

‘You’re there to support someone regardless’: A thematic analysis of staff experiences of working in homeless hostels.

Thesis

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Abstract

Background: Homeless hostels sit outside of statutory services yet they often support individuals with experience of severe and multiple disadvantages who are not able to access support elsewhere. These experiences can profoundly affect these individuals and can leave them struggling with multiple concurrent issues such as drug and alcohol misuse and mental health difficulties. Hostel staff work with those individuals who have experienced multiple exclusions over a lifetime and can often encounter residents who seem disinterested in support or who are hostile towards staff who offer it. This challenging work is undertaken within the context of increasing pressure on hostels and the care sector more generally. Both of these factors impact how hostel staff view their work and the hostel sector. This complex series of interconnected issues makes providing support in homeless hostels highly challenging.

Aims: This qualitative study aims to explore how hostel staff manage these different aspects of their work. How do they build supportive relationships with difficult to reach residents at a time when services are having to work with less.

Methods: Qualitative data was collected via six semi-structured interviews conducted over the phone or via Skype with managers and support workers working in homeless hostels in London. The data was then analysed using thematic analysis.

Findings: Four main themes were identified. The first theme centres on how hostel staff find meaning in their work especially when their role as carer meets with resistance from hostel residents. Theme two considers the ways in which hostel work is impeded by wider systemic issues within the hostel sector. The third theme describes how hostel staff engaged with their work with residents and its attendant challenges. The final theme describes what staff felt was needed to improve hostels and the role that psychological frameworks play.

Conclusions: The thesis begins to illuminate some of the challenges that hostel staff encounter from a counselling psychology perspective. This involves a recognition of a central interpersonal dilemma within hostel work that can be fruitfully explored via further research. This dilemma is examined without obscuring the systemic drivers and lack of material resources that are clearly implicated when considering how to deliver ethical and effective care in hostels. Understanding the nature of the relationships between hostel staff and residents is an important part of understanding how to better support staff and improve services.

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1. Introduction

This research was undertaken to develop a better understanding of how homeless hostels function and the challenges faced by those working there. Hostels sit outside of statutory services and offer support to populations that are more exposed to disadvantage and discrimination. They are typically run by charities and each hostel site is subject to a regular tendering process in which service providers vie to offer the most cost-effective form of support. They can be the first port of call for someone who has

fallen on hard times or a place where individuals with complex needs find a temporary home before being moved onto other services. For hostel residents they can provide long-term accommodation or a temporary room. Whatever the length of stay it is typically contingent on engaging with the support offered by hostel staff. Support workers endeavour to work on a case-by-case basis with residents - but they are also expected to meet certain goals and targets set by the service. Hostels can become homes for residents - places that offer a sense of safety and security that has often been absent in their lives (Westway et al, 2017). However, because hostels offer temporary accommodation (Busch-Geertsemaad & Sahin, 2007) this can often work against those feelings of security and safety. The aims of the service, its staff, and residents can be at odds.

Hostels are paradoxical places, but they are nonetheless a vital part of the social care sector. They can act as a source of support for those who do not meet the admission criteria for mainstream services. While at other times they serve as an address to discharge someone to after time in prison (Cooper, 2007), A&E (Lamb & Joels, 2014), or on a psychiatric ward (Timms & Drife, 2021). They are liminal spaces that are not quite a mental health service, or a drug and alcohol service, or a home. However, in practice they often act as all these things. They are the main form of accommodation – and represent 96% of all bed space - for people experiencing single homelessness in the UK (Homeless link, 2018). Single homelessness itself refers to any person, or couple, who are experiencing homelessness but who are not likely to meet legislative priority need criteria for temporary or permanent accommodation from their local authority (Homeless Link, 2021).

To understand the nature of hostel work it is important to understand who they support. Most hostels (76%) are second stage accommodation that offer time limited low, medium, or high levels of support (Homeless Link, 2018). Hostels provide support to a diverse range of people – some have found themselves temporarily unhoused and others have been on and off the streets for many years (Edgar & Meert, 2005). It was the latter (sometimes referred to pejoratively as ‘revolving door clients’) who

served as the most pressing motivation for this research as it is they who are most likely to spend longer in hostels and return to them in the future. Hostel work is interpersonal – it aims to support residents to regain their independence, leave street homelessness behind, and develop a sense of hope for their future. However, hostel staff can find themselves faced with the challenge of working with individuals who seem unwilling to work towards those goals. I was curious to know how hostel staff worked with the complexities of the individuals under their care, and what parallels there may be with more formal clinical populations with similar clinical needs.

The word hostel belies the challenging nature of the work that takes place within their walls. Homeless hostels often find themselves accepting referrals for people who have an extensive history with psychiatric, drug and alcohol, or probation services. This means that residents can be living with multiple concurrent difficulties. Consequently, when hostel staff are trying to support residents onto settled accommodation they are working with multiple challenges at once. They may be trying to help a resident overcome a drug addiction, manage their mental health, deal with probation services, as well as a host of additional everyday practical issues. Understanding hostel work means understanding how staff develop ways to successfully work with – or cope with – individuals whose lives are profoundly chaotic.

2. Literature review

This literature review tries to make sense of the various interconnecting factors that lie behind terms like ‘revolving door clients’ and explore the challenges involved in supporting people who have experienced multiple exclusions over a lifetime within a hostel setting. It begins by considering current homelessness data, policy, and legislation in order to get a sense of what individuals experiencing homelessness in 2023 face and the support that they are able access. It then moves on to exploring

MEH; a framework for understanding what can lead to - and leave people more exposed to - chronic homelessness. MEH is then looked at from two different but complementary psychological perspectives – the ‘Unhoused Mind’ and psychodynamic theory. Philosophical views on homelessness are then considered with a focus on what homelessness means to those who are housed and the unease that it can give rise to. Finally, research into staff experiences of working in hostel settings and current approaches to improving how hostels are run and the work that is done in them are outlined

2.1 Facts and Figures

Understanding how homelessness provision and legislation has changed over the last twelve years provides important context for the study and its aims. The factors that can leave someone more exposed to homelessness are not static and are affected by the same social and economic forces that govern all our lives. As such it is important to consider not only individual or organisational responses to homelessness - but also to consider the wider social context. Rough sleeping – the most visible form of homelessness - has increased overall since 2010 by 38% (Homeless Link, 2022) with rough sleeping in London doubling between 2010 and 2017 (Crisis, 2016/17) However, the number of people sleeping rough decreased by 25% between 2015 and 2020 (Homeless link, 2020), There was a decrease of 9% in the numbers of those sleeping rough between 2020 and 2021 and this likely reflects government interventions due to the COVID-19 pandemic, The ‘Everyone In’ initiative housed approximately 37,000 people during the most acute phase of the pandemic (Homeless Link, 2019). Although the long-term effects of this initiative are unclear it was a clear acknowledgment that homelessness is a public health issue – rather than exclusively an issue for those experiencing homelessness. When looking at figures for homelessness more widely it appears that homelessness may be rising across the UK, while provision for those experiencing single homelessness appears to be decreasing with services offering accommodation falling by 38.9% since 2010 (Homeless Link, 2021). An increasingly precarious economic landscape plays a key role in perpetuating homelessness – particularly for those who face

unemployment, benefit cuts, and ever-rising rents (Crisis, 2016/17). In 2017 31% of individuals seeking housing were accepted as homeless by their local authorities because of rising costs in the private rental sector, up from 11% in 2009 (Crisis, 2016/2017). This is representative of a wider social problem in the UK in which ever-increasing wealth inequality - and its associated corrosive effects on mental and physical health - continues to worsen (Haigh, 2012; Stieglitz, 2015; BPS, 2016). It is rising prices across various areas of life – energy, food, rent – that place ever greater pressure on those who are most exposed to homelessness. Austerity measures put into place after the 2008 financial crash served to compound these issues by placing extra pressure on local authorities that were already struggling to cope with an increased demand for accommodation and associated services (Tustall & Fenton, 2009; Daly, 2017). Although spending on homelessness has increased by 13% since 2010, spending on housing overall has decreased by 46% placing acute pressure on services providing accommodation and temporary shelter (Crisis, 2016/17). 72% of accommodation providers in the UK stated that a lack of available housing in the local area at the Local Housing Allowance prevented residents from moving out of hostel accommodation (Homeless Link, 2019). Levels of single homelessness appear to have remained relatively flat (Crisis, 2016/2017). Historically collecting data on single homelessness has been difficult as the statutory homelessness system only recognised those cases deemed ‘priority need’ - such as pregnant women or those threatened with homelessness as a result of fire or flood (Bird, 2010; Department of Work and Pensions, 2010). This meant that many single homeless individuals were often not factored into official figures. The plateauing of single homeless figures may also have been a consequence of increasingly inflexible interpretations of what the term ‘priority need’ means (Crisis 2016/17). In the case of *Hotak v London Borough of Southwark* - the borough claimed that they were not obliged to offer special accommodation to a vulnerable adult at risk of homelessness - the Supreme Court rejected their interpretation of ‘priority need’ suggesting that the interpretation of the law at the local level has become increasingly stringent (Neuberger et al, 2015).

However, with the introduction of 2017 Homelessness Reduction Act the support that single homeless people are entitled to has been expanded. This legislation introduced prevention, relief and main homelessness duties for those exposed to, or currently, experiencing homelessness (Homeless Link 2019). It also expanded the term priority need to include individuals who are threatened with homelessness because they are 'vulnerable'. This category is particularly important for people experiencing single homelessness because it means that they may be able to access main homelessness duty which obliges local authorities to secure them accommodation (Homeless Link, 2019). In 2018 the government launched a new Rough Sleeping strategy in response to the rising numbers of people experiencing rough sleeping. As part of the funding for this strategy for the year 2021 –2022 £203 million has been distributed to charities, local authorities, and other organisations to help tackle rough sleeping. This effort to rethink how support for those experiencing homelessness is approached has led to an increase in Housing first initiatives that eschew the traditional 'staircase models' used by hostels and instead provide housing and long-term support. These legislative and policy changes represent a positive shift in how homelessness is understood and the level of support that those in the homeless sector can access.

These figures demonstrate the difficulty of understanding homelessness in the UK. Those experiencing homelessness are a diverse range of people with a diverse array of stories – they are by no means a homogenous group. Although homelessness has increased overall since 2010 – there has been a marked decline over the last 5 years with the effects of the COVID-19 pandemic yet to be seen. An increase in funding and a change in legislation represents a significant step forward in addressing some of the issues that create and sustain the sorts of pressure that leave people exposed to homelessness. However, there continues to be a need to understand the specific psychological factors that lead to and sustain chronic states of homelessness and the challenges this can create for those offering support in homeless

hostels. This involves considering the interweaving aspects of a person's life that generate the psychological pressures that make street homelessness more likely. But it also means considering the conscious and unconscious responses that people experiencing these acute difficulties brings up in those working with them and endeavouring to offer support.

2.2 Underlying factors of chronic homelessness

2.2.1 Multiple exclusions homelessness

Multiple exclusions homelessness (MEH) refers to the complex web of problems that interact, underpin, and sustain chronic homelessness (McDonagh, 2011). People who have experienced multiple exclusions have attracted many names: multiple and complex needs, revolving door clients, the chronically homeless. MEH is a term that describes homelessness not just as a set of needs and challenges faced by an individual – but also considers the role that others and society play in creating and sustaining homelessness. In doing so it moves away from viewing it as an issue purely for people who are homeless and seeks to describe homelessness as the consequence of many interconnected factors.

When considering the psychological factors that lead to chronic homelessness equal attention needs to be paid to individual stories and the wider social context in which they unfold (Carter, 2007). MEH offers a way of making sense of the complex set of issues that residents can present with in hostels. It describes how those who have found themselves consistently excluded from accessing the help they need are left feeling unseen, unheard, and unimportant (Dwyer et al, 2014). It is a way of thinking about homelessness that acknowledges the times in a person's life when they have been failed by individuals, families, peer groups, institutions, and services that could have supported them. Instead of describing homelessness exclusively in terms of individual responsibility or dysfunction, it acknowledges that homelessness represents a wider societal failing (Corners et al, 2011). Acknowledging the psychological

impact of this constellation of failings on the individual is important when thinking about how best to support people who are homeless due to multiple exclusions in their lives. Counselling psychology is committed to thinking about and challenging societal and cultural prejudice towards marginalised groups. It seeks to challenge notions that the individual is a discrete psychological unit best understood in terms of that unit's cognitions and behaviours. It considers the ways in which prejudice and inequality within a society can distort an individual's conception of self and limit the psychological possibilities open to them. It is these principles that guide this piece of research. The principles of counselling psychology therefore align with MEH's less individualistic account of homelessness and have helped to shape this piece of research.

One of the challenges posed by people who are homeless due to multiple exclusions in their lives is how to work with the many problems that they are often contending with. Viewing them as a set of discrete problems that need to be worked with one by one fails to address their interlaced nature. There is an increasing recognition that services need to work with the person as a whole rather than a set of separate problems (Clink et al, 2009; Seager, 2011). If we understand painful experiences of attachment with early caregivers or complex trauma as a causal component of MEH - then drug and alcohol misuse, mental health, and time in prison represent some of the factors that sustain it. Each one of these aspects represents a professional challenge for hostel staff and each one can seem to be separate as they each require liaising with different services and seem to present distinct challenges for residents. MEH encourages us to think of them as a part of a complex whole – a total reaction to experiences of rejection and cruelty over a lifetime.

2.2.2 The psychological toll of homelessness

It has been consistently shown that street homelessness is both precipitated by and has a long-term detrimental effect on mental health (Jones & Pleace, 2010). Amongst people who are street homeless

there are higher levels of anxiety, depression, suicide attempts, deliberate self-harm, and PTSD than amongst the general public (Cullum et al 1995; Haw et al, 2006; Gwadz et al, 2007; Rees, 2009; Fitzpatrick et al, 2012). That street homelessness may lead to feelings of distress, sadness, hopelessness, and despair is understandable. The current conceptual framework for making sense of these states is to describe them as mental disorders. So, when we talk about mental health, we are often implicitly talking about mental health diagnoses. This is a way of making sense of psychological suffering that rests on the assumption that it is best understood in terms of discrete disease-like disorders that are primarily biological in nature. The DSM V (2013) is the most recent iteration of an ever-growing compendium of these mental disorders. However, it is increasingly attracting criticism for pathologising everyday suffering (Frances, 2013) and failing to 'find *any* form of organic grounding' for the majority of 'mental disorders' that it lists (Rapley et al, 2011). This inability to demonstrate a biological root for psychological distress was most recently demonstrated in a comprehensive systematic review of the serotonin hypothesis of depression (Moncrief et al, 2022) This study demonstrated that the mass prescription of SSRI's to treat 'depression' was based on the false premise that 'depression' was caused by a chemical imbalance in the brain. It is important to consider these fundamental problems with the biomedical model because it is the dominant paradigm for understanding psychological suffering and it, therefore, shapes how we see, understand, and treat those with a mental health diagnosis (Johnson, 2014). When discussing mental health amongst people who are street homeless – especially those who may have experienced multiple exclusions – terms like anxiety or depression can serve to convey the idea that their suffering has a purely biological rather than a social root. Even the widely used biosocial model that recognises the role of the social in psychological suffering is still underpinned by the idea that there must be a 'genetic or biochemical flaw' that explains why a person was unable to cope with the challenges of their life (Johnson, 2014). This idea of mental illness has long been considered problematic (Szasz, 1974). The idea that human suffering - and the thoughts, emotions, and behaviours

that this causes - can be meaningfully compared to physical disease with a clear aetiology is a sort of category error – it is the wrong framework for making sense of the human minds' response to suffering (Szasz, 1974). Arguments that there is a need to move away from the disease model continue to be made (DCP, 2013). With this in mind Lucy Johnson (2020) has proposed the Power Meaning Threat Framework (PTMF) for understanding human distress. The PTMF does not discard biological and evolutionary factors but suggests that human distress is rarely best understood in purely biological terms - it instead advocates considering the social and political roots of distress. As such behaviours and states of mind that are often described as symptoms are better understood as attempts to survive challenging situations. As such understanding life experiences should be the primary motive for people supporting those who are struggling. Scanlon and Adlam (2005, 2006) speak to this when they suggest that there is a cross over between the chronically homeless and those with a PD diagnosis in that they both represent groups that are often thought of as untreatable. In their view these groups can sometimes view themselves in the same way – that they refuse to identify with the role of client or patient and in doing so disrupt the effort of service providers to adopt the role of carer. Scanlon and Adlam (2011) expand on this idea by drawing on the life of Diogenes the cynic whose rejection of society was itself a response to its hypocritical and rejecting nature. The chronically homeless exist in this tradition but without Diogenes capacity to articulate his dissent. We might therefore think of MEH as the consequence of an individual consistently experiencing rejection from society. One that has told them that they are not welcome over and over and seems to offer little reason to trust invitations of renewed membership. These behaviours are then understood as symptoms of a mental illness rather than a justifiable response to a power dynamic that has consistently worked against them.

The refusal of some hostel residents to engage with services that seek to house them is often received as an affront to a common belief that we live in a society to which membership is desirable - or at the very least preferable to other alternatives. The idea that 'antisocial' behaviour is a justifiable reaction to

an undesirable and hostile society turns on its head the notion that it is likely an outward expression of inner psychic distress or dysfunction. This line of thought encourages us to consider if mental health diagnoses are another way of washing our hands of difficult clients and plugging up our ears to their justified and wholly rational dissent? Is it possible to acknowledge the distress of experiencing chronic homelessness while also pathologising that distress in terms of mental disorder? Thinking about the 'antisocial' behaviour associated with MEH in terms of complex trauma or adverse attachment experiences with early caregivers offers a way of thinking about the suffering of others without relying on discrete diagnostic categories. Both are interpersonal – they are things that happen to a person rather than concrete states of being or personality configurations. Abuse, cruelty, neglect, and rejection happen to a person, and they happen within the society in which that person exists. Consequently, they need to be thought about in relation to the failings of that society. In this formulation homelessness can be thought of as something that a person is pushed into as a result of ever mounting pressure. **2.2.3**

Complex Trauma

Complex trauma is best understood as the consequence of interpersonal trauma as opposed to a single impersonal trauma such as a car crash– it is violating or exploitative behaviour that is repeated over time and has a cumulative effect on the individual. (Courtois, 2014). There is increasing evidence that childhood traumatic experiences significantly increase the likelihood of experiencing homeless (Fitzpatrick et al, 2012). This illustrates the ways in which different factors (trauma, childhood deprivation, mental illness and homelessness) inform one another and make it difficult to delineate the origin and the nature of complex trauma. Those who have suffered trauma or abuse in childhood are more likely to develop depression later in life as well as being amongst those most unlikely to respond to standard treatments (Nanni et al, 2011). The effects of childhood trauma are likely to have a significant impact on an individual's ability to manage challenges in early adulthood which will then affect them later in their lives (Maguire et al, 2009). Complex trauma seems to have an insidious knock-on effect

that undermines an individual's ability to move on or recover from the wounds inflicted on them by others. Complex trauma is interpersonal and often bound up in our earliest experiences of relationships. This can lead those living with complex trauma to be mistrustful of those who seek to help them. Why would you trust someone when your earliest experiences taught you that this was an unwise thing to do? Forming relationships is a pivotal part of support work in hostels but achieving this can be hampered by those relationships that came before. The relational schema that we develop during childhood shape how we respond to others and in turn how we are treated by others. These maps to our daily interactions typically operate outside of conscious awareness and at worst causes tolerable levels of friction that can be worked through as we adapt to another's relational schema. However, for those who have experienced highly chaotic or abusive relationships with early caregivers these unconscious maps can make forming relationships difficult - and can elicit in others feelings of confusion, frustration or hostility as they struggle to adapt to a way of experiencing relationships that is significantly different to their own.

2.2.4 Attachment

Attachment theory (Bowlby, 1988) identifies and describes the way in which humans are born seeking out proximity and care from their primary caregivers and describes the deep and lasting effect this has on how a person perceives and experiences relationships with others (Gerhardt, 2015). Attachment theory proposes that seeking out protection and care from primary care givers is an evolved instinct that is innate to all humans – and one that is shared with other species across the mammal and bird kingdoms (Dallos, 2006). Its central tenet is that early relational experiences provide a model for later relationships and that significant failings in meeting an infant's needs will affect how they develop psychologically (Schoore, 1994). It helps us to understand why childhood experiences of abuse from primary caregivers can be so damaging not just for the child but for the adult that they become.

The father of Attachment theory John Bowlby (1988) suggested that a secure attachment was born from a stable and caring relationship with an infant's primary caregiver. This secure base can be thought of as providing a sort of mental housedness – the ability to be at ease in one's own mind and a capacity to manage difficult emotions and seek out help if they become unmanageable. For instance, a person's ability to recover from traumatic experiences in adulthood partly depends on whether emotional regulation was supported by their primary care giver – so early exposure to neglect or abuse can lead to a greater vulnerability to PTSD in adulthood (Weaver, 2007; Seckl, 2008). A lifetime of adverse experiences can leave a person more exposed to homelessness - strata of psychological vulnerability can form in response to – and then exacerbate - any original abuse. This process leads to maladaptive ways of relating to others that are characterised by conflict, rejection, and difficulty trusting others (Johnson, 2012). There are higher incidences of trauma in early childhood and enduring mental health conditions for people who are homeless than for the general population (St Mungo, 2011). Family is an introduction to a mini society – people who are street homeless for prolonged periods of time are less likely to have experienced an inclusive family environment and therefore to have developed a sense of belonging.

The bio-chemical response to periods of prolonged stress during infancy has been shown to lead to anomalous brain development (Radley & Morrison, 2005; Hanson et al, 2010; De Brito et al, 2013;). This kind of impaired neurodevelopment can lead to antisocial behaviour in children as it affects both cognitive and emotional functioning (van Goozen et al, 2022) - which in turn can lead to negative outcomes in adulthood (Ferguson et al, 2005). The areas of the brain that are affected are associated with complex cognitive and social functioning in adults - such as attachment, bonding, and empathy (Perry et al, 1995; Teicher et al, 2003). For example – experiences of a negative parental environment can lead to a reduced capacity in children to identify negative facial expressions and consequently impair their capacity to read distress in others (Burley et al , 2021). This kind of impairment impacts a

person's ability to read social cues that might otherwise deter them from behaviour that would negatively impact relationships with others.

