hostels. In Cockersell. (Ed). *Social exclusion, compound trauma and recovery: Applying psychology, psychotherapy and PIE to homelessness and complex needs*. London: Jessica Kingsley Publishers.

Williamson, E. and Taylor, K. (2015). Minding the margins: an innovation to integrate psychology in a homeless hostel environment. Clinical Psychology Forum, 265, 3-8.

Winslade, J. (2002). Storying professional identity. The International Journal of Narrative Therapy and Community Work, 4, 1-13.

Yardley, L. *Demonstrating validity in qualitative psychology.* In J. A. Smith (Ed), Qualitative psychology: A practical guide to research methods (p.235-251). London: Sage.

Zerger, S., Francombe Pridham, K., Jeyaratnam, J., Connelly, J., Hwang, S., O'Campo, P., & Stergiopoulos, V. (2014). The role and meaning of interim housing in housing first programs for people experiencing homelessness and mental illness. *American Journal of Orthopsychiatry*, *84*(4), 431-437.

Appendices

Appendix A: Process of searching for and screening relevant literature for the Systematic Review

Database	Search	Number of papers found at search	Number of papers once titles screened
Scopus	"homeless*" OR "hostel" AND "staff" OR "worker" AND "relationship" OR "experience"	593	129
CINHAL	"staff" OR "worker" AND "homeless"	316	52
	"homeless" OR "hostel" AND "relationship"	340	13
Social Care Online	"homeless*" OR "hostel" AND "staff" OR "worker" AND "relationship" OR "experience"	98	19
Total			213 – 45 duplicates = 168

Appendix B: Systematic review process

Total papers after title screen	168		
Total papers after abstract screen	18	Exclusion criteria • Physical health – 7 • Service development/provision - 19 • TIC and Housing First evaluations – 16 • Outcome studies – 10 • Case-management of PEH – 5 • Reflective pieces on experiences of working with PEH - 7 • Research from PEH perspective about therapeutic approaches, case management or intervention models - 19 • Psychological development - 7 • Mental health - 5 • Experiences of relationships from PEH perspective – 9 • Implementing interventions – 12 • Lives of PEH/systemic factors – 5 • PIE – 12 • Evaluating a model – 4 • Homelessness general – 7 • HIV – 8 • End of life care – 7 • Excluded due to being irrelevant – 9	Inclusion criteria • Staff/professional experience of relationships with PEH • Studies which ask about both staff and resident experiences
Total papers after full texts read	10	Reasons for exclusion include: • Evaluating the impact of austerity (1) • Lack of research design (2) • Focus on categorisation of care not the relationship (1) • Focus on Approved Premises (2), • Focus on families (1) • Focus on evaluating a model of support (1).	

Appendix C: Summary and evaluation of studies in the Systematic Literature Review

Title and location	Participants and Aims	Research methodology	Key findings and implications	Strengths and limitations
Altena, Krabbenborg, Boersma, Beijersbergen, Berg, Vollebergh & Wolf (2017). The working alliance between homeless young adults and workers: A dyadic approach. The Netherlands	102 homeless young adults 32 social workers Aimed to examine the composition of the working alliance between homeless young adults and their social workers; and it's association with self-determination and quality of life.	Quantitative study using a 'one-with-many' design. Participants completed questionnaires about the perceived strength of their working alliance and rated themselves on self-determination, resilience and quality of life. Homeless young adults completed questionnaires at baseline and 6 month follow up. Social workers only completed the questionnaires at follow up.	*Key findings* Workers perception of the strength of their working relationships did not correspond with young adults' perceptions of the same relationship. Workers varied in how they rated the strength of their relationships, however young people reported no individual differences. 'Undifferentiated relationship effects' accounted for most of the variance between relationships. Young adults who reported stronger relationships with workers also improved the most in resilience and self-determination.	*Strengths* Large sample of participants with a clear inclusion and exclusion criteria (CASP, 2017). The 'one-with-many' design meant relationships could be analysed from both the young adult and workers perspective allowing differences in perception to be recorded. In addition, this method allowed the reciprocity of relationship to be taken into account. As a result, relationships were able to be analysed in a more multi-dimensional way.
			Implications Specific elements that account for differences in relationship strength are hard to quantify. People experiencing homelessness (PEH) and workers may perceive the strength of their relationship differently to each other. There was not a direct association between strength of a working alliance and quality of life, the authors suggest an indirect one may be present. The study emphasizes the importance of a young adult perceiving a strong alliance with a worker for their perception of their own self determination and resilience.	*Limitations* The quantitative methodology appears to have limited exploration of what factors contributed to a strong working alliance and how perception of a strong working alliance impacted on a young adults sense of agency and resilience. Further investigation is needed to understand what 'undifferentiated relationship factors' are and how these can be fostered in relationships between homeless young adults and social workers. Mean working relationship length was 1.35 months which may have not been enough

				time for a strong working relationship to be built.
Chen & Ogden (2012). A working relationship model that reduces homelessness among people with mental illness. United States of America	12 Critical Time Intervention (CTI) workers, including psychiatrists, psychologists and social workers. Aimed to explore the working relationship in the context of CTI – a community intervention aiming to reduce homelessness through providing support during the transition from institutional to community living.	Qualitative study using a Grounded Theory analysis. Semi-structured interviews were conducted with participants. A dimensional analysis was used to explore how participants selected and organised concepts which inform their perspectives.	*Key findings* Workers felt client motivation and shared agreement of goals to be important for a client's ability to move on. The working relationship between the client and worker was understood as a vehicle through which motivation and shared goals take shape. Working relationships relied on two strategies, informal relating approaches and following the clients lead. Workers understood trust to be built through demonstrating reliability. Trust within a working relationship facilitated clients motivation and commitment to retain housing.	*Strengths* The authors seek to operationalise the often-intangible aspects of building a strong working relationship and provide a framework for understanding how such relationships are built. Rigor of the study was considered by both analysts triangulating their data with reflexivity. Coding processes were audited via memos and the authors examined the texts for each other's assumptions and biases (Tracy, 2010).
			Implications Findings emphasize the importance of a strong working relationship in community interventions for PEH. Building a relationship with a client should be the focus of the work, not goals, skills and support. Successful working relationships were characterised by 'humanistic' features such as trust, unconditional positive regard and flexibility. To develop formalised guidelines for the use of the informal activities which enabled such relationships to be built, including getting coffee and information visits.	*Limitations* A small participant group working on a specific intervention meant it was unclear how these findings can be generalised. Participants were trained professionals, it would be useful to know if such understandings are shared by support workers. Due to the small sample it was not possible to determine if there were differences in experience between professional groups.
Ferris, Jetten, Johnstone, Girdham, Parsell & Walter (2016). The Florence nightingale effect: Organizational identification explains the	60 Frontline workers supporting adults experiencing homelessness.	The study used a mixed-methods design comprising of interview (N=26) and cross-sectional survey data (N=60).	*Key findings* Participants who perceived client suffering as higher rated themselves higher on job satisfaction. This positive relationship was accounted for by organisational identification.	*Strengths* The authors made specific attempts to make the sample as representative as possible through using a field sample over a convenience sample (CASP, 2017).

