

**The experiences of seeking and receiving psychological support of
homeless people who are from a minority ethnic background: An
Interpretative Phenomenological Analysis (IPA).**

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Abstract

The research explored the experiences of seeking and receiving psychological support, of homeless people who are from a minority ethnic background. Ten homeless participants who are from a minority ethnic background were recruited from homeless hostels in South London. Semi structured interviews were used for data collection. The interview schedule consisted of six questions related to themes of seeking and receiving psychological support, the contextual influences of the ongoing coronavirus pandemic and the Black Lives Matter (BLM) movement. Interpretative Phenomenological Analysis (IPA) was used to analyse the data. Four main themes emerged from analysis which included: 'Impact on the 'self': *'I was just a shadow walking the streets'*; 'Abandoned and mistreated: seeking emotional support'; 'Devalued, invisible and powerless: acquiring emotional support' and 'Multiple inequalities: racism, discrimination, and coronavirus'. The findings highlighted that the participants felt dehumanised and devalued by interactions with professionals. Participants described a strong ambivalence towards seeking psychological support and connected this with experiences of feeling mistreated, ignored, and abandoned by a range of professionals and services. Moreover, the impact of culture, family dynamics and early trauma, all influenced the participants' ambivalence towards seeking psychological support or decision to avoid support completely. Another key finding highlighted the power imbalance between participants and professionals. Participants described feelings of powerlessness which related to conflicting feelings towards seeking psychological support. Most of the participants described feeling unacknowledged, devalued, and unwanted when they had received psychological support with professionals; which negatively impacted their decision to seek further support. Moreover, participants had experienced racism and discrimination throughout their lives from different sources in the society. The BLM movement evoked difficult feelings that related to systemic racism and intersectionality, where participants felt positioned at the lowest position in society. Lastly, the coronavirus pandemic

exacerbated feelings of social exclusion, highlighted further health inequalities and unequal access to resources in society.

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Abbreviations

A&E Accident and Emergency

BAME Black, Asian and Minority ethnic

BME Black and Minority ethnic

BLM Black Lives Matter

BPS British psychology society

ETHOS European Typology on Homelessness and Housing Exclusion

FEANTSA Homelessness and European Federation of National Organisations Working with Homeless

GP General Practitioner

MH Mental Health

NHS National Health Service

PIE Psychological Informed Environment

PiH Psychology in Hostels

SIT Social identity theory

Chapter 1: Introduction

I worked for the Psychology in Hostels (PiH) project for 2 years, which delivers a Psychological Informed Environment (PIE) approach within homeless hostels in London. I worked with homeless people who are often described as 'hard to reach', 'chaotic' and struggle to engage with services or professionals (Drake et al., 1991; Bristow et al., 2011). I noticed that homeless people who are from a minority ethnic background had a little contact with services and were further marginalised in society. When researching into this group and their experiences of engaging with mental health services, I noticed a lack of research capturing the authentic experiences of this group. Moreover, whilst working with this group and supporting them to engage with different services, I became aware of the cultural, social, and societal inequalities that they experience from professionals, services, and society.

It became increasingly apparent that the homeless were not 'hard to reach', and I observed that homeless people experienced unnecessary barriers to accessing health services, such as having no 'fixed' address which unfairly prevented them from accessing vital support (Bristow et al., 2011). Whilst there are distinctive features of the homeless population which influence their capacity to engage with mental health services, it became ever more apparent that homeless people were also subjected to on-going stigma, negative and stigmatised labels from the public but also services (Nazroo, 1997; Lister, 2004). Working at the PiH project increased my understanding of the multiple barriers homeless people experience when attempting to access services, and how the public negatively perceive the homeless population (Parsell, 2018). These experiences of working with homeless people continue to remain with me, and contribute to the focus of the current research.

UK society is continuing to fail the homeless population, specifically homeless people who are from marginalised groups and minority ethnic backgrounds (Marlow, 2018; Waters, 2000; Reeve, 2017). There has been a dramatic rise of people who experience homelessness from a minority ethnic background and Black people are disproportionately affected by homelessness (MHCLG,

2020; Netto, 2006). UK government's annual homeless statistics highlight that 1 in 23 Black households are affected by homelessness compared to 1 in 83 households from all other ethnicities (MHCLG, 2020). These figures expose the underlying systemic racism, discrimination, and inequalities that homeless people from a minority ethnic group endure (Johnstone et al., 2015; Gunner et al., 2019). Furthermore, the recent global support of the Black Lives Matter (BLM) movement in 2020, communicated to the world that 'Black Lives Matter'; yet Black people are increasingly experiencing homelessness (MHCLG, 2020; Netto, 2006). Moreover, the global pandemic triggered the UK government to drive all their resources into moving rough sleepers from the streets in March 2020 (Kirby, 2020; Flook et al., 2020). Whilst this was an effective collective crisis response to homelessness within a pandemic, it also highlights the lack of response towards reducing homelessness prior to the coronavirus pandemic (Fitzpatrick, 2021).

People who are homeless experience multiple health and social needs. In the UK, the average life expectancy of a homeless woman is 43 and 47 for a man (Blackburn, 2019), which is a reduction of nearly 40 years compared with men and women who are not homeless (ONS, 2021). There are also extremely high rates of suicide within the homeless population, and in 2020 there were 74 registered suicide deaths of people who were homeless in the UK (ONS, 2020; Aldridge et al., 2018). Homeless people are likely to experience histories of neglect, deprivation, childhood abuse, interrupted education, and involvement with the criminal justice system (Bax et al., 2019). This leads to severe and enduring psychological issues associated with a disrupted early life.

The coronavirus pandemic has highlighted further health inequalities within the homeless minority ethnic groups in the UK. People from certain ethnic backgrounds, such as Black and Bangladeshi ethnicity, are more likely to develop serious symptoms or die from coronavirus virus than people who are from a White ethnicity (Public Health England, 2020; Sobo et al., 2020). Homeless people are particularly vulnerable to the infection of coronavirus, due to reduced access from healthcare and basic sanitation, poor living conditions and experiencing multiple chronic health

conditions (Kirby, 2020; Flook et al., 2020; Lima et al., 2020). Despite these concerning health inequalities and significant health needs, homeless people continue to struggle to access the healthcare they require and experience greater societal inequalities (Nazroo et al., 2009). It has been a long-standing issue within healthcare, that homeless people experience difficulties with accessing services. Increasingly, there is a greater need for homeless people to access mental health services and receive psychological support. The research will specifically explore the topic of seeking and receiving psychological support with homeless people who are from a minority ethnic group.

Chapter 2: Literature review

2.1 Introduction

The chapter begins by defining the language used to describe different 'ethnic groups', which is vital to clarify given the focus of the research. The first section highlights the problematic use of collective terms to describe ethnic groups, such as 'BAME' and 'BME'. An overview of the different collective terms used in UK society is presented, with attention drawn specifically to the BAME term, which continues to be widely used within UK society (Aspinall, 2020). Moreover, the section highlights the popular and misleading use of the 'BAME' term during the coronavirus pandemic. Following the discussion on the language surrounding ethnicity, a rationale is presented for the use of the term 'minority ethnic' in place of 'BAME' throughout the research.

The next section moves onto defining homelessness, which is again vital to clarify the focus of the research. The section moves on to the research topic of people experiencing homelessness who are from a minority ethnic background. The research was conducted throughout the coronavirus pandemic, thus it is important to contextualise the research topic in relation to that pandemic. The section discusses how coronavirus impacted the homeless population in the UK. Furthermore, it is important to consider not only how the pandemic affected the homeless population, but also the response from the UK government to the issue of homelessness during the pandemic. The section highlights another contextual issue, namely the BLM movement and how it significantly impacted people from multiple minority ethnic groups. The BLM movement gained accelerated support within the UK in 2020 and thus influenced all aspects of the research (Joseph-Salisbury et al., 2021; Evans et al., 2020; Sobo et al., 2020). An overview of BLM movement is presented along with further discussions throughout the research of the impact of the BLM movement on homeless people who are from a minority ethnic background.

The chapter moves on to exploring the needs of the homeless population, specifically their multiple health needs. This begins the argument of how the issue of homelessness is relevant to the

counselling psychology discipline. There is a focus of how homelessness significantly impacts the psychological well-being of an individual (Schanzer et al., 2007; Bhugra, 2007; Cockersell, 2018). Moreover, to provide context of the limited services available to the homeless, a description of the mental health services available for homeless people in the UK is outlined; including current specialist psychotherapy services for homeless people in London. This leads onto the section of discrimination, stigma and how this is also related to accessing psychological support. This contributes to the argument of the relevance of the research topic to the counselling psychology discipline, which highlights homelessness as a social justice issue and explores how social justice issues form a core aspect of the counselling psychology discipline.

The next section moves onto detailing a theoretical background to homelessness. Homelessness research is multidisciplinary and has traditionally stemmed from housing and social policy in the UK (Fitzpatrick, 2005). The section provides an overview of the traditional UK 'individualistic' and 'structural' explanations of homelessness (Fitzpatrick, 2017), before approaching more contemporary understanding of homelessness, such as the intersectionality approach. As the focus of the research is exploring experiences and highlighting how homelessness is relevant to counselling psychology, there is a focus of psychological perspectives which are used to understand the experiences of homeless people. It must be noted that the psychological theory can be applied to different types of issues, and more increasingly it is being used to understand experiences of homelessness. There is an overview of the psychodynamic perspective and social identity theory (SIT), concerning how these theories can be applied to make sense of homeless experiences.

The chapter moves onto exploring prior research related to the topic area. There is a critical literature review of prior research that has explored homeless people's experiences of seeking and receiving psychological support, specifically from people who are from a minority ethnic background. As the research is focussed on exploring experiences, critical reflections of qualitative research which are closely aligned to the research question are discussed. The studies are coherently

analysed, considering certain methodological issues and how they have positively contributed to knowledge of the research topic. Finally, after reviewing the literature, the rationale of the research question is presented.

2.2 Search strategy

The literature review was conducted using three specialist databases, EBSCOhost, PsychINFO and PsycArticles, to gather research articles related to homeless people's experiences of psychological support who are from a minority ethnic background. The initial search identified a total of 109 articles of which 103 were from APA PsychInfo and six from APA PsycArticles. The 'snowballing technique' was used to find relevant journal articles which were related to experiences of people who are both homeless and from a minority ethnic background seeking psychological support (Ridley, 2008). Articles which explored the subjective experience of people who are homeless were favoured. In addition, specific searches on Google scholar using key words related to the research question were also used to locate journals that were not identified from the searches on the databases.

2.3 A note on language regarding defining ethnic groups

Society has continually used inappropriate words, phrases and collective terms to describe people who are from a minority ethnic group. Therefore, when researching with minority ethnic groups, it is important to acknowledge the painful history of the term 'race' and the ongoing problematic use of words used to describe an individual's ethnicity. Moreover, it is important for the research to provide a clear rationale of the chosen language as well as a critical discussion of the impact of this.