Research into neural plasticity suggests that the human brain is highly adaptive – it responds to and develops according to an individual's lived experience (Dennet, 2003; Searle, 2007). Nature and nurture are in a sense indivisible – patterns of experience are reflected in patterns of neural growth (O'Shea, 2005; Bateson & Gluckman, 2011). Repeated experiences develop and reinforce neural pathways – consequently if we are subject to sustained neglect or abuse then we are more likely to interpret behaviour in general as neglectful or abusive (Folsenbee, 2007). Childhood trauma then may both increase the likelihood of becoming homeless and cruelly make recovery from the associated traumas of street homelessness that much harder. These relational schemas are not something that we are conscious of but they have a huge impact on how we experience others and how they experience us. An individual who finds it difficult to trust others may find that others are confused or affronted by this. This in turn can lead to a relational dynamic in which it is difficult to find a common reference point for what a 'normal' interaction looks like leaving both parties feeling disconnected from one another. It is this disconnect that can create challenges when working with those who have had little experience stable and caring relationships.

2.2.5 Drugs and alcohol

Attachment theory and complex trauma both explore how the inner worlds of individuals are impacted by adverse interpersonal experiences. MEH also takes into account the way in which maladaptive ways of coping with psychological wounds can leave someone exposed to and then sustain homelessness. Drug and alcohol abuse plays a significant role in sustaining homelessness for many hostel residents. In their analysis of the root causes of MEH, Fitzpatrick, Bramley and Johnson (2012) found that almost two thirds of respondents had a history of alcohol misuse and over half had a history of drug use. For those

who have experienced multiple exclusions homelessness drug and alcohol misuse tends to occur early in life and is more likely to precede rather than be a consequence of homelessness (Philippot et al, 2007; McDonagh, 2012). There is also evidence to suggest that drug use and homelessness are bi-directionally related (Place, 2008). It is perhaps unsurprising that they are related in this way – with drugs and alcohol used as a way of managing the often-harsh reality of street living while also making it harder to find and hold onto permanent accommodation. This circular causality can be self-sustaining and often serves to exclude residents from support and accommodation. This single piece of the MEH puzzle illustrates how a single issue can lead to exclusion from services and support that then reinforces the very behaviour that sustains homelessness. Once you begin to acknowledge the complex web of interconnected factors that underpin MEH the impracticality of viewing them as separate and distinct becomes plain. The interconnectedness of these issues further illustrates the challenges inherent to hostel work.

2.2.6 Prison

Much like drug and alcohol use time spent in prison and experiencing homelessness are closely linked. MEH is a term associated with the Make Every Adult Matter campaign - an initiative put together by four major national charities (Clinks, DrugScope, Homeless Link and Mind). This initiative focused on multiple exclusions across the prison and homeless population as it identified both as leading to a greater level of exclusion from support services. There is a positive correlation between experiencing homelessness and having a criminal record – with those with a criminal record more likely to have homeless in the past (Brown et al, 2012). Previous estimates from the Social Exclusion Unit (2002) estimated that up to one third of prisoners were homeless at the time of conviction; that one in twenty had been sleeping rough prior to imprisonment; and that one third did not have a home to return to upon release. The likelihood of a history of homelessness prior to imprisonment and the risk of homelessness upon release is compounded by high levels of drug and alcohol misuse and mental health diagnosis in this population (Fazel & Danesh, 2002; Faze et al, 2006). One survey found that 79% of those who were homeless

before being convicted would reoffend, as opposed to 47% for those with accommodation upon release (Williams et al, 2012). This coupled with the fact that a prisoner is likely to lose their accommodation during incarceration due to housing benefit regulations offers a sense of the cyclical relationship between prison and street homelessness (Social exclusion Unit, 2002). Again, the co-occurrence of mental health and drug and alcohol misuse in the prison population – which is itself at heightened risk of experiencing homelessness – makes plain how enmeshed the issues of MEH are.

2.3 MEH states of mind

2.3.1 Unhoused Minds

Developing ways to support those with a history of rough sleeping to find a stable home is often complex. As outlined above, those experiencing chronic homelessness are often trying to manage a host of concomitant challenges; drug and alcohol misuse, mental health diagnoses, recent release from prison, and long and complex histories of trauma and social exclusion (Fazel et al, 2008; Seager, 2011). Supporting residents with these challenges presents an enormous challenge for support services. The strain generated by trying to meet these complex and wide-ranging needs can lead to hostels becoming chaotic and distressing places to live and work (Cooper & Lousada, 2005).

Breaking the cycle of street homelessness and hostel residency is not entirely an issue of finding permanent housing. Identifying and working with feelings of being 'psychologically unhoused' is fundamental to understanding the root causes that can leave someone more exposed to long-term homelessness (Seager, 2011). Seager contends that individuals can be given shelter and yet fail to thrive because their psychological needs are not met. The state of being psychologically unhoused may be a useful distinction to draw between those who find themselves temporarily without a home and those who have a history of experiencing prolonged periods of homelessness. The factors that lead to entrenched homelessness need to be understood in terms of individual stories and the wider social

context. Services that offer support have historically often been unable to attend to those individual stories and have created environments that work against the psychological needs of residents. They have emphasised recording resident's behavior and movements and in doing so have unwittingly created environments of surveillance (Seager, 2006). They have favoured short term stays that impede the development of meaningful relationships with staff or other residents and which traps residents in a cycle of referrals in which they are passed between the same hostels over many years. This system has the potential to reinforce any existing beliefs that relationships are unpredictable and fleeting. In order to address some of these historical shortcomings Seager (2011) has proposed a set of Universal Psychological Needs designed to guide services working with homeless individuals towards offering more effective support. These needs are: the need to be loved, to be listened to and heard, to belong, to achieve, and to have meaning, self-worth, and hope. Each one represents a need as fundamental to human development as food and shelter. For Seager it is through relationships that emotional damage can be repaired and a sense of inner alienation dispelled. It is the challenge of building relationships – and the multifaceted demands that this entails – that hostel staff are charged with. To work with those who have experienced prolonged periods of homelessness staff may need to consider the effects on an individual of chronic rejection and indifference. The 'unhoused mind' emphasises the need to understand that a person's past suffering and trauma does not reside in the past only – it is a daily presence in their lives (Van de Kolk, 2015).

2.3.2. Psychodynamic views on attachment and the unhoused mind

To build up a picture of what it means to be 'psychologically unhoused' it is important to consider how our earliest experiences of relationships impact the development of a sense of self and a capacity to be at ease in one's own mind. Psychodynamic thinking offers a rich seam of ideas about how early experiences inform how we relate to ourselves, others, and the world. It considers how those early experiences mould our unconscious mind and how this in turn shapes how we act in the present. The

psychoanalyst Donald Winnicott spent much of his life working with young people who had suffered physical and emotional privation in their early years. He believed that early parental relationships were key in the development of the self and were the source of a relational blueprint on which all future relationships were built (Gomez, 1997). He proposed that at first the mother child dyad is experienced by the child as a feeling of oneness – but that as time passes it develops into a more everyday way of being in which the child is able to tolerate the idea of being separate from the mother. This process does not need to be perfect and requires only an ‘average expectable environment’ - children require a ‘good enough mother’ not a perfect one (Winnicott, 1971). Early relationships are about containing an infant's sometimes unbearable anxieties of psychic disintegration or sense of being utterly isolated. For those who have not experienced an ‘average expectable environment’ it is far more difficult to make sense of their own emotions as they were not helped to understand these early emotional states through their relationship with their mother. For those who experienced this kind of emotional deprivation early in life subsequent destructive behaviour is best understood as the acting out of intolerable inner states in a counterproductive effort to secure containment from others (Winnicott, 1990). This meshes with the contemporary understanding of attachment (Schoore, 2004) and the effects of trauma (Van de Kolk, 2015) in which maladaptive relational schema and coping mechanisms serve to inhibit a person's capacity to build relationships that are stable and caring.

Wilfred Bion contended that it is the capacity for thought that allows the individual to dissipate all kinds of natural anxiety. Much as Winnicott saw early parental experiences as shaping our capacity to regulate internal states, Bion suggested that we learn to think with and through our relationship with our primary caregivers in our earliest years. Therefore, a difficult or chaotic upbringing 'can obstruct the development of thoughts and the capacity to think' (Bion, 1967). This obstruction can lead to a reduced capacity to dwell in one's own skin. June Campbell (2019) suggested that this extends to 'symbolic corporeal spaces' such as homes. As such being with oneself or in a home afflicts an individual at a

deeply unconscious level. Ignacio Matte-Blanco sought to extend psychoanalytic thinking into the realms of mathematics and quantum phenomena. He felt that the unconscious was best understood as a system that treats things as if they were members of a set which contains other members – and that this process proceeds outwards towards ever more general classes (1988). In infancy the class of mother over time will develop into a multiplicity of subsets that are unconsciously associated with this class – hence a person can have a seemingly disproportionate response to particular actions or spaces if they are associated with adverse early experiences. To see being psychologically unhoused as something that is deeply rooted in the unconscious may help to expand our understanding of what it means to experience chronic homelessness. It goes some way to explaining why efforts to house those who have been living on the streets can be so frustrating for hostel staff. Painful experiences from the past are not isolated there but follow us forward in time through unconscious associations. These associations render what can seem common sense to one person - such as attending meetings with support workers - deeply upsetting to another. Again, this helps us to understand the unconscious aspects of a person's mind that may make accepting support difficult and in turn lead others to feel frustrated or helpless in the face of a seemingly irrational unwillingness to accept it.

Karen Horney (1937) used the term 'basic anxiety' to describe 'an insidiously increasing, all-pervading feeling of being lonely and helpless in a hostile world' the loss of 'the blissful certainty of being wanted'. For Horney this attitude was not in of itself a cause for 'neurosis' but instead it would act as 'nutritive soil'. Our anxieties are particular to us, they are shaped by our experience of the world, and crucially they are often hidden from us. Horney suggested that there are four principal ways in which a person avoids facing their anxiety: 'rationalize it; deny it; narcotize it; avoid thoughts, feelings, impulses and situations that might arouse it'. In order to avoid what we fear our thinking is impaired. Thinking about what we fear is not the problem, in fact thinking may not even be possible. Anxiety is born of a deeper psychic pain that we fight desperately to avoid. The more deeply rooted a person's basic anxiety (their

sense of being unwanted in the world) is the more painful it is to confront and therefore the harder they work to avoid naming it. This idea of 'basic anxiety' and the impaired capacity to think that it engenders invites us to consider that working with individuals who have had adverse childhood experiences will inevitably involve encountering resistance. If you are seeking to house a person for whom a house or a home is a source of terror or despair, it is only natural that that path will be a rocky one. What these ideas alert us to is; that our earliest experiences of relationships are central to the development of lasting relational schema; that our early relationships impact our capacity to understand and engage with our thoughts and emotions; and that these unconscious processes inform how we respond to and are responded to in turn by others. While the medical diagnostic model for mental disorders overwhelmingly describes a person's mental health in intrapsychic or behavioural terms – psychodynamic ideas invite us to view a person's psychological state as something that is fundamentally relational. As such a person only becomes psychologically comprehensible when we consider their experiences of others. When thinking about people who have experienced MEH and those who are working with them psychodynamic thought provides a theoretical framework for understanding attitudes and behaviour that can be difficult to understand for both residents and staff.

2.4 Working with those experiencing chronic homelessness

2.4.1 'The ache for home'

The concept of MEH considers the many reasons why a person may be more exposed to chronic homelessness. These reasons are thought of as both caused by, and expressions of, the suffering of those who have endured chronic exclusion. What is thought about less is the discomfort and unease that homelessness can engender in those who have not experienced a consistent rejection from society. How do these feelings affect the kind of support that the homeless are offered? When we speak of home what do we mean and how might this inform how we respond to someone who is without one.

Home represents far more than just a space in which we live. The writer Maya Angelou believed that 'the ache for home exists in all of us, the place where we can go as we are and not be questioned' (Angelou, 1991). This need may or may not be satisfied by where we lay our heads - we may have shelter and still hanker for a home. Home may be a physical space or exist solely in memory or the imagination. It can be a place of refuge, a place to recharge, a place we love, the centre of our family life, or a place of danger and uncertainty. For the chronically homeless it has all too often been a threatening place or has never really existed at all. The long-term psychological effects of this may be best understood as an ache that never eases.

The philosopher Martin Heidegger believed that humans are by their natures dwellers that need to feel a sense of embeddedness. For Heidegger buildings do not enable us to dwell in a place, instead we are dwellers and therefore we build. Dwelling is about developing roots in a place in order to be at home there. It is being settled and at peace with the 'earth, the sky, divinities and the social fabric' (Heidegger, 1954). This concept chimes with Simone Weil's idea of rootedness; that a person must have a sense of belonging to place in order to flourish (1954). Both philosophers recognised that belonging is a deep need. The necessary conditions for achieving this sense of embeddedness were outlined by Abraham Maslow in his Hierarchy of Needs (Maslow, 1954). Maslow stated that satisfying basic needs is a prerequisite for further personal development. Being certain of food, water, warmth, rest, safety and security is necessary before a person can look to higher order psychological or self-fulfillment needs. (Neukrug, 2015). How can a person settle and find peace or grow roots if these fundamental needs are not met? Taking root and embedding suggest growth and security – without them we feel out of harmony with the world around us.

Placelessness constrains its victims and consigns them to a state of 'linguistic and psychological disenfranchisement' (Parker, 1999). The co-constitutional nature of people - the way in which we make sense of the world with and through others as described in the psychodynamic account of psychological

development - is made harder if we do not have a set space in which to do that. Places are attributed meaning that are shared across people – we understand one another and ourselves through places – our sense of identity is enhanced by knowing where we came from, where we belong, and where we wish to go (Parker, 1999). Places are locations where personhood can thrive. Home then is a location or environment that holds greater significance than other places – it is ‘the point of departure from which we orientate ourselves and take possession of the world’ (Relph, 2008). Homelessness is a disorientating state. It is a precarious and rootless existence that feels threatening to those who cherish hearth and home and fear to lose it. Perhaps the psychological challenge of working with homelessness is tolerating the uneasiness bought up in the housed by the unhoused. In the MEH literature, much thought is given to how a history of trauma and chaotic early experiences of attachment can cause people to become mistrustful of developing relationships with others – especially those offering care. The obverse of this is the possible weariness of support workers when they encounter someone who appears to be resolutely opposed to being housed. What is to be made of the seeming rejection of the physical and psychological security that home represents – one that feels so fundamental to how most people make sense of themselves. Again, looking at this through a Psychodynamic lens helps us to understand the way in which unconscious attitudes shape how we understand and engage with others.

2.4.2 Unsettling Paradox

The form that these unsettling questions take is wrapped up in how homelessness is understood. Those experiencing homelessness are not a homogenous group with a common story (Cockersell, 2012). The reasons for homelessness are varied and multifaceted. Individuals or families may find themselves homeless for a brief period, or they may find themselves on and off the streets for decades. It is all too easy to speak about homelessness and fail to attend to individual stories (Berger, 1999). Historically those experiencing homelessness have been characterised as a group of ‘*ne’er do wells*’ who have been confined in prisons, asylums and shelters - they have been denied a voice and seen as deviant or mad

(Foucault, 1965). In his essay exploring the complex reactions that homeless people provoke in others Robert Ginsberg (1999) notes that homelessness is an affront to the notion of the city as a home for humanity – a place that provides shelter for all who live there. A city is a symbol of our collective achievements and homeless people challenge that ideal by reminding us that not all of us enjoy the benefits of that success. If people become homeless because of a fundamental failing of society then every person is at risk of homelessness. Homelessness is not just about those who are without homes – it is a disturbance of a well-ordered world that we all wish to believe in, and it threatens our precarious sense of ease. People shield themselves from the fear this elicits by blaming those people experiencing homelessness for their place in the world. For Ginsberg home represents the longing to return to an inner realm that is separate from the rest of the world – homelessness is a state of exposure that does not allow for a retreat into a private inner space. The discomfort generated by the truth that our society is one that would make someone homeless leads us to blame those who live on the streets, and yet simultaneously we cannot imagine why anyone would choose to do so. This unsettling paradox captures the ambivalent feelings that homelessness arouses.

Homelessness challenges the notion that our society is a fair one and as such it presents a unique challenge to those who work with individuals with a history homelessness. In their essay on the ‘unhoused mind’ Scanlon and Adlam (2005) ask what do we do when we encounter someone whose stance is resolutely anti-social? They suggest that how homelessness is understood is shaped in large part by those with homes– that we reject those experiencing homelessness as they threaten our own enviously guarded sense of being housed. They draw a comparison between the DSM IV’s definition of borderline personality disorders (BPD) and homelessness. BPD, like homelessness, is understood in terms of how individuals deviate from social norms; it is marked out in terms of societal attitudes, orientations, and expectations that we view as foundational aspects mental health. Personality disorders in the DSM IV are understood as personality patterns that diverge from cultural norms. A

personality disorder diagnosis hangs on implicit assumptions about how a person should be – but is described in terms of what they shouldn't do. It is built around value judgements about what constitutes norm-defying or undesirable behaviour (Leising et al, 2009). Encountering complexity in groups that exist on the periphery generates anxiety because it threatens our sense of security (Hinshellwood, 1999). When working with complex clients the potential for depersonalising those clients is high – this is engendered by both the clients 'removal from the world of ordinary human rapport' and the professional's retreat into a scientific attitude (Hinshellwood, 1999). Professionals endeavour to assess clients objectively, and the client's subjectivity is avoided because it is so difficult to bear. Consequently, working with complex individuals is often characterised by feelings of frustration, anger, guilt, despair, or envy towards the client. Alessandra Lemma (2016) sees the use of the term 'complexity' as 'a way of naming a clinician's "difficult" feelings about a patient that may be hard to acknowledge or understand'. Working with people for whom relationships have often been deeply painful requires acknowledging complexity without seeking to avoid its intersubjective nature The 'removal from the world of ordinary human rapport' that Hinshelwood describes is the consequence of not experiencing a secure base or an 'average expectable environment' (Winnicott, 1971) during childhood. This absence can lead to attitudes towards relationships that strike others as anti-social. However, what is missing in this formulation is our own unease when we encounter someone whose experiences are difficult for us to make sense of and that can give rise to defensive or dismissive attitudes. This may mean considering the ways in which the anxiety of clinicians may impede the possibility of change in clients. For example; NICE guidelines state that individuals must stop drinking or drug use before receiving treatment for PTSD. With up to 60 – 70% of those experiencing street homelessness meeting the criteria for PTSD, and 61% substance dependent this is likely to mean in practice that many people will be excluded from services designed to help them (Maguire et al, 2010; St Mungos 2011). Exclusion is almost written into the clinical guidelines that are supposed to be designed to help practitioners provide support. Terms

like complexity can act as a defence against the unease generated by the great suffering of others. We retreat into 'scientific objectivity' in order to avoid the painful subjectivity of others.

2.4.3 Staff experiences of hostel work

If the subjectivity of those experiencing chronic homelessness is difficult to bear – the stories of past trauma they tell, their often-chaotic behavior, their potential wariness of relationships – then how do hostel staff find ways to tolerate the more challenging aspects of their work? Coping strategies within the literature are numerous. Previous research highlights that hostel staff advocate the importance of accepting the limitations of their influence on the lives of hostel residents (Ferris et al, 2016) and the value of acknowledging small successes (Lakeman, 2011) - both strategies recognise that in order to stave off frustration or hopelessness it is necessary to adjust expectations of yourself, colleagues, and residents. Being friendly but not overly so (Lakeman, 2011) and not taking challenging resident behavior personally (Guhan & Liebling-Kalifari, 2011), allowed staff to develop a rapport with residents while maintaining necessary boundaries.

However, despite these strategies some staff do take residents issues home with them (Mowbray, 1996) and for others there are general feelings of stress and demoralization (Ferris et al, 2016). Sick leave and staff turnover are also high (Robinson, 2014) - with high staff turnover directly affecting a hostel teams' capacity for collaboration (Kidd, 2007). This sense of demoralisation and the impact that this has on staff retention suggests that coping strategies are often not enough and that the overall emotional challenge of the work can grind people down. However, there is also evidence to suggest that job satisfaction and emotional exhaustion are positively related (Stalker et al, 2006) - that for some the challenging nature of the work is the meaningful part of their role. This relationship appears to function at the organisational level as well and is known as the 'Florence Nightingale effect'. This effect describes how the perceived suffering of the people that an organisation is seeking to support is linked to increased organisational

identification - and that this in turn predicts lower rates of burn out and higher rates of job satisfaction (Ferris et al, 2016). This suggests that despite the adverse consequences of hostel work it is the emotional challenge that draws people to this line of work. This emotional challenge may in turn have unanticipated consequences. Those working in a role in which significant numbers of residents have experienced trauma are vulnerable to both secondary trauma and compassion fatigue (Figley, 1995). Burnout amongst hostel staff might mean for some suffering with their own trauma response to their work.

Beyond managing some of the emotional challenges of the work hostel staff reported high levels of frustration with bureaucracy within their organisations and the wider social care system within which they operate (Wirth et al, 2018). This links to the idea that services designed to support vulnerable people are often unable to do so due to internal contradictions - such as admission criteria that exclude much of the population that they are seeking to help. Frustrations with the apparent contradiction between the expectations of the care sector and client needs (Francis, 2000) are compounded by the fact that caseloads are often too large (Sutton-Brock, 2013). This could mean in practice that hostel staff felt unable to help hostel residents when they were actively seeking it out (Kidd et al, 2007). Low pay was also sighted as a problem with hostel work (Robinson, 2014). In a recent meta-analysis of research into the emotional experiences of staff in homeless hostels (Peters et al, 2021) this complex web of psychological tensions was understood as a balancing act - one in which offering meaningful support to residents, maintaining boundaries in order for staff to look after their own mental health, and working within in a wider system that often seemed unable to meet the needs of staff and residents all needed to be taken into account.

Hostels can perpetuate residents' experiences of exclusion and unreliable relationships through rigid and punitive rules, high staff burn out, and insufficient training. (Scanlon & Adlam, 2008; 2012). This is particularly true in a time when services are unable to offer substantial psychological support to

residents or adequate training to staff (Dwyer, 2014; Hastings et al., 2015). The tendering process for social care contracts increasingly privileges providers who promise to implement the cheapest models of care. This can lead to unrealistic goals being set for staff and residents, and with services focusing on contract renewal rather than attending to the long-term well-being of residents (Moriarty & Manthorpe, 2014).