peculiar link between others' suffering and workplace functioning in the homelessness sector. Australia	The study aimed to explore how frontline workers in the homelessness sector deal with the suffering of their clients. Firstly, the authors examined if relationships between suffering and workplace functioning are mediated by organisational identification. Secondly, whether emotional distance from clients would predict improved workplace functioning.	Participants were asked to rate the level of client suffering, attribute emotions in a hypothetical task; and to complete a questionnaire measure of burnout, job satisfaction and organisational identification. The online survey was made up of a summary of questions from the interviews. Interviews were analysed using Thematic analysis. A mediation and moderation analyses were carried out on quantitative data.	There was no negative association between emotional distance from clients (infrahumanisation) and burnout. Participants who were able to emotionally distance themselves from clients were not less likely to become burnt out. *Implications* The findings suggest that identifying with their organisations values provided participants with a means of coping with an emotionally challenging role. Workers in this study did not appear to find disconnecting from their clients emotional states a helpful means of increasing their job satisfaction. The authors highlight that participants often spoke about leaving their work 'at the door', therefore may feel able to disconnect from their work. They also suggest that disconnection may be the norm for workers and therefore differences were not observed in the sample.	The mixed-methods design allowed initial quantitative findings to be explored in more depth providing an interesting insight into the relationship between perceived suffering and job satisfaction. *Limitations* It may be that those workers most impacted by being burnt out had already left the organisation and therefore the study helps us to understand more about those that stay, but not those that leave. Using vignettes to elicit emotional responses may inaccurately approximate a real emotional reaction. Therefore, responses to suffering may have been inaccurately measured.
Guirguis-Younger, McNeil, & Runnels (2009). Learning and knowledge-integration strategies of nurses and client care workers serving homeless persons. Canada	8 healthcare workers, 5 nurses and 3 care workers. The study aimed to explore the learning and knowledge integration strategies used by nurses and care workers working with people experiencing homelessness.	Qualitative study using a narrative analysis Participants were asked to share their experiences of delivering health care to people experiencing homelessness including the strategies and training they used.	*Key findings* Healthcare workers used three primary strategies within their work. 1. Integrating past personal and professional experiences of working with marginalised groups into their work 2. Establishing and implementing a client centred approach 3. Increasing interprofessional knowledge exchange through seeking out informal opportunities to acquire knowledge and offering emotional support to colleagues. *Implications*	*Strengths* The narrative analysis allowed healthcare workers knowledges to be explored in depth. This open-ended approach meant workers experiences could be understood within their own frame of reference. Thick descriptions are used within the text to describe the themes and 'tacit' taken for granted knowledge is explored (Tracy, 2010). *Limitations*

			The findings contribute to our understanding of how healthcare workers can use strategies to improve health outcomes for people experiencing homelessness. The authors suggest that some of these methods include: contextualising learning in a practice setting, encouraging reflective practice and supporting communities of practice. Participants used communities of practice to support each other. It appears encouraging healthcare workers to form such communities can aid their work.	Details about the steps of analysis is limited. The authors do not describe their credibility checks or state their own position, meaning that it is not possible for the reader to assess the rigor of the study (Tracy, 2010). There is no 'audit trail' meaning that the process of analysis cannot be critiqued.
Hennessy & Grant (2006). Developing a model of housing support: The evidence from Merseyside. United Kingdom	41 participants, 25 service users and 16 support workers. The study aimed to examine the dynamics of housing support and illuminate any difficulties that are inherent in developing good housing support.	Qualitative design with data drawn from a larger mixed-methods study involving both qualitative data collected via interviews and qualitative via a questionnaire. This study just explored the qualitative data: 41 semi-structured interviews carried out, 25 with service users and 16 with support workers.	*Key findings* The relationship between the service user and support worker was a vital part of the resettlement process, with both practical and emotional support needed for the resettlement to be a success. Emotional support was developed through a relationship of trust and understanding being built between the client and support worker. Successful resettlement was also dependant on the client being motivated to want to move away from homelessness. An informal and grounded approach was central to good support. In addition, workers often had a unique relationship with service users, acting as an advocate and being a figure of trust.	*Strengths* The study allowed both support worker and service user perspectives to be considered in relation to what makes good support. The findings are thought provoking and very clinically relevant. The results are presented thoughtfully with 'resonance' (Tracy, 2010).
			Implications The findings emphasize the importance of support workers being given time to build trusting relationships with service users, as such relationships are often central to a person moving out of homelessness. The findings also highlight the unique relationships support workers often have with service users, and the	*Limitations* There is very limited information about the study design, nothing is written about who the participants were, or details about how the interviews and questionnaires were carried out. Therefore, it is not possible to assess the rigor of the study and it is unclear to what extent there was consistency amongst participant groups.

			vitality of these relationships in providing effective support for PEH.	The paper states at one point that the study is qualitative and another that it is mixed methods. No details of the steps of analysis is included, quality checks of ethical procedures. Therefore it is impossible to assess the quality of the research carried out and it lacks 'meaningful coherence' (Tracy, 2010).
Jezewski (1995). Staying connected: The core of facilitating health care for homeless persons. United States of America	11 healthcare workers, 5 nurse practitioners, 5 community health nurses and 1 social worker. To better understand how healthcare workers provide care for people experiencing homelessness despite barriers to access and use.	Qualitative study using a Grounded Theory analysis. Data was collected using three sources: participant observation, informal interviewing and formal semi-structured interviews.	*Key findings* An overarching category of 'staying connected' appeared to represent the essence of what healthcare workers do when supporting PEH. The three most important aspects of 'staying connected' include: 1/The links that the healthcare workers form with the people experiencing homelessness. 2/The connections nurses establish with other providers. 3/Facilitating people experiencing homelessness' connection with the healthcare system.	*Strengths* Data collection and analysis were clearly described. Data was collected from multiple sources so the authors were able to triangulate their data. The authors also documented an audit trail which made the process of analysis transparent. These quality checks reduce the likelihood of interviewer bias and demonstrate rigor (Tracy, 2010).
			Implications "Staying connected" provided a way in which healthcare workers can break down some of the many barriers that PEH face to accessing healthcare, such as miscommunication and stigmatization. The findings illustrate that sensitivity and commitment are needed to help this vulnerable population receive healthcare. Nurses should become more involved in changing policies which oppress people in society and prevent them from accessing healthcare.	*Limitations* A small number of participants were sampled in three different roles. It may be that differences existed between professional groups in their approach to providing healthcare, however this was not possible to determine due to the small sample size. It was not clear which data came from each of the three data collection sources and what the similarities and differences in this data were.
Kidd, Miner, Davidson, & Walker (2007). Stories of working with homeless	15 Youth workers The study aimed to explore youth workers	An exploratory content analysis was carried out, in which basic content themes and	*Key findings* In order to connect with young people workers had to listen, value and not judge. Trust is built on these	*Strengths* The study provides a rich analysis of workers experiences with 'thick descriptions' of 'tacit' knowledge of