2.3.1 Race

The term 'race' historically involved the categorisation of people based on a combination of visible physical features and phenotypical characteristics which are identified by others as reflecting

geographical and ancestry origins (Aspinall, 2021; Bhopal, 2004). This biological categorisation of race was invalid and poorly defined (Bhopal, 2004). The modern concept of race has developed to emphasise the importance of social factors to explore populations with different ancestral origins (Bhopal, 2004). The term race has had a controversial and painful history of oppressing people, and should be used with caution when describing a specific population (Desai, 2018).

2.3.2 Ethnicity

The term 'ethnicity' refers to a social group in which a person identifies with belonging to or is identified by others as belonging to (Bhopal, 2004). This social group includes factors such as religion, language, geographical location and ancestry (Bhopal, 2004). Notably, the term ethnicity is increasingly used interchangeably with the term race, and both terms are more widely perceived as socially constructed (Aspinall, 2021; Bhopal, 2004).

2.3.3 'BAME', 'BME' and 'non-White'

Within the UK, there have been many terms such as 'non White', 'BAME' and 'BME', which are used to describe ethnic groups apart from the White British ethnicity (Khunti et al., 2020). The use of such terminology has caused much controversy and debate, as it appears to focus on skin colour and group together people who are from diverse and different cultural, religious and social backgrounds (Khunti et al., 2020). Moreover, it has been argued that these terms may represent multiple meanings, which could include a 'racialized expression' (Aspinall, 2020).

The acronym 'BME' stands for Black and Minority Ethnic, and was first used in the UK in the 1980s in Parliament (Aspinall, 2020). The term was criticised for not including 'Asian' ethnicities. Subsequently, the term 'BAME' was introduced in the last two decades to include people from an 'Asian background' (Aspinall, 2020). The acronym 'BAME' refers to a range of ethnic groups which comprise of Black, Asian, and mixed ethnicities in the UK that are not White British (Aspinall, 2002). The BAME term continues to be problematic, as it is an umbrella term which groups together all

people who are essentially 'non-White'. It assumes homogeneity of experiences. Consequently, the term does not adequately detail the cultural, social and religious characteristics of the individual (Khunti et al., 2020; Bhopal, 2004). Furthermore, the literature indicates that very few people from a minority ethnic background identify with the BAME term (Milner & Jumbe, 2020).

The BAME term appears to be non-inclusive of people who are from White minority backgrounds. Moreover, the term specifically focusses on selected 'Black' and 'Asian' pan-ethnicities, which causes further exclusion of groups which do not relate to these selected pan-ethnicities (Black British Academics, 2020). It also suggests that 'Black' and 'Asian' populations are not 'minority ethnics'. Despite the downfalls of the BAME term, it has gained popularity within UK society and continues to be widely used by the government, civil service departments, NHS and third sector organisations (Aspinall, 2020).

Within UK society, the BAME term was used repeatedly throughout the coronavirus pandemic (Aspinall, 2020). There was a common narrative that people from BAME backgrounds were more likely to experience severe symptoms of covid-19 and that the mortality rate was highest for people who are from a Black African ethnicity group (Aspinall, 2020). This caused much controversy and it evoked official petitions being submitted to the UK Government and Parliament requesting the review of, or banning, the 'BAME' term (Aspinall, 2021). Some of the petitions highlighted the BAME term appeared to obscure or not accurately represent the needs of the Black community (Aspinall, 2021). The Commission on Race and Ethnic Disparities advised the UK government to stop using the term BAME in March 2021 (Racial disparity unit, 2021; GOV.UK, 2021).

2.3.4 'Ethnic minorities'

Whilst acknowledging how these terms are problematic, when used appropriately within research and policy, they can highlight important realities and experiences that people from a minority ethnic background experience (Khunti et al., 2000). It has been highlighted that research

should focus on exploring specific ethnic populations rather than collective ‘minority ethnic groups’. However, inappropriate conclusions, such as assuming homogenous experiences, may also be drawn from research on specific ethnic populations (Khunti et al., 2020). Current literature recommends that academic researchers find the most suitable term to describe the chosen population required for the research, specifically in regard to interpretation of findings (Khunti et al., 2020).

The Covid-19 disparities report advised the UK government and public to refer to specific minority ethnic groups individually, as opposed to the use of a collective term such as BAME (Racial disparity unit, 2021). The UK government advises that they now use the word ‘ethnic minorities’ to describe all ethnic groups apart from White British (GOV.UK, 2021). Furthermore, the term ‘ethnic minorities’ includes White minority groups, such as Roma, Gypsy, and Irish groups from a traveller background (Aspinall, 2020; GOV.UK, 2021). Taking this into consideration and the recent UK government guidelines (GOV.UK, 2021), the term ‘minority ethnic’ or ‘ethnic minority’ appeared the most suitable term to use for the research. The researcher acknowledges that ‘minority ethnic’ continues to be a problematic term to categorise a diverse range of ethnicities. However, there is a need for a term in the research project to highlight the distinct experiences of homeless people who are from a minority ethnic background, as well as to highlight social injustice and inequalities (Khunti et al., 2020). The findings from the research will not assume all people share a common experience. Moreover, the use of the term ‘minority ethnic’ will not exclude any minority ethnic groups throughout the research project.

2.4 Defining Homelessness

Social scientists and researchers in the field have had difficulty arriving at a comprehensive definition of ‘homelessness’, owing to the variety of precarious living situations the term encompasses. However, at its core it can be understood as *lacking access to housing, shelter or living in adequate housing* (Busch-Geertsema et al., 2016). Worldwide, the definitions of homelessness vary a great deal and they are often formed from a lack of conceptual understanding (Amore et al.,

2011). The European Typology on Homelessness and Housing Exclusion (ETHOS) is a conceptual definition of homelessness which is a recognised global definition of homelessness (Busch-Geertsema, Culhane & Fitzpatrick, 2015). The ETHOS model was originally developed in 2004, by the European Observatory on Homelessness and the European Federation of National Organisations working with the Homeless (FEANTSA), to improve research and gather homeless statistics more accurately (Edgar, 2012). The ETHOS model describes what 'living situations' constitutes as a 'home'. The model highlights three categories necessary to form an adequate home. To constitute a home includes a 'physical domain' of an adequate accommodation to meet the needs of the individual or a family. The 'social domain' includes that the individual or family are able to socialise and experience adequate privacy. Lastly, the 'legal domain' refers to the legal right of the individual to live in the accommodation and have exclusive possession (Amore et al., 2011). If there is an absence of one of the three domains, this would be categorised as housing exclusion and if there is an absence of all three, this would be defined as homelessness according to the model (Amore et al., 2011).

Within England, there is a legal definition of homelessness. The Housing Act of 1996 highlights the different types of homelessness which includes having no access to accommodation in the UK or abroad. Another type is where the individual has insufficient legal status to occupy the accommodation. Moreover, a person is classed as homeless if they are living in inadequate housing conditions, living in moveable structures and split households where the whole household is unable to live together. The Housing Act of 1996 also refers to people who are at risk of homelessness such as people who are at risk of violence or unable to secure entry to their accommodation. Whilst the Act identifies what is legally defined as being homeless, there are other forms of homelessness which are not captured within the Act which could lead to individuals not receiving the support they require. This includes people living in temporary accommodation, places such as homeless hostels, night shelters and refuges, who are classed as homeless (Amore, 2013). Moreover, 'hidden homelessness' is a term that refers to people who are 'hidden' from homeless services and therefore from any statistics (Reeve, 2011). These groups of people may choose to deal with their unstable

living situation by staying with friends, family, 'sofa surfing' or living in unsuitable housing (Reeve, 2011). Lastly, 'statutory homelessness' involves people living in households but who are at risk of becoming homeless, and in which their local authority will support them to prevent them from becoming homeless (Bramley, 2007).

These dominant definitions of homelessness from the ETHOS model, formed in the UK by the Housing Act definition, fail to capture the complexity and reality of homelessness. Whilst one aspect of being homeless involves a lack of housing, the reality of what homelessness is to each individual is more complex. Homeless people lack the most fundamental resource of a home, and because of this 'houseless' status, they also lack access to many other resources in society such as healthcare, mental health support, education and work opportunities (Cockersell, 2018). Therefore, it could be argued that homelessness is not only a lack of access to housing, but also many resources in the society. Moreover, in combination with lack of access to resources in society, there are also many losses that a homeless individual experiences, such as loss of relationships with family and friends (Cockersell, 2018).

The following research acknowledges how current definitions of homelessness do not account for the experience and the reality of homeless. To ensure clarity of the language used throughout the research, the research will include other forms of homelessness which are not captured in the Housing Act of 1996, such as people living in temporarily accommodation and this will be explored further in Section 3.2.

2.5 Homelessness in the UK

The extent of homelessness has always been difficult to quantify and it is therefore also difficult to capture accurate homelessness statistics in the UK. Rough sleeping, sleeping outside on the streets, is the most 'visible' form of homelessness, where people do not have access to any shelter or have their basic needs met (Cockersell, 2018). Prior to the coronavirus pandemic, since 2010, rough sleeping had increased each year, with an increase of 141% over the past nine years

(Homeless link, 2019). Moreover, prior to the coronavirus pandemic, over the last five years there has been an increase of 55% of rough sleeping (Homeless link, 2019). Statistics from the Ministry of Housing, Communities and Local Government (MHCLG), highlight that in Autumn 2020, 2,688 people were estimated to be sleeping rough on a typical night. Notably, this was a 37% reduction from the previous year in 2019 where an estimated of 4,677 people were sleeping rough. Statistics from the MHCLG highlight that between January to March 2021, 68,250 households were classed as statutory homelessness which was down 10.7% compared to January to March 2020. This slight decrease in statutory homelessness reflects the government's response to the Covid-19 pandemic, to move rough sleepers into temporary accommodation. It is important to note that prior to this, statutory homelessness was rising each year. Between January and March 2020, the MHCLG reported an estimate of 70,430 households were considered homeless or threatened by homelessness, an 10.7% increase from April to June 2019. Between the months of April to June 2019, the MHCLG assessed 68,170 households that were considered homeless which was an increase of 11.4% from the year before. Overall, the recent reduction in rough sleeping by 37 % and statutory homelessness by 10.7% in 2020, reflects the government's response to the Covid-19 pandemic. Despite this slight reduction, the overall figures highlight that homelessness continues to be a crisis in the UK and worldwide.

2.6 Contextual influences: Coronavirus and the 'Black Lives Matter' movement

The Covid-19 pandemic impacted everyone in the UK, especially the homeless population who are more likely to suffer from multiple health conditions, live in crowded conditions or on the streets and are therefore more vulnerable to infections (Kirby, 2020; Flook et al., 2020). In the UK, the concerns of the homeless population experiencing outbreaks of Covid-19 led to several responses by the government. In March 2020, local authorities were instructed to urgently move all rough sleepers to emergency accommodation to enable homeless people to isolate separately and prevent concentrated outbreaks (Kirby, 2020). There were two main accommodation interventions for the homeless population, including COVID-PROTECT, which provided accommodation for

homeless adults, and COVID-CARE, which also provided medical support for homeless people experiencing symptoms of Covid-19 (Kirby, 2020; Flook et al., 2020). Notably, there was a change in perception and response to homelessness at the start of the coronavirus pandemic. Homelessness was positioned as a public health issue which sparked a sense of urgency and the crisis response to address homelessness, specifically rough sleeping, which had not been done previously (Fitzpatrick, 2021).