The recent COVID pandemic drew the world's attention to care workers and highlighted the challenging work that they do – it also drew attention to the fact that it is considered unskilled labour and is often poorly paid. The emotional challenge of hostel work is clear but so too is the challenge of working in a highly bureaucratic system that hinders finding a space in the day to focus on residents. The emotional challenge of hostel work is about managing the interconnected issues described by MEH. Although difficult to bear – with burn out and compassion fatigue a possibility – the emotional challenge is also a significant source of motivation and meaning. Organisational and systemic dysfunction, however, serves only to frustrate.

2.4.4 Psychologically Informed Environments

MEH recognises that the causes of chronic street homelessness are varied and complex and this is reflected in the experiences of staff. To work with people at risk of MEH, it is necessary to acknowledge the difficulties that precede and follow being made homeless. Working with individual issues artificially splits a person into a set of discrete problems rather than thinking about them holistically. One approach that seeks to address the often-atomised provision of care for those who experience MEH is Psychologically Informed Environments (PIE). PIE is an initiative designed to engage with the underlying causes of homelessness (Johnson & Haigh, 2010, 2011a, 2011b). In doing so it has the potential to break away from the historic refusal to acknowledge the complex psychological and social factors that lead to and sustain MEH (Scanlon & Adlam, 2008). This model of care recognises that the therapeutic approach

is an integral part of providing effective support in homelessness hostels. PIE endeavours to create an environment where the emotional and psychological needs of residents are met and to provide support over the long term. Working in this way is particularly important for repairing damaged attachment bonds (Keats et al., 2012; Saunders et al, 2011). A PIE approach also explicitly acknowledges the importance of supporting staff to engage in the often-difficult work they undertake as they attempt to meet the residents' psychological needs, and halt patterns of exclusion.

PIE as it was originally conceived focused on four key areas of hostel life: physical environment, reflective practice, staff training, and a therapeutic framework (Johnson et al, 2012). Improving the physical environment aims to address the typically low quality of hostel accommodation (Busch-Geertsema & Sahlin, 2007). By involving both staff and residents in redesigning hostels it is hoped that it will increase the value placed on their shared living and working environment (Phipps, 2017). Reflective practice allows staff to discuss the demanding nature of key working and encourages each service to develop based on its unique experiences and client group (McGrath & Pistrang, 2007). Introducing core elements of the therapeutic framework encourages staff to work relationally with clients rather than trying to change specific behaviours. By offering staff training on how to work therapeutically with clients PIE seeks to avoid the development of problematic dynamics between staff and residents (Stevenson, 2014). As PIE was used more widely there were concerns that 'confusions and ambiguities' (pielink.net, 2022) were arising and that they needed to be addressed. This led to the development of PIE 2 – which sought to expand on the ideas of PIE whilst holding on to the key concepts that underpinned it. With PIE 2 there is a greater recognition of the importance of working with the wider system within which hostels operate. 'Surroundings and networks' and 'pathways and systems coherence' (pielink.net, 2022) both look beyond the hostel by considering how to engage with the local community and factoring in hostel referrals and move on opportunities for residents when thinking about offering effective support. PIE also comes with the Pizazz (pielink.net, 2022) – an assessment

framework that allows each service to think about where they are with implementing PIE 2 and what is working and what is not. PIE in both of its iterations is influenced by therapeutic communities – the idea that the best way to work with a person is through building relationships within a cohesive community (Haigh, 2012). PIE 1 and 2 have been implemented across the homeless hostel sector with the hope of improving outcomes for residents and providing staff with greater support – both operate under the conviction that building relationships is fundamental to that work (pielink.net, 2022).

2.5 Aims of this study

The aim of this research is to make sense of how hostel staff manage the emotional and organisational challenges of their work. MEH provides an explanatory model for making sense of the many factors that leave a person more exposed to chronic homelessness. It makes explicit that these factors are overlapping and not independent of one another. It thinks about the ways in which the experience of chronic homelessness is best understood in terms of failed relationships and experiences of rejection from others, institutions, and society. This way of thinking requires that those working with people more exposed to chronic homelessness consider both the individual aspects that lead to homelessness and the wider systemic issues that sustain it.

Progress toward change and breaking patterns of exclusion can be challenging when staff encounter individuals who seem to be resolutely set against change. How do staff cope when they find that their wish to help is sometimes insufficient and can in fact attract hostility from residents? How do they make sense of that rejection and rethink their attitudes to the work of supporting residents? These are questions that must be considered for work that is fundamentally interpersonal and can come with significant occupational stress. This research is interested in making sense of how hostel workers approach their work with residents who have experienced great suffering. It aims to understand staff and residents' dynamics and what support staff might need to navigate those dynamics.

In considering how hostel staff approach their work the role of psychological frameworks for hostel work like PIE was also considered. As PIE has been rolled out across the services where the interviewees for this study worked - I was curious to know to what extent staff felt that it meaningfully improved their work environment and their ability to engage with hostel residents. Approaches like PIE seek to improve how hostels work through reflective practice, staff training, and advocating working in a way that is informed by therapeutic principles. However, they typically have little to offer when it comes to addressing those systemic issues that impede hostel work and are commonly cited in the literature as negatively impacting staff experiences of their work. To what extent then do frameworks like PIE improve hostel work? What role do approaches like PIE have in the age of austerity and in a culture in which market value takes precedence over societal values (Carney, 2021).

Therefore, the research undertaken and reported herein aimed to:

- Better understand the perceived role of hostels and the nature of hostel work as experienced by hostel staff.
- Explore the challenges presented by hostel work and examine staff responses to these challenges.
- Hear how staff view their work with residents to better understand the character of those relationships and identify ways to better support staff.
- Interrogate the usefulness of existing support structures and approaches such as PIE in addressing the challenges of hostel work as described by hostel staff.

3. Methodology

3.1 Theoretical framework

Qualitative research seeks to bring into focus the meaning making process of interviewees and recognises the value of exploring subjective experiences from multiple perspectives (Britten, 1995;

McLeod, 2011). Both these aspects of qualitative research made it the right fit for this study. However, settling on the design for this project was a challenging process. I wanted to focus on staff experiences of hostels so that I could understand what the everyday work of a hostel is and how they make sense of it. It struck me that hostels are places where psychological work with residents is undertaken – but that it is rarely acknowledged as such. I worked in hostels for several years in my early twenties and left feeling confused about the work I had done there. I couldn't connect the work that I had done day to day with the hostels aim of supporting residents into independent living – especially as it seemed to me that many residents, for many reasons, did not seem to be seeking that outcome. This originally drew me to Interpersonal phenomenological analysis (IPA). It is an approach that aims to understand how people make sense of their lived experience and asks the researcher to engage in a 'double hermeneutic' in which they try to make sense of how participants make sense of the object of study (Smith, 2011; Willig, 2013). The recognition that researching something like hostels and hostel work only becomes meaningful by speaking to those who do the work and understand the hostel sector resonated with my feelings of confusion – and wish to make sense of - my own time working in the hostel sector. However, IPA is criticised for being poorly equipped to engage with the social context of a research subject (Parker, 2005). Phenomenological enquiry at times risks failing to acknowledge how individual experience is shaped by the world around us – that the individual and the world in which they exist are bound together with each shaping the other. The experience of working in hostels – of making sense of residents, of seeking meaning in the work, of engaging with new approaches to hostel care – are all impacted by a wider social context. How staff experience hostel work is linked to how hostels - and the care sector more generally – have changed over the last ten years. Consequently, I felt that I needed to use an approach that was flexible and that was not aligned to a specific theoretical orientation. I chose Thematic Analysis (TA) because it is theoretically flexible, and I thought that I would be able to more easily engage with the experiences of staff without passing over the significance of systemic shifts in the

care sector (Braun and Clarke, 2018). I felt that considering the effects of systemic changes would not only be relevant to participants experiences of hostel work – but also to how they make sense frameworks like Psychologically informed environments (PIE). How staff respond to them is inevitably going to be affected by the context in which it is rolled out. TA allowed me to look at the data in depth from multiple angles. Consequently, I could offer interpretations about the meanings of patterns within the data while considering multiple factors (Braun & Clarke, 2006) such as the effects of successive governments austerity policies on the care sector.

3.2 Epistemological frameworks

As TA does not have a set theoretical position - the researchers' epistemological and ontological loyalties need to be made explicit from the start (Braun & Clarke, 2018). I adopted a critical realist position in this research by which I understood that knowledge about a real and knowable world is always seen through a subjective or social prism (Braun & Clarke, 2013; Madill et al, 2000). I saw the interviews as providing insight into the experiences of hostel staff - but I held in mind that those experiences are shaped by the social world in which that person exists (Harper & Thompson, 2012). I viewed the data as offering provisional accounts of how hostels and psychological frameworks are informed by underlying social structures. The data therefore required interpreting so that I could develop a richer understanding of how staff understand hostel work and if approaches like PIE have an impact of that work (Willig, 2013). This contextualist epistemological position meant that I was curious about how people make sense of hostel work and how my own position as the researcher shaped my understanding. As such I recognise that the knowledge generated by this research is contingent on time and place, but I do think that it can tell us something true about how best to make sense of homeless hostels and how they currently operate (Tebes, 2005). Understanding how homeless hostels work matters because of the increasing number of people who are being made homeless and are relying on those services. Hostels are often the site of work with individuals who have not been able to access

support anywhere else because they are deemed to be too complex. Understanding the working dynamics of hostels will hopefully offer some indication of how to work with those who are not eligible for most mainstream services, as well as how to best support those who do that work.

TA's theoretical flexibility meant that I wanted to find a theoretical model that would help to guide my analysis and explore the data through a subjective and social prism. Bronfenbrenner's bioecological systems theory allowed me to do this as it contends that individual development is shaped by multiple interrelated systems— from the microsystem which includes relationships with family and friends to the macrosystem which includes the effects of society and culture on the individual (Bronfenbrenner, 1979). As Bronfenbrenner developed his original model he added the effects of time (chronosystem) and biological differences on individual development (Bronfenbrenner, 1994). As such it allowed me to think about the ways in which these systems underpin our partial view of the world in which we exist. This model was helpful when considering the lives of those who have experienced MEH as it proposes thinking about psychological growth as being shaped by factors beyond personal history or purely intrapsychic processes. A person changes throughout their life, as do their relationships, as does the culture in which they live – they are not psychologically constant across time. The fundamental idea of this model is that the individual can best be understood when considering how each of these systems in their world interacts and overlaps. If MEH seeks to explore the many factors that may leave a person more vulnerable to experiencing street homelessness – then the bioecological systems theory grounds this research in a theoretical framework that advocated thinking about the many factors that shape a person's view of themselves, others and the world around them. Approaches like PIE work principally with the microsystem by improving staff and residents' relationships through the introduction of therapeutic principles, reflective practice, and staff training. Hostel work is about providing care to residents – many of whom are managing a complex array of personal difficulties. This is often done within the wider context of potential dysfunctions in the care sector and cultural hang-ups about

homelessness. Bioecological systems theory provided a framework for thinking about how these systems shape the lives of residents and staff and how hostels function without privileging a particular one.

3.3 A Psychodynamic perspective

My critical realist position was informed by psychodynamic theory. Core to psychodynamic thinking is the idea that we are driven and motivated by aspects of ourselves of which we are unconscious (Lemma, 2005). These unconscious parts of ourselves can lead us to think and behave in ways that often seem inexplicable to us and that can feel at odds with the conscious beliefs that we hold about ourselves, others, and the world around us. These ideas are helpful in making sense of individual and group responses to people who have suffered greatly. Experiences of significant challenges and trauma are not uncommon for those who have experienced MEH and this can lead to a person presenting with multiple and complex needs. Our response to this kind of complexity in others is often defensive (Hinshelwood, 1999). This is especially true when we encounter 'antisocial behaviour' in others that communicates to us anger with a system that we can see is unjust but that we are a part of and that benefits us personally (Scanlon & Adlam, 2007, 2008). I wanted to approach the data with an understanding of how conscious and unconscious processes might shape feelings about the many tensions that hostel work generates. Latent feelings about hostel work and PIE (the framework most frequently proposed to support workers) struck me as important to engage with as they were likely to create a fuller picture of hostel life and the work that is done within it. Care work can come with an expectation that offering support is synonymous with being positive and that feelings of frustration or despondency are the result of a lack of compassion. Psychodynamic thinking allowed me to approach the data with an ear for potential latent themes that might speak to the challenge of managing and making sense of 'negative' feelings towards residents. If the emotional challenge (Stalker et al, 2006) is part of what makes hostel work satisfying - then I wanted to be able to think about the nature of that

challenge using a theoretical framework that considered the many complicated ways in which we can deny thoughts and feelings that do not sit comfortably with how we see ourselves or wish to see ourselves. Bioecological systems theory offers a broad framework for thinking about the many factors that shape the psychological development of the individual – psychodynamic theory offers a way of interrogating the subjective experience of that process and the complex conscious and unconscious process that this involves

3.4 Reflexivity

Reflexivity is about acknowledging that I am a part of the research – rather than an objective observer – and as such I influence how the data is understood and what is attended to and what is not (Pike & Miell, 2007). Qualitative research does not seek to separate the research from the researcher (Sparkes & Smith, 2013). My values, experiences, and ways on making sense of myself, others and the world around me has shaped how I engaged with this research (Krane & Baird, 2005). It was in part born of my feelings of bewilderment after working in the homeless hostel sector. I could not see what the aim of homeless hostels were and felt that they were unable to meaningfully support difficult to reach residents. My first job in a hostel was as a support worker in a hostel for young people at risk of homeless. When I started, I felt like a conspicuously posh twit with absolutely zero understanding of the lives of the people I was there to support. I frequently felt awkward with the residents I was working with – and at times something close to voyeuristic. It was an early introduction to the strange dynamics that develop when working in a place where you are trying to offer help and support to people who don't necessarily want it - and who might have good reason think that what you have to say is really not worth all that much. What did I have to offer that would make a difference? I was reliant on systems that up until that point I was blissfully ignorant of. The care sector, probation services, hostels, benefits, the job centre, mental health services – all more or less unknown to me. However, they were the services that I had to draw on and trust in. I have encountered this dynamic again while working as a trainee psychologist in a

psychiatric hospital. In the hospital most of the patients are held under section and engaging with psychological support is part of what justifies the funding of their hospital admission and increases the likelihood their section being revoked and their subsequent discharge. The difference between how I understand my current work and how I understood hostel work is that I am now more interested in the ways in which those who offer support respond to those they care for, the system within which they work, and the feelings of despair or animosity the work can bring up. When I was working in adult homeless hostels, I wanted to understand what prevented residents from engaging with the help offered by support staff. Now I am curious about how staff make sense of their work and the people they are working with. As well the effectiveness of models of care that are developed to support staff and those they are working with. I feel that there is often a yawning chasm between how a model of care is described and what it looks like in a hostel or hospital setting. I have developed a cynical attitude about how much those who run organisations are concerned by this - or concerned about the ramifications for staff and services users? My sense is that as you encounter greater 'complexity' within a clinical population there is a corresponding increase in pressure to develop a service that can neutralise or rid those individuals of that troubling and intractable 'complexity'. This usually means looking for psychological solutions to manage or change the behaviour of those individuals. This focus on psychological solutions - and the subsequent psychologising of associated care work - means that other important modes of care are side-lined or ignored. This can devalue nursing or support work - as well as offering the false promise that psychological interventions provide a sure path to recovery for those in great pain.

4 Method

4.1 Research Design and data collection

The data was collected using semi-structured interviews. This method of data collection is highly compatible with TA because of its flexibility (Braun & Clarke, 2013). By not following a rigid interview schedule I was able to be led by participants and explore interesting aspects of individuals' stories as they arose. In working this way the likelihood of a more natural dialogue developing between myself and the participants was considerably increased. Prior to conducting the interviews, I put together an interview schedule (appendix 2) that served as a guide rather than as a set of instructions that I unwaveringly followed (Galletta, 2013). The schedule was a way for me to explicitly state what I thought might come up in the interviews and what I was curious about. However, when subjects emerged that I did not anticipate I was able to incorporate them into the conversation. The open nature of semi-structured interviews allowed me to pick up on points that came up in the interview and expand upon them with interviewees (Birch & Miller, 2000). I organised the interview schedule around the core ideas of PIE – environment, reflective practice, staff training, and therapeutic principles. However, my aim was always to put together questions that encouraged participants to reflect on their experiences working in hostels rather than simply eliciting opinions on PIE. Semi-structured interviews provided the latitude for me to ask about PIE as well as allowing participants the space and time to articulate and make sense of their experiences (Neville et al, 2006). I spoke with all participants over the phone or on Skype and recorded the conversation with their consent. The interviews times ranged from 51 minutes to 1hr 26mins and they were all transcribed verbatim from recordings made during the interviews with participants consent.

4.2 Participants

Table One

Participant Demographics

Demographic Characteristics	Mean/Total
Age	27-62 years (mean 41.1)

Length of time working in homeless hostels	4–34 years	(mean 13.8)
Role at the hostel	Service Manager	3
	Support worker	3
Racial/ethnic background	White Irish	1
	White British	3
	Black British Caribbean	1
	Black British African	1
Sexuality	Heterosexual	6
Disability	No	6

Data was collected from managers and support workers (see table one) currently working in London

based hostels with maximum stays of 18 months. I spoke with three managers and three support workers. I wanted to speak with both managers and support workers so that I could get an idea of the differences between running a hostel and working on the front line. I was curious to see if there was a difference between how managers and support workers understood hostel work – and if so, how this in turn shaped how PIE was perceived. It seemed likely that a person's role within a hostel would impact what was considered a priority day to day, how best to run a hostel, and how they would respond to a model of care that asks different things of different people within a team. I hoped that this would allow me to get a sense of how PIE was seen across hostel teams and identify areas of consensus or division. Although I wanted to allow for possible divergences in experiences of hostel work this was not central to my recruitment – I was primarily interested in speaking with staff who work directly with hostel residents. In hostel work managers and support staff are both involved in offering support to residents on a daily basis. All the managers and support staff that I spoke to had worked in the hostel sector for a least five years and some for considerably longer. Experience was not an inclusion criterion, but it was welcome as it meant that interviewees were able to reflect on changes in the hostel system over the last decade or more. This wealth of experience allowed me to get an idea of where PIE sits historically in terms of other drives to reshape how hostels are run. It also allowed me to speak with people who had been managing the highs and lows of hostel work and to explore their personal philosophies on what good support work or good hostel management looked like.

4.3 Recruitment

Participants were recruited from a charity called SHP that I had previously worked for that runs homeless hostels across London. SHP works primarily with single homelessness and was founded with the expressed intention of supporting this population. I was able to ask contacts from my time working at SHP to make introductions to hostel managers who worked in adult single homeless hostels – as it is these hostels that were most likely to offer support and shelter to those who have experienced multiple exclusions homelessness. Although I was able to make initial contact with hostel managers through work contacts all my participants were unknown to me at the time of their interview. I also made several contacts when I sat in for shifts at several hostels prior to the COVID 19 lockdown. Participants were recruited using a snowball sampling technique - with participants being referred by earlier interviewees. I sent requests for participants to hostel managers and this information was then passed on to the rest of the hostel team. I was able to make requests directly to managers to participate, but I always relied on referrals from previous participants for support workers. It was challenging to recruit participants' due to the COVID lockdowns which made it impossible to continue attending hostel sites. All interviews took place over Skype or on the phone as I was either prohibited from meeting face to face or I felt that it was an unnecessary risk due to the ongoing concerns about the spread of the disease (see appendix 8.7 and 8.8). As such, I was reliant on participants emailing their team and asking them to participate or sending requests to emails that were passed on to me.

4.4 Ethics

This piece of research received ethical approval from the Health and Applied Sciences Faculty Research Ethics Committee at The University of the West of England (see appendix 7.3). The research followed the British Psychological Society's Code of Human Research Ethics (BPS, 2014). Prior to being interviewed all participants received information about the nature of the research and how it was going

to be used (see appendix 7.1). All participants volunteered to take part in the interviews and were told that they could withdraw at any time up to the point of the viva. No participants have been in contact to request that their data be removed from the study.

Written consent was obtained before each interview and the consent form was signed by both the participant and myself (see appendix 7.1). Due to the COVID 19 pandemic all informed consent forms were sent via email and then signed, scanned, and emailed back to me. All data acquired during the interviews was anonymised during transcription in order to preserve the anonymity of participants. Pseudonyms were assigned to each participant and further efforts were made during analysis to remove information - such as the names of staff, hostel residents, or hostels - that might undermine the anonymity of participants. All audio recordings, transcripts, and early drafts were stored on my secure UWE One Drive. Anonymised transcripts were also made available to my director of studies. I will delete all audio recordings once I have completed my viva.

Due to the COVID 19 pandemic all interviews were conducted over the phone or over Skype. Prior to commencing each interview, I reiterated that I would be recording the interview and let participants know when I had started and when I had finished recording. As we were not able to go through the informed consent sheet in person, I also reminded them of the purpose of the research, that they could withdraw at any time up to the point of my viva, and that I would use pseudonyms and exclude any identifying information in the final paper.

Interviews may bring up traumatic past experiences for participants. Interviews themselves can unintentionally take on some of the characteristics of a therapeutic encounter and this can lead to participants speaking about subjects that they may not normally discuss (Liamputtong, 2007). This is potentially particularly true for people who have worked in hostels for many years and managed extremely challenging behaviour, listened to residents' traumatic personal stories, and dealt with the

deaths of hostel residents. I endeavoured to recognise these challenges when they came up in interviews and reflect on them with interviewees. Where appropriate I recommended services that would be able to help with any distress caused by the interviews. I was particularly conscious of this as all interviews were conducted over the phone or on Skype and I was concerned that I would be less able to notice if participants were struggling with the interview process.

When approaching this research, I was also conscious of the ethical implications of this area of study. Homelessness and the care sector that supports people experiencing homelessness cannot be meaningfully separated from the wider social context. Both have been a central talking point for successive governments and issues relating to both have been highlighted by the current COVID 19 pandemic. The voices of those who have, or are, experiencing homelessness are rarely attended to. As such it is important to consider the way homelessness is represented within research, and to be weary of perpetuating damaging stereotypes. Talking with staff about challenging hostel residents may serve to confirm ideas of those who have experienced homelessness people as a homogenous group with deeply rooted drug, alcohol, and mental health problems. The interviews with staff were often concerned with trying to understand how hostels work with individuals who are struggling with multiple issues and who have experienced great hardships in their lives. However, this clearly does not represent a total picture of hostel work or hostel residents. The reasons behind homelessness are numerous and for many it is unwelcome but brief episode in their lives and for those who have experienced longer periods of homelessness there are also stories of people displaying great resilience, compassion, and strength

4.5 Data analysis

The analysis followed Braun and Clarke's (2013) six phases approach to Thematic Analysis. They emphasise that the stages are not concrete or discrete, but that analysis is an iterative process in which

the researcher is continuously returning to earlier stages (Braun & Clarke, 2006). I approached the data inductively by considering the perspective of each interviewee individually as well as considering the context within which those perspectives developed - before moving on to considering broader patterns of meaning across the interviews.