youth: On being "mind-boggling". Canada	experiences of providing services to youth experiencing homelessness; with a view of bridging the gap between academic and practical knowledge.	then more central themes were constructed. Themes were then checked by two participants for acceptability.	connections and served as a platform for effective work. There was a need for a team approach in supporting each other and helping each member see and use their unique skills. At a policy level the constraints of agencies working with young people experiencing homelessness conflict with the need for flexibility when working with this client group. Stigmatisation experienced from society also hindered the work. Participants spoke a conflict between enjoying their work and experiencing a high level of tension and burnout.	relationships which have been little explored. In this way it appears to make a significant contribution (Tracy, 2010). Reflections on the experience of the interviews with participants are included. The authors asked two of the participants to incorporate their reactions to the analysis in the paper, adding a layer of richness to the analysis and improving its credibility (Tracy, 2010).
			Implications The findings highlight the need to focus on those aspects of worker approaches which facilitate connection and trust. The need to design interventions which reflect the realities of street life. The need to explore ways in which workers can negotiate their career, acknowledging the conflicting pressures they are subject to reduce burnout.	*Limitations* The authors provided little detail about their analysis process and it was unclear outside of the two reactions to the analysis what quality checks were used (Tracy, 2010).
McGrath & Pistrang (2007). Policeman or friend? Dilemmas in working with homeless young people in the united kingdom. United Kingdom	12 youth experiencing homelessness (residents) and 10 hostel staff The study aimed to explore how both staff and resident perceived the keyworker relationship.	A qualitative study analysed using Interpretive Phenomenological Analysis (IPA). Semi-structured interviews were carried out with both residents and staff, with questions slightly adapted to their group.	*Key findings* Complexity in the relationships between residents and their keyworkers was found. Staff faced a number of dilemmas such as how to enforce rules but at the same time provide emotional support. Residents grappled with whether key workers were agents of control or allies. Qualities such as mutual respect and trust were important in managing tension in relationships. In such relationships the role of rule enforcer and supporter	*Strengths* The authors provide a transparent account of steps of their analysis. Unlike other studies that have sampled both staff and residents, the process of first analysing separately, then merging data is made clear. The process of carrying out credibility checks is also detailed providing evidence of rigor within the study (Tracy, 2010).

			could be successfully combined. It was also important for residents to feel known and special to a member of staff. Workers differed in their approaches within relationships, some focusing more on completing set tasks and others more on the resident's needs.	
			Implications The findings emphasize the importance of young people experiencing homelessness being able to foster trusting relationships with staff. It is important for staff working with the tension between control and support to have the opportunities to reflect and make sense of these experiences.	*Limitations* The study used a small convenience sample, with half of those approached declining to participants. Therefore, the findings are subject to selection bias and are limited in their representativeness and generalisability (CASP, 2017). The small sample size did not allow for variables which may have impacted on the worker- resident relationship to be explored. Social desirability factors may have led residents to give answers they believed the researcher wanted to hear.
Phipps, Seager, Murphy, & Barker (2017). Psychologically informed environments for homeless people: Resident and staff experiences. United Kingdom	9 hostel residents 10 hostel staff 5 psychotherapists The study aimed to explore what are the experiences and perspectives of residents and staff living and working in a Psychological Informed Environment (PIE) It also aimed to determine if there are	A qualitative study using thematic analysis. A semi-structured interview was carried out with all participants. Data for the three groups was initially analysed separately, then amalgamated due to similar themes.	*Key Findings* Most participants found working in a PIE model preferable as it meant the environment felt more like a home. Participants felt it was important to consider residents histories of trauma of their current behaviour. As a result, rules needed to be flexible. Relationships between all participants were understood to be a necessity, with trust as a key component. The emotional impact of the work was acknowledged by staff. Reflective practice was helpful for some in coping with emotional challenges.	*Strengths* The study is one of the first to explore a popular model of housing support (PIE) and provides an interesting insight into perceptions of both workers and residents, leading to more well-rounded conclusions. The method and steps of the thematic analysis is clearly described. The process of first analysing separately, then amalgamating data is made transparent. The authors consulted with a service user to advise on the interview schedule adding to the authenticity and credibility of the study.

	any perceived differences between PIEs and standard hostels.		Some scepticism was expressed as to whether PIE was just another way of conceptualising good practice.	
			Implications When creating a hostel environment, it is important to think about how to make it feel like a home. Staff working in hostel environments would benefit from groups to reflect upon their work and process difficult emotions. Services need sufficient time and resources to be able to create PIE and work in a trauma informed way.	*Limitations* Due to the undefined nature of a PIE, it is unclear if these findings can be generalised to all hostels using a PIE model. The authors do not include any steps to ensure the rigor of their analysis or show any evidence of reflexivity.
Seiler & Moss (2012). The experience of nurse practitioners providing healthcare to the homeless. United States of America	9 Nurse practitioners The study aimed to gain insight into the unique experiences of nurse practitioners who provide healthcare to people experiencing homelessness (PEH).	A qualitative study using a descriptive phenomenology approach to analysis. Open ended interviews and a demographic questionnaire were carried out.	*Key Findings* All participants viewed their role in a positive light, believing it allowed them to practice nursing in a way that was helpful to peoples lives. Participants spoke about PEH as a 'unique population unique needs' as without a home, health often did not feel like a priority. Relationships were important and built through trust and 'hearing their story.' These relationships were understood to be reciprocal in which both parties benefited. Participants spoke about gaining an opportunity for self-reflection and learning.	*Strengths* Detail ethical procedures used to ensure confidentiality. Study extends the work of Jezewski (1995) adding more depth to our understanding of healthcare workers relationships with PEH.
			Implications Findings reinforce the importance of healthcare professionals 'staying connected' (Jezewski, 1995) when working with PEH. The core value of strong working relationship with PEH it evident. A relationship of trust and understanding can serve to break down some of the barriers of PEH accessing healthcare such as stigmatisation and marginalisation.	*Limitations* No evidence of triangulation or credibility checks. The findings are limited in their generalisability and representativeness due to a small sample of largely women (CASP, 2017). It appears doubtful that all experiences were positive, however they were reported as such. Did the study not allow for conflicting experiences to be voiced?