During the coronavirus pandemic, there was also an accelerated global support of the BLM movement in 2020. The murder of George Floyd by a Minnesota police officer triggered a series of protests across the United States of America (USA) and around the world (Joseph-Salisbury et al., 2021; Evans et al., 2020; Sobo et al., 2020). Within the UK, the BLM movement gained accelerated support after the protests in the USA, and multiple large protests subsequently occurred throughout the UK. It appeared that the protests were not only a response to police brutality in the USA, but also a build-up of years of frustration in relation to on-going structural racism and the entrenched history of slavery and colonialism within the UK (Joseph-Salisbury et al., 2021). Moreover, incidents such as the Windrush scandal, the Grenfell Tower fire and the over policing of Black communities within the UK were focused on throughout the BLM movement in the UK (Joseph-Salisbury et al., 2021). All protests continued to take place in the context of the coronavirus pandemic and there were specific UK government public restrictions at the time. This appeared to exacerbate the on-going frustration towards the underlying systemic racism within policing in the UK (Joseph-Salisbury et al., 2021). Notably, there was little narrative around the homeless population throughout the BLM movement in the UK, and there appears to be little research exploring homeless peoples' experiences of the BLM movement who were specifically from a minority ethnic background. It could be argued that this shares parallels with how this population are often excluded in society. They continue to experience the consequences of systemic racism and further societal discrimination, leading to health and racial inequalities (Fusaro, et al., 2018; Olivet, 2021; Weisz et al., 2018).

2.7 Homelessness and mental health

Homelessness significantly affects the psychological wellbeing of an individual (Schanzer et al., 2007; Bhugra, 2007; Cockersell, 2018). The physical and mental health needs of homeless people are greater than those of the general population (Fazel et al., 2014). Homeless people experience significant physical health issues including the highest rates of bloodborne virus infections, chronic health conditions, undiagnosed health conditions, cognitive deficits from substance use and poor nutrition (Aldridge et al., 2018).

In the UK, the Homeless link conducted a large survey of the mental health needs of the homeless population, highlighting that 80% of people reported mental health issues (Homeless link, 2014). The level of mental health diagnoses within the homeless population is almost double (44%) that of the general population (Homeless link, 2014). A recent systematic review and meta-analysis of 31 studies of the prevalence of psychotic disorders within the homeless population indicated a higher prevalence of 'overall psychosis' (21.21%) within the homeless population (Ayano et al., 2019). Moreover, there was a higher prevalence of psychotic disorders among the homeless population in comparison to the prevalence among the general population across the 31 studies (Ayano et al., 2019). The high level of mental illness among the homeless population is both a selection effect and causative. Homelessness causes poorer mental health and is an outcome of persistent and serious mental illness (Patten, 2017). This aligns with the growing body of evidence that highlights the association between homelessness and trauma (Cockersell, 2018; Maguire, 2010).

Substance misuse is prevalent within the homeless population (Timms et al., 2021). The UK government statistics in 2017 highlight that 32% of deaths recorded in the homeless population were due to drug poisoning, compared to 1% of the general population (ONS, 2020). Substances such as opiates, heroin and crack cocaine appear to be commonly used with homeless people who uses drugs (Timms et al., 2021). Moreover, the use of the substance 'spice' which is a synthetic cannabinoid receptor agonist (SCRA), was found to be widely used with homeless people who use substances (Advisory Council on the Misuse of Drugs 2019).

2.7.1 Mental health and homeless people from a minority ethnic group

There is increasing evidence that suggests that a rising number of homeless people are from a minority ethnic background (MHCLG, 2020; Netto, 2006). It is well documented that people from ethnic minority groups have poorer health outcomes than the white British population (Feng et al., 2016; Grey et al., 2013; Evandrou et al., 2016). In addition, people from an ethnic minority are more likely to have a shorter life expectancy than the general population (Memon et al., 2016). A growing body of research highlights that the ethnic inequalities within health may also reflect the socio and economic inequalities within the ethnic minority group (Grey et al., 2013, Evandrou et al., 2016). This can be seen within unemployment rates which are the highest for ethnic minority groups (Powell, 2019). In addition, there is a higher proportion of people from an ethnic minority background living in low-income households compared to white British people (Nazroo et al., 2009). It must be noted that there appears to be an association between ethnic inequalities within health and socioeconomic inequalities, but this does not indicate a direct link and many factors influence health inequality.

People from minority ethnic groups also experience higher rates of certain mental health diagnoses such as psychotic disorders (King et al., 1994; Coid et al., 2008; Robinson et al., 2011). People from minority ethnic groups are more likely to be detained under the Mental Health Act 1983 and to experience compulsory admissions to hospital (Morgan et al., 2005). Also, people from minority ethnic backgrounds are overrepresented within the prison population, which also experiences higher mental health problems than the general population (Nazroo, 1997). It has been suggested that the discrimination, poverty and under-representation of minority groups in psychiatry, psychology and the medical profession that minority ethnic groups experience contribute to these higher rates of psychosis diagnoses (Veling et al., 2007). Relating this to the homeless population who are from a minority ethnic background, it is likely that they experience higher rates of mental health issues, given that the general homeless population experience higher rates of mental health and people from a minority ethnic background experience higher rates of certain

mental health diagnoses (Cockersell, 2018; King et al., 1994; Coid et al., 2008; Robinson et al., 2011). This contributes to the argument that homeless minority ethnic groups are particularly in need of accessing psychological support, and thus relevant to the counselling psychology discipline.

Different ethnic groups understand mental health in different ways and mental health stigma exists in many ethnic groups. The way in which people socially construct mental health is an important theme for understanding mental health within certain minority ethnic groups (Kleinman et al., 2006). Research has highlighted that homeless people who also experience mental health issues are one of the most marginalised groups in society (Skosireva et al., 2014). It could be argued that the homeless population who are from a minority ethnic background are one of the most marginalised groups in society, as this group not only experiences further health inequalities and poor health outcomes but also further societal discrimination and racism (Robinson et al., 2011; Nazroo, 1997; King et al., 1994 & Coid et al., 2008; Weisz et al., 2018). Racism is linked to poor physical health, mental health difficulties such as depression and difficulty coping with severe events (Bhui et al., 2018; Polanco-Roman et al., 2016; Chou et al., 2012; Pascoe et al., 2009). Moreover, race based traumatic stress theory, highlights that individuals who experience racial discrimination, either interpersonal or structural, experience traumatic stress reactions (Carter, 2007). Therefore, the minority ethnic homeless group are at a greater risk of experiencing poor mental health due to societal discrimination and racism, and consequently are at risk of being further marginalised in society (Robinson et al., 2011; Nazroo, 1997; King et al., 1994 & Coid et al., 2008; Weisz et al., 2018). This provides the rationale for the chosen focus groups of the research, which are homeless people who are specifically from a minority ethnic background. It appears that this group experiences high mental health needs and societal discrimination, and would benefit from accessing psychological support. Moreover, given that this group is likely to experience marginalisation in society, it is extremely important to explore whether there are services available and whether these services are able to 'reach' this group. The following section will explore what mental health services are currently available for homeless people in the UK.

2.8 Mental health services for homeless people within the UK

As described previously, homeless people from a minority ethnic background experience high mental health needs and consequently require mental health input. However the majority of NHS psychological therapy services do not cater to or effectively address the mental health needs of the homeless population (Timms, 2021; Caravan, 2012). This is partly due to a rigid exclusion and inclusion criteria that NHS mental health services hold for accessing psychological therapies; such as excluding any individual who is engaging with substance use or experiencing 'housing instability'. There are very limited specialist NHS mental health services for homeless people. However, the NHS recognises the significant mental health needs of the homeless population and has addressed this need within the NHS 'Long Term Plan 2019/2020' (NHS England, 2019). This document highlights the need for better mental health interventions for people who are experiencing homelessness (NHS England, 2019). Moreover, NHS England have committed to spending up to £30 million on health services over the next five years for homeless people who are sleeping rough (MHCLG, 2018). Therefore, providing accessible health services to homeless people is a priority for the government and NHS England. The following section will provide an overview of the general NHS services available for homeless people, as well as third sector organisations.

2.8.1 NHS services

Specialist mental health outreach services for rough sleepers

In response to the NHS Long Term Plan (NHS England 2019) initiative, specialist services have been set up to work with people who are sleeping rough. Seven areas in the UK have been identified that are experiencing a high number of rough sleepers. The specialist teams comprise of multidisciplinary professionals including psychologists, psychiatrists, doctors, nurses and other clinicians to provide mental health support to homeless people. The team co-ordinates and works together with existing teams within the area, including existing physical health services, organisations providing accommodation and drug and alcohol services. By 2023/24, it is expected that at least twenty areas in the UK will have specialist rough sleeping teams set up.

2.8.2 Third sector organisations and partnership working

Despite the NHS Long Term Plan (NHS England, 2019) and the set-up of services to address rough sleeping, there continues to be limited mental health services which provide adequate mental health support to the homeless population. However, the charity sector offers significant support to homeless people in a variety of ways, such as providing shelter, accommodation, support with rebuilding lives and mental health support. Several homeless charities such as St Mungo's and Thames Reach work in partnerships with organisations including the NHS, to provide specialist psychological support to the homeless population. The following section highlights the main charities which provide health support to homeless people in England, and an overview of specialist third sector services in London.

Pathway

The 'Pathway' programme was established in 2009 by the homeless charity Pathway, which aimed at providing specialist care coordination teams for homeless people to improve health outcomes. The programme recognised the issue of long term homelessness in the UK and often this is associated with 'tri-morbidity', which includes experiencing a combination of physical health, mental health and substance misuse issues (Hewett, 2012). The programme aimed to form an approach which enables integrated care of the person experiencing homelessness, taking into consideration their multiple health needs. The specialist pathway teams are led by a General Practitioner (GP). The pathway teams offer multidisciplinary care which offers specialised ward rounds involving an MDT, patient advocacy, co-regarding discharge and further appointments, as well as liaising with other community services (Wyatt, 2017). Furthermore, the pathway teams offer specialist support to the services involved in the homeless person's care (Field et al., 2019). The teams also consist of care navigators who also have lived experience of homelessness and are able to provide their expertise by experience (Field et al., 2019). Overall, the Pathway teams provide an innovative and holistic care to homeless patients. The programme which was first established at the University College London Hospital (UCLH), and expanded further to ten Pathway teams across the

UK (Wyatt, 2017). The Pathway teams support the local NHS services as well working alongside existing homeless services and charities. Overall, the Pathway charity continues to support existing teams throughout England and has supported a total of eleven hospitals to form specialist homeless health teams.

Lifeworks – St Mungo’s

Several third sector organisations provide individual psychotherapy to homeless people in London. One innovative project called ‘Lifeworks’ provides individual psychodynamic psychotherapy to homeless people who are living at or working with St Mungo’s services (Cockersell, 2018). This service was formed in 2008 and continues to provide psychotherapy to homeless clients at present. The service consists of a number of qualified psychodynamic psychotherapists, and the staff receive regular clinical supervision as well as group reflective practice (Cockersell, 2018). Unlike the majority of NHS psychological therapies service, there is no exclusion criteria apart from clients’ need to be in contact with St Mungo’s service. The keyworker staff based in St Mungo’s are able to refer clients who they are working with to the service or clients can self-refer (Cockersell, 2018). The psychotherapy is provided in various GP surgeries, day centres and other locations which had rented therapy rooms.