Phase 1 – Data familiarisation and writing familiarisation notes: From the outset, I have endeavored to complete every part of the data collection process. Starting with considering what went into the interview schedule - to transcribing each interview - I have seen each stage as a way of developing my understanding of the research. The interview process was particularly illuminating as each person I spoke with had a lot to say on the subject and was keen to share their thoughts about their work in detail. Transcribing the interviews was a laborious undertaking but one that allowed me to notice much that I had missed during the interviews. I tried to relisten to the interviews as frequently as possible in the hope that I would continue to notice aspects of the interviews that escaped me on the first or second hearing. Once transcribed I read through the interviews several times before I began coding. However, as I read, I did not note down anything that struck me as interesting or relevant.

Phase 2 – Systematic data coding: I went through the transcripts one at a time and tried at first reading to consider each one on its own merit. I wanted as much as possible to capture the perspective of that individual without being drawn to particular comments because they reminded me of something another interviewee had said. I went through the transcripts line by line generating rough codes for anything that struck me as significant. Initially, I focused on semantic coding as I was primarily interested in making sense of what interviewees had said. However, as I continued to return to the transcripts, I began to pay more attention to possible latent meaning within the transcripts. This was especially relevant when thinking about how participants made sense of their work with hostel residents. As the coding progressed, I began to write down codes that struck me as most salient on post-it notes and began to think about them independently of the transcripts. I began to look for connections across the

interviews and to consider how effective quotes were at conveying meaning when they were divorced from the context of the transcript.

Phase 3: Generating initial themes from coded and collated data: As I collected the codes from each transcript together, I began to look for experiences or ways of understanding hostel work, that seemed to be present across all or several transcripts. This process was principally one of writing down codes on post-it notes and beginning to place them together in clusters that struck me as meaningfully connected. This involved frequently returning to the transcripts in order to refamiliarise myself with the context of each code and trying to determine the relative strength or weakness of the connections I was making. I began to explore potential themes and cluster codes around them. However, as I returned to the data these themes often changed or were abandoned entirely. I tried not to become too attached to themes as I did not want to prematurely anchor myself to a particular understanding of the data.

Phase 4: Developing and reviewing themes: I found that the easiest way for me to develop themes was to have them written down on bits of paper – place them all on the floor - and move them around as my understanding of the data developed (see appendix 7.5). These movable thematic maps allowed me to test the coherence of themes. This process often led me to different interpretations of the codes and to me then reworking existing themes. As particular codes moved back and forth across the floor – the act of creating thematic maps made it clear to me that there was a great deal of overlap between themes.

Phase 5: Refining, defining, and naming themes: The areas of overlap made me reflect on the many ways in which the data could be understood and how much my own interests and preconceptions shaped each theme. Discussing themes with colleagues, supervisors, and during a presentation for a progression report, allowed me to test the coherence of my themes. This iterative process meant that I could further refine my themes and settle on subthemes that would help to more clearly articulate those themes. I used quotes from the transcripts to name my themes as they best captured the core

meaning. I also used quotes for subthemes that helped to capture something specific within the broader theme (see appendix 7.6).

Phase 6: Writing the report: Writing up the final report involved further refinement of my ideas but also meant that I had to settle to a certain extent on the final shape of the analysis. As I wrote and continued to read around the subject there were any number of new ways of interpreting the raw data. I returned to the transcripts and to earlier thematic maps with these new ideas and there was a continual temptation to rework what I had done. However, it was also necessary to settle on my themes so that I could write the final report. This again reflects the partial and limited nature of any piece of qualitative research. There was a continual sense that there was something that I was missing that would become apparent if I spent more time looking through the data. This was a feeling that I at a certain point had to put aside. I was also beginning to think about how my literature review and further reading were going to shape the discussion of the analysis.

5 Analysis

5.1 Thematic analysis of the data

From the analysis of the data four themes were identified, each of which had three subthemes (see table two). The first two themes described staff experiences of hostel work. Theme One focused on relationships between staff and residents and staff members' personal struggles to find meaning in their work. Theme Two detailed struggles with the constraints placed on staff, residents, and hostels by current contextual and historical problems with the hostel sector and the care sector more broadly. Theme Three detailed the nature of hostel work and the therapeutic principles that underpin it. Theme Four described how staff worked in hostels and adapted to the issues raised in themes one and two as well as the way psychological input may help or hinder that work.

Table Two

Final Themes

Theme One: 'What am I doing here if I am not helping that person': Finding meaning in hostel work	Theme Two: 'A mopping up operation': Working in a care sector under strain	Theme Three: Allowing 'them to get back to themselves': The therapeutic nature of hostel work	Theme Four: 'How do staff cope with this': Working in a care sector under strain
Subtheme One: 'It just goes in circles'	Subtheme One: Underfunded services and undervalued staff	Subtheme One: Working on the 'basics' is the focus of hostel work	Subtheme One: 'A real misconception': miscommunicating PIE
Subtheme two: 'An odd dynamic': working with residents' ambivalence and hostility	Subtheme two: 'Filling gaps in the system': how hostels function in the care sector	Subtheme two: The personal nature of hostel work	Subtheme two: 'Resources are key': developing services on a budget
Subtheme three: A broken system leads to broken relationships	Subtheme three: Shifting hostel demographics	Subtheme three: 'Many pockets of knowledge': recognising and valuing staff expertise	Subtheme three: Core concerns for hostel staff

5.2 'What am I doing here if I am not helping that person': Finding meaning in hostel work

Theme one describes the challenge of deriving meaning from hostel work when there are so many cues of futility. Some staff questioned how effective their efforts were in making a difference in residents' lives (subtheme one) especially when they saw some residents returning to drug use while in hostels or moving between the same hostels over many years. This sense of futility was compounded by experiences of ambivalence or hostility from residents when they were offered support (subtheme two). Staff questioned how to remain motivated and continue to feel compassion for residents who seemed to respond to efforts to support them with indifference or abuse. Even when staff were able to build relationships with residents and begin to work towards independent living, they felt that these efforts

were hamstrung by a system that could not meet the efforts made by residents and staff with meaningful support or reward.

5.2.1. 'It just goes in circles'

Interviewees were motivated by a wish to improve the lives of the residents that they were working with. However, for some this wish was tempered over time by a realisation that for some residents their stay in a hostel was one part of an ongoing and repetitive cycle. This tension between the desire to help and the frustration of the work seemed to lead to a sense of hopelessness. The fact that the wish to help and support is sometimes insufficient to make a difference in residents' lives led some participants to question what they were achieving.

'It's kind of the revolving door... they're back again and on the streets, back again into the service, and it just goes in circles.' Claire, Support worker

Both support workers and managers described how they developed a more pragmatic approach to hostel referrals and expectations about what could be done for a resident during their tenancy. The desire to support current residents off drink or drugs or to successfully manage their mental health meant rejecting potential residents whose presence might jeopardise this. Sometimes helping one resident seemed to necessitate rejecting another. This ran contrary to the wish to offer support to all comers regardless – especially amongst support workers.

'This client cannot come to this particular project because this client has been neglected for such a long period of time, for so many years [moving] from hostel to hostel' Claire, Support worker

The need to make these pragmatic decisions led Claire (Support worker) to worry about how this was impacting on her general attitude towards residents and the work she felt she was able to do with them.

'So, it would be like, yeah, this person's going to be evicted. No point in coming here. So, it just feels heartless' Claire, Support worker.

This concern about becoming 'heartless' was part of a broader question about identity – both as a support worker but also more generally. Being the kind of person who believes that it is possible to help anyone and was always ready to 'find a way' and 'stop that chain' was an important part of how Claire (Support worker) saw herself.

'I wouldn't want to be that person, the person you, you know, you always hate... I want to be that kind person, like 'we'll figure out a way'. Claire, Support worker

Trying to find a balance between optimism and pragmatism without becoming jaded ultimately led Claire (Support worker) to question her role.

'Do I really want to continue this? Is this where I want to continue working knowing that it is not what initially thought I came to do' Claire, Support worker

This struggle to make sense of hostels was compounded by questions about how effective hostels were at offering support to residents. Effectiveness was not thought of only in terms of what support was on offer – but also the extent to which hostels might also be harmful to residents. For instance, drug and alcohol use were described as common within hostels and there were questions about how adept hostels were at supporting residents off drink and drugs and the role that they played in relapse.

'So, some people come in, say for example they just take some crack. Next minute after staying for a certain period, they're using heroin, they're injecting' Claire, Support worker

This question was particularly pointed in those cases where a resident had gone from a hostel placement to prison - spent their sentence sober - and then taken up drugs again when they returned to a hostel upon release.

'[She] went to prison for a month, two months. She came back out, put on weight, were, you know, she was off alcohol. And then within two weeks, she'd gone back to square one, you know? Familiar area, familiar people, and it just took her back' Claire, Support worker

That prisons might be better able to support someone than a hostel captures the feeling of powerlessness that some hostel staff felt. For Claire (Support worker) prison was seen as better equipped to manage challenging behaviour - in this case drug use. This perhaps reflects the frustration that grows out of working with people who appear to stubbornly resist change.

'What is a prison doing that our service is not doing? You know? I know you can't lock them up or do anything... but it's just... is it worth allowing them to be using (drugs) in the building' Claire, Support worker

The desire to help, the frustration with that not seeming to be sufficient, and the creeping worry that you are becoming heartless begs the question 'what am I doing here?' Prisons can control every aspect of an inmate's life. Although hostels have rules, they rely on residents willingly complying with them. The comparison between a hostel and a prison seems to suggest a sense from some staff - and perhaps most acutely amongst support staff - that if only you had more control over a resident, they might be able to more reliably have a positive impact on them. The fact that hostels seemed to be places where people returned to drug use was a source of frustration and disillusionment for hostel staff. Holding on to the hope that you can 'figure out a way' while at the same time often feeling like there is 'no point' captures a sort of cognitive dissonance that ran throughout the interviews. How do you reconcile wanting to be helpful and offer support with the fact that it does not seem to make a difference and at times is actively rejected?

5.2.2 'An odd dynamic': working with residents' ambivalence and hostility

Across the interviews, there was a recurring question about how to work with residents who do not seem to want to engage with hostel staff or were actively hostile towards them. The fear of becoming 'heartless' that Claire (Support worker) described was complicated by staff experiencing some residents as keeping them at an emotional distance. Staff were contending with multiple psychological tensions. The effort to build relationships with residents was complicated by how residents responded to that effort. The wish to build a relationship was at times in tension with the objectives of the hostel. And when relationships were established, staff needed to maintain a complex boundary between intimacy and becoming enmeshed in residents' lives.

Hostel work is one component of a housing pathway designed to move someone from living on the street into secure accommodation. Housing pathways are meant to provide a series of placements that ultimately lead to some sort of independent accommodation. However, this step-by-step approach often fails to take into account how some residents feel about the idea of independent living.

'It is about support and a lot of people don't actually want to be housed and the support that comes with it. They don't want that expectation of them.. you come in 'what would you like to do? Do you want this?' and it is just like 'no ones asked me this in like 20 years ... it is a very odd dynamic' Tanya, Manager

Just because you are in a hostel does not necessarily mean that you are looking to move onto independent living. That 'odd dynamic' is due to the aims of a hostel or charity and the day-to-day reality of residents being misaligned.

Beginning work on seemingly straight forward things required patience and perseverance especially when staff encountered hostility, or apparent indifference, when offering support. Working this way was further complicated by the other demands of the job that reflected the aims of the hostel rather than the resident.

'I think that if you have someone that's quite complex and requires a lot of support for a lot of minute things when you still have countless other things to do, it can become quite stressful'

Tanya, Manager

'They just have no interest in [independent living] because of all of the different things that have happened in their lives' Tanya, Manager

Hostel residents are not a homogenous group nor are those who have experienced MEH. Some may wish to engage with services and others will not. The support workers I spoke with tended to take a pragmatic approach to their work and focus on the 'basics' (Claire). Managers seemed to have a good understanding of this – due both to their own experience in support work and their current direct work with residents. The challenge for all staff lay in managing feelings of frustration. Be it with drug use in hostels or trying to balance supporting a hostel resident while rejecting racist or misogynistic verbal abuse - hostel work required offering help even when it felt pointless or prompted a hostile response.

'Your role is there to be support someone regardless, but one day they could be racially abusive and the next day you are still meant to support them' Tanya, Manager

Ambivalence towards offers of support, verbal abuse from residents, and witnessing regular drug use are all part of the dilemma of how to offer support to those residents who do not seem to be looking for any? A support worker should 'support someone regardless' - but this is rarely straightforward.

'You live your life, but your life is stepping into someone else's life. Yeah, so you might step out and have all of these different feelings but then you still need to go back in and step into somebody else's life which they live on a daily basis, but you still need to take it as a job at the same time. So, it's just like where does the boundary sit' Tanya, Manager

Support work can take place at all hours of the day – from when a resident wakes up until they go to sleep. It often involves working on the most basic aspects of a person's life; tidying their room, preparing a meal, encouraging someone to take a shower. There is something intimate and domestic about hostel work – you are ‘stepping into someone else’s life’. However, at the same time you ‘still need to take it as a job’. When you are working with someone in the place that they live they cannot hide much from you. You see drug use and encounter hostility. However, you also need to try and encourage a resident to take steps towards moving on – even when you can see that they may not be ready or do not seem to be interested. The challenge of working with ambivalence and hostility lies in determining boundaries. When does managing someone's anger turn into being shouted at by a stranger? When does encouraging someone to move on become bossing someone about? The clear mission statement of hostels to move residents onto independent living belies the challenge of working with some residents. Consequently, it is left for individual hostel staff to manage the challenge of working with a complexity that tests boundaries.

5.2.3 A broken system leads to broken relationships

Navigating this ‘odd dynamic’ was often undermined by a care sector that seemed to be unable to offer the support that staff and residents needed. Over time this led to a sense that seeking change was pointless. The inability of support staff to do their job because of diffuse failings in the housing pathway strained relationships with residents. For instance - the impact on hostel staff and their relationships with residents when services further up the housing pathway were unable to provide housing options to residents was significant. If you have successfully built a working relationship with a resident who has previously been ambivalent or hostile towards that relationship – you have then worked towards achieving certain goals set by the service that demonstrates a resident is ready to move on – to see your and their work go unrewarded could leave support workers in particular feeling like hostel work was futile.

'I've seen this for quite some time now, is when people who have done really well, in terms of if you had a tick box list of have they done this, can they do that, have they sustained that for three months, have they da da, da. And you can tick yes to all of that, even though they've done what they set out to do and what ticks all the boxes for say moving onto something more independent, quite often there is no provision at the end of it' Simon, Support worker

Offering support to hostel residents sometimes required dealing with services whose admission criteria seemed to work against residents. If a resident was not sufficiently in need or was too complex – then they might not be accepted.

'So, you sort of have the other external agencies as well where it's like, you know... they have a specification for certain people, you know who don't want to quit... Where this person who really wanted to stop didn't get support' Claire, Support worker

The available resources often seemed to work against the person they were designed to help even if they were actively seeking support.

'They said he needed to reduce [drug use] a certain amount, and he did, He worked really hard to that. They still refused [admission to a rehab unit]. Went to hospital. Hospital also refused it... so he just said 'Look, I'm going to do it [get off drugs] myself', then obviously that's what's really dangerous. So, he starts bleeding. So, that's when he is taken to hospital, that's when they finally managed to do what they needed to do [admit him to rehab]' Claire, Support worker

'What am I doing here if I am not helping that person?' gets to the heart of the conundrum that hostel staff face. How to find meaning in work that is often frustrating and can feel pointless? How to engage with a system that does not seem to support more complex residents and is unable to reward those who do make changes to their lives? The fear of becoming 'heartless' was not just about not wanting to support individuals who are difficult to reach or chaotic – it was also about staving off a growing

pessimism with the care system and their place in it. If the answer to the question 'what am I doing here if I am not helping people?' is 'nothing' or 'making things worse' - then holding on to the idea of being 'that kind person, like 'we'll figure out a way' is difficult to sustain.

5.3 'A mopping up operation': Working in a care sector under strain

Theme two describes the frustrations felt by managers and support workers with the systemic failings within the hostel and care sectors and the impact this had on their ability to do their job effectively. A common concern was with the perceived year-on-year reduction in the resources that were available to staff and residents (subtheme one). There was a general feeling that there were fewer services open to support those residents with multiple and complex needs, and that those that were open were working on prohibitively tight budgets. Consequently, staff felt that hostels were left to fill in the gaps that were opening up in a care sector (subtheme two) and expected to offer support in isolation to residents who have experienced multiple and severe disadvantages. Interviewees described how this pressure on the care sector was leading to changing hostel demographics with higher numbers of young people and women being referred to hostel services (subtheme three). This change in demographics added to the feeling that hostels were working with those individuals who no longer had access to services that were targeted to meet their needs.

5.3.1 Underfunded services and undervalued staff

Hostels are not a statutory service, but they are often dependent on funding from government and local councils. They work closely with prisons, hospitals, and mental health services to offer support and accommodation for individuals with nowhere else to go. When services further upstream are squeezed it is felt by hostels. Individuals who previously had received support in services designed to address specific issues found themselves referred to homeless hostels which offer a more general kind of

support. Both support workers and managers noted changes in the number and type of referral that hostels were receiving.

'I think that maybe there's something to do with like the young people's pathway being completely saturated, like the mental health pathway is, so were seeing more of these clients who typically wouldn't come into sort of like our sort of hostels' Lucy, Manager

'I see bed numbers slashed; I see staffing complements slashed' Simon, Support worker

This downstream effect on hostels was felt both in terms of the types of referrals that hostels received and resources that they were able to access. Budgeting constraints were a particular concern for managers as they were able to see how it impacted the support that the hostel could offer to residents – as well as the impact it had on the hostel staff team.

'We were able to get kind of clinical reflective practice previously from Islington Council, and that was to discuss complex client cases... but due to just funding, that was stopped' Angela, Manager

The overall picture drawn by staff was one in which hostels were filling the gaps left by the closure, or reduced capacity, of other services. There was a feeling across the interviews that the steadily mounting pressure created cuts had resulted in hostels working with residents who needed more support than they could offer.

This increasingly challenging workplace was not felt to be fairly reflected by hostel workers' salaries. Craig described working for a brief time at a poorly provisioned hostel with a number of highly disruptive residents.

'There were mattresses hanging out the windows, bed bugs... how do people on the pay that we're expecting them to work on go into work there' Craig, Support worker

This demanding work is seen as unskilled labour. In this case low pay is mistaken for low skill. Staff felt that over the last ten years salaries have slumped and that hostel work was poorly regarded despite the fact that staff are often working with people who have been deemed too complex for other services. This incongruity between the challenge of the work and the level of remuneration was particularly keenly felt by support workers.

'I mean hostel work is very low paid compared to the unsociable hours and the work... So we're the poor cousin of the community health team. We're the poor cousins of social workers' Craig, Support worker

'We've have people that kind of come from care homes um, that have allowed them to drink but because they have been too complex they've been brought to a hostel' Tanya, manager

Lucy who works as a hostel manager, spoke about the difficulties she faced putting together and sustaining a permanent staff team in the current climate.

'I think that like a lot of, just to do with how, how like exhausted and strained a lot of front-line workers are' Lucy, Manager

She described her team as one that was 'really lucky' to have a 'small, stable, close-knit team'. This was achieved because both managers had worked together over several years to slowly build up a team that was full-time and had a shared team identity. Despite this though she still reported feeling that current staffing was at the bare minimum.

'I think staffing wise, we're pretty much down to what you could safely run a hostel at' Lucy, Manager

'Exhausted and strained' (Lucy, Manager) seems to capture both the state of the hostel sector and those who work in it. The sense of slowly mounting pressure played a major role in how all hostel staff

understood their work. It is a picture in which the difficulties faced by the care sector more broadly was compounded by a sense of being undervalued – not only in terms of pay but also in terms of status. If you are aware that you are taking on people who have nowhere else to go but you feel as if you are treated as the ‘poor cousins’ – then tolerating some of the difficult dynamics of that work is made that much more challenging.

5.3.2 Filling ‘gaps in the system’ - how hostels function in the wider care sector.

The feeling that hostels are strained seemed to in part be due to their peculiar position within the care sector. Hostels do not tend to have rigid admission criteria and at their core they are there to offer shelter. As a result, those who do not fit comfortably into a statutory service setting often find themselves referred to hostels.

‘So the hostel kind of acted as the kind of care facility for him, kind of providing the care package for him, um, having to go and prompt the medication sometimes because they wouldn’t even give a care package to do that because of the drinking, and having to do the support, kind of check in where he is, check in that his personal hygiene is ok’ Tanya, Manager.

The resident described above was not able to access support for one difficulty because of a problem with another. His drinking precluded accessing a more suitable service for his other ‘care needs’ and so the hostel had to provide a ‘care package’. Individuals are often referred to a hostel ‘because they’ve been too complex’ (Tanya, Manager) for other services. When there is not a service in place that is designed to work with for example; an older single man with a significant history of alcohol abuse, street homelessness, and the concomitant health concerns they are sent to a hostel instead.

‘The hostel kind of acted as the in between for the people that aren’t able to access what they should be able to access in any other normal situation’ Tanya, Manager

Individuals with multiple and interconnected issues are not able to access services that might be more suitable for them. This captures the bind of MEH. The very things that make a person most vulnerable are the very things that make accessing services difficult. This is demonstrated by how drug and alcohol use and mental health issues - both of which feature in the lives of many residents – are managed by specialist services. Drug and alcohol use often functions as an exclusionary criterion for mental health services and visca versa. For hostel residents struggling with both this often means that they are unable to access support to manage either. Hostels are often the final option for a person with nowhere else to go.

'I also think hostels are expected to do everything, and you have these systems in place where that unit does that, that ward does that, that takes that. With hostels, people who fall into the hostel category I find are... it's like a mopping up operation, you mop up everything that's kind of left over' Simon, Support worker.

The idea that hostels are 'mopping up operations' was a common one amongst both managers and support workers. Where other services did not have capacity or were reluctant to take on someone with a complex history - hostels were a good referral option. Hostels support and house those who might otherwise be referred to an acute ward or spend time in A&E. There is an incentive not to accept difficult to manage into those services. Simon described the logic that drives hostel admissions as follows.