			Meeting the healthcare needs of PEH may require a more flexible, relationship focused approach than with the general population.	Unclear what enables nurse practitioners to form such relationships, what is the context?

Appendix D: Quality assessment of the quantitative study (Alenta et al, 2017) using the Critical Appraisal Skills Programme (CASP, 2018).

CASP Criteria for a Cohort study	Did the study address a clearly focused issue?	Was the cohort recruited in an acceptable way	Was the exposure measured accurately to minimise bias?	Was the outcome measured accurately to minimise bias?	Have the authors identified all important confounding factors?	Have confounding factors been considered in the design and analysis?	Was the follow up on subjects complete enough?	Was the follow up of subjects long enough?	How precise are the results?	Do you believe the results?	Will the results help locally?
Alenta et al. (2017)	Yes	Yes	Yes (the Psychological Availability and Reliance on Adult (PARA) administered to both young PEH and their social workers.)	Yes (Self-determination measured via a psychological needs scale, Resilience by the Wagnild resilience scale.)	No	No – 'undifferentiated relationship effects' accounted for most of the within relationship variance.	Yes – only young PEH were assessed at baseline, and both PEH and workers at follow up.	Unclear – 6 months follow up but mean relationship length was 1.35 months which seems short for drawing conclusions about the nature of the working relationship.	Clearly described.	Yes – Relational factors are hard to quantify.	Yes – Highlight centrality of the relationship between young PEH and workers.

Appendix E: Quality assessment of the mixed-methods study (Ferris et al, 2016) using the Mixed-Methods Appraisal Tool (Pluye et al, 2011).

PART I. MMAT criteria & one-page template (to be included in appraisal forms)

Types of mixed methods study components or primary studies	Methodological quality criteria (see tutorial for definitions and examples)	Responses			
		Yes	No	Can't tell	Comments
Screening questions (for all types)	• Are there clear qualitative and quantitative research questions (or objectives*), or a clear mixed methods question (or objective*)?	X			
	• Do the collected data allow address the research question (objective)? E.g., consider whether the follow-up period is long enough for the outcome to occur (for longitudinal studies or study components).	X			
	Further appraisal may be not feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions.				
1. Qualitative	1.1. Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question (objective)?			X	
	1.2. Is the process for analyzing qualitative data relevant to address the research question (objective)?	X			
	1.3. Is appropriate consideration given to how findings relate to the context, e.g., the setting, in which the data were collected?	X			
	1.4. Is appropriate consideration given to how findings relate to researchers' influence, e.g., through their interactions with participants?		X		
2. Quantitative randomized controlled (trials)	2.1. Is there a clear description of the randomization (or an appropriate sequence generation)?	n/a			
	2.2. Is there a clear description of the allocation concealment (or blinding when applicable)?	n/a			
	2.3. Are there complete outcome data (80% or above)?	n/a			
	2.4. Is there low withdrawal/drop-out (below 20%)?	n/a			
3. Quantitative non-randomized	3.1. Are participants (organizations) recruited in a way that minimizes selection bias?	X			
	3.2. Are measurements appropriate (clear origin, or validity known, or standard instrument; and absence of contamination between groups when appropriate) regarding the exposure/intervention and outcomes?	X			
	3.3. In the groups being compared (exposed vs. non-exposed; with intervention vs. without; cases vs. controls), are the participants comparable, or do researchers take into account (control for) the difference between these groups?	X			
	3.4. Are there complete outcome data (80% or above), and, when applicable, an acceptable response rate (60% or above), or an acceptable follow-up rate for cohort studies (depending on the duration of follow-up)?	X			
4. Quantitative descriptive	4.1. Is the sampling strategy relevant to address the quantitative research question (quantitative aspect of the mixed methods question)?	X			
	4.2. Is the sample representative of the population understudy?	X			
	4.3. Are measurements appropriate (clear origin, or validity known, or standard instrument)?	X			
	4.4. Is there an acceptable response rate (60% or above)?	X			
5. Mixed methods	5.1. Is the mixed methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed methods question (or objective)?	X			
	5.2. Is the integration of qualitative and quantitative data (or results*) relevant to address the research question (objective)?	X			
	5.3. Is appropriate consideration given to the limitations associated with this integration, e.g., the divergence of qualitative and quantitative data (or results*) in a triangulation design?		X		
	Criteria for the qualitative component (1.1 to 1.4), and appropriate criteria for the quantitative component (2.1 to 2.4, or 3.1 to 3.4, or 4.1 to 4.4), must be also applied.				

*These two items are not considered as double-barreled items since in mixed methods research, (1) there may be research questions (quantitative research) or research objectives (qualitative research), and (2) data may be integrated, and/or qualitative findings and quantitative results can be integrated.

Appendix F: Quality assessment of all qualitative studies using the Eight "Big-Tent" Criteria for Excellent Qualitative Research (Tracy, 2011).

Criteria for Quality	Chen & Ogden (2012)	Guirguis-Younger, McNeil, & Runnels (2009)	Hennessey & Grant (2006)	Jeziwski (1995)	Kidd et al (2007)	McGrath & Pistrang (2007)	Phipps et al (2017)	Seiler & Moss (2012)
Worthy topic	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Rich rigor	Yes	Some (limited description of analytic process)	Some (limited description of analytic process)	Yes	Some (limited description of analytic process)	Yes	Some (limited detail about analysis process)	Yes
Sincerity	Yes	No	No	Yes	Yes	Yes	Some (lack of reflexivity)	No
Credibility	Yes	Some (rich descriptions but no triangulation or reflection)	Some (rich descriptions but no triangulation or reflection)	Yes	Yes (member reflections included and use of participant reactions to analysis)	Yes	Yes (service user consulted about interview schedule)	Some (thick descriptions but lacking in triangulation and reflection)
Resonance	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Significant contribution	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ethical	No (no information beyond approval from the university board)	No (no information beyond approval from the university board)	No	No	No	No	No	Yes
Meaningful coherence	Yes	Yes	Some (very limited information in Methods section)	Yes	Yes	Yes	Yes	Yes

Appendix G: Ethical Approval Form

University of Hertfordshire UH

HEALTH SCIENCES ENGINEERING & TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO: Clare Watson

CC: Dr Lizette Nolte

FROM: Dr Amanda Ludlow, Health,Sciences, Engineering & Technology ECDA Vice Chair

DATE: 08/05/2017

Protocol number: LMS/PGR/UH/02816

Title of study: Systems of support: understanding the recipricol relationship between people experiencing homelessness and hostel staff.