2.8.3 Psychology Informed Environments (PIEs) for homeless people

A Psychologically Informed Environment (PIE) uses a shared psychological and relational framework to inform all aspects of a support setting for homeless people (Williamson, 2018). The PIE approach was recommended as best practice by the National Mental Health Development and Department of Communities and Local Government (Williamson, 2018). The purpose of a PIE is to facilitate clients to make changes within their lives (Keats et al., 2012). Furthermore, PIEs are also important with supporting staff and services to work effectively with clients and form a deeper understanding of their clients (Keats et al., 2012).

Psychology in Hostels project

The Psychology in Hostels (PiH) project was formed from partnership working between South London and Maudsley NHS trust (SLaM), the homeless charity Thames Reach and the London Borough Lambeth Commissioning Team for Adults and Health (Williamson, 2018). The Lambeth PiH project uses a PIE approach within homeless hostels to provide mental health support to homeless residents as well as support to staff (Williamson, 2018). As part of the PIE approach, the NHS psychologists and assistant psychologists are based in the three homeless hostels in Lambeth. The project not only provides formal individual and group psychological therapy to homeless residents, but also provides reflective practice to staff, training, clinical supervision, shared leadership and attends to the physical environment, all of which are informed by shared psychological thinking (Williamson, 2018). Furthermore, the PiH aims to remove existing barriers to therapy such as rigid inclusion criteria and has a 'open door policy' to any resident living in the hostel. Therefore, homeless residents who may be using alcohol or drugs are not excluded from accessing therapy. Moreover, therapeutic interventions are graded, flexible and adapted to the individual's pace (Williamson, 2018). This service continues to expand and also delivers PIEs within homeless hostels in the Westminster borough.

Overall, it appears that the third sector organisations are providing significant psychological support to the homeless population either solely or through linking in with NHS services and forming new ways of 'engaging'. However, mainstream NHS services do not cater to the psychological needs of the homeless or provide accessible psychological therapies (Timms, 2021; Caravan, 2012). Furthermore, not only does the homeless population experience significant health needs and a lack of support with accessing mental health services; they also experience stigma, discrimination and are unfairly treated when it comes to accessing services in society (Johnstone et al., 2015; Campbell et al., 2015; Ramsay et al., 2019; Gunner et al., 2019; Armstrong et al., 2021). Consequently, this leads to the chosen research topic of exploring the experiences of seeking and receiving psychological support. It appears that when a homeless person is able to access a mental health

service, they may continue to experience further difficulties with receiving psychological support.

The next section will explore in detail how the issue of homelessness, the specific needs of homeless minority ethnic groups and difficulties with accessing psychological support are extremely important to the counselling psychology discipline.

2.9 Relevance to Counselling Psychology

Firstly, and as described previously, homeless people experience high mental health needs. Consequently, this is a population that counselling psychologists increasingly work with (Schanzer et al., 2007; Hore, 2013). Moreover, the division of counselling psychology is committed to issues of social justice, fairness and equality (British Psychological Society, 2005). Issues of social justice have formed a core identity of the counselling psychology profession (Kennedy et al., 2014). Social justice practice involves thinking and tackling issues such as social inclusion and social inequalities. It strives for an equal and fair society, integrating a human rights perspective to challenge injustice (Tribe et al., 2018). Social justice highlights contextual and societal influences rather than an individualised model of cause which many psychology approaches use (Tribe et al., 2018). Mental health has often been conceptualised as an individual issue, whereas there is increasing research that highlights the societal and contextual influences that impact an individual's mental health, such as being homeless (Tribe et al., 2018). Moreover, it has been suggested that embracing social justice involves ethical considerations such as reflecting on issues such as privilege, power, prejudice and ensuring there is respect, not taking the expert position and working collaboratively (Afuape & Hughes, 2016).

The British Psychology Society (BPS) counselling psychology practice guidelines highlight the importance of recognising discrimination and social contexts within clinical practice and research (BPS, 2005). The counselling psychology division embraces an anti-discriminatory practice with an emphasis on empowering people (BPS, 2005). Homeless people experience pervasive discrimination due to their lack of 'housing status' (Johnstone et al., 2015; Phelan et al., 1997). There is a growing body of research that highlights that different disadvantaged groups experience discrimination

which negatively impacts the wellbeing of an individual (Johnson et al., 2015; Schmitt et al., 2014). Issues of discrimination among homeless people have been longstanding and there continues to be negative and ignorant attitudes towards homelessness from society (Masson et al., 2003; Phelan et al., 1997; Rae et al., 2015). Moreover, there is little guidance for psychologists to work with people who experience homelessness. In summary, the chosen research topic is also extremely relevant to the counselling psychology discipline, and this will be further explored throughout the research.

2.10 Approaches to understanding homelessness

Approaches to understanding homelessness have stemmed from multidisciplinary theoretical backgrounds such as social policy, housing research and sociology (Fitzpatrick, 2005). Furthermore, the majority of homelessness research has focussed on the 'causes' of homelessness (Fitzpatrick, 2005; Neale, 1997). However, there has been an unclear theoretical and conceptual understanding of the causes of homelessness in the literature (Neale, 1997). Whilst the literature review does not aim to explore the 'causes' of homelessness, an overview of the 'structural' and 'individual' explanations are presented to give context on how homelessness was viewed within the UK. The section moves onto the intersectionality approach, which is a contemporary theory that can be used to explore how people from a minority ethnic background who experience homelessness may experience different types of discrimination (Romero, 2017). This theory moves away from a binary perspective of homelessness, and captures multiple structures of oppression, social positions and issues of power in society (Romero, 2017). Furthermore, this section moves on to the different psychological theories which can be used to understand the experiences of homelessness, given that the focus of the research is exploring experiences.

2.10.1 Structural and Individualistic causes

Traditionally, approaches to understanding homelessness in the UK were divided into 'individualistic' and 'structural' explanations. The individualistic or 'agency' explanations locate the cause of homelessness to the individual and focus on characteristics or personal circumstances, such as substance misuse issues, mental health issues and unemployment (Fitzpatrick, 2017;

Pleace, 2016; Benjaminsen & Andrade, 2015). Moreover, individualistic explanations further divide into areas of 'deserving' or 'undeserving' homelessness. The 'undeserving' narrative holds that the person is responsible for being homeless. This is unfortunately a 'victim blaming approach' which is associated with negative stereotypes of homeless people (Parsell, 2018; Fitzpatrick, 2017).

Traditionally the response to this type of homelessness is minimalist, usually involving the provision of basic accommodation (Fitzpatrick, 2017). In contrast, the 'deserving' explanation describes that the person is not fully responsible for being homeless and needs more support (Johnson et al., 1991).

Structural causes of homelessness move away from individualistic factors and focus on the external societal, economic and individual causes of homelessness. The structural causes include housing conditions and the housing market. Furthermore, a response to these causes of homelessness requires addressing the housing issues such as providing temporary or permanent accommodation (Pleace, 2016; Johnson et al., 1991). From the 1990s, there was a shift of viewing the causes of homelessness as an interaction of both individual and structural causes (Pleace, 2016; O'Flaherty, 2004). There was an emphasis that structural causes of homelessness included more societal, political and cultural factors that highlight inequalities within societal systems (Pleace, 2016). Recent UK academics have favoured this 'blended' approach which highlights that a large proportion of homeless people have individual support needs and describes this vulnerability in relation to negative economic, cultural and social conditions (Fitzpatrick, 2017; Benjaminsen & Andrade, 2015).

Whilst the 'blended' approach moves away from polarised explanations of homelessness, it has been positioned as realist 'positivist' and simplistic to describe the complexities of homelessness (Fitzpatrick, 2017). It could be argued that it is too simplistic to suggest a causal link between mental illness or unemployment with homelessness. A realist perspective of homelessness explores what factors have the 'tendency' to cause homelessness, taking into consideration that other contextual factors may intervene. This position considers multiple factors which may be multi-directional and

identifies any common patterns (Fitzpatrick, 2017). A critical realist perspective of homelessness seeks to further explore the link between two factors. The critical realist perspective not only highlights a relationship, but also explores why there may be a link between homelessness and poverty for example. Therefore, the critical realist perspective seeks to commence the understanding and analysis of the interactions (Fitzpatrick, 2017).

2.10.2 Intersectionality

Intersectionality is an approach which captures how individuals experience various disadvantages and is increasingly used as an analytical tool for social justice issues such as homelessness. It exposes how privilege or social exclusion may occur differently through a variety of social positions, through highlighting the multiple structures of oppression (Romero, 2017). Moreover, it provides a deeper understanding of how an individual's identity forms many categories such as gender, race, class, ethnicity are all combined to shape one another, and create different layers of discrimination and privilege (Collins et al., 2020). Therefore, intersectionality offers a theoretical understanding of homelessness which captures the complexity of multiple intersecting conditions of societal structures and an individual's identity (Nordfeldt, 2012). It explores how overlapping power dynamics impact social relationships among individuals and diverse societies (Collins et al., 2020).

Discrimination is one disadvantage that all homeless people experience. When exploring discrimination experienced by homeless people, intersectionality positions discrimination as structural, with the focus on the relationships of power. Therefore, the emphasis of the analysis is society's response to the individual who is homeless, rather than their individual characteristics (Giannini, 2017). Homeless people share a common, yet unique experience of discrimination imposed by society. They have been subjected to stigma, social exclusion, and prejudice. Moreover, homeless people have been positioned by society within the 'last place' of the structure of society (Giannini, 2017). People experiencing homelessness, not only experience discrimination due to their 'houseless status' but also for a variety of other reasons including substance use and experiencing

mental health issues. They also experience discrimination from their own friends, family and from an intersectionality approach this is a consequence from further disadvantages (Johnstone et al., 2015; Giannini, 2017).

2.11 Psychological perspectives of homelessness

Psychological theories have been used to highlight the link between the impact of homelessness and wellbeing. The British Psychological Society (BPS) policy, 'From Poverty to Flourishing', draws from the psychological theory Maslow's 'hierarchy of needs' (Maslow, 1943). This contributes to the argument that psychological theory can be applied to homelessness.

Furthermore, the BPS recognise that homelessness is a societal issue that psychologists need to consider, as well as a population that they will be increasingly working with. Maslow's theory asserts that an individual's basic needs (food, water, rest, shelter etc) must be met before they can fulfil other areas in their life, such as feeling safe, psychological needs and essentially *flourish* (Maslow, 1943; BPS, 2020). Maslow's hierarchy of needs was a key psychological theory applied to homelessness by the BPS, and literature highlights that different psychological theory is being applied to make sense of the experience of homelessness. The following section explores other psychological perspectives such as psychodynamic and social identity, which have been used to understand the experiences of a homeless person.