'If we can push a person back to a hostel with people there who have experience in how to deal with tricky situations, it means that we don't have to take up a seclusion room, we don't have to take up a police cell, we don't have to take up a bed... So there's another role for hostels in that we can just push them back there and then that enables us to kind of sort of message the figures' Simon, Support worker.

Both managers and support workers spoke about hostels as if they were a connecting point for other services in the care sector. Psychiatric hospitals, probation, social work, drug and alcohol services, and mental health services all look to hostels to house individuals with nowhere else to go.

“I mean, fundamentally what you have then is the council, the care trusts, the psychiatrist to some extent who absolves themselves of a lot of responsibility just by the fact that someone has an address, and even though they may be telling people to F you, F off, causing local problems in the community, antisocial behavior, at least they have an address... people go to hostels generally because all other options of accommodations have failed for one reason or another”
Simon, Support worker

What this means is that not only do hostels take on the clients that are too complex for other services they are also in a sense left to work with them without the support of statutory services. By virtue of all other options having ‘failed’ - they are unlikely to be able to access external support services while at the hostel. This is a double-bind – as it is the very residents for whom all other options have failed who would require the greatest effort from services to get them to engage.

5.3.3 Shifting hostel demographics

The catch all nature of hostel work means that they are vulnerable to taking the strain of a struggling care sector. Because hostels are left to deal with the consequences of trouble further upstream, they are often left to define as best they can the parameters of their service.

‘But it is also not an institution like a prison or a ward. So, the boundaries, we’re like constantly talking about boundary issues, the boundary between our role and yeah, how the service can best serve the clients but also look after the staff. A lot of conflicting agendas definitely’ Lucy,
Manager

Conflicting agendas appeared to translate into a tension between trying to run a service that works for all residents and staff whilst also being at the mercy of forces outside of the hostel's control. Lucy (Manager) spoke about the change in hostel demographics over the last ten years with an upsurge in the number of women and young people being referred to hostels.

'We see... a lot more female referrals now as a mixed hostel, in the past, you would have like a really low, maybe like 10% of your residents would be women, but about a third of our residents are women' Lucy, Manager

'And a lot of the referrals are getting like, I look, and their birthdays are like late 1990's, and I just don't remember like receiving any referrals like that like a few years ago' Lucy, Manager

Services that worked to prevent vulnerable women or with young people from becoming street homeless in the first place were described as having become fewer in number or having been overwhelmed by increased demand and reduced capacity.

'I think that because of cuts to services... like yeah, seeing more rough female rough sleepers. And there's more women with complex needs that are not getting the support that they need' Lucy, Manager

Hostels not only serve as a place of accommodation when all others have 'failed' but also offer accommodation to those who are no longer able to access statutory services.

'What we're seeing more and more is that those clients who are living in mental health hostels develop like some drug use, sometimes like problematic drug use... and we're getting those referrals more and more frequently and are kind of expected to accept those clients. Lucy, Manager

Hostels then become the only setting that can work with people who face multiple challenges simultaneously. They are malleable and can be adapted to meet changes in the wider system. In practice this means that hostels fill in the gaps that open up in the care sector.

'I think because we have this female only cluster, I think we're kind of in a sense, we are in a way kind of thought of as like knowing how to work with women' Lucy, Manager

However, as might be expected in a system under strain the malleability of hostels often translated into short term and superficial fixes to wider issues. In Lucy's (Manager) hostel the fact that there was a women's only cluster was seen as sufficient justification for referring vulnerable women to the hostel. This happened despite there being ample reasons for why this arrangement was far from ideal - including male residents with a history committing a domestic abuse.

'We've got mixed floors of like men and women, the women who've had like, you know, really traumatic experiences. Sexual assaults, you know, domestic violence etc, you know sharing a bathrooms essentially and, you know living spaces with, you know, perpetrators of domestic violence' Lucy, Manager

This pressure meant that for some staff hostels were seen as not being one thing or another.

'I feel like at present they are being used for a mix of different things which are kind of blurring what they should be used for, mainly due to kind of gaps in the housing system structurally'
Tanya, Manager

Statutory services that offer specialist support are affected by the priorities of local authorities and government policy. However, they also – at least in principle – have a rationale for what the service is and what it aims to provide. Hostels do not tend to have the same clearly defined function. As a result, individuals with nowhere else to go are often referred to them. But who is designated as too complex

and who is designated as appropriate for a specialist service is informed by how robust local provision of care is. It is these wider systemic issues that hostel staff – and managers in particular felt needed addressing – as it is these issues that have the greatest impact on how well a hostel can function.

5.4 Allowing ‘them to get back to themselves’: The therapeutic nature of hostel work

Theme three describes the nature of hostel work as understood by the interviewees. Work with those residents who had experienced multiple and severe disadvantages was seen as attending to the fundamentals of day-to-day life – such as washing, getting out of bed, keeping their room tidy (subtheme one). It was in these interactions that relationships were developed, and the possibility of further work could be explored. Therapeutic principles abound in the interviews but were only occasionally explicitly recognised as such. Working in hostels was seen as personally challenging (subtheme two) as it often involved working with those who have experienced significant trauma. This meant recognising the despair that this could bring up in staff – especially support workers - and being conscious of how the suffering of others has the potential to stir up personally difficult memories and emotions. Finally, interviewees spoke about the need to develop an understanding of many areas to work effectively in hostels (subtheme four). There was a feeling that this is often not recognised – as in theme three where staff felt undervalued within the care sector - and was not reflected in adequately in-depth training for experienced members of staff.

5.4.1 Working on ‘the basic things’ is the focus of hostel work

One of the principal difficulties of hostel work is trying to support residents whose behaviour is challenging or who do not seem to be interested in engaging with staff. This often means finding ways to develop a working relationship with residents that goes beyond inviting someone to a key work session and asking them what they want.

'Okay I am not really meant to tell [hostel residents] what it is they want, and they're meant to lead [keyword sessions] themselves, but they don't really know what it is they want. It's a bit confusing' Tanya, Manager

Navigating this peculiar situation typically meant starting by listening to residents, treating them as individuals, and trying to make sense of their behaviour in terms of their life stories. These are all skills that are core to therapeutic work. Building trusting relationships had to come before working on issues such as personal hygiene, managing debt, or tackling drug use. Supporting residents was based on resident needs and often began with focusing on everyday tasks and recognising that helping residents to master seemingly small things was significant.

'You know, just the basic things to get them back in a routine even like making a bed in the morning. You know, just routine in itself when they, you know, just to remind them because they forget after a while ... that empowerment will allow them to get back to themselves' Claire, Support worker

'Just being supportive with them in helping them, you know, achieving certain things they also want to achieve, you know, showing them that it's possible' Angela, Manager

Focusing on the work that could be done was a necessary pragmatic response to the often-chaotic nature of hostel work. However, it was also seen to foster a sense of personal agency – to 'remind' them what is possible. The work is staged and starts with the basics, works at a pace set by each resident, and aims at 'getting [them] back to themselves'. Again, this idea of setting goals specific to the person that you are working with is used in many therapeutic models

'What's more doable has been being an ear to listen to. Because at the moment we don't like have any therapists or anything, so just being open and talking to them. It's like counselling' Claire, Support worker

What is doable in hostels is taking the time to sit and listen to hostel residents. What is perhaps lacking is support from other services and trained professionals. In order to not burn out there was a need to adapt – to reappraise expectations and try and establish what was realistic. Starting with the relationship was a consistent theme across the interviews. It is also the principal focus of most therapeutic models – but what differed was that hostel workers did not always see the relationship as the medium of change – instead viewing it as a necessary precursor to working on preparing someone for independent living.

‘They thought I was doing something really complicated that you had to have a great psychological understanding of the persons problems et cetera. And actually, it was quite simple, just having the confidence to engage with him. Find out what he was interested in, and then do it with him and build the relationship that way’ Craig, Support worker

What Craig is pointing out is that to ‘engage’ is the work – all other aims and goals are in a sense secondary to building a relationship. While managers seemed to have a clearer sense of how changes in the hostel sector impacted residents and staff – support workers tended to focus more on their attitude towards their work. Support work for them appeared to be deeply grounded in therapeutic ideas even if they were not always recognised as such.

5.4.2 The personal nature of hostel work

Not only was the value of working therapeutically recognised by participants so were the risks. Hostel work involves working with people who have often been through deeply traumatising experiences. Listening to those stories and witnessing the effects that they have on a person can have a powerful effect. How we respond to the suffering of others is rarely straightforward. It is complicated by the unease it brings up in us both in response to the often-profound pain endured by others - by our own experiences of suffering - and the degree to which we are able to make sense of both.

'We have to be careful with these things [therapeutic ideas] ... they're not just ideas and concepts. For some people they're very real, and it can be very hurtful' Craig, Support worker

The idea that people are drawn to work that helps them to process their own psychological difficulties is explored in the idea of the 'wounded healer'. The wounded healer is someone who heals others through the knowledge gained from their own experience of suffering. In psychotherapy this aspect of a therapist's identity is often explored in order to make sense of how it shapes their own therapeutic work. Support workers in particular recognised that working with hostel residents had the potential to bring up personal material.

'So if perhaps you are working with someone with an alcohol problem, you have a history of that or someone in your family has a history of it, your response to that individual would be informed by that experience... that's obvious if you've done therapeutic training but it isn't a connection that everyone would necessarily make' Craig, Support worker

Craig is describing the challenges of working with someone whose experiences may resonate with your own and how difficult it can be to recognise that. In an environment where acute suffering is every day, it is possible to become inured to that suffering and your own complicated response to it. As well as the potential to touch on personal issues there was also a concern about taking on the hopelessness of working in hostels and the hopelessness of some of the residents that you are working with.

'You want to be there and support them and then give them hope. But at the same time, you just end up transferring into yourself or it could be like there's nothing you can do... So, that's where I am right now with the hopelessness' Claire, Support worker

Working in an environment where you are daily faced with trying to make sense of others trauma and how this shapes your response to them, yourself, and your work is a challenging one. Participants

recognised that hostel work involves more than completing tasks or achieving goals – it draws on the individual in unexpected ways that can be disquietingly personal.

'You have to have a staff team that's willing to look at themselves and willing to work on their own issues even on the first level. And that is difficult for a lot of people and very frightening'
Craig, Support worker

Reflective practice came up as one way of managing the difficulties of hostel work. It is practice that encourages staff teams to sit together and think about the challenges of their work and how it impacts them, their colleagues and how their team works together. Ideally it is held weekly and is typically loosely structured with participants encouraged to bring anything that is weighing on their mind about their work. For participants in this research reflective practice was seen as being a way to make sense of hostel work and staff responses to it. However, it was also seen as having problems on its own. As already discussed, hostel work is in part about trying to work with those who have experienced significant suffering. What does it mean to reflect on your work if the experiences of those you are supporting resonate with you personally?

'They view that as maybe something that's going to shine a light on their own personal history, their own problems... and it might ask them to reveal something that they're not comfortable revealing' *Simon, Support worker*

Thinking about how your own experiences shape your interactions with others is not an explicit part of support work in the way that it is in psychotherapeutic work. Psychotherapy training encourages trainees to consider how their own experiences might shape their responses to those they are working with. The points raised by Simon and Craig describe how reflective practice is not straightforward. It has the potential to 'shine a light' on the personal struggles of staff and requires a willingness from staff to 'look at themselves'. To what extent is this a fair or realistic expectation. Hostel work seems to draw on

psychotherapeutic skills for caring for others without being supplied with training that encourages support workers to feel comfortable exploring how their work with residents is personally demanding. There also appeared to be a slight difference in attitudes towards reflective practice between support workers and managers – with managers advocating its importance and support workers talking more about their concerns. This may reflect the fact that it is support workers who spend more time working one to one with residents and therefore may be more reluctant to engage in a process that might leave them feeling professionally exposed.

If reflective practice was not well facilitated, it could be an uncomfortable or counterproductive experience.

"I think the idea of sitting around in a group with your colleagues and talking about your feelings and kind of going over your work practices and stuff um, is like pretty horrendous" Lucy,

Manager

'I've seen it where it has such a detrimental effect and people come away feeling worse that they went in' Simon, Support worker

The question is what about reflecting on your work might be 'horrendous' or 'detrimental'. The explicit psychological dimension of hostel work with residents involved managing or tolerating the suffering of others. The implicit psychological dimension of hostel work involved managing or tolerating the personal impact on staff of others' suffering. It is those implicit dimensions that seem to be lurking in the background without a clear space – or a willingness on the part of some hostel staff – to be explored.

5.4.3 'Many pockets of knowledge': recognising and valuing staff expertise

The therapeutic nature of hostel work and the professional and personal challenges it presents were not in themselves necessarily seen as problems. For the most part participants recognised these aspects of

the work as things to be made sense of or worked with. Expressions of hopelessness often went alongside questions about how to overcome that feeling or how to work differently with residents. Reluctance to engage with reflective practice often went alongside an acknowledgment that if it was well facilitated then it could be beneficial. In general, there was an appetite amongst the interviewees for improving how they work with residents. Training and investment in hostel teams was seen as the key to addressing these challenges. Training that helped develop an understanding of residents and the difficulties they were facing was highly valued.

'Like, I've been on training that was managing complex behavior, I went on a trauma informed approach training, and I think there was another one, there was a big focus around kind of head injury -which was helpful because then it obviously helps you understand people's behavior and things like that' Tanya, Manager

When the training was good – hostel staff felt valued and more confident that they would be able to put their training into practice.

'People felt like they were being taken seriously, people felt that there was an investment in training, and I think people thought, well, we've got a responsibility' Simon, Support worker

Where training was sometimes wanting was in depth – especially for those with a significant amount of hostel experience.

'You've got workers who have been in the sector for 15, 20 years, and they've done all that before, ... they want to take it to the next level, they want to deepen their understanding' Simon, Support worker

The wish to take things 'to the next level' meant training that recognised that value of their experience.

Hostel work covers a lot of ground – addiction, trauma, attachment difficulties, benefits, housing,

personal hygiene, financial management, probation or legal concerns, and more besides. It is work that requires a person to develop knowledge about many different areas so that they can capably support residents to navigate the multiple issues in their lives.

'A hostel is a mismatch of everything, and you need many pockets of knowledge to be able to support everyone' Tanya, Manager

Those 'pockets of knowledge' are picked up on the job - but feeling that there was training that could help hostel staff to expand on their professional experience was highly valued. In a sense the appetite for training was also a hunger for recognition. Training is in part a recognition that hostel work is demanding and skilful – and that those who do it require supporting themselves. It is not just a matter of filling out benefit forms and finding housing. It is about working with residents who can be very challenging and trying to think of ways to engage with them and tolerate the interpersonal turbulence that comes with that effort.

5.5 'How do staff cope with this': working in a care sector under strain

Theme four describes the support that staff felt was needed to run a hostel well. Psychologically informed environments (subtheme one) was discussed in terms of its advantages but more often in terms of its limitations. There was a feeling that psychological frameworks might not be the most important element in helping staff to cope. Staff spoke about the difficulties of working with tight budgets and limited resources (subtheme two). It was often these practical shortcomings that represented the biggest hurdle to establishing a well-run hostel. There was a sense that implementing a new psychological framework would potentially be hampered by the same practical concerns that stymie other aspects of hostel life. Staff spoke about their concerns and frustrations with a general failure to tackle structural issues within the care sector (subtheme three). For as long as they were

expected to do more with what seemed like ever decreasing resources, psychological solutions were seen as important but insufficient.

5.5.1 'A real misconception': miscommunicating PIE

In theme 3 hostel staff described how the therapeutic nature of their work was a core part of supporting residents in making progress. However, its challenging nature often left hostel staff feeling hopeless about their work or the system in which they were working – especially for support workers. Training was valued – as was reflective practice although there were questions about what it was for and whether at times it could be counterproductive. PIE was explored in interviews in an effort to understand how this widely used framework was experienced by staff. To what extent did they feel that it helped them improve their work and manage some of the challenges they faced?

When asked about PIE there were mixed feelings amongst interviewees - but what was striking was the degree of uncertainty about what it actually was. PIE's capacity to help develop a service was seen as being limited by it being poorly communicated to staff. PIE draws on ideas and principles rooted in the therapeutic community tradition and is something of a nebulous concept. For instance - a therapeutic framework is not a clearly defined idea that comes with a set of specific instructions. PIE offers general principles that capture something about a therapeutic framework or a therapeutic relationship. However, by being general there is the risk that it becomes unclear exactly what it is.

'I do think that there is a real misconception about what [PIE] is. I mean I have heard all sorts of things from people where they say, oh, what, so were expected to do the work of a psychologist'
Simon, Support worker

What does 'doing the work of a psychologist' mean? Feelings of frustration and hopelessness were frequently about not understanding what motivated the behaviour of residents. In this context the work of a psychologist may mean unravelling and exploring those behaviours and what drives them.

Psychology can be seen as a precise tool that can identify and cut away or alter parts of persons psyche that are seen as problematic. In reality it is an inexact and idiosyncratic. The suggestion here is that doing the 'work of a psychologist' would mean that staff would see their role as fixing those who appear to be unfixable. Psychological ideas should foster confidence in hostel staff rather than raising concerns that they lack some special psychological insight that would allow them to break through and connect with a difficult to reach resident.

'I think it is about confidence, I mean one thing PIE should give people, I think at the moment it befuddles people. That in a way it confuses. Craig, Support worker

Psychological terminology may make the work of supporting someone with 'the basics' seem somehow insufficient – this despite the fact that therapeutic idea seemed to underpin much of the work described in theme two even if it was not described as such. This uncertainty about PIE was more evident in interviews with support worker. This is again likely to reflect the fact that they spend more time working one to one with residents. As a consequence, they were perhaps more likely to be wary of some of its suggestions and more concerned about the impact it would have on their current role.

For some hostels introducing therapeutic principles or concepts may require a major change in how hostel work is approached, in others it will simply involve giving a new name to existing practice. Hostels that already have a shared team identity, good staff relationships, a good range of hostel activities, established staff/resident collaboration are working using PIE principles. A hostel that already reaches out to the local community or has an established reflective practice is very different to one in which there are bed bugs and mattresses are hanging out of the windows. Consequently, how PIE is communicated has an impact on how it is engaged with.

'If they see that it works what you're doing, then they will follow, and they want to learn. And that way, it comes from within. I think if you only impose something from without, it doesn't work in my experience' Craig, Support worker

'You've got to actually market [PIE] to people, people have to understand what it is, what they're getting into, and it's not going to be used as a rod to beat them with later on' Simon, Support worker

Craig is talking about the interest amongst staff to try new things if that can see that they are effective. In order to make use of that interest there needs to be an effort to 'market' PIE – to persuade staff that it is something that is worth investing their time in. The organisation that ran the hostels involved in this research expected all hostels to be guided by PIE principles. It was the role of managers to encourage support staff to work in a PIE informed way. In the interview's managers tended to have a clearer idea of what PIE meant and how it would be of benefit to the service.

'If you invest in your staff team, invest in the physical environment, ensuring that there's a comprehensive opportunity programme and things, and kind of advanced partnerships, working and links with external communities, then what you will find is that you have got reduced incidents, you get reduced antisocial behaviour' Angela, Manager

For support workers it was less clear how helpful PIE could be in addressing some of the underlying issue that hostel staff face or the extent to which it had taken root.

'I think a lot of workers feel that [PIE's] putting pressure on them, they see it as something that has to be endured rather than actually received because it adds value, it adds benefit' Simon, Support worker

'If you ask people six months later about PIE, they might be able to give you the theory of it. But if you ask them how you are using it in your place then, how does it affect you, I bet you... it would be interesting to see some of the answers you'd get' Craig, Support worker

This split suggests that PIE may be susceptible to getting stuck at the managerial level and struggles to take root amongst support workers who are working with residents' day to day.

'You throw all of these things, these three letter abbreviations to people who are going, oh God I'm overwhelmed and now I'm switching off... and quite often if you've got somebody in that situation, it's very difficult to get them back' Craig, Support worker

'Because I just think at the moment right now, it's just paper, you know... it's just stuck in limbo' Claire, Support worker

Like any new approach PIE is vulnerable to being seen as a series of acronyms and guidelines that quickly begin to feel like jargon - it remains 'just paper' This is a problem for support staff but will also be felt by residents - if efforts to implement PIE with resident participation are half-hearted then any scepticism held by the staff is likely to be communicated to residents. The difference between Angela's upbeat list of solutions and ideas and Simon, Craig, and Claire's concerns about PIE being more work or poorly defined suggests that if PIE is to help improve the lives of residents it needs to be convincingly 'marketed' to support staff. It is perhaps also worth noting that the use of phrases like 'market it' and 'it's just paper' suggest an already cynical or jaded attitude towards new approaches to well established problems - PIE is already seen in terms of marketing and sales literature.

5.5.2 'Resources are key': developing services on a budget

The idea that it might remain 'just paper' also came up in relation to how PIE was seen by organisations.

'I've seen lots of organisations throwing PIE throughout all their sale literature, their marketing literature, their tendering proposals, just to say yes, we do it... I've actually seen people actually, are called to account for it, they've said well okay, you've put this in your tender, how do you account for it, tell us what you're doing, and it's been embarrassing to see them floundering around going I'm not quite sure what we do' Simon, Support worker

If PIE gets no further than the pitching presentation, then it is in trouble. The fact that it is guided by quite general principles makes it difficult to assess how wholeheartedly it is being carried out. PIE, like any other psychological framework, requires investment if it is to take root. As described in theme three, in order to have effective reflective practice there needs to be trained facilitators who can reliably work with a team and can adapt to the needs of the service. Training needs to go beyond introductory slides and cater to individual services and individual staff levels of experience.

Managers that spoke about how they created a successful hostel team said that it took years of sustained work.

'So basically, my manager was the team manager for about two years, and then she stopped to become service manager. And I came in as a team manager. And that's been the case for about two years as well and that's quite unusual. And I think it's all, I think so much of it is about as I have said, having that narrative' Lucy, Manager

Building and maintaining a team is likely a prerequisite for implementing any sort of psychological framework. However, the situation that Lucy describes is one in which the hostel was fortunate to retain two committed managers for long enough that they could build a stable team. In the first instance it is not about being psychologically informed - but about being reliably staffed. The issues that affect staffing – as described in theme two – include working hours, pay, and feeling professionally

undervalued. Beyond having a team to work with in the first place the need for a basic financial commitment to hostels was seen as vital.