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

This approval is valid:

From: 08/05/2017

To: 30/06/2018

Additional workers: no additional workers named.

Please note:

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

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

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

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

Students must include this Approval Notification with their submission.

Appendix H: Ethical Approval Form for amendment

University of Hertfordshire UH

HEALTH SCIENCE ENGINEERING & TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO	Clare Watson
CC	Dr Lizette Nolte
FROM	Dr Simon Trainis, Health, Sciences, Engineering & Technology ECDA Chair
DATE	10th August 2017

Protocol number: aLMS/PGR/UH/02816(1)

Title of study: *Systems of support: understanding the reciprocal relationships between project workers and people experiencing homelessness*

Your application to modify and extend the existing protocol as detailed below has been accepted and approved by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

Modification: Additional location of study as stated in the EC2.

This approval is valid:

From: 10/08/17

To: 30/06/18

Additional workers: no additional workers named.

Please note:

Any conditions relating to the original protocol approval remain and must be complied with.

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

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

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

Students must include this Approval Notification with their submission.

Appendix I: Information sheet

PARTICIPANT INFORMATION SHEET

(University of Hertfordshire Ethics)

Title of study

Systems of support: understanding the reciprocal relationship between people experiencing homelessness and hostel workers.

Introduction

You are being invited to take part in this study. Before you decide whether to do so, it is important that you understand the research that is being done and what your involvement will include. Please take the time to read the following information carefully and discuss it with others if you wish. Do not hesitate to ask us anything that is not clear or for any further information you would like to help you make your decision. Please do take your time to decide whether or not you wish to take part. The University's regulations governing the conduct of studies involving human participants can be accessed via this link: http://sitem.herts.ac.uk/secreg/upr/RE01.htm

Thank you for reading this.

What is the purpose of this study?

This study aims to better understand the relationship between hostel workers and residents. This project is underpinned by research that suggests that these relationships can be key vehicles for change for residents. Therefore I would like to carry out focus groups with project workers to learn more about what enables you to build these supportive relationships? What personal or external resources do you draw upon? What needs to be in place to enable you to best support clients? In this way I hope to be able to learn from your rich experience in supporting clients and find out 'what works.'

Do I have to take part?

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

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

There are no age restrictions, and all project workers are welcome to participate.

How long will my part in the study take?

If you decide to take part in this study, you will be involved in one focus group lasting two hours.

What will happen to me if I take part?

You will be asked to attend a focus group lasting 2 hours with up to 7 other hostel workers. You will have a number of dates to choose from to ensure that it is at a time that is convenient for you. Focus groups are likely to be held in Hammersmith Town Hall in July 2017. During the focus group I will ask you some questions about your experiences in working with people experiencing homelessness, such as what are the challenges you face and how do you overcome these?

In the future I may ask you if you want to take part in an individual interview. You do not have to make a decision about this now and I will approach you again if I do decide to carry them out.

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

There are no specific risks or side effects of taking part in this study, However, group members such as yourself may reflect on experiences which you found emotionally difficult and you may find you feel emotional as a result. You will be offered the chance to talk about anything you feel needs further discussion following the group, including anything you found upsetting.

What are the possible benefits of taking part?

The focus group will provide you with an opportunity to talk with other hostels' workers who may share some of your experiences in supporting people experiencing homelessness. I am hoping this will be a supportive experience where you can learn from each other and relate to each other's experiences. Hopefully this study will contribute to a better understanding of what makes for positive working environments for hostel workers and to more effective services for people experiencing homelessness.

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

All your data collected in this study will be stored electronically, in a password-protected environment, for 5 years (or until completion of the research), after which time it will be destroyed under secure conditions.

All group discussions will be audio-recorded. If you agree, I would like to also video-record the focus groups. This will make it easier for me to remember who said what when I am analyzing the data. These video recordings will also be kept locked in a secure location only accessible by me and will be destroyed once I have analyzed their content. You will be asked to sign a 'Contributors' Release Form' to allow the transmission of the audio/visual material to which you have contributed. You are under no obligation to agree to be videoed during the focus group.

Will the data be required for use in further studies?

I may want to use your data in a future study. If I wanted to do this I would contact you first and I would only use it if you gave me permission.

Who has reviewed this study?

This study has been reviewed by: The University of Hertfordshire Health and Human Sciences Ethics Committee with Delegated Authority

Factors that might put others at risk

Please note that if, during the study, any medical conditions or non-medical circumstances such as unlawful activity become apparent that might or had put others at risk, the University may refer the matter to the appropriate authorities.

Who can I contact if I have any questions?

If you would like further information or would like to discuss any details personally, please get in touch with me by email: c.watson6@herts.ac.uk

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please email my Principle Supervisor, Lizette Nolte, Lizette.nolte@herts.ac.uk

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

Appendix J: Consent form

Consent Form

(University of Hertfordshire Ethics)

Title of Project: Systems of support: understanding the reciprocal relationship between people experiencing homelessness and hostel workers.

Researcher: Clare Watson

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

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

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

Name of Researcher *[in BLOCK CAPITALS please]*…….....

Signature of Researcher…….....Date……

Appendix K: Debrief sheet

Debrief Sheet

(University of Hertfordshire Ethics)

Title of Project: Systems of support: understanding the reciprocal relationship between people experiencing homelessness and hostel workers

Researcher: Clare Watson

Thank you so much for taking the time to share your experiences with me and the rest of the group. The contributions you have just made will help me better understand the relationships between yourselves and people experiencing homelessness. They will also enable a better understanding of how you can be best supported in your role.

What next

I am completing a number of focus groups with your colleagues across the borough. The next step will be for me to listen again to the groups and bring all of your ideas together. I will then write up what I have found in a formal report to hand in to the University of Hertfordshire. I'm also going to try to get it printed in a Psychological journal.

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

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

If you have any further questions or queries, or you would like more information about the study then please contact me at my University on the following number, 01707 286322.