2.11.1 Psychodynamic perspective

Psychoanalytic theory has been increasingly utilised to understand homelessness, where several theories portray the house or home, as a metaphor for symbolising the mind. The two prominent psychoanalytic conceptualisations of homelessness include the 'unhoused mind' (Adlam & Scanlon, 2005) and the 'claustro-agoraphobic' dilemma (Rey, 1994).

The unhoused mind metaphor constructs homelessness as a communication and symptom of the unhoused and dis-membered states of mind (Adlam & Scanlon, 2005). Fonagy (1991) describes the link between developmental disruption, a non-secure attachment which prevents the

development of the reflective functioning of an individual. If an individual growing up experiences traumatising events, these processes can disrupt and inhibit the usual functioning of the individual's capacity to reflect, also known as 'mentalising capacity'. Without the development of this reflective functioning, the adult will remain within a 'unhoused, dis-membered state of mind' (Fonagy, 1991).

Attachment theory highlights that an individual internalises early experiences of care as their 'working model', which provides a base for future relationships, managing separations and exploring the world (Bowlby, 1988). An individual who experiences their caregiver as consistent and reliable are likely to form a secure attachment style, relating to positive beliefs about relationships (Bartholomew et al. 1991; Ainsworth et al., 1978). Whereas, within an insecure-ambivalent attachment pattern of relating, the individual may experience the caregiver as inconsistent when responding and thus the individual is unsure whether the caregiver will be available. Also, the individual may worry or feel anxious if there is separation from the caregiver, as well as feel unsure about exploring the environment (Bowlby, 1973; DeYoung, 2015). Furthermore, within an insecure-avoidant way of relating, the individual may not have had their needs met or may have experienced the caregiver as non-responsive (Bowlby, 1973; DeYoung, 2015). Consequently, the individual may develop negative views about themselves and relationships (Ainsworth et al., 1978).

In relation to homelessness, the secure base described by attachment theory is similar to the child internalising an experience of 'home' (Adlam & Scanlon, 2005). The individual experiences oneself being kept in mind or *housed* in another's mind, which is essentially the fundamental experience of 'home' (Adlam & Scanlon, 2005). During this process of being housed in another person's mind, the individual is able to develop effective mentalisation functioning. Individuals who have experienced trauma in relation to their caregiver, where they may have experienced abuse or abandonment, may never have had the experience of another person keeping them in mind, or feeling *housed* in another's mind. The individual develops a more *unhousedness* or homelessness state of mind, which has essentially become their home (Adlam & Scanlon, 2005).

The 'claustro-agoraphobic' dilemma describes an individual experiencing the two states, separateness from others and connection to others as both unbearable (Rey, 1994). There is an intense longing for attachment but at the same time fear of the attachment (Rey, 1994). This way of relating stems from a disruption in a in the individual's development (Williamson, 2018). If this developmental stage does not occur between the baby and mother, the individual may struggle to develop a sense of themselves as a whole and with separation from others. Researchers and clinicians who work with the homeless population, have applied this psychological theory to provide an understanding of the patterns of seeking help within the homelessness population. Homeless people experience several barriers with attempting to engage with services, such as service constraints, rigid inclusion criteria and lack of specialist services for homeless people (St Mungo's, 2016; Perry et., 2015). The barriers they experience will be explored in detail in Section 2.13. When homeless people do seek support from services, they may present their need for help during a crisis, which often evokes the professional to offer an urgent quick fix solution (Williamson, 2018). Furthermore, the help provided may be experienced by the homeless individual as too intrusive, 'too much', or overwhelming. In response to these feelings, the individual may distance themselves from the helper, and consequently the help is stopped. This cycle continues to repeat, as when the care is removed the individual may start to feel overwhelmed with feelings of abandonment, and the person may desperately seek contact and may present at their local A&E or crisis service (Williamson, 2018). Notably, this ongoing pattern of seeking help creates anxieties both with the individual and system of providing care (Williamson, 2018).

2.11.2 Homelessness and identity

Homeless people do not have a 'home' and homelessness involves displacement. This impacts the individual's sense of belonging, sense of place, and their sense of self (Vandemark, 2007). Homeless people are constantly moving to different places, whether that is to a different spot in the park, different area in the town, or a different homeless hostel. Each time a homeless person

moves, they must continually adapt to their new environment and re-establish a sense of belonging temporarily. Drawing from an existential psychological perspective, anxiety at its core is fear of nonexistence. Being homeless exposes individuals to violence, hunger, and dangerous situations. Therefore, homeless people may have an ongoing experience of fear in relation to their existence and threat to sense of self (Vandemark, 2007).

Social identity theory (SIT) explores identity from a social psychological perspective, which highlights that people characterise their identity in relation to social groups or classifications (Tajfel, 1978). This process of identifying with specific social groups, is called self-categorization within SIT, which strengthens an individual's self-identity (Stets & Burke, 2000). Therefore, SIT highlights that an individual's identity stems from the individual's awareness that they belong to a social group (Hogg & Abrams, 1988). Within groups, individuals who perceive others who are similar are categorised as one of the 'in groups'. Moreover, individuals who appear to differ to the self, are categorised as the 'out group' (Stets & Burke, 2000). Moreover, the process of forming in groups and out groups, usually involves a positive bias to one's ingroup compared to the out groups. Often this process of forming in groups and out groups, enhances the individual's self-esteem (Stets & Burke, 2000). Furthermore, there are different social categories within society in which individuals relate to. These social categories are established within society, and individuals form their identity to these categories within society (Hogg & Abrams, 1988). Although, there are circumstances where individuals may not be able to find a group comparison to develop their social identity (Tajfel & Turner, 1979). People who are homeless are from a low status group who experience multiple disadvantages. According to the SIT, as homeless people do not have the opportunity to form a positive identity, they would develop a negative identity along with low self-esteem as a result (Farrington et al., 1999).

2.12 Discrimination, stigmas and stereotypes of the homeless population

Homeless people experience on going stigma and negative stereotypes from the public (Johnstone et al., 2015; Skosireva et al., 2014). In UK society, there continues to be a characterisation of the homeless person who is 'ill', dependent on welfare state and are perceived negatively by the public (Parsell, 2018). Homeless people experience discrimination not only due to their 'housing status', but also due to individual circumstances, such as mental health or substance use (Johnston et al., 2015; Barry et al., 2014). Research has highlighted that individuals are more likely to experience discrimination, if their individual characteristics are perceived as 'controllable', such as substance use. One study highlights that homeless people from a diverse minority ethnic background, were more likely to report discrimination related to their mental health issues and/or substance use (Skosireva et al., 2014).

The negative, discriminatory and degrading language, that people use to describe homeless people is less represented within academic literature (Parsell, 2018). There is research which indicates that homeless people are perceived as not fully human by others (Harris & Fiske, 2006). Furthermore, in terms of stereotyping groups of homeless people, research has revealed that the homeless group receive the 'lowest' form of discrimination and prejudice (Fiske et al., 2002). Homeless people are positioned within a 'low status group', and stereotyped for not being 'warm' or competent. These negative stereotypes evoke feelings of disgust and anger from others, as well as cause society to reject such low status groups due to their perceived negative qualities (Fiske et al., 2002). Moreover, research with homeless mothers reveals that they have experienced ongoing discrimination, specifically when interacting with services (Cosgrove & Flynn, 2005). Furthermore, homeless mothers reported feelings of humiliation and sense of feeling disrespected when interacting with others (Cosgrove & Flynn, 2005).

It is becomingly increasing apparent in literature that homeless people experience extremely negative stereotypes and stigma from others, which impacts their ability to access fundamental

resources and services in society (Cockersell, 2018; Parsell, 2018). Moreover, due to this lack or denial, homeless people are unable to fully participate in society and are excluded from many opportunities and services offered. This severely impacts the wellbeing of the individual as they are unable to form relationships and feel part of their society (Levitas et al., 2007). Homelessness is unfortunately a display of social exclusion and people lack the most fundamental resources in society. Moreover, because of reduced relationships and resources, homeless people can experience a lack of a sense of belonging or connectedness with others (Vandemark, 2007). Therefore, an individual's sense of self and belonging whilst being homeless is constantly disrupted. Overall, the impact of discrimination and social exclusion is detrimental to an individual's wellbeing (Levitas et al., 2007). The homeless minority ethnic group are at risk of experiencing multiple forms of discrimination and social exclusion in society, which are problematic to society and the counselling psychology discipline.

2.13 Barriers to accessing psychological support

Discrimination is one barrier that homeless people experience when accessing psychological support, and research has highlighted multiple barriers homeless people experience when accessing services. One barrier includes service provision constraints of the NHS, such as delays in the waiting list and a lack of available resources (St Mungos, 2016; Perry et al., 2015). There is also a lack of specialist mental health services for homeless people within the UK. In addition, the majority of NHS psychological services require people to address their substance misuses or alcohol issues before they can be offered psychological therapy (St Mungo's, 2016). Although, a high proportion of homeless people experience mental health issues and substance misuse issues, which are difficult to separate. Whilst engaging in therapy while actively using substances may be counterproductive at times, the individual needs of the person needs to be considered rather than a 'blanket rule' for all. There is a need to understand this complexity of both issues, as the majority of homeless people are unable to receive psychological support until their substance misuse issues are addressed.

Consequently this becomes a vicious cycle as mental health and substance misuses are often interrelated (Gunner et al., 2019).

Homeless people experience difficulties with accessing GP services due to having no fixed abode and requirements of showing proof of address (Perry et al., 2015). Within the UK, homeless people are forty times less likely to be registered with a GP than the general population (Elwell-Sutton et al., 2016). Recent qualitative research highlights that homeless people experience the 'no fixed' abode status, as a significant barrier to registering at a general practice and may rely on friends to supply them with proof of address or bills to register (Gunner et al., 2019). Moreover, whilst homeless people are not able to register with mainstream services, they are also receiving a lack of signposting to specialist services. Research highlights that homeless people are less likely to access GP primary care services and are sixty times more likely to access A&E than the general population (Smith et al., 2018; Homeless Link, 2014). Moreover, when homeless people are admitted to hospital, the duration of the admission is three times longer than the general population (Homeless link, 2014). This is likely to due to lack of specialist care, lack of discharge arrangements and uncoordinated care.

In combination with service constraints and difficulties with registering at a GP, homeless people also experience stigma, discrimination and social exclusion when accessing support (Johnstone et al., 2015; Campbell et al., 2015; Ramsay et al., 2019; Gunner et al., 2019; Armstrong et al., 2021). Research highlights that homeless people experience healthcare professionals as lacking compassion, dismissive of their issues and concerns when seeking healthcare (Ramsay et al., 2019; Nickasch et al., 2009; Purkey et al., 2019). Also, research indicates that homeless people feel that they have been mistreated and have not been provided adequate care from health professionals (Ramsay et al., 2019). Furthermore, research highlights that homeless people experience their interactions with health care professionals as shaming and stigmatising (Purkey et al., 2019; Wen et al., 2007). Consequently, homeless people who had experienced negative interactions with

professionals are less likely to trust health care providers and seek support in the future (Wen et al., 2007; Ramsay et al., 2019).