*'Resources are key aren't they... You need bodies and you need time and space to think' Lucy,
Manager*

However, there was some anxiety about the possibility that comprehensive training or reliable reflective practice overseen by a trained professional would be deemed too expensive by service providers – especially if support workers ultimately went to work for a competitor.

'The argument would be why would we invest in very expensive training... if you're just going to jump ship in six months' Simon, Support worker

*'You see other providers who try to push it, who don't make provision to cover (shifts)' Craig,
Support worker*

Running reflective practice for instance may mean ensuring that there is cover so that all permanent staff can attend – or reimbursing staff who attend when it is scheduled outside of their shift pattern. Again, there is the issue of offering adequate support to staff running up against the current reality of the care sector. How do you create something that offers decent training and adequate staff support on a very tight budget?

'But I've still got budgets I have to work to, they're pretty tight... they usually decrease year on year' Lucy, Manager

Psychological frameworks like PIE aim to create more supportive environments for residents in large part by offering support to the staff that work with them. This support allows staff to work and make sense of some of the more challenging aspects of hostel work. However, achieving this goal is likely to be stymied by tight budgets. For as long as budgets are tight practices like reflective practice are liable

to be dropped because 'it's one of those things that's easy to put off for another day' (Simon, support worker). What participants described were the practical impediments to achieving goals set out in frameworks like PIE. There was a clear appetite for many of the ideas and concepts contained within PIE but most participants felt that practical issues around funding were more pressing and required attention first and foremost.

5.5.3 The core concerns of hostel staff

Hostels were often seen as kingdoms unto themselves. Participants spoke about experiences of working in hostels with engaged teams that felt supported and in others where there was a pervasive sense of hopelessness. Good management, a full-time staff team with experienced members, and a connection to the wider community were all listed as aspects of what made a hostel work – it was these areas that were a particular focus for managers

'We have a formal permanent staff team, so we don't have a kind of parade of like different locums and agency workers every day which is necessary in some services. So we're able to kind of keep the threads kind of going, like we all have this shared story and a shared narrative I guess of clients' Lucy, Manager

'So we would have an open day and invite our neighbours in so that there would be less kind of I guess, yeah, people don't really know what it is like at the hostel, or what it's like inside or what we do, and just kind of yeah, kind of showing people the work that we do' Angela, Manager

There was a sense that ideas like PIE would be embraced by established teams with a strong identity – but that for those who felt beleaguered and unsupported it was less likely to take root.

'Because in the unit I'm in, okay, it's got lots of tensions, but at least it functions well even though we're dealing with quite difficult things. Whereas... I know some hostels which when I

worked in the day centre, you know I was referring people to were just.. I used to go there myself and think 'how do staff cope with this?' Craig, Support worker

What makes a hostel work is idiosyncratic – each hostel is working under pressure that are particular to that hostel and the area in which it is situated. Psychological approaches to improving hostels are not necessarily the most effective ways to deal with these specific problems within teams and the more general systemic issues that can place hostels under enormous strain. When Dave (support worker) says 'I think hostels are a lot to do with resources and staff teams' and that it is important to offer 'the level of pay that will attract the right people' he is voicing some of the concrete issues that hostels struggle with. Retaining staff in a difficult job on low pay with little external support is an issue that core challenge for many hostels.

There was also a feeling that psychological approaches were poorly placed to address staff concerns about how the business side of a hostel often was acted in direct opposition to the care needs of residents. This was felt more keenly by support workers who appeared to be more exposed to the contradictions of how hostels operate.

'It's like the higher up are mostly thinking about the businesses, the money... but then, when you're coming from the level, it's like, you know, you support them, do this and that for them, but there's no point. It's just like... this is not fitting together, you know? So, I think, you know, that PIE doesn't really work' Claire, Support worker

The difference between what a business needs to thrive and what residents need to thrive left support staff feeling trapped between opposing demands. This echoes the earlier concern that developing adequate training or investing in reflective practice may run contrary to certain business imperatives. These issues represent fundamental structural issue rather than something that is amenable to psychological input.

There were also concerns that hostels were having to address a deeper issue about not being able offer to residents who were ready to move somewhere to move on to.

'I've done everything you asked, I've not got what I needed so what's the point, I might as well just revert back to behaviours that I may have left behind two or three years ago' Simon, Support worker

PIE is a psychological framework that is informed by therapeutic principals that recognise that for those who have experienced rejections throughout their lives establishing meaningful relationships can be challenging and feel deeply unsafe. The potential for a meaningful and supportive relationship to address deep psychological wounds is powerful and should be a central part of hostel work. However, it is difficult to imagine supportive relationships developing within a care sector where there is no provision for those who have worked with a support worker to meet goals and targets. Therapeutic principles are unworkable if the wider environment is hostile to the goals of the service and the hopes of the residents who live there. The idea of the revolving door client as being someone endlessly struggling with drugs, drink, or their mental health belies the fact that at times it is the system that fails. The observation that hostels work is 'not just about PIE it is about resources and different things' (Dave) captures the feeling that for hostel staff there are other factors impacting how effective hostels can be. Support workers observed a reluctance in residents to engage- especially from those residents who have been in the system for 15 or 20 years and may be more aware of its shortcomings. When considering 'all the different things that have happened in their lives' (Tanya) that may impact how they respond to support - frustrating experiences with homeless hostels are likely to be a part of that picture. The refusal to engage could simply be a reasonable response to an unreasonable system.

6 Discussion6.1 Working with 'difficult' residents

One of the principal aims of this research was to try to understand how hostel staff manage the challenges of working with residents who are difficult to engage with. Understanding the nature of the relationships between hostel staff and residents is an important part of understanding how to support staff and improve services. In my analysis two key areas shaped how staff felt about their work – its challenging interpersonal nature and the systemic pressures that prevent them from working with residents. Feelings of hopelessness were born of a sense that trying to get some residents to change was futile and this was complicated by the fact that efforts to help could be met with apparent indifference or hostility. This difficult dynamic for hostel staff – especially support workers – articulated the fundamentally relational nature of the work and how that can be complicated when working with residents for whom relationships have more often than not been precarious or dangerous. The systemic pressures bled into and complicated supporting hostel residents. Developing a working relationship and working towards goals could be undermined by a lack of provision for residents ready to move on. Residents seeking help could find themselves excluded from those services that are meant to support them. Participants saw themselves as drawing on many areas of knowledge to support residents with the day-to-day tasks of life. Psychological frameworks were seen as being potentially helpful with this work – but were described as poorly communicated and sporadically taken up across services. This discussion begins by considering the nature of the interpersonal dilemma that hostel staff described and the unconscious dynamics that shape it. It looks at the challenging feelings that are brought up in staff – particularly support workers - when working with some residents and considers how those feelings might best be understood. It then examines the ways in which current pressures on the hostel system – and possible fundamental flaws with that system – further complicates this work. It then moves on to look at how efforts to provide psychological frameworks for this work may risk reinforcing hierarchies of care in which support work is seen as less than. As well as questioning whether psychological solutions may fail to address core social and economic issues that cause and sustain homelessness. It does so

while also considering the ways in which the revised model of PIE – PIE 2 – may be better suited to addressing some of these shortcomings. Finally, possible future research and the role of counselling psychology in hostel work are explored.

On the face of it, hostel work is about supporting residents into independent accommodation – but it is more often about attempting to reach out to those who may be wary of that attempt. In order to make sense of that interpersonal work it is important to have a framework for making sense of how residents behave and why this might be. MEH attempts to understand the challenging behaviour of ‘difficult to reach’ hostel residents by considering the factors in their lives that have led them to their current situation (McDonagh, 2011). In doing so it invites us to consider the web of problems that can make supporting someone towards independent accommodation so difficult. It considers how a history of trauma and unreliable attachment figures can create a deep suspicion of relationships – especially those that involve support and care. The unhoused mind (Seager, 2011) attempts to describe how experiences of chronic rejection impact ideas of self, others, and society. The relationships that develop in a hostel require understanding the psychological impact a lifetime of rejection has on an individual. Hostel staff were often aware of these factors but knowing this did not seem to make working with residents any easier. Nor did it seem to prepare them for their own response to residents and their behaviour.

Ideas such as MEH and the unhoused mind offer insight into why a person may be resistant to support and remain uniquely exposed to street homelessness. However, understanding hostel work also requires paying attention to how staff respond to those that they are working with. Robert Barrat (1996) talks about the process within psychiatric hospitals in which ‘cases’ are assessed at the point of admission and reduced to collection of symptoms and diagnoses that are then used as a way of making sense of that person. What is missing is the consideration of that person's subjectivity – something that allows them to be thought of as an individual with agency and responsibility for what they do. There is a possibility that something similar can happen to residents who are more exposed to MEH in homeless

hostels – where they are often understood as a set of discrete issues that require fixing. What is perhaps missing is a sense of them as people with intention. Barret (1996) argued that thinking about a person's subjectivity requires engaging in an evaluation of that person – that we take a moral stance on them and their actions. This is something that the care profession (Hinshelwood, 2001) can be wary of – it is not our job to judge or to find fault. However, in not doing so perhaps we risk reducing those we care for into people without agency or responsibility – people who are without meaningful intentions or wishes. This may come down to an issue of how we understand mental health and the way this shapes how hostels are run. If we consider mental health issues in overly concrete terms – as if they are diseases of the mind – then we can no longer look at the behavior of those who we care for and describe it as wrong or unkind because it is a symptom of a disease. When Claire (support worker) spoke about her fears of becoming *'heartless'* and Tanya said that it was her job to *'support someone regardless'* (Tanya, Manager) there was a sense that caring for someone meant supporting them without judgement or having negative thoughts or feelings about them. What this perhaps denies some residents is a recognition of their subjective experience – it reduces them to a set of behaviors that they are not to blame for and so their actions – and the pain or anger that may drive them - in a sense go unacknowledged. Working with those who have suffered greatly and continue to do so is complicated. This is especially true when considering how we respond to it – and what this in turn communicates to that person. When you are trying to support someone who has *'no interest...because of all the different things that have happened in their lives'* (Tanya, Manager) - you encounter a distance between your role as someone offering support in a hostel and that person's seemingly inexplicable behaviours and wishes. The idea that managing feelings of dislike is part of working with *'difficult patients'* (Hinshelwood, 1999) seems to be something that is difficult to acknowledge in hostel work. Hinshelwood (2002) when writing about severe personality disorders (SPD) describes how institutions can find themselves *'frustrated, and worse, by the seemingly intractable nature of the condition'*. This captures the feelings of frustration

that some staff felt at times toward residents - how do you continue to work with hostel residents who are *'back again and on the streets, back again into the service, and it just goes in circles'* (Claire, Support Worker). Hinshelwood goes on to describe how those who have been given a diagnosis of SPD often suffered long-term abuse as children. He contends that this experience means that they develop a deep suspicion of those who offer care and equate support and help with abuse. Not only this but they also respond to that perceived threat by 'torturing' those who offer care by using that very wish to help against them by, for example, telling them they plan to self-harm and then going missing and thereby filling their carer with anxiety. The main point here is more that trauma and unreliable or abusive attachment figures in the past are key to understanding how a person responds in the present. There might be an expectation that if you have not experienced care in the past then there would be a deep longing for it in the present – and a feeling of gratitude for those who offer it. What Hinshelwood is suggesting is that the opposite may be true – the offer of care brings up unconscious feelings of suspicion and fear that elicit an 'abusive' response. That *'one day they could be racially abusive and the next you are meant to support them'* (Tanya, Manager) may reflect the difficult dynamic that can develop when staff try and support residents who may find the idea of care unsettling or suspicious. The feelings of frustration and anger that encountering a hostile response to the effort to help is then seen as a failure – of not being the person who will always *'figure out a way'* (Claire, Support Worker). What do you do when you are trying to care for someone who you find upsetting, or irritating, or unlikable? This interpersonal challenge seems to be central to hostel work. Both managers and support workers were sensitive to this challenge – but it seemed that support workers more directly faced navigating the difficult feelings that this brought up. They seemed to struggle more with their professional identity – as how they wished to see themselves as professional carers seemed to be contradicted by their day-to-day experiences. What Barrat and Hinshelwood suggest is that acknowledging the subjectivity of those who have suffered greatly is difficult. Much as psychodynamic theory helps us to understand how

internal unconscious process shape the development of the individual – it also helps to elucidate how unconscious processes shape interpersonal interactions. The frustration that we feel towards another may echo their own feeling of frustration with themselves, or our feeling of disgust their feeling of shame. Acknowledging the full array of emotions that others bring up in us is an important part of understanding ourselves and others. This idea that hopelessness or feelings of failure may be a response to similar feelings in residents offers a different perspective.

Scanlon and Adlam (2005, 2006, 2008, 2011) try to think about the subjectivity of those who are more exposed to chronic homelessness by considering how an individual's rejection of care is often a wholly rational response to a society that has consistently shown itself to be hostile and rejecting. They argue that the need to envisage a future in which all people are 'socially included' fails to consider the deeper societal roots of homelessness. This failure amounts to 'stubborn refusal' to acknowledge the 'complexity, chronicity, and the part that society plays in perpetuating the very problems they seek to alleviate'. The role that society plays in sustaining homelessness affects the already '*odd dynamic*' (Tanya, Manager) of hostel life. Simon (Support worker) spoke about residents who had '*ticked all the boxes for say moving onto something independent*' but often found there was '*no provision*' for them. Meeting efforts to change with rejection is likely to confirm any ideas that a resident may have that engaging with services – and perhaps by extension society – is pointless. In much the same way that a clinician's description of someone they are working with as 'complex' may be a way of distancing themselves from their own complicated feelings towards that person (Lemma, 2009) – the determined effort of an organisation to house those they support may serve to deny the complexity of the problem they are trying to remedy. Scanlon and Adlam are offering an explanation for the apparently counterintuitive response to the offer of support. It is this paradoxical dynamic that hostel staff are often working with. Again, it seems that support workers sit at the intersection between these contradictory forces and are more exposed to the tension that this can create. When thinking about

'difficult' residents we in part thinking about the difficult things that have happened to them and the cumulative impact that they have had on their sense of self, their response to relationships and their view of society. But we are also thinking about our own difficult – and often unconscious - way of understanding and interacting with that person. It seemed that for many participants making sense of this was part of the challenge of the job.

6.2 Valuing hostel work and hostel staff

Hostel staff tried to find ways to work with this dynamic by focusing on the '*basics*' (Claire, Support Worker) and being pragmatic about what was achievable. It seemed that there was a general recognition that this was a not only practical - but also the most appropriate way to work with difficult to reach residents. As Craig (Support worker) described it is about '*having the confidence to engage with him. Find out what he was interested in, and then do it with him and build the relationship that way*'. That confidence is something that does not require '*great psychological understanding*' but it does require experience and patience. It is a way of working that seems to develop from practice rather than theory - and often works despite the objectives of the hostel rather than because of them.

Hostel residents are of course not a homogenous group, nor are those who might be described as MEH. In that sense a homeless hostel will find it difficult to offer a range of support that meets the highly varied needs of its residents. However, every interviewee spoke of their extensive experiences with clients who consistently return to hostels and who are unable or unwilling to engage with the support that they are offered. Individual staff were often left with feelings of frustrations and despondency while the hostels themselves carried on making the same demands of residents - i.e. work towards independent living even when this was clearly not a realistic short or medium-term goal. This raises the question of what drives those who run hostels to set goals and targets that are unlikely to be met. This may reflect the 'stubborn refusal' to acknowledge reality that underlies homelessness as suggested by

Scanlon and Adlam. What was apparent in the interviews was that staff were left to find ways to meet service targets without much acknowledgement of the difficult work that they were doing day to day. The difficult work of building relationships with residents was compounded '*by all the others things*' (Tanya, Manager) that hostel staff were expected to do. This was often described in terms of the tension between hostels as businesses and hostels as places that provide care. There was a worry that the care was secondary to generating revenue - '*It's like the higher up are mostly thinking about the businesses, the money*' (Claire, Support Worker). Support work was seen as being poorly regarded and seen as the '*poor cousin*' of other care work' (Dave, Support Worker). How do you work in a setting in which the principal value that you bring – a capacity to support challenging individuals is subordinate to the need to generate revenue by filling beds.

Mark Carney (2021) has described how market values have now become synonymous with - or have supplanted - societal values. Those things that the market values – efficiency, competition, profitability (Page, 2005) – are the lenses through which we judge all aspects of our lives, the lives of others, and our society. Price and value are conflated and so work that is poorly paid is not highly valued. The major failing of this is that there are many incidents where market values are poorly equipped to guide how a person, group, or society should act. Homeless hostels are one such case in which the motivation to generate revenue is often at odds with the wish to offer support. Care cannot be meaningfully understood exclusively in terms of competition, efficiency, or profitability. But that is the context in which the work of supporting people more exposed to MEH takes place.

The challenge of working in a care sector where there was a perceived pressure on services to provide more for less was a source of frustration and dissatisfaction. This was felt both in terms of frustration with the long work hours in a challenging environment for low pay - and the steady decline in the number of services that were able to offer support to hostel residents. Hostels are part of a care sector that has seen increasing cuts to funding in real terms over the last decade (Maynard, 2017; Bottery &

Ward, 2019). Services that remain open have been hampered by diminishing real terms funding. Consequently, they are unable to offer sufficient support to those who rely on them. This feeling amongst interviewees is supported by a literature that considers the way in which social care has become victim to a kind of unceasing austerity (Albo & Evans, 2011) - one in which there is an ever-greater effort to bring a private sector mentality to the public sector (Baines & Cunningham, 2015). The tendering process described by Simon (Support Worker) seems to support the idea that private sector sensibilities can shape how homeless hostels are run. His account of PIE being used to support bids to manage hostels with little idea of how it would be implemented suggests that the bidding process - on which contracts to run hostels are decided - does not necessarily translate into well run services. This competitive model that looks for ever greater efficiency in provision of care often translates into a reduction in pay for front-line care workers (Cunningham & James, 2011,) and downward pressure on staff created by cuts to services deemed unnecessary (Baines & Cunningham, 2015). The continual search for more cost-effective care impacts the nature of care work with a greater focus being placed on form filling and meeting targets. By emphasising the more bureaucratic elements of hostel work, staff are drawn away from the emotionally challenging but meaningful work of supporting residents. How do you support someone who is *'quite complex'* when you have *'countless other things to do'* (Tanya, Manager). Lucy (Manager) spoke about changing hostel demographics with more women and young people being referred to hostels. She felt that this was caused by services that specialise in working with those groups shutting down due to cuts in funding. Changes to how housing benefits work (Ellis & Laughlin, 2021), stringent age-based boundaries for support for those leaving care (Ellis, 2018), and fewer services that support young people (Kidd, 2012) all add up to hostels housing greater numbers of young people. This all in an environment where even accessing hostel support is an uphill struggle for young people who are frequently deemed not to be in need of support (Ellis and Laughlin, 2021). Changes in the provision of care for young people and related issues changes to the benefits system are

a snapshot of the increasing pressure placed on the care sector by cuts or policy changes elsewhere. However, this somewhat bleak outlook is balanced by the recent injection of £203 million into charities, local authorities, and other organisations to help tackle rough sleeping post the COVID 19 pandemic. As discussed in the introduction the full picture of homeless hostel funding, statistics around homelessness in the UK, and changes in the laws that shape how homelessness is understood is complex and ever shifting. However, even with the recent positive moves by the government, staff are still often trying to build working relationships with residents in a system that at times can seem inimical to those efforts.

6.3 Efforts to improve hostels

This research interviewed hostel staff in hostels that offered accommodation for up to 18 months and frequently received referrals for people who were deemed unsuitable for other services. In addition, they are all based in London and so do not reflect regional differences. As such this discussion does not reflect the whole hostel sector – but a specific section – although there are likely to be commonalities. Psychologically informed environments were discussed in the interviews as a way of thinking about existing frameworks for supporting hostel staff with their work. Classical PIE sought to improve how hostels were run by focusing on four key areas of hostel life; staff training, reflective practice, using therapeutic principles to inform work with residents, and improving the physical environment (Johnson et al, 2012). What was conspicuous about staff responses to it was their wary - and at times skeptical - attitude. Therapeutic principles and reflective practice were the two areas that participants felt were the most relevant to hostel work. PIE 2 has expanded on classical PIE with a greater emphasis on connecting with the community in which the hostel sits and paying attention to the care pathway of individual residents. Although therapeutic principles remain key – building relationships is viewed as the overriding principle of each segment of PIE 2. It has grown out of classic PIE and as it is rolled out may help to alleviate some of the concerns expressed by participants and in this discussion.

Hostel staff tended to talk about their work in ways that were already highly compatible with therapeutic principles with everyone recognizing the importance of building relationships with residents. The risk if any was that introducing explicitly therapeutic or psychological ideas (via PIE) might leave some questioning whether their current way of working was sufficient. This fits with the concern that they are the '*poor cousins*' (Dave) of the care sector in the sense that the work they do is seen as unskilled – even though it is clearly demanding and skillful. The introduction of psychological principles seems to assume that there are no preexisting principles by which hostel staff work. There is a risk that approaches like PIE would act as a way of psychologizing existing practice and miss the work that is currently being done successfully. Although PIE 2's wider scope – in which relationships are core in shaping the other elements of PIE – may serve to move the focus away from the idea that therapeutic principles are missing in hostels and need installing.

When thinking about therapeutic principles participants lamented the lack of access to trained psychotherapists and psychologists. While training on how to work therapeutically with clients is valuable - there is a broader question about whether in an environment of dwindling resources in which an ideological premium is placed on 'efficiency' PIE might become a stand in for much needed input from psychologists and psychotherapists. PIE is somewhat of a nebulous concept – but the practical everyday difficulties that hostels face are not. The fear of '*so we're meant to do the work of a psychologist*' (Craig) might be a legitimate one. Even with the revisions made in PIE 2 – there remains the concern that conceptual frameworks may end up standing in for concrete funding.

The input of trained professionals was not only relevant for residents but also for staff. Reflective practice was an area that seemed to be underdeveloped in hostels in part because of inadequate access to reliable trained facilitators. Hinshelwood (2001) writes about the importance of 'reflection' on the difficult feelings that are brought up when working with challenging clients as they inevitably shape how we respond to those clients. He suggests that working with 'difficult patients can lead to a

depersonalizing of the relationship' (1999) - and that this countertransference response to the internal chaos of clients which leads health care professionals to take a defensive 'objective' attitude. Reflective practice is a space to potentially work through these issues - those feelings of hopelessness that are born of the revolving door client who keeps returning to drug use, or the resident who abuses staff. It is perhaps in reflective practice that Claire's (Support Worker) concerns about being '*heartless*' and Tanya's (Manager) feeling that you should '*support someone regardless*' could be explored. A psychological approach to working with 'complex' residents needs to attend to the psychology of the whole hostel – and that includes thinking about the difficult dynamics that develop in a workplace where relationships are an essential part of the work – but also the primary challenge.