Complaints

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

Further Support

If you have found any part of this interview distressing, or feel that you could do with further support then please speak to your manager, or a member of EASL who will be able to help you access this. If no one is available to speak to and you feel unable to keep yourself safe, then please speak to your GP or, out of hours call the Samaritans on: 116 123 or go to A & E.

Appendix L: Summary of Service User consultation

Consultation with a service user group run by a well-established charity supporting PEH
2nd August 2017

At the consultation were five people with lived experience of homelessness and a facilitator.

- Described my project. Talked about the fact that I wanted to focus on 'what works' as a lot of the literature is very problem focused.
- This rang true with the ethos of outside in and what they are trying to achieve. One of the consultants talked about valuing a strength focused approach.
- Facilitator talked about how hostel environments can easily get very institutionalised. He has found it important to repeat and remind the strengths focused message.
- Talked about Hope Gardens PIE as an example of this, they have got rid of sanctions and instead are trying to work through difficulties with individuals.

- There was a real consensus that research into relationship building is really important.

- One member of the group talked about how they had had four keyworkers in a year. In one case he had only found out by mistake one was leaving. Others worked night shifts and therefore were rarely around. He had got around this situation through building a relationship with another member of staff who was much more present, who was approachable and gave him the time to get to know him. All qualities identified as important by all group members. I reflected to myself that this person had the capacity to identify and seek out a more positive relationship in his hostel, but for others this may be more of a challenge and leave them isolated.

- Another member of the group said she avoided her keyworker as she could not acknowledge that she didn't know what it is like to be homeless and wasn't willing to ask. Instead making assumptions. She said that she was scared of complaining about the keyworker for fear she would be evicted. This group member talked about how people who have not experienced extreme poverty do not know how it feels, how scary this is. She said that sometimes there is an assumption that being poor is a choice and she is in some way responsible for this. She also said that having Autism means that people just focus on what she cannot do, not what she can; reiterating the importance of focusing on strengths. When thinking about what helps, this group member said staff beginning relationships with honesty about their position (i.e. in not knowing)

- A further member of the group commented that their key workers' contribution was frankly pathetic. The group member felt there was an assumption that she would fail at the placement as soon as she got there, due to lack of investment in her stay /making her feel comfortable. For example, the key worker was not there to show her round when she got there and generally not present. She acknowledged that other staff were really warm and helpful.

- Another group member added that all his experiences were not negative and others agreed. Therefore, was a consensus that workers investment in the job was mixed, but that good and bad staff members really stood out. He reflected that his best key worker he worked with for 20 months. He noted that although she had no lived experience she actively involved him in decision making, communicated clearly and openly, and seemed to genuinely care.

- All members of the group said they welcomed research on 'what works', rather than telling negative stories about PEH. One commented on how PEH are 'all painted with the same brush' and said if people spent their time thinking about how to end homelessness as much as they do complaining about homeless the problem would be solved.

- I came away with a real sense that the consultants had really thought about those relationships with staff that had had a positive impact. They also talked about how important the recovery college and being a consultant has been in increasing their sense of self-worth.

- When I asked about staff support, one member said that they thought the staff were ok as they had a job in which they got paid. However other group members said they could see that in order to come to work and be cheerful and helpful workers would need people they could talk to about their own problems.

Appendix M: Interview schedule for the focus groups

Interview schedule for focus groups

Introductory questions – setting the scene

So, to start, could you tell me what are the most rewarding aspects of your work?

And what aspects of your work are the most challenging?

Exploring relationships

Could you tell me about your experiences of building relationships with clients?

Questions to explore the question further:

- What personal resources do you draw upon?
- Have you been influenced by any ways of thinking? Anything you have read?
- What barriers do you face? How have you tried to overcome these?
- What have you learnt over time about how to build effective relationships?

Supervision and support

How does your hostel support you to build relationships with residents?

Questions to explore the question further:

- What support needs to be in place to enable you to do this?
- What influence has training had on how you build relationships?
- Could you tell me how supervision or complex case discussion has had an impact?
- If you have reflective practice in your hostel what impact has that had?
- What about support out of work, what does it look like? How does this influence how you build relationships?

Closing questions

Looking back what do you think the service user took from their relationship with you?

What did you gain from the experience?

General prompts for each question:

- Has anyone had a similar or different experience?
- Can you give me an example of that?
- Does a particular person spring to mind?

Appendix N: Reflective diary extracts

i. Reflection following focus group 2

I was initially struck by how stilted this group felt in comparison to the last and I wondered why this was. Relationships between participants appeared to be more formal than in group one, in which participants had referred to themselves as friends. I wondered if there was more difference in the room as objectively there was a significant age gap between three of the participants in their twenties and one in his forties. In the group the older participant named his lived experience of homelessness and I wonder what the impact of this was. From my perspective I wondered if this visible difference made it harder for differences to be verbally spoken about. I hypothesized that this led to brief answers and some silences whereby answers were carefully constructed in order to avoid offence. Consequently, I wondered if there had been times in the past where these differences had come to a head in a way that did not feel safe, leading participants to 'shut down.'

In terms of what participants said I noticed that they were less reflective about their relationships than in the previous group, there was less sense making and more focusing on the day to day practicalities within the project. There also appeared to be more talk about individual problems and locating these within residents, in contrast to the last group where the 'system' was felt to be to blame. This led me to wonder what constructs these different approaches and different ways of conceptualising relationships? I really noticed my tendency to believe that understanding residents' behaviour in context was a superior way of thinking and therefore seeing those participants who did not as lacking in some way or needing an opportunity to change. Undoubtedly this belief has been shaped by the systemic and narrative ideas I have learnt about and use in my own clinical practice, and also by the importance coming to see the world in this way has had on me as a person. It felt important to notice this at this point as such views will inevitably shape my interpretation of the data.

When I listened to the recording after the group, what was interesting was the contrast between how awkward it felt to be in the group at times and the quality of the content, which, when I listened to the recording after the group has some really rich moments. This experience led me to realise how important it was to both notice how it felt to be in the group, but also to step back and notice any differences this perspective led to as against such experiences will have an impact on how I understand and interpret the data and the conclusions I draw.

ii. Reflection following focus group 3

This group were instantly warm and welcoming which I noticed put me at ease and seems to have made me more forthcoming with asking participants to explore their answers further. This group spoke a lot about the PIE model and seemed to position themselves as 'different' in their way of working. It was interesting to note their relationship with trying to implement a more compassionate

and individualised approach. It appeared that participants felt this was the ‘right’ way to work, that it was driven by a moral stance, but also that it was often understood as ‘harder.’ This really helped me to come to appreciate some of the complexity of their role. There seemed to be a lot of talk about control and power seemed to be being frequently negotiated. I was struck by one participant’s honestly about the battle with this power. That on one hand it could feel like an assault to the workers ego to ‘know I was being lied to’, but on the other hand the participants had learnt from experience that a more rule bound approach did not work. This led me to appreciate how much knowledge participants had gained through their work and it seemed they had developed real expertise in negotiating complex relational dynamics.