A recent qualitative study in the UK explored barriers and facilitators for homeless people living in homeless hostels to accessing health services. A total of thirty three participants were interviewed including eighteen hostel staff and fifteen homeless people within areas of London and Kent. Notably, of the fifteen homeless participants characteristics identified, only two were from a minority ethnic background. Semi-structured interviews were conducted which explored different themes, including health needs, and accessing services (Armstrong et al., 2021). Findings highlighted that there was a lack of GP in reach services, difficulties with registration at a GP practice, lack of and inflexibility of GP appointments which prevented homeless residents with accessing primary care (Armstrong et al., 2021). Moreover, staff based within the homeless hostels reported that often struggled to receive a response from referrals to adult social services. Also, staff reported that there was a lack of information sharing and communicating between different agencies (Armstrong et al., 2021).

2.14 Qualitative research exploring homeless experiences of mental health support

There is a lack of research that has specifically explored the minority ethnic homeless population experiences of either seeking or receiving psychological support. This may be due, in part, to the practical difficulties of engaging with research with the client group. Netto et al. (2006) highlights the lack of 'reliable' research data concerned with experiences of homelessness, specially within the minority ethnic communities. A large proportion of homeless and mental health research has been quantitative, which has enabled mean statistics to highlight the complex needs of the homeless population and the rising numbers of homelessness (Netto et al., 2006). With a lack of research specifically concerning the experiences of homeless people from a minority ethnic group, this has hindered many initiatives that aim to prevent or support people experiencing homelessness from ethnic minority communities (Netto et al., 2006). As mental health help-seeking and receiving

is a pertinent issue within the homeless community; a summary of what research has been conducted specifically with the homeless minority ethnic group has been critically analysed.

One qualitative study explored homeless peoples' experiences of receiving healthcare and how this influenced their health-seeking behaviour. This research was focussed on experiences of receiving physical healthcare from GPs and healthcare professionals at A&E. Semi-structured interviews were conducted with a sample of fourteen homeless people based in hostels, which explored their experiences of health care professionals. Findings highlighted that many of the homeless participants described difficulties with registering with a GP due to no fixed abode. A lot of the participants had been refused registration at the healthcare practices thus having no GP. Moreover, some of the participants expressed that they felt they were not receiving adequate care and treated with prejudice. Overall, this research highlighted homeless peoples' authentic experiences of when they have interacting with healthcare professionals when accessing physical health care (Rae & Rees, 2015). Other strengths of the research include the use of a phenomenological methodological approach and semi structured interviews which enabled homeless peoples' experiences to be captured. Moreover, in terms of participants' characteristics, there were a range of ethnicities including Irish, mixed British, White British, Asian and Afro-Caribbean, which is important to explore how acknowledge how this impacts their interactions with healthcare professionals.

Ogden et al. 2011 explored homeless peoples' experiences of health services, interviewing eight homeless people regarding broad topics of their homeless history and their experiences of help received from others including healthcare professionals. Interpretative Phenomenological Analysis (IPA) was utilised to analyse the interviews and three themes were identified related to experiencing 'formal' help from professionals and 'informal help' from other sources such as peers. One theme included 'responsibility', where some participants felt responsible for their situation and mental help issues, thus avoiding help. Whereas those that sought support from health professionals, expressed feeling let down, disappointed as well as rejecting formal diagnoses (Ogden et al., 2011). Another

theme of identity emerged from the analysis, and participants reported a sense of isolation and alienation from others. Moreover, participants who experienced mental health issues expressed feeling stigmatised and feeling like a 'number' to services (Ogden et al., 2011). The third theme related to participants feeling trapped within the housing system, where they require help but the system appeared overly rigid. Overall, this research explores the experiences of homeless people of accessing different services. Notably, out of the eight participants, seven were from a White British background and one participant was Black Somalian, who was also an asylum seeker. It may have been useful to further explore the cultural aspects and the individual experiences of barriers to seeking help, specifically with the participant who was from a Black Somalian background.

Bristow et al. (2011) explored mental health help-seeking in relation to primary care access with groups of people defined as 'hard to reach' (asylum seekers, 'BAME' communities, homeless people, and adolescents with eating disorders). A semi structured and storytelling approach to interviews were utilised to enquire about help seeking. The findings identified several themes of 'conceptualising distress' and 'barriers to help seeking'. It was found that the homeless group conceptualised and associated their problems to past traumas or difficulties earlier on in their lives. Another theme of seeking help highlighted that the homeless population were more likely to seek help when they were experiencing a crisis and were less likely to seek support from their GP. It appears this group were more likely to access emergency departments or local crisis teams. The theme of 'barriers to help seeking' identified that the homeless group described felt that they had experienced discrimination when accessing support and they felt that they could not trust GPs. This study provides a welcome insight into the concerns that the 'hard to reach' have; but because the 'hard to reach' have been grouped in such a way, the study loses the opportunity to explore the meanings of these concerns specific to each group. Moreover, the term 'hard to reach' would be useful to explore and the rationale for why these certain groups have been labelled as 'hard to reach'. Whilst the results highlighted key themes from the homeless group such as 'barriers to seeking help' and 'crisis precipitates help-seeking' which are in line with current research in the area,

it may be helpful to further explore the cultural aspects and the individual experiences of barriers to seeking help. Moreover, the research aims are too diffuse, and this is problematic with the idea of 'hard to reach'. This term gathers many minority groups together (BAME, people with eating disorders etc), and it also reifies non-compliance rather than the meanings of the health care setting and participants symptoms that result in non-compliance.

Collins and Barker (2009) examined young homeless peoples' views of seeking mental health support. This study utilised semi-structured interviews with sixteen young homeless people. The interview consisted of questions from four main sections which include types of problems with which people felt they needed help, why they would seek help, why wouldn't they seek help and what types of 'help/support' young homeless people would like. The interviews were transcribed and analysed using IPA. The results highlighted a range of themes from each section; themes of feeling hurt, mistrust, anger and a perceived betrayal from families and society. These feelings of hurt and anger contributed to the young people feeling reluctant to seek support. Moreover, results highlighted that there were individual religious and cultural reasons to why the young person left home, but these were not explored.

A limitation of the study was that there were fifty homeless residents who were 'eligible' to take part in the study, however twenty four residents (48%) expressed an interest to take part. With the twenty six homeless residents who did not take part, it could be argued that these residents who did not take part in the study were the most 'hard to reach'. It may have been useful to explore the reasons to why some people could not participate, and this could reveal useful information about seeking support and how best to engage with this client group. Nevertheless, this study appears to be the first to exam youth homeless views of help seeking behaviour to accessing mental health support using a qualitative approach and embracing phenomenological underpinnings.

Related to ethnic minority homeless peoples' experiences of seeking help, Lemos and Crane (2004) explored minority ethnic homeless experiences in Glasgow. The qualitative study used initial focus groups with different frontline staff of homeless housing agencies to form interview questions.

The interview consisted of a questionnaire with twenty four questions within four different sections which included topics of 'perception of services' and 'experiences of homelessness'. Findings were presented in a thematic way with quotes from the questionnaire. The findings highlighted that there were negative perceptions and experiences of local housing authorities. Also, some service users felt that staff were unwilling to engage, and some were disrespectful. There were also language barriers, and it was noted that mainstream services were not culturally sensitive.

In terms of limitations of the study, the interview was very structured and consisted of twenty four questions related to perceptions of mental health services. The imposition of these structured questions may have prevented people to freely express their experiences of the mental health services. Willig (2013) highlights that thematic analysis is less idiographic as the analysis results from identifying patterns of meaning across the whole data set whereas a more idiographic approach would focus on individual characteristics of the participant. This is important as the Lemos and Crane (2004) study was correct in identifying that the minority ethnic homeless group has specific needs. However, the imposition of a narrow framework is an example of how thematic analysis can lose sight of the multi-faceted, complex, and creative nature of research participants. Moreover, the study by Bristow et al. (2011) also employed a thematic framework which identified patterns of meanings across the data.

Taking into consideration the strengths and limitations from the previous studies; employing an idiographic methodology would enable in-depth exploration of the experiences of the ethnic minority homeless in seeking and receiving psychological support. Moreover, researching the experience of this group in relation to mental health support is vital, as this is a group already at higher risk of mental health issues, and a rising number of homeless are from a minority ethnic background. There is no research directly exploring the factors of people from a minority ethnic background and homelessness with access to mental health services using an idiographic methodology. Undertaking this research would assist with understanding better ways to engage

with this group. Lastly, it is essential as a society that we continue to tackle societal inequalities which aligns with the counselling psychology values (BPS, 2005).

2.15 Chapter summary and rationale of research question

This chapter highlighted that homelessness is complex, multidimensional, and there needs to be a deeper understanding of exploring the causes of homelessness. Moreover, there is a vital need to explore the experiences of homeless people who are from a minority ethnic background. Increasing research highlights that in the UK, individuals are more likely to experience homelessness who are systematically disadvantaged, such as individuals who have experienced childhood poverty or from a minority background (Fitzpatrick, 2017). Moreover, homeless people who are from a minority ethnic background are more likely to experience further societal and health inequalities including discrimination and racism, thus are at a higher risk of experiencing mental health difficulties as well as multiple disadvantages in life (Nazroo et al., 2009; Schanzer et al., 2007; Cockersell, 2018). It is clear that this specific homeless group experience multiple health needs and require access to psychological support.

There appears to be a gap in the literature which explores the experiences of homelessness with people from a minority ethnic background when attempting or accessing psychological support. Therefore, understanding the experiences of how this group seek and engage in psychological support, appears crucial to understanding better ways of not only preventing homelessness but engaging and supporting the group. This research is in line with the BPS priority of 2020, to improve the psychological wellbeing of people who experience poverty. Moreover, this research is relevant to the counselling psychology discipline, specifically as homelessness is a social justice issue, and the division of counselling psychology is committed to issues of social justice, fairness, and quality (BPS, 2017). Moreover, the counselling psychology professional practice guidelines states the importance of anti-discriminatory practice (Division of CoP Professional Practice Guidelines, 2005, p. 2). Lastly,

the population does not have direct or equal access to psychological therapies (Perry et al., 2015) and further research is required to explore the experiences of this group.

Research question: What are the experiences of homeless people who are from a minority ethnic background, when they are seeking and receiving psychological support.

Chapter 3: Methodology and method

3.1 Introduction

This methodology section provides a philosophical orientation to the ontology and epistemological positions concerning research. An overview of the prominent research paradigms in counselling psychology and concerning homelessness research is presented. Moreover, the researcher's ontological and epistemological position is outlined. Critical reflections of suitable methodological choices for the research question and the rationale for the choice of a phenomenological approach are discussed. The method section focuses on the research design and procedure, with a focus on the sample selected and the participants' characteristics. Ethical considerations concerning researching a homeless population, specifically during the context of the ongoing coronavirus pandemic, are described. A description of the Interpretative Phenomenological Analysis (IPA) used for the data collection is outlined, which followed the guidelines developed by Smith, Flowers, and Larkin (2009). Lastly, the section on reflexivity includes the researcher's reflections throughout the research process.