However, within the interviews, there was a greater interest in practical solutions. As Craig (Support Worker) pointed out the process of considering how hostel staff members may be driven by unconscious processes has the potential to be personally painful. If reflective practice is not properly facilitated, then there is a risk of more harm than good. Exploring how challenging behavior and the often-distressing life experiences of residents affect staff is important. However, doing so requires a reliable trained facilitator who can hold a space in which to think about the challenges of the work. Again, this runs up against the everyday practical problems that hostels face in terms of tight budgets and high staff turnover.

PIE also poses a bigger question about whether it is the most appropriate framework for making sense of and working with homelessness and its causes. PIE seeks in part to help those working in hostels to understand the internal world of those who suffer most in homeless hostels and encourages staff to consider that in their work. However, it may risk placing undue focus on the individual residents themselves. In its classical form it did not aim to tackle the systemic issues of the care sector –but it still sat within that context. By considering homeless hostel residents for the most part in intrapsychic terms it seemed to pass over the social factors that create and maintain homelessness. Hostel staff described

their frustrations with the current state of the care sector; a reduction in the number and capacity of services, high staff turnover, poor pay, cynical bids for hostel management contracts, and overly bureaucratic approaches to care. It was these things that impeded their ability to work with clients and that often perpetuated those cycles of rejection that residents are all too familiar with. PIE 2 appears to recognise this shortcoming in its earlier form by emphasising engagement with the local community and factoring in hostel referrals and move on opportunities for residents when thinking about offering effective support. However, the point remains that if psychological harm is caused by rising social and economic inequalities (Clark & Heath, 2014; Wilkinson & Pickett, 2013) - then surely the best way to respond to that harm is to lessen those inequalities. MEH describes chronic homelessness as much as a social problem as an individual one. Although factors such as trauma and damaging early experiences with attachment figures are a key part of the picture – these painful experiences are compounded by a society that seems unwilling or unable to help. If homelessness is a social issue, then it would require a social solution (Bracken and Thomas, 2004). The idea that a psychological or psychotherapeutic response is the best one might fall far short of what is required. David Smail (2005) has made the argument that psychologists and psychotherapists should focus on the structural issues that lead to individual distress and contends that psychotherapeutic interventions have little to no value. His ultimate argument is that psychologists need to ‘pass from an individualist to a social understanding of distress’ (2001). PIE’s focus on working from within hostels may in a sense collude with the very problem it seeks to address. You cannot work therapeutically if residents who chose to engage find that there are no services that can help them. Reflective practice and staff training are hard to establish with teams that are rarely stable for long. Improving physical environments requires an investment that tight budgets cannot provide.

The hostel workers interviewed described the challenging interpersonal nature of their work and the ways they had developed of making sense of it. However, the effort to offer meaningful support to

residents was often undermined by practical issues. Introducing a psychological framework needs to follow rather than proceed things like developing a good staff team, appropriately paying that team, and offering in-depth training. In order to provide meaningful support to MEH residents there needs to be services in place that are sufficiently staffed and funded to offer the kind of long-term support that might make a difference. This is likely to mean the most direct way of improving how hostels are run is by investing in the care sector and those who work in it.

6.4 Homeless hostels and Counselling psychology

Counselling psychologists are likely to work with other professionals and as part of multi-disciplinary teams (BPS, 2017). Hostels are places where professionals from different fields often meet when supporting MEH individuals. A psychological perspective on how that support is understood would be beneficial - with counselling psychologists being well placed to make sense of the complex relational dynamics that develop when working with challenging residents. Reflective practice would be a space in which counselling psychologists could draw attention to potential ambivalence and hostility within a team while holding a therapeutic frame (Clarkson, 2003).

There is a commitment within counselling psychology to acknowledging and working with the effects of systemic failings on the lives of others (Maloney, 2016) Best practice in the discipline, would draw on many of the ideas of community psychology which proposes that working within communities is the most effective way to support those communities (Orford, 2008). It maintains a skeptical position on viewing individuals through a diagnostic lens or understanding mental health exclusively in terms of the individual. All of this means that a counselling psychologist should be well placed to try and make sense of MEH residents and support staff with the often-difficult task of supporting them.

My focus within this discussion on exploring how unconscious processes and systemic factors affect hostel work speaks to my training in counselling psychology. However, I am also struck by the fact that

as I am approaching qualification the likelihood of a counselling psychology job coming up within homeless hostels is slim. Participants lamented the lack of access to psychologists and psychotherapists. They spoke about concerns that approaches like PIE might translate into hostel staff being expected to do the '*work of a psychologist*'. I have suggested that counselling psychologists are well placed to work with the complexity of hostel work because our training is rooted in theoretical models and practice that values the relational in psychological work and recognises the many ways in which the social shapes that work. But I am not sure that the service system that I will step into as a qualified counselling psychologist is likely to support this. It seems to me that much psychological work is often siloed off into specialised services that do not directly engage with the community. Those specialist services perhaps allow us to avoid some of the messiness that is encountered in places like hostels.

Messiness is something that I have been encouraged to embrace in my training – but it is something that my professional qualification seems to protect me from. For instance, the work that I do in the psychiatric hospital allows me to in a sense to float above some of the frustration – and frequently the tedium – of caring for patients. Frustration and tedium are part of the messiness that I am for the most part spared. It is support staff and nurses who are left to find ways to support those who challenge them daily - and to make sense of work that takes place in a system that seems to have other priorities. I think that I have a valuable part to play in the hospital, but I am conscious that much of the therapeutic work - and the pressure that comes with that - is undertaken by others but is not necessarily recognised as such.

Hostels are similar in that therapeutic work takes place informally and is not necessarily seen in those terms. If trained counselling psychologists are unlikely at the present time to work in hostels, then I think creating placement opportunities for trainees would be the next best thing. There is perhaps nowhere better to realise the messiness of supporting marginalised people who are unlikely to be supported by mainstream services.

6.5 Opportunities for future research based on this research

This research brought up several aspects of hostel work that would benefit from further study. Staff thoughts and feelings about working with MEH hostel residents were complex and nuanced. Each staff member seemed to have found their own way to make sense of their work and developed a way of practicing that allowed them to feel like they were helping residents. A piece of qualitative work that focused specifically on staff and resident relationships would help to more clearly describe the nature of hostel work. It would also help to direct a framework like PIE in how to best support hostel staff. In addition, there remains scope to explore how support staff develop a personal philosophy towards hostel work which is often a poorly defined and open-ended role. The other concern for most participants was the effect of austerity on the hostel sector and the care sector more broadly. A quantitative study that could gauge the effects this has on staff in the hostel sector would help to establish the extent to which systemic pressures are affecting staff retention and job satisfaction. There often seems to be a discrepancy between how those in the care sector describe the continual cutbacks of the last ten years and how successive governments report record investment in services. A comprehensive study of care sectors experiences of working during the period of austerity may help to more clearly establish the extent and consequences of austerity on the care sector and the ability of those who work in it to do their job.

Hostels are coming under greater scrutiny as a form of support for those experiencing homelessness (Homeless Research Link, 2018) - with the focus on a 'continuum of care' approach in which residents progress through various types of supported accommodation before moving onto independent living being challenged by initiatives such as housing first. Homeless hostels come in many shapes and sizes and offer support to diverse people. This research has considered the challenges of working with residents who are uniquely exposed to MEH. With questions being asked about the effectiveness of hostels - it would be valuable to look in more detail at the support that hostels provide for people h

receive many referrals to these services over an extended period of time. Thinking about this may help to develop an understanding of times when hostel support is likely to be more effective than moving someone straight into their own accommodation.

6.6 Strengths and limitations of this research

Thematic analysis is concerned with themes and therefore looks for meaning across cases rather than focusing on individual accounts or experiences (Braun & Clarke, in press). This meant individual participants' articulations of frustration or sadness informed the development of themes, but the depth of individual experiences was harder to capture. It felt difficult at times to reflect on experiences and feelings that were particular to participants when speaking about the challenges of hostel work. I was originally drawn to Interpersonal phenomenological analysis (IPA) as it is an approach that aims to understand how people make sense of their lived experience (Smith, 2011; Willig, 2013). However, ultimately, I felt that IPA's focus on subjective experience could mean that it failed to account for social factors – which I felt were essential to understanding the experience of working in a homeless hostel. An approach that might have been better able to work with these at times conflicting demands is autoethnography. It is an approach that seeks to challenge traditional notions of what research is by embracing 'subjectivity, emotionality, and the researcher's influence on research' (Ellis, Adams, & Brochner, 2011). This approach may have been a way to incorporate the subjective experience of participants, explore the wider social and political context and incorporate the messiness of my own understanding and attitude to the subject I was researching.

The staff that I spoke with were all experienced and had worked in the hostel sector for at least five years. This provided a wealth of experience to draw on and allowed me to discuss how the attitude to their work had evolved over time – both in terms of their expectations of themselves and the residents that they work with. In several cases it also meant that I could ask about the changes in the care sector

over the last 10 or 20 years. This meant that the current cuts could be compared to times of plenty or equivalent times of scarcity. It also placed an approach like PIE in context as several participants reflected on its similarity to other approaches from the past. However, it would have been useful to speak to people who had recently begun working in the field so that I could get a fresh take on hostel work, hostel residents, and PIE. Due to the COVID 19 pandemic all interviews were conducted over the phone or on Skype. However, this presents challenges in terms of technical difficulties and building rapport with interviewees (Deakin & Wakefield, 2014). It also impacted my ability to recruit staff as I was unable to attend hostels in person as I had originally intended. Although I felt that the phone interviews were successful and did not seem to hamper participants' willingness to engage fully with the questions, there were drawbacks. Missing out on non-verbal communication meant that I was potentially unable to pick up on those cues about what a person might be feeling or thinking that may have been evident face to face (Landridge, 2007). I also think that other forms of data collection may have introduced greater depth to the research. As I progressed with the analysis and began to think about the implications of my research I wondered if focus groups may have been a useful way to see what groups of hostel workers prioritised in discussion when thinking about their work. The asymmetrical power dynamics of interviews (Kvale, 2006) may have meant that certain firm ideas I had about hostel work when putting together my interview schedule (see appendix 7.2) may have prevented discussion about aspects of hostel work that would have been pertinent to my research.

The principal focus of the research was on hostel staff experiences, but little attention was given to the demographic differences of the participants. Two elements that would benefit from closer attention would be gender and ethnic difference in the sample. In an environment where hostel staff can be subject to verbal abuse and physical threat – how this is shaped by the gender or race of hostel staff is an important consideration. Gendered or racial verbal abuse from some residents was reported but it was not specifically discussed in this research. In a workforce that is predominantly female (Wainwright

et al., 2006), women are often the principal targets of verbal and physical abuse – especially by male service users (Armstrong et al, 2008; Seymour, 2009). By not paying sufficient attention to these gender in the sample certain damaging ideas about women in care work might be perpetuated (Baines and Cunningham, 2011). The idea that women are more suited to care work and are willing to offer care in poor conditions (Baines et al, 1998) in which violence is common (Renzetti and Bergen, 2005) may give some credence to the notion that women are in some way driven by an innate capacity to care rather than engaging in skilled work with challenging individuals (Vikkri, 2008).

Claire and Tanya who are both Black women spoke about the racial abuse they faced. Although this was discussed in the interviews it did not become a part of the overall analysis for this study. When exploring the literature on how gender or race impacts experiences of support work there was significant thought given to gender while race seemed to be given less consideration. How racist abuse impacts hostel staff's ability to work with and support hostel residents is an important consideration especially if a hostel is trying to work in a psychologically informed way.

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8. Appendices

8.1: Informed Consent



Hello, I'm Peter Aspinall from the faculty of Health and Social Sciences at the University of the West of England. Thank you for choosing to participate in this study. In this study I am talking to men and women with a history of living in hostels for the single homeless as well as those who work with them.

The purpose of this research is to gain a better understanding of what aspects of hostel life prevent residents from moving on to independent living. It seeks to get a clearer sense of the events and circumstances in participants lives that they feel contributed to them becoming homeless. In doing so the research hopes to find ways of improving how hostels are run with a particular focus on the implementation of Psychologically Informed Environments.

The data collected from this interview will be used in a number of ways.

To write up a research paper.

To contribute to the confirmation of an academic degree

I would like to emphasise that everything we discuss in this interview will remain completely confidential. In the final paper I may use selected quotes from our discussions in order to support particular arguments and ideas. These will be strictly anonymous and I will ensure that participants' identities are protected. I will record the interview to ensure that I gather accurate

data and to make the research process more efficient. I will also use the recording to type up a transcript of the interview for later analysis.

As a participant it is helpful to bear in mind the following. Your participation is entirely voluntary and you are free to decline to answer any questions I ask, or stop the discussion at any point. You can ask for any information you provide to be withdrawn or destroyed after the interview. You can withdraw from the research at any time up to the point of my final September 2020.

There are no right or wrong answers to the questions I will be asking. If you have any questions as we go along then please ask them. If at any time you do not understand what I am asking and need some clarification then please let me know. I want to learn and benefit from your experiences so that I can get a better understanding of hostel life. If there are any questions that you are not comfortable answering then please let me know and I will move straight onto the next question.

Written Informed Consent

I fully understand all of the above and willingly volunteer to participate in this study and I consent to the following:

The recording and transcribing of this interview.

The analysis of this interview for use in a piece of doctoral research.

The select use of anonymized quotes in the final research paper.

Participant signature:

Print name:

Date:

Researcher's signature:

Print name:

Date.

8.2: Interview schedule

Opening questions

Tell me a little about yourself?

How long have you been working at hostels?

What are your thoughts on hostel life?

What are your thoughts on how effective hostels are at helping service users move on to independent living?

What role do you think hostels play in supporting service users to move on to independent living?

Reflective practice

To what extent do you feel that staff in hostels understand the problems of the service users they are working with?

What do you feel is the most important aspect of your work?

Prompt – What do you prioritize in your work? What do you find most frustrating/rewarding?

How do you manage work with service users that do not seem interested in engaging?

Prompt – What happens if there is a disagreement between you and a service user? Do you feel supported in these situations?

How helpful do you find reflective practice is in making sense of the work that you do?

Prompt – Is it something that you are familiar with? Is it something that happens regularly? How would you improve it/what is missing from it?

Therapeutic Framework

How important do you think building a relationship of trust with a service user is?

Prompt – Do you feel that the relationships that you build with service users are important to you? Has it ever made a difference in the work that you have done? If not then why/what gets in the way.

Do you have an example of a relationship that you built with a service user that was important to you?

Prompt – Why? Do you think it was important to them?

What is your understanding of therapeutic relationships?

Prompt – Possibly outline and then - Do you think they have a place in hostels?

Staff training

What aspects of service users lives that you think sustain homelessness do you think it would be most valuable for staff to have a better understanding of?

Prompt – Why? In what way would this help improve the service?

What in your experience is the major misconception that people have about service users?

Prompt – Where do you think this comes from? What advice would you give to incoming staff?

How has the way staff work changed over time?

Prompt – What is better? What is worse? How has the sort of people who work in hostels changed? What is the effect of this?

Have you had training in PIE?

Quality of hostels

How important to you is the physical environment of the hostel that you work in?

Prompt – How have they changed over the time that you have worked in hostels?

What effect do you think how the hostel looks has on staff and service users?

To what extent do you feel that your input matters in how the hostel is run/looks?

Prompt – Does this matter to you?

PIE

Have you ever heard of PIE?

Prompt – If you have what is your understanding? Otherwise explain.

What do you think about it as an initiative?

Prompt – What do you feel it is missing? Do you think it would make a significant impact on how hostels are run?

Does it sound like any approaches that you have heard of before?

Does it map onto how you think about your work?

Prompt – If not then why not? If it does then in what ways?

How easy do you think it will be to implement in hostels?

And finally, do you have any other thoughts or things that you would like to add? Do you feel that there is anything missing from the questions that I have asked you today?

8.3: Ethics approval

Removed due to containing personal information.

8.4: Timeline of interviews and COVID lockdown

Table Two

Timeline of interviews and COVID lockdown

DATE	Interview progress	COVID 19 lockdown status
04/19 - 09/19	Contacting hostel managers and trying to recruit participants	No lockdown
15.07.19 - 18.07.19	Visit three hostels in London to try and recruit participants	No lockdown
15.05.2020	Participant Skype interview	UK remains in full lockdown
20.05.2020	Participant phone interview	Face to face meetings remain prohibited.
23.05.2020	Participant Skype interview	Face to face meetings remain prohibited.

17.07.2020	Participant phone interview	People can now meet in groups of up to two households or outside in a group of six. Caution is still encouraged.
21.08.2020	Participant phone interview	People can now meet in groups of up to two households or outside in a group of six. Caution is still encouraged.
27.08.2020	Participant phone interview	People can now meet in groups of up to two households or outside in a group of six. Caution is still encouraged.

8.5: Timeline of UK government lockdowns and measures

8.6: Sample of initial coding

It is a tick box exercise

<p>auditing style as a symptom of a systemic shift away from meaningful scrutiny of services.</p>		<p>exercise. They're not audited as much as they could be or should be in my opinion, and also they're not doing it for the reasons that they used to, meaning that it's a tick box exercise, and it leads to even greater inconsistency because the providers know, well, you can come around and you'll do this audit but it's not going to be meaningful, it's not going to affect any change necessarily in the long term, and if it does affect change, it will be negative change because it will mean invariably funding will be slashed. They know that they're not coming around to say, listen, you're doing that right now that's say at a level three, let's try and get that to a 4 because that would be incremental improvement. There's none of that and that's changed. I would say there's certainly over the last 10, 15 years, they're approached at ^{auditing} auditing, and I think that's just adds to inconsistency.</p>	<p>Downward trend over time. This is reflected in a couple of places that says that things used to be better see Waste Dave</p>
<p>Slash slash slash. These problems slash mainstream both in the across</p>	<p>00:10:42 S1</p>	<p>How do you account for that change? What do you think is the root of that?</p>	<p>Slash slash slash</p>
<p>Have - 10-15 years of cuts - and care sector cuts to statutory services are felt in hostels.</p>	<p>00:10:46 S2</p>	<p>Desperation. I think that there are - I mean, I know from working on acute, I've worked on the acute ward in the last week, so I've seen it first-hand bang up today. I see bed numbers slashed, I see staffing complement slashed, I see the provision afterwards in terms of hostel accommodation and the like slashed, and as a result I think it's just a case again of trying to tick boxes where we've got people in that accommodation unit, they haven't come into contact with the police say in the first three months, they've not been readmitted, so that's okay. Well, it is okay, but it's not good. What can we do now to make that good and more sustainable? I hate to say it but it's short-termism from the bottom to the top.</p>	<p>This is connected to the above - the cumulative effect of ever shrinking resource</p>
<p>The lead big his picture shifting heads community to BPD to psychosis</p>	<p>00:11:38 S1</p>	<p>Yeah, yeah. And it seems to be what you're saying is that comes from an almost a total shift, something to do with financing across the board and over the last 10, 15 years, a steady chipping away of money meaning that there's less that you have...to work with less and kind of do more.</p>	<p>Fashion in treatment</p>
<p>there are policy shifts that change how people are connected - and in the area after leave people feeling rejected</p>	<p>00:12:05 S2</p>	<p>Absolutely. And I think it's also worth saying from my perspective that in mental health, certainly, we've jumped around from what is the hot topic. So for example, let me take you roughly through the last decade. 10 years ago, in Westminster, in Camden, and numerous other boroughs as well, Hammersmith and Fulham being one, floating support, that was [inaudible 00:12:33] that was what was going to happen, this was the panacea that was going to see everybody sorted out, we're going to do everything in the community and it's going to be great. Within a year, that changed, and you hardly heard anything said about floating support. In fact, a lot of positions were cut, funding was cut, to make way for BPD provision. And for a couple of years, that lasted, and that was the focus and psychosis took a kind of a backseat, then it went after a few years to actually we need to look at the sort of lower level</p>	

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What a hostel is meant to be is very different to what it becomes within a system under strain. Hostels then serve as risk management/legal role - they are somewhere so we 1. have done something 2. can keep an eye on them without having to get too involved.

Just like in hospital the CC is central but often absent.

Hostel
Hostel
Hostels as alternative to an acute

↓
This explains how rather than services being joined up they are at odds and due

to pressure internal pressures they are motivated to get rid of people who are 7 complex - or basically too much trouble and cost.

the care coordinator needs to hopefully pin somebody down even if it's just for a couple of hours a day, they've got a focus point, a place where they can go to. I also think, and I'm going to use...but please anonymise this, but I'm going to use an example of King Street that I've seen in the last couple of weeks actually, there is a care coordinator, I won't mention their name, and they regularly...first of all they've got a couple of more revolving door cases at King Street, and this particular care coordinator regularly phones up and asks...he said I just want basic information, are they still taking their medication, has there been any police involvement in the last 14 days, because he phones up fortnightly, is there any physical health issues that you've got, he looks for sort of antipsychotic side effects, things like that, but he doesn't come and see them. He doesn't come and see them, he just wants to know is that okay, so in answer to your question, well, what role do hostels provide, can they give basic information that satisfies me, the care coordinator, that I don't have to actually come and see that person. And again if there wasn't somebody watching that patient of mine at the end of the phone line, but I can phone up and I know that someone is going to answer and give me that basic baseline information, I would have to become a lot more involved. Now, they do need to be involved because quite often as [inaudible 00:21:45] maybe or as unwell as that patient is, they still want to see their care coordinator, they still have a role, they still have questions that only a care coordinator can answer, but they're not coming to see them, so therefore having one of your patients particularly if they're more flighty in their presentation, they are...they're there and I can just call you, get a quick, yeah, everything's okay, and then okay I'll call you again in two weeks, so there is a focal point at least for light touch care coordination, even if it's light touch, it's actually not indicated even if it requires more than that. So I think it fits in for those people. There is also somewhere to return people, and certainly in the last five years, I've noticed that in support with accommodation, if you have an address, rather than unnecessarily get a bed on an acute ward, even on the informal basis, rather than spend a night in the police cell, rather than spend the night in a secure facility of some description, even if it's like safer for them in A&E or something like that, if we can push a person back to a hostel with people there who have mental health experience in how to deal with tricky situations, it means that we don't have to take up a seclusion room, we don't have to take up a police cell, we don't have to take up a bed, we don't have to do the four on our hours with somebody fitting in A&E because it's gone over the four hours, do you know what I mean? So there's another role for hostels in that we can just push them back there and then that enables us to kind of sort of massage the figures.