When I asked about coping this group almost seemed surprised. In line with the previous groups it appeared they were not used to being asked about their own needs. This made me wonder how much emotional support workers get as reflecting upon their own needs seemed too uncomfortable. There was a real sense that they ‘just got on with it.’ I wondered how this ethos helped and hindered them in their work.

I was also really stuck by how well the participants spoke about their manager. This had been consistent with the first three groups and was not a finding I had expected. It seemed that informal conversations with managers provided an invaluable source of support and that managers really ‘led by example.’ I was left wondering what support managers had in turn and what led and enabled them to practice in this way.

Appendix O: Example of a coded transcript

Removed to protect participants anonymity.

Appendix P: The development of the thematic map

i. First construction of themes based on codes

Theme	Codes
Building connection	Value of the relationship
	A way of being
	Being the positive
	Emotional investment
	Seeing the whole person/support tailored to the clients' individual needs
	Emotional attunement/empathy
	Being human
Draining but amazing	Managing/realistic expectations
	Managing interpersonal challenges
	Independence/dependence
	Responsibility
	Emotional toll of the job
Understanding the context	Working with an understanding of clients' unique backgrounds and experiences
	Devaluation of the project worker role/others understanding of the role
	Relationship to the system
	Impact of the environment of the relationship
Support	Importance of long term/consistent support
	Scaffolding
	Small steps towards change
	Reflective practice
	Within hostel support
	Collaborative/team working

ii. Description of each theme

Building connection

Building connection is an active position with the aim of forming connection. It requires time, emotional energy and investment. There is a need to believe in the person in order to adopt this stance. It feels very value driven, choosing to look beyond a person's behaviour to their underlying needs and requiring the attunement and oversight to do this. Does it require a level of self-awareness? What do I need as a human, what can I give to make a person feel human? It seems to be a way of being with people and the world, comes from who you are as a person, not taught but learnt through experience.

Understanding the context

At times participants position felt like a political statement. Not consciously but an active response to becoming acutely aware clients' histories of marginalisation. Understanding the context as multi-layered. Firstly, in understanding the context of where clients have come from, then thinking about the immediate hostel context and how rules and resource limitations impact on day to day relationships. Then the wider system, other agencies and an intense feeling of being let down, forgotten about and massively hindered by a welfare system that is just not designed to meet

clients' needs. Instead serves to reinforce experiences of failure and prolong social exclusion and poverty. Finally, with this awareness project workers in turn find themselves marginalised by a consistent lack of understanding of their role. Instead faced with ignorance, being devalued and dismissed. Mirroring of this process throughout the system.

Draining but amazing

Draining but amazing referred to the day to day balancing act of the role. Participants spoke aobut coping with interpersonal situations that most will never encounter which at worst lead to abuse, which some shared is not taken seriously by the care provider. However, at best there is the opportunity to see a person transform, to see residents gain independence and take responsibility for their life. Issues around individualism and responsibility, how systemic dependence is created and how hard it is for people to break free from this Having to constantly readjust expectations, learning that expectations on clients need to be very clear and realistic, battling with their own natural urge to support and take responsibility and then coping with the frustration when it backfires. This process sounds exhausting, but also seems to be experienced as fulfilling, it has an emotional toll, but is also experienced as very rewarding.

Support

Multiple layers of support that make the job possible. Coming to realise that a consistent, honest, approach is the one that works, but only being about to provide this with consistent and honest support from their manager. Value of space to reflect and make sense of experiences. Salience of the team, a family, no one else understands which serves to increase how much they rely on and value each other, truly collaborative, bounding ideas off each other and offering emotional support.

iii. First construction of themes and subthemes

Theme	Subthemes	Codes
Being human	• Value driven practice • (Emotional?) Attunement • Person centred??	• Being human, value of the relationship, a way of being, being the positive • Emotional attunement/empathy, emotional investment, seeing the whole person, support tailored to client's individual needs
The context of homelessness	• Clients context • Hostel context • Project workers context • Wider systemic context	• Understanding clients unique backgrounds and experiences • Impact of the environment on the relationship • Devaluation of support workers/understanding of the role • Relationship to the system
Multiple layers of support	• Supporting clients • Supporting each other • Reflective practice	• Importance of long term consistent support, scaffolding, small steps towards change

		• Within hostel support, collaborative team working • Reflective practice
Draining but amazing	• Responsibility • Emotional cost • Job satisfaction	• Responsibility, dependence/independence • Emotional toll of the job, interpersonal challenges • Managing expectations, realistic expectations

iv. Revision of themes and subthemes following reflective conversation with supervisors

Theme	Subthemes	Codes
Being human	• Value driven practice • Attunement • Seeing people as unique	• Being human, value of the relationship, a way of being, being the positive • Emotional attunement/empathy, emotional investment • Seeing the whole person, support tailored to client's individual needs
The impact of context (on relationships/on work?) Or Navigating competing demands/The complexity of holding competing contexts in mind	• (Clients context) Holding residents backgrounds in mind • (Project context) Resource limitations versus building relationships • (Project workers context) Work misunderstood and devalued by others • (Wider systemic context) Let down by the system	• Understanding clients unique backgrounds and experiences • Impact of the environment on the relationship • Devaluation of support workers/understanding of the role • Relationship to the system
Multiple layers of support Or Building within hostel support	• Supporting clients • Supporting each other • Reflective practice	• Importance of long term consistent support, scaffolding, small steps towards change • Within hostel support, collaborative team working • Reflective practice
Draining but sustaining	• Responsibility • Emotional cost • Job fulfilment	• Responsibility, dependence/independence • Emotional toll of the job, interpersonal challenges

		• Managing expectations, realistic expectations

v. Third revision of themes and subthemes at phase

Themes	Subthemes	Thoughts
Value driven practice	Being human	• What does this mean? • Why is it important? • What does it look like? • Where does it come from?
	Attunement	• Why attune? • What is the purpose? • Times in which attunement isn't possible • What gets in the way of attunement? • (merged in part of seeing people as unique)
	Holding residents backgrounds in mind	• (merged in part of seeing people as unique) • Why do participants do this? • Purpose • Times in which this is not possible • Why not possible • What is the impact when not possible?
? (need a good phrase to capture this but no inspiration as yet!)	Let down by the system	• Let down by other professionals • Let down by other agencies, systems, policies, procedures • What is the impact of this? • How does it happen? • What does it look like?
	Supporting each other	• Colleagues, managers • Why? • What does it look like? • How does it work? • Times in which this is not possible • What is the impact when not possible? • Is it enough?
Draining but sustaining	Responsibility	• Participants relationship to independence/dependence • Capture differences between participants

		• Impact of different approaches • Acknowledge different project environments within my study and the impact of these • Dilemmas of how much responsibility to take on • Different experiences of taking on or not • What does taking on look like?
	Emotional cost	• Both drained and sustained • Or are some just drained? • What happens to these voices? • How do they keep going?
	Identity	• New subtheme • Identity gained from approach to work • Identity as perceived by others (from role devalued by others subtheme) • Impact on self of role and the way participants position themselves • Group identity – we support each other, others don't support us (could overlap with support theme) • Represent both positions of fulfilled and not, or aspects of within a person • What is gained that others don't understand?

vi. Final construction of themes and subthemes

Working hard to build connection	• Value driven practice • Holding on to connection despite the odds • Aligning with the residents' position
Supporting each other in an unsupportive context	• Let down by the system • Supporting each other
Draining but sustaining	• Negotiating responsibility

	• The emotional cost • Acting out of a helper identity

Appendix Q: Reflection on the results write up

Due to having been a part of the group process and impressed with the participants, I felt compelled to construct and represent a positive story in the results section, to highlight their efforts. After my initial results section was read by my supervisors it was felt that the 'full story' about the struggle participants faced had not been told, particularly in relation to times in which they were not able to act in accordance with their values. I noticed, on reflection, that as I have worked in a similar role that I had become very aligned with participants experience. The process of carrying out the focus groups also had a profound impact on me, I had not met a group of individuals who were more dedicated and passionate about improving the lives of PEH and I felt strongly that I wanted to get this across in my research. This process of reflection with my supervisors was invaluable, it really made me think about my own beliefs and assumptions that I was bringing to my interpretation. Instead of trying to 'protect' participants I rewrote my results section, instead trying to make sense of their many conflicting experiences in context.

Appendix S: Quality assurance table using the Eight "Big-Tent" Criteria for Excellent Qualitative Research (Tracy, 2011).

Criteria for Quality	Description of criteria and how it can be met	How the current study met this criterion
Worthy topic	The topic chosen for research is relevant, timely, significant, interesting	- Topic highly relevant to the current socio-economic and political climate and therefore has a wider significance - Topic also highly relevant for current clinical practice with the introduction of clinical psychologists working in hostels and the PIE movement. - The topic has a personal meaning to the researcher and has implications for social justice - The study 'gives voice' to the little heard experiences of project workers and challenges clinical psychologists to take an active role towards elevating the voices of unheard groups.
Rich rigor	Sufficient richness and abundance of data sources, samples. Rigorous data analysis procedure which is sufficiently complex and in-depth to be able to describe phenomena being studied	- Data supports the claims through an adequate sample size (n=22), using a diverse sample. - Data was gathered over a three-month period which was sufficient to obtain interesting and significant data. - The sample and content are in clear alignment with the goals of the study. Following on from the aims of the study project workers were sampled and their experiences of building relationships with residents were asked about. - A detailed account of the interviewing, data collection and analysis process is provided in the methods with accompanying reflections provided in the appendix.
Sincerity	Self-reflexivity about researcher's biases, goals. Honesty, transparency about research process including mistakes	- Self-reflexivity was achieved through the recording on reflections on the research process, exploration of subjective experiences and sense making processes at all stages. - Reflective conversations with both supervisors formed a key forum in which reflections from the diary could be sounded out and explored. Within these conversations personal assumptions and biases were discussed and consideration was given to their impact on how the data was interpreted and written up. - Transparency was achieved through detailing the research process honestly within the methods section. This study has aimed to leave a clear audit trail by providing sufficient detail of the data collection and analysis process and providing worked examples of these steps within the appendices.
Credibility	Study demonstrates trustworthiness and plausibility of research findings	- Within the write up extracts from the transcripts are abundant in order to provide a 'rich' and 'think' description of the data. In this way the reader is able to make up their own conclusions about the data. - Steps were taken to highlight contrasting views and what was 'not said' to further deepen and enrich description and interpretation of the data. Furthermore, within the results chapter extracts were explored in context to help the reader understand the circumstances surrounding them. - Consultation with a service user group went some way to include multivocality within the research, however this could have been used to greater effect. - Reflections were frequently included throughout from both supervisors.
Resonance	Study's ability to influence or move reader by presenting text which is clear, evocative, and promotes empathy and identification. Study's ability to generate knowledge	- The study was written up with the aim of achieving resonance and meaningfully connecting with the audience. In order to do this attempt were made to connect with the emotional content of the data and experts chosen which best captured the depth of participants emotional experience in relation to their work.

	resonance for different contexts, situations, audiences.	- Within the discussion the resonance of the findings was deliberated for workers, PEH, and those designing and delivering services. Active steps were taken to situate findings within our social-cultural context, making reference to societal narratives and government legislation.
Significant contribution	Study makes important contribution to the field by improving/extending knowledge, theoretical understandings, or clinical practice	- The study provides an in-depth exploration of a little researched group of individuals experiences. It provides clear implications on a clinical and societal level and contributes to the literature highlighting the importance of considering the emotional needs of PEH in context. The study also highlights the need for the socio-economic determinants of homelessness to be addressed by society. - The study extends the literature on the PIE approach and adds weight to the argument that projects need to be designed and services delivered in a trauma informed way.
Ethical	Adherence to professional/research ethics guidelines, responding ethically to issues which arise in research process	- Ethical approval granted from UH ethics board - Situational ethics were considered through assessing if the harm of the research process was outweighed by its moral goals. In the case of the current study there was a low chance that any harm would come to participants in terms of distress and procedures were in place if this situation arose. - Relational ethics were considered through the researcher asking questions in a sensitive manner and making sure to attend and give time for each participant to be heard. - Exiting ethics were ensured through a debrief after each group, information about how to seek additional support if needed provided and arranging to return to feedback the findings of the project after it had been completed.
Meaningful coherence	Whether study achieves its stated aims. Coherence between epistemological position of research and research design, data collection, and analysis	- Steps taken to carry out the study in line with the epistemological position are detailed throughout. - The initial study aims are readdressed in the discussion chapter with detail about how the studies aims were met provided.