3.2 Ontology and epistemology

Counselling psychology research holds that the most important focus of research is on making intelligible the subjectivity and lived experience of the individual. The underlying philosophy of the counselling psychology discipline is deeply rooted in humanistic values and phenomenological concerns. Moreover, the discipline is positioned among a scientific foundation of psychology alongside the subjective nature of the therapeutic domains (Strawbridge et al., 2010). Integrating the scientific and subjective underpinnings of the discipline in research may create tension with conflicting paradigms. However, to resolve this tension, counselling psychologists embrace a pluralistic stance when engaging in research. This stance is imbued in all facets of the research process, and they recognise that the use of different research methods can be equally valid.

Essentially, the research and evidence base are not abandoned, but the aim is not to lose the subjective reality of the individual experience in interpreting and applying this knowledge. There is a critical awareness of the way research methodology creates scientific psychological facts, and how creativity is engaged when interpreting and applying information from research (Cooper, 2009).

The process of research is underpinned by a philosophical paradigm, which represents a set of interrelated beliefs and assumptions concerning the social world (Denzin & Lincoln, 2000). The philosophical perspective of a paradigm encompasses ontology, epistemology, and methodology. Ontology relates to the nature of reality, being, and existence (Willis, 2007). Epistemology explores and raises questions such as how 'reality' can be known and what is the relationship between the 'knower' and 'what is known' (Kovacs et al., 2019). Methodology is concerned with a specific discipline of approach to producing the 'knowledge' that is influenced by ontology and epistemology. Philosophical paradigms are categorised in different ways; however, many researchers draw from four paradigms: positivism, postpositivism, constructivism and critical theory (Ponterotto, 2005; Guba & Lincoln, 1994).

Counselling psychology has historically been dominated by the positivist and postpositivist research paradigms (Guba et al., 1994). The positivist paradigm holds a 'realism' ontology, which assumes there is a single reality which is measurable (Ponterotto, 2005). It subscribes to objective epistemology, which is anchored by quantitative methodology (Guba et al., 1994). Homelessness research has traditionally stemmed from the housing and social policy research area, which focuses on the 'causes of homelessness' drawn from a positivist paradigm (Fitzpatrick, 2005). This has provided a significant contribution to the homeless literature, highlighting the various factors that increase the likelihood of homelessness. However, Neale (1997) emphasises that there has been an unclear theoretical and conceptual understanding of the causes of homelessness. There appears to be relevant causal factors which are linked to homelessness, such as mental health and unemployment; however, there is no in-depth exploration of the relationship. Although a large

proportion of homeless and mental health research has utilised a quantitative methodology, which has proved valuable for producing statistics to highlight the complex health needs of the homeless population and the rising numbers of homelessness. However, there is a lack of research concerned with experiences of homelessness, specifically among people who are from minority ethnic communities (Netto et al., 2006).

The way in which homelessness has been researched shares parallels with counselling psychology's tensions of working within a positivist paradigm whilst focussing on the subjectivity of individuals. Critical realism developed in response as an alternative to positivism. The post positivism paradigm accepts that a 'true reality' can be apprehended but only measured imperfectly (Ponterotto, 2005). This paradigm aims to produce knowledge that can infer social patterns, which in turn can be generalisable knowledge (Bhaskar, 1975). This position shares many aspects of qualitative methodologies, which also take an interest in exploring a deeper level of understanding of the observable phenomena (Taylor et al., 2011). Fitzpatrick (2005) contends that a critical realist approach to the causes of homelessness would acknowledge the risk factors of homelessness such as mental health as 'real', whilst further exploring the link.

The difficulties with capturing reality and the tension within the paradigms have been welcomed by the interpretivist-constructivist position. Interpretivism holds a relativist ontology, which assumes there are multiple socially constructed realities (Goldkuhl, 2017). Orlikowski and Baroudi (1991) describe that the social world is formed through an interaction by humans, rather than 'given'. Research from an interpretivist view would posit that multiple realities can be co-constructed through the interaction between the participant and researcher (Ponterotto, 2005). Moreover, the postmodern and critical perspectives are the more contemporary paradigms. Both perspectives can be understood as intellectual movements rather than separate theories. The critical theory perspective highlights issues of power relationships in society, the interaction of race, class, gender, and education (Asghar, 2013). This perspective challenges the status quo and seeks a more

balanced society. Whilst the theory not only seeks to highlight all the social and contextual factors that may cause certain groups in society to dominate, or groups to be oppressed, it strives for equality within all groups. Therefore, issues of social justice are central to the critical perspective (Asghar, 2013).

3.3 Researcher's epistemological position

My ontological position aligns most with the critical realism stance. I accept that there is a reality, a real world that exists independently from my perceptions (Ponterotto, 2005). I believe that people approach and construct their reality from their lens, which is influenced by a combination of multiple factors such as life experiences and culture. I understand that access to a person's 'reality' will always be complicated, and we can only try to seek a clearer understanding. Epistemologically, I position myself within the interpretivist paradigm, which is concerned with exploring and understanding people's subjective experiences and the meaning of the external world (Goldkuhl, 2017). This holds an intersubjective epistemology, with influences from the phenomenology and hermeneutics perspectives (Burton & Bartlett, 2009). Furthermore, I acknowledge that the interpretivism paradigm holds a relativist ontology that assumes reality is socially constructed, which conflicts with the idea of reality from a critical realism ontology. I recognise that I simply do not relate to or clinically work within one paradigm and that they are best understood on a continuum and not as discrete.

I understand that my view is significantly shaped by my experiences of working with homeless people. Whilst embracing a critical realist stance, I value how the relativist position offers an alternative perspective to understanding peoples' experiences of homelessness. The relativist perspective considers how language, context, and power within society may influence peoples' experiences of homelessness. Regarding language, the relativist position highlights how definitions of homelessness are socially constructed, which impacts housing and social policy and consequently an individual's experience of homelessness. Critical realist accounts of homelessness differ from a

‘strong constructionist’ perspective, with the notion that there is an underlying reality in the discursive accounts of homelessness (Fitzpatrick, 2005). Therefore, regardless of how homelessness is defined, it is a reality that people are sleeping outside on the streets, and housing situations are unstable. Essentially, the critical realist position appeared to hold both positions of viewing homelessness as a reality or a real ‘phenomenon’ and understanding the perspective that the term homelessness can also be a social construct (Fitzpatrick, 2005). Therefore, the critical realist position appeared to capture my perspective of homelessness and acknowledge the value of other positions.

3.4 Rationale for a phenomenological method

I have carefully reflected on the type of ‘knowledge’ I aim to enquire into and how my perspective of reality influences this. I intend to explore the in-depth ‘lived experiences’ of homeless people from a minority ethnic background and how they make sense of this. Different methodologies were considered that encompass aspects of phenomenology, hermeneutics and social justice issues.

Narrative approaches were considered, as a core focus of the approach is exploring lived experiences of people whilst embracing a social justice perspective (Frost, 2018). Narrative approaches highlight the impact of oppressing and discriminatory social conditions imposed on individuals. Therefore, a narrative approach appeared a suitable methodology for the research given that homelessness is a social justice issue (Hore, 2013; Frost, 2018). Moreover, a narrative approach contends that research should strive to actively promote change or seek to improve the social conditions that are at the forefront of research (Fine, 2006). Initially, the methodology narrative analysis was considered to explore the research question. Narrative analysis stems from a narrative approach and focuses on exploring how people use stories to make sense of their experiences and others (Riessman, 2008; Sarbin, 1986). Moreover, given the commitment of the current research to the social justice issue of homelessness and working with people who may often be ‘unheard’ in research, this methodology appeared suitable for the current research as it directly addresses these

issues. Narrative analysis aligns with a social constructionist perspective, which contends that there are multiple realities in which people socially construct reality through 'shared communication,' which conflicts with the critical realist ontological stance (Berger & Luckman, 1991).

Relativist social constructionists propose that language itself constructs a person's experience and their inner and outer worlds to render meaning (Burr, 2003). This position views cultural, societal, and political narratives influencing language; therefore a qualitative method would focus on the language within the transcript to construct a narrative (Burr, 2003). However, if we apply this relativist position to understanding the experiences of homeless people, it may limit the analysis to semantics, and we may lose sight of past experiences, socioeconomic forces, and possession of emotions. The manifestations of these forces depend on the awareness of the individual, owing to the idiosyncratic nature of appraisal.

Next, phenomenological methods were considered as individual experiences, perceptions and attitudes were at the forefront of inquiry. Philosophy has many approaches to understanding consciousness, whilst phenomenology has a more specific approach; it aims to make intelligible the way experience manifests for a person. It is not interested in examining causes but in how the world is given to the subject and the interpretations the subject uses to live within the world (Langdridge, 2007). Phenomenological researchers aim to describe and render the lens through which the individual perceives reality. In doing so, the researcher may attempt to interpret and understand the meanings of this unique lens. This may elicit rich subjective information about the individual regarding their unique experiences (Spinelli, 2005).

There are two types of phenomenology: descriptive and interpretative. Descriptive phenomenologists aim to minimise interpretation and focus on a clear reformulation of what has been expressed by the person, which must not be followed by interpretation to avoid 'contamination' of the person's meaning (Willig, 2008).

An interpretative approach seeks to explore the meaning of the experience whilst acknowledging the importance of the researcher's interpretation and reflecting on social/contextual issues (Smith et al., 2012). An interpretative phenomenological approach appeared more suitable for the research as I was interested in not only describing but also understanding homeless peoples' lived experiences. Interpretation appears to be important in understanding the experiences and meanings of homeless people who are from a minority ethnic background. I felt that through interpretation, a more detailed understanding of their beliefs and perceptions could be uncovered. Whilst other approaches such as narrative analysis specifically address issues of social justice, the IPA approach can also be used as a methodology that communicates voices from groups in society that are not 'heard' (Larkin et al., 2006). The IPA approach is unique among qualitative methodologies, as there is no single assumption of how the individual's experience may be interpreted (Larkin et al., 2006). Therefore, there are epistemological openness and flexibility, where the researcher can make thoughtful inferences from the phenomenological account (Larkin et al., 2006; Smith, 1996). When researchers embrace this flexible interpretative range, they can uncover unique and detailed insights into the phenomenological experience whilst contextualising the individual's experiences within their environment. Overall, IPA was selected as the methodology for the research, given its core commitment to exploring an individual's experiences, flexibility with the researcher's interpretation, and communicating voices from people and specific groups in society that often go unheard (Larkin et al., 2006).

3.5 Interpretative Phenomenological Analysis

IPA is a qualitative methodology that focuses on an in-depth exploration of individual experiences and how individuals make sense of them. IPA is influenced by phenomenology, idiography and hermeneutics (Smith, 2009). Hermeneutics is the process of interpretation (Sandage et al., 2008). IPA makes use of hermeneutic strategies to render the use of interpretation to gain greater access to the individual's experience (Smith et al., 2009). The hermeneutic circle describes

the use of the dynamic relationship between the 'part' and the 'whole' within the interpretation of the transcript and the researcher-participant relationship. The concept of the hermeneutic circles proposes that a part must be understood concerning the whole and vice versa. With IPA, a double hermeneutic occurs, where the researcher attempts to make sense of the participant making sense of their experience. It appears that the hermeneutic circle may offer greater access to understanding homeless people from a minority ethnic background and their lived experiences through accountable interpretation.

Debates are ongoing regarding the extent to which language, speech, and embodiment are captured with IPA. Language is crucial to how a person makes sense of their experience. Moreover, language is central to how the person communicates their experience within the IPA interview and makes sense of their bodily experiences (Murray et al., 2013). However, the literature has no nuanced description of how IPA connects language to access the person's inner experience; the relationship appears to be uncomplicated or is presumed to underlie the person's description of the experience (Murray et al., 2013). Therefore, IPA has been challenged for its position regarding language, especially from a relativist approach, for accepting that inner experience can be captured without a focus on language and contextual factors.

Language and culture are essentially frameworks for 'meaning-making' (Smith et al., 2009). Whilst IPA's core purpose is understanding experience, language and culture are intertwined within the experience. The philosopher Heidegger asserts that humans are involved in a world of language, objects, and relationships; this 'being-in-the-world' always concerns others (Smith, 2012). Heidegger contends language is 'the house of being,' and he highlights that the researchers' experiences of interpretation are facilitated and limited by language (Smith et al., 2009). Therefore, the IPA methodology partly inquires and considers the cultural aspect of an individual. Ultimately, the type of 'knowledge' I aim to discover is fallible and private to the individual; it is their reality. Moreover, I attended to language throughout the interviews by exploring the tone, pace of speech, silence, and

non-verbal cues as a way of understanding the individual's communication. Whilst semantics was not the focus of the analysis, I considered how participants' use of language influenced the communication of their experience.

Lastly, IPA is largely influenced by hermeneutics, which involves a creative dialectic between the researcher and the transcript text to gain greater access to the person's meaning. The researcher takes an active role by offering their interpretation of the participant's text. Moreover, the researcher's interpretation will be influenced by their own beliefs, assumptions, and experiences. IPA is therefore a complex analysis where the researcher needs to be aware of their assumptions and allow their interpretation to be focused purely on the participant's experience. During this dynamic process of interpretation of the participants' words, the researcher may occasionally lack reflection and awareness, which is detrimental to the analysis. If this occurs, the results will not reflect the participant's authentic experience. Moreover, the results could be quite damaging to the participant if their experience has not reflected their reality and may be taken out of context. As a result, research has provided negative characteristics of people from marginalised groups. Prior research has contributed to or colluded with negative terminology used for the homeless population.

This lack of reflection may contribute to the notion of 'epistemological violence,' which is the practice of interpretative speculations from research that explicitly or implicitly constructs the individual, group, or population in a negative way, such as inferior (Teo, 2008). Teo (2008) highlights the importance of ethics during the hermeneutic process of interpretation specifically with marginalised groups. People researching with marginalised groups may bring their social-political assumptions to interpretations that reflect imbalances within the interpretation or produced knowledge. Teo (2008) contends these interpretations stem from a hermeneutic deficit, which fails to address the ethical consequences of the interpretations (Teo, 2008). This important argument highlights that psychological research may fail to capture the authentic experiences of marginalised

groups in society. As this research is concerned with homeless people from a minority ethnic background, who are often subject to societal inequalities, racism, and discrimination, the need to be sensitive to any interpretations produced is greater. The researcher needs to consider the power dynamics both during the interview process and specifically during the interpretation process.

3.6 Research Design

This was a qualitative design exploring the experiences of seeking and receiving psychological support by homeless people who were from a minority ethnic background. Semi-structured interviews were used for data collection, and IPA to analyse the data. A purposive sampling technique was selected to recruit participants, as IPA's theoretical orientation requires a homogenous sample, where participants will share an experience being explored (Smith et al., 2012). Therefore, all participants were homeless and from a minority ethnic background.

Homelessness can be categorised in different ways; this research focused on people who are classed as homeless and are in temporary accommodation (Amore, 2013).

3.6.1 Participant recruitment

To ensure a homogenous sample and that ethical considerations were considered throughout the recruitment, the following inclusion and exclusion criteria were formulated (see Table 1). The first inclusion criterion was adults experiencing homelessness, defined as living in temporary accommodation. Other forms of homelessness such as sleeping rough and living in substandard, crisis, or hidden accommodation were exclusion criteria for the current research. The rationale of this decision was guided by the British Psychological Society (BPS) ethical guidelines (BPS, 2021), which highlight the core principle of 'maximising benefit and minimising harm.' It was considered that people who are living in crisis or substandard accommodation or sleeping rough require immediate crisis support, and engaging in research could be destabilising to the individual. Moreover, research is not a basic right or a necessity (National Bioethics Advisory Commission, 2002), and people who are sleeping rough or seeking refuge or crisis accommodation experience a

variety of unmet needs such as physical health attention or shelter that are more important than participating in research. Taking this into consideration, people who are sleeping rough are at the 'extreme end' of homelessness and were not suitable for the study as they require more imminent support with aspects of their lives. Further ethical considerations of researching with the homeless population are explored in Section 3.8.

The inclusion criteria highlight that participants must either have had an experience of psychological support, attempted to seek psychological support, or have been approached by a mental health professional offering psychological support. The definition of psychological support specifically concerns receiving any form of psychological support from any mental health professional (e.g., psychologist, psychotherapist, GP, psychiatrist, emotional support worker) providing psychological support. Notably, psychological support must be provided by a professional. This psychological support can be from any organisation, including NHS psychological services, GPs, or charities providing psychological support. As the inclusion criteria include all types of psychological support from any mental health professional, this increases the homogeneity of the sample, which is not recommended when utilising IPA. However, narrowing the type of psychological support or mental health professional would extremely limit recruitment for the research, as there are practical difficulties with recruiting the homeless population.

Similarly to opening the inclusion criteria, the length of the period of homelessness was open. The rationale for not stating a specific period of being homeless was again due to the practical issues of recruitment among the homeless population. Whilst a specific period would ensure a more homogenous sample, it would significantly reduce the number of participants able to engage in the research. Therefore, the choice to keep more open inclusion criteria increased the homogeneity of the sample, and the impact of this is reflected upon in the discussion section when interpreting the results.

Table 1*Participant inclusion and exclusion criteria*

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> - Aged 18 years or older - Is homeless, defined as residing in 'temporary stable accommodation,' such as a homeless hostel or supported living accommodation. - Is from a minority ethnic background. - Has had an experience of psychological support or has attempted to seek psychological support or has been approached by a mental health professional offering psychological support. - Has experiences of psychological support from any mental health professional or organisation. - Understands verbal English. - Is willing and able to consent to participate in the research. 	<ul style="list-style-type: none"> - Other forms of homelessness, e.g., rough sleepers, living in substandard accommodation, hidden homelessness, or statutory homelessness. - Other types of temporary accommodation, e.g., refuge, crisis accommodation, night shelters, and assessment centres.

Recruitment strategy

A list of all homeless organisations in London was identified. All homeless organisations that met the participant inclusion criteria were contacted via phone or email. Due to the Covid-19 pandemic, the researcher was unable to visit the homeless organisations in person to advertise the research project between April 2020 and March 2021. The recruitment poster, information sheet for participants, and consent form were emailed to all homeless organisations in London that met the inclusion criteria. The content of the research poster included the researcher's contact details, and some participants contacted the researcher in their own time to express their interest in participation (see Appendix A). Notably, the research poster did not include the term 'psychological' and used the terms 'emotional health' and 'mental health.' Throughout the research, the term

‘psychological’ was used interchangeably with the terms ‘emotional support’ and ‘mental health’. The term ‘psychological’ was perceived as a barrier to recruitment, as feedback from the hostel staff and the pilot group indicated that many people did not understand the term ‘psychological,’ although the terms ‘mental health’ and ‘emotional support’ were more widely used. Therefore, the phrase ‘emotional support’ was used throughout the recruitment and interviews to ensure that the researcher was using language that the participants could relate to.

During the period April 2020 to March 2021, the researcher liaised with the homeless hostels remotely, via email and phone. If a participant wanted to take part in the research, a member of staff from the homeless hostel contacted the researcher to arrange a phone interview. If the participant did not have access to technology such as a mobile phone, the researcher liaised with hostel management to arrange access to a mobile phone and confidential space. During this period, one participant expressed an interest in taking part and engaged in a phone interview. During the period May 2021 to September 2021, the researcher went to various homeless hostels in person, where nine participants directly expressed an interest to take part in the research to the researcher. All nine participants took part in the research and face-to-face interviews were conducted.

Participants were recruited from the homeless charity organisation ‘Thames Reach,’ which provides a range of homeless services in South London. The charity works in partnership with South London and Maudsley NHS Foundation Trust, in which the ‘Psychology in Hostels’ (PiH) project delivers a psychologically informed environment (PIE) within the hostels. Notably, out of the ten participants, only one participant had engaged with the in-house PIE team and nine participants were not engaging with any mental health services. All participants recruited were considered to be ‘hard to reach’ by services who had attempted to engage with them, including local mental health services, homeless outreach teams, and outreach physical health services. Thus the researcher spent time in the homeless hostels recruiting these participants.

Reflexivity on recruitment

The Covid-19 lockdown and government restrictions immensely impacted this research project's ethical approval and practical issues with recruitment. Due to the government guidelines released in March 2020 and the University of East London (UEL) updated research policy, no face-to-face data collection was permitted in research projects. Taking this into consideration, the researcher made minor amendments to the ethics application, specifically with participant recruitment and ethical issues. The amendments included forming two scenarios for participant recruitment and data collection. The first scenario consisted of recruiting during the lockdown and government restrictions. This included conducting research interviews remotely via phone or video conferencing, although this was difficult for the research project, as the target population requires vital engagement work and often does not have access to technology. The second scenario involved face-to-face data collection and participant recruitment permitted only following government guidelines. The researcher liaised with homeless organisations to explore further practical, ethical, and risk assessment issues related to Covid-19 before any face-to-face data collection commenced. These amendments were approved in June 2020 (see Appendix B).

3.6.2 Sample

A research project using IPA usually recruits a small number of participants, but there is no definite number (Smith et al., 2009). As IPA is an idiographic approach concerned with understanding a phenomenon within a certain context, a small sample size is sufficient (Smith, 2012). Research suggests that between three and six participants may be a sufficient sample for a research project (Smith et al., 2009). As the target population has difficulties engaging with services and struggles to engage in long interviews, ten participants were recruited to ensure rich and sufficient data. Table 2 captures the participants' demographics. Pseudonyms have been used to maintain participants' anonymity.

Table 2*Participant demographic data*

Name	Age	Gender	Ethnicity	Religion	Years homeless	Former occupation	History with mental health professional/service
Ali	38	Male	Somalian	Islam	15	Never worked	NHS psychiatrist, NHS psychologist, crisis helpline (charity).
James	26	Male	Eritrean	Christian	2	Hairdresser	Has been approached by MH professional. Would like to access psychological support.
Lewis	40	Male	Black British Grenada	Catholic	3	Warehouse	Substance use support. Seeking psychological support and has been approached by MH professional.
Aaden	49	Male	Somalian	No religious beliefs	20	Never worked	MH support from staff within homeless hostel. NHS psychiatrist.
Amal	