00:23:31 S1 Yeah, yeah. That's the kind of what you're saying about mopping up, a mopping up operation, a sort of...a service that can provide sort of

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Service!
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odds
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<p>experiences Variation are common.</p>	<p>8</p>	<p>00:31:21 S2</p>	<p>feelings that brings up for them, and to be able to kind of discuss that with the team. That's the theory. I mean, in terms of say- so you obviously have an experience in mental health as a mental health nurse, and have worked in as I say acute settings, I wonder in hostel settings how well some...how well you think mental health issues are understood and how has that changed overtime?</p>	
<p>dependent on the provider - what is variability</p>	<p>this about</p>	<p>measure again</p>	<p>I've seen it where it's worked really well, I work for a provider where they really did think to have it shown up, and I think it was great that they could project it as such, and also the people that were using the groups, the service, the support, whatever you want to call it, I think they understood as well more about it, more what it meant and more what they could get out of it, so I think it's possible to deliver that very well in accommodation settings but I think by and large it's dependent on the provider. I think there are providers that do it well, I think there are providers that do it less so, and I think- I don't think it's very well- where it's gone badly, I don't think it explained very well, I think that a lot of workers feel that it's putting pressure on them, they see it as something that has to be endured rather than actually received because it adds value, it adds benefit. I think a lot of the time particularly when staffing is a premium and maybe there's a lot of sickness, absence, it's one of those things that it's easy to put off for another day but never to return, and then again consistency and momentum if you miss a session, it has an impact, it can't not, so when it's worked well, I've seen it work fantastically well, and I've seen teams that are all the better for it in so many different ways that where it's not handled well, where it's seen as maybe, well, it's optional if we're busy, and that still exist to a great extent.</p>	<p>dependent on provider</p>
<p>every hostel is its own herd</p>	<p>How does something take root?</p>	<p>S1</p>	<p>I'm sorry, is this reflective practice that we're talking about or (Overlapping Conversation)-</p>	<p>It's optional if we're busy</p>
<p>with its own way of working and constraints works that are particular to it.</p>	<p>it</p>	<p>S2</p>	<p>I think reflective practice, I think in terms of peer support groups, I think in terms of reflective case management, it's, oh, we're too busy, and I think people lose sight of this could make your job easier, it could make it more enjoyable, it can make it better for the client by devoting this time, and it also gives you a release, but therein lies another problem, I think people are very quick to release and very quickly it becomes a moaning session. I think if you have facilitators that are trained and feel able to step in and guide people away from what it isn't and guide them towards what it is, that's a huge benefit, that if you have people who just sit there going, yeah, I know, and almost sort of agreeing with them, I think- I've seen it where it has such a detrimental effect and people come away from it actually feeling worse than they went in, but I do think that there is a real misconception about what it is. I mean, I've heard all sorts of things from people where they even say, oh, what, so we're expected to do, sort of the work of a psychologist like, no, that's not it. And even</p>	<p>This is like the Roxie stuff i.e. requires time and effort - wonder RP stuff</p>
<p>reflective practice needs to be run by someone trained to run it - to guide it</p>			<p>So these things - like RP - are not inherently good - they need to be thought about and well managed if they are to take root and improve hostels</p>	<p>Every hostel is its own king- dom</p>

8.7: Early thematic map

8.8: Journal article

Counselling Psychology Review Cover Page Title:

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Word Count: 4978/5000 words

Keywords: multiple exclusions homelessness, complexity, interpersonal challenges, systemic pressures, psychologically informed environments

Abstract (research) - word count (249/250)

Homeless hostels sit outside of statutory services, yet they often house individuals with chronic and complex needs who are not able to access support elsewhere. Hostel staff work with individuals who have experienced multiple exclusions over a lifetime and who are struggling with multiple issues. This often means that staff are trying to support residents who find building relationships challenging and can be wary of organisations. Staff work in this challenging environment within a context of dwindling investment and funding. These interconnected issues make hostel work highly challenging. This qualitative study explored how hostel staff manage these different aspects of their work. Qualitative data was collected via six semi-structured interviews conducted over the phone or via skype with hostel staff working in homeless hostels in London. The data was analysed using thematic analysis. The study found that staff found two distinct aspects of hostel work challenging - building relationships with residents and working in a hostel sector under financial pressure. Working with complex clients was seen as a meaningful - if difficult - part of hostel work. Systemic pressures were frustrating and seen as hindering hostel work. Hostel staff are often engaged in complex psychological work which is rarely recognised as such. Approaches like psychologically informed environments offer only partial support

with these challenges. This study considered the nature of hostel work and how to best support those who engage in it.

Backgrounds/Aims/Objectives

Homelessness has been increasing over the last decade, with rough sleeping in London doubling since 2010 (Crisis, 2016/17). An increasingly precarious economic landscape plays a key role in perpetuating homelessness (Crisis, 2016/17). This is representative of a wider social problem in the UK in which ever-increasing wealth inequality continues to worsen (Stieglitz, 2015; BPS, 2016). Multiple exclusions homelessness (MEH) refers to one part of the homeless populations and describes those for whom a complex web of problems underpins and sustains chronic homelessness (McDonagh, 2011). MEH acknowledges that homelessness goes beyond the individual and represents a wider societal failing (Corners, Joly, O'Halloran, Manthorpe, 2011). When considering the psychological factors that lead to chronic homelessness equal attention needs to be paid to individual stories and the wider social context in which they unfold (Carter, 2007). Amongst the street homeless there are higher levels of anxiety, depression, suicide attempts, deliberate self-harm, and PTSD than amongst the general public (Cullum et al 1995; Haw et al, 2006; Gwadz et al, 2007; Rees, 2009). There is increasing evidence that childhood traumatic experiences significantly increase the likelihood of becoming homeless (Fitzpatrick, Bramley, and Johnson, 2012). Within the MEH population drug and alcohol misuse tends to occur early in life and is more likely to precede rather than be a consequence of homelessness (McDonagh, 2012). Developing effective ways to support those with a history of rough sleeping find a stable home is complex. Managing the different challenges of MEH residents is a significant and deeply challenging part of hostel work. Amongst care staff coping strategies included accepting the limitations of their influence on the lives of those they work with (Ferris et al, 2016), the importance of acknowledging small successes (Lakeman, 2011), being friendly but not overly so (Lakeman, 2011), and not taking challenging service user behaviour personally (Guhan & Liebling-Kalifari, 2011). However, despite these strategies, staff still take residents' issues home with them (Mowbray et al, 1996) and struggle with feelings of stress and demoralization (Ferris, 2016). Sick leave and staff turnover are also high (Robinson, 2014). Working in a role in which significant numbers of residents have experienced trauma also leaves hostel staff vulnerable to both secondary trauma and compassion fatigue (Figley, 1995). Beyond managing some of the emotional challenges of the work hostel staff reported high levels of frustration with bureaucracy within their organisations and the social care system more generally (Wirth et al, 2018). One approach that seeks to address some of these challenges is Psychologically Informed Environments (PIE). PIE is an

initiative designed to engage with the underlying causes of homelessness (Johnson and Haigh, 2010). In doing so it has the potential to break away from the historic refusal to acknowledge the complex psychological and social factors that lead to and sustain MEH (Scanlon and Adlam, 2008).

This study is interested in making sense of how staff manage the emotional and organisational challenges of hostel work.

Therefore, the research questions and aims for the qualitative study in this report were.

- To better understand the nature of hostel work as experienced by hostel staff.
- To consider the challenges presented by the decade-long squeeze of care sector services.
- To hear how staff approach working with residents who are difficult to reach.
- To interrogate the usefulness of approaches such as PIE in addressing the challenges of hostel work as described by hostel staff.

Methodology/Methods

Thematic Analysis (TA) was used in this research because it is theoretically flexible and therefore it is easier to engage with the experiences of staff without passing over the significance of systemic shifts in the care sector (Braun and Clarke, 2018). This was important due to the likely effects of systemic pressures on participants experiences of hostel work – as well as how they make sense of Psychologically informed environments (PIE).

Data was collected from managers and support workers currently working in London based hostels with maximum stays of 18 months. Three managers and four support workers were interviewed. Data was collected using semi-structured interviews. This method of data collection is highly compatible with TA because of its flexibility (Braun and Clarke, 2013). An interview schedule was produced ahead of the interviews and served as a guide rather than as a set of instructions (Galletta, 2013). The research followed the British Psychological Society's Code of Human Research Ethics (BPS, 2014). Prior to being interviewed all participants received information about the nature of the research and how it was going to be used. All participants volunteered to take part in the interviews and were told that they could withdraw at any time up to the point of the researcher's viva. Due to the COVID 19 pandemic all interviews were conducted over the phone or over Skype. The analysis followed Braun and Clarkes (2013) six phases approach to Thematic Analysis; data familiarization and writing familiarization notes,

systematic data coding, generating initial themes from coded and collated data, developing and reviewing themes, refining, defining and naming themes, and finally writing the report. Braun and Clarke (2006) emphasise that the stages are not concrete or discrete, but that analysis is an iterative process in which the researcher is continuously returning to earlier stages.

Results/Findings

“What am I doing here if I am not helping that person”: Finding meaning in hostel work.

Interviewees were motivated by a wish to improve the lives of the residents that they were working with. However, for some this wish was tempered by a realisation that for some residents' their stay in a hostel was part of an ongoing and repetitive cycle.

‘It’s kind of the revolving door... they’re back again and on the streets, back again into the service, and it just goes in circles.’ Claire, Support worker

This led participants to develop a more pragmatic approach to hostel referrals and expectations about what could be done for a resident during their tenancy. The desire to support current residents off drink or drugs or to successfully manage their mental health meant rejecting potential residents whose presence might jeopardize this.

‘So, it would be like, ‘yeah, this person’s going to be evicted. No point in coming here’. So, it just feels heartless. Claire, Support worker.

This concern about becoming ‘heartless’ was part of a broader question about identity – being the kind of person who believed that it is possible to help anyone and was always ready to ‘find a way’ and ‘stop that chain’ was an important part of how Claire saw herself.

‘I wouldn’t want to be that person, the person you, you know, you always hate... I want to be that kind person, like ‘we’ll figure out a way’. Claire, Support worker

Across the interviews, there was a recurring question about how to work with residents who do not seem to want to engage with hostel staff or were actively hostile towards them.

‘It is about support and a lot of people don’t actually want to be housed and the support that comes with it. They don’t want that expectation of them.. you come in ‘what would you like to do? Do you want this?’ and it is just like ‘no ones asked me this in like 20 years ... it is a very odd dynamic’ Tanya, Manager

Ambivalence about accepting support, verbal abuse from residents, and witnessing regular drug use were all part of this dilemma – how do you offer support to those residents who are not ready to accept it?

'You live your life, but your life is stepping into someone else's life. Yeah, so you might step out and have all of these different feelings but then you still need to go back in and step into somebody else's life which they live on a daily basis, but you still need to take it as a job at the same time. So, it's just like where does the boundary sit' Tanya, Manager

The challenge of working with ambivalence and hostility lies in determining boundaries. When does trying to work with someone's anger turn into being shouted at? When does encouraging someone to move on become bossing someone about? The clear mission statement of hostels to move residents onto independent living belies the challenge of working with some residents. Consequently, it is left for individual hostel staff to manage the challenge of working with a complexity that tests boundaries.

'A mopping up operation': Working in a care sector under strain.

Hostels are not a statutory service, but they are dependent on funding from government and local councils. They also work closely with prisons, hospitals, and mental health services to offer support and accommodation for individuals with nowhere else to go. Staff noted recent changes in the number and type of referral that hostels were receiving and which they attributed to pressure on the care sector.

'I think that maybe there's something to do with like the young people's pathway being completely saturated, like the mental health pathway is, so were seeing more of these clients who typically wouldn't come into sort of like our sort of hostels' Lucy, manager

'I see bed numbers slashed; I see staffing complements slashed' Simon, Support worker

The picture drawn by staff was one in which hostels were filling the gaps left by the closure, or reduced capacity, of other services. There was a feeling across the interviews that the mounting pressure created by the last ten years of cuts had resulted in hostels working with residents who needed more support than they could offer. The effects of this pressure were also felt in terms of their ability to hire and maintain a staff team. Lucy spoke about difficulties she faced putting together and sustaining a permanent staff team in the current climate.

'I think that like a lot of, just to do with how, how like exhausted and strained a lot of front-line workers are' Lucy, Manager

She described her team as one that was 'really lucky' to have a 'small, stable, close knit team'. This was achieved because both managers had worked together over several years to slowly build up a team that was full time and had a shared team identity. Despite this though she still reported feeling that the current staffing was at bare minimum.

'I think staffing wise, we're pretty much down to what you could safely run a hostel at' Lucy, Manager

This demanding work is seen as unskilled labour. In this case low pay is mistaken for low skill. Staff felt that over the last ten years salaries have slumped and that hostel work was poorly regarded despite the fact that staff are often working with people who have been deemed too complex for other services.

'I mean hostel work is very low paid compared to the unsociable hours and the work... So we're the poor cousin of the community health team. We're the poor cousins of social workers' Craig, Support worker

'Exhausted and strained' (Lucy) seems to capture both the state of the hostel sector and those who work in it. It is a picture in which the difficulties faced by the care sector more broadly was compounded by a sense of being undervalued. If you are aware that you are taking on people who have nowhere else to go but you feel as if you are treated as the 'poor cousins' – then tolerating some of the difficult dynamics described in the first theme is made that much more challenging.

Allowing 'them to get back to themselves': The therapeutic nature of hostel work.

One of the principal difficulties of hostel work is trying to support residents whose behaviour is challenging or who do not seem to be interested in engaging with staff. This often means finding ways to develop a working relationship with residents that goes beyond inviting someone to a key work session and asking them what they want.

'Okay I am not really meant to tell [hostel residents] what it is they want, and they're meant to lead [keywork sessions] themselves, but they don't really know what it is they want. It's a bit confusing' Tanya, Manager

Navigating this peculiar situation typically meant starting by listening to residents, treating them as individuals, and trying to make sense of their behaviour in terms of their life stories. Supporting residents was based on resident needs and often began with focusing on everyday tasks and recognising that helping residents to master seemingly small things was significant.

'You know, just the basic things to get them back in a routine even like making a bed in the morning. You know, just routine in itself when they, you know, just to remind them because they forget after a while ... that empowerment will allow them to get back to themselves' Claire, Support worker

Focusing on the work that could be done was a necessary pragmatic response to the often-chaotic nature of hostel work. However, it was also seen to foster a sense of personal agency – to 'remind' them what is possible. Hostel work covers a lot of ground – addiction, trauma, attachment difficulties, benefits, housing, personal hygiene, financial management, probation or legal concerns, and more besides. It is work that requires a person to develop knowledge about many different areas so that they can capably support residents to navigate the multiple issues in their lives.

'A hostel is a mismatch of everything, and you need many pockets of knowledge to be able to support everyone' Tanya, Manager

Those 'pockets of knowledge' are picked up on the job - but feeling that there was training that could help hostel staff to expand on their professional experience was highly valued. In a sense the appetite for training was also a hunger for recognition. Training is in part a recognition that hostel work is demanding and skilful – and that those who do it require supporting themselves.

“How do staff cope with this”: PIE in a care sector under strain.

When asked about PIE there were mixed feelings amongst interviewees - but what was most striking was the degree of uncertainty about what it actually was.

'I do think that there is a real misconception about what [PIE] is. I mean I have heard all sorts of things from people where they say, oh, what, so were expected to do the work of a psychologist' Simon, Support worker

'You've got to actually market [PIE] to people, people have to understand what it is, what they're getting into, and it's not going to be used as a rod to beat them with later on' Simon, Support worker

The idea of the failure to 'market' PIE to staff stood in contrast to how it was used to by service providers in sale pitches to secure contracts to run hostels.

'I've seen lots of organisations throwing PIE throughout all their sale literature, their marketing literature... I've actually seen people actually, are called to account for it... and it's been embarrassing to see them floundering around going I'm not quite sure what we do' Simon, Support worker

The fact that PIE is guided by quite general principles makes it difficult to assess how wholeheartedly it is being carried out. It also means that it is poorly equipped to deal with the practical everyday issues facing hostels. Participants spoke about experiences of working in hostels with engaged teams that felt supported and in others where there was a pervasive sense of hopelessness.

'I know some hostels which when I worked in the day centre, you know I was referring people to were just.. I used to go there myself and think 'how do staff cope with this?' Craig, Support worker

Running reflective practice and providing comprehensive training requires sustained effort and resources. However, there was concern that training or reliable reflective practice would be deemed too expensive by service providers – especially if support workers ultimately went to work for a competitor.

'The argument would be why would we invest in very expensive training... if you're just going to jump ship in six months' Simon, Support worker

PIE runs up against the current reality in the care sector in which training and adequate staff support are provided on very tight budget?

'But I've still got budgets I have to work to, they're pretty tight... they usually decrease year on year' Lucy, Manager

PIE aims to create more supportive environments for residents in part by offering support to the staff that work with them. This support allows staff to work and make sense of some of the more challenging aspects of hostel work. However, it has been rolled out in a context where budgets are tight. The two cannot be separated – for as long as budgets are tight core PIE practices are liable to be dropped because 'it's one of those things that's easy to put off for another day' (Simon).

Discussion

One of the principal aims of this research was to try to understand how hostel staff manage the challenges of working with residents who are ambivalent or hostile towards staff support. Staff spoke

about the difficulties of seeing service users return to drug use, direct racist and misogynistic abuse at them, and reject or ignore efforts to support them. Robert Barrat (1996) talks about the challenge of accepting the subjectivity of those with complex mental health difficulties – and that failing to do so often denies those individuals agency. This is something that the care profession (Hinshelwood, 2001) can be wary of – it is not their job to judge or to find fault, and acknowledging the subjectivity of others involves an element of this. Freud said of working with chronic schizophrenic patients:

‘I do not like these patients ... they make me angry and I find myself irritated to experience them so distant from myself and from all that is human’ (Freud, quoted in Hinshelwood, 2001)

That sense of distance – of not being able to make contact human to human – is perhaps one of the main difficulties of working in homeless hostels. When you are trying to support someone who has ‘no interest.. because of all the different things that have happened in their lives’ (Tanya) - you encounter a disconnect between your role as a support worker and that person's seemingly inexplicable behaviour. Feeling frustrated or hopeless about a resident is viewed as a personal failure – of not being the person who will always ‘figure out a way’ (Claire). What do you do when you are trying to care for someone who you find upsetting, or irritating, or unlikable. That managing feelings of dislike might be part of working with ‘difficult patients’ (Hinshelwood, 1999) seems to be something that is difficult to acknowledge in hostel work. What Barrat and Hinshelwood suggest is that acknowledging the subjectivity of those who have suffered greatly is a difficult but necessary part of working with complexity – and one that is often ignored. The focus on individual residents sometimes means that the complicated interpersonal nature of hostel work remains unexplored.

Scanlon and Adlam (2006, 2008) consider the subjectivity of chronically homeless people by considering how an individual's rejection of care is often a wholly rational response to a society that has consistently shown itself to be hostile and rejecting. They argue that the need to envisage a future in which all people are 'socially included' fails to consider the deeper societal roots of homelessness. This failure amounts to ‘stubborn refusal’ to acknowledge the ‘complexity, chronicity, and the part that society plays in perpetuating the very problems they seek to alleviate’. The determined effort of an organisation to house those they support can serve deny the complexity of the problem they are trying to remedy. This adds another complication to the nature of hostel staff and residents interactions. It is this paradoxical dynamic that hostel staff are often working with – one in which the offer of support might be experienced as hostile by residents.

This complex interpersonal work is further complicated by the current state of the care sector. The difficult work of building relationships with residents is compounded 'by all the others things' (Tanya) that hostel staff are expected to do. Working in a care sector where there was continuous pressure on services to provide more for less was a source of frustration and dissatisfaction. Hostels are part of a care sector that has seen increasing cuts to funding in real terms over the last decade (Maynard, 2017; Bottery and Ward, 2019). The search for ever greater efficiency in provision of care often translates into a reduction in pay for front-line care workers (Cunnigham and James, 2011,) and downward pressure on staff created by cuts to services deemed unnecessary (Baines and Cunningham, 2015). Hostel work takes place in a care sector under strain.

PIE seeks to improve how hostels run by focusing on four key areas of hostel life; staff training, reflective practice, using therapeutic principles to inform work with residents, and improving the physical environment. However, staff felt unsure about how it would help to solve existing systemic issues. Aside from the fact that PIE is limited when it comes to addressing systemic pressures on hostels – there is also the question of whether it is the most appropriate framework for making sense of homelessness and its causes. MEH describes an internal state bought about by exclusion experienced over a lifetime. PIE seeks to understand the internal world of those who suffer most in homeless hostels and to encourage staff to consider that in their work. However, if psychological harm is caused by rising social and economic inequalities (Wilkinson and Pickett, 2013) - then surely the best way to respond to that harm is to lessen those inequalities. MEH describes chronic homelessness as much as a social problem as an individual one. Although factors such as trauma and chaotic early experiences with attachment figures are a key part of the picture – these painful experiences are compounded by a society that seems unwilling or unable to help. If homelessness is a social issue, then it would require a social solution (Bracken and Thomas, 2004). The idea that a psychological or psychotherapeutic response is the best one might fall short of what is required. David Smail (2005) has made the argument that psychologists and psychotherapists should focus on the structural issues that lead to individual distress, and contends that psychotherapeutic interventions have little to no value. He contends that psychologists need to 'pass from an individualist to a social understanding of distress' (2001). PIE's focus on working from within hostels may in a sense collude with the very problem it seeks to address.

The hostel workers interviewed in this study were all committed to their work – they were interested in the sector and keen to develop professionally. However, their ability to do so was often hampered by the current state of the hostel and care sector. In order to support MEH residents there needs to be

services in place that are sufficiently staffed and funded to offer the kind of long-term support required. The fact that this is not the case frustrates hostel staff in their efforts to offer support. Outside of these practical shortcomings, there is also the question of how to make sense of and work with MEH residents. Is a psychologically informed environment in which staff are encouraged to embrace psychotherapeutic principles sufficient or does this fail to recognise the societal failings that led to and underpin chronic homelessness.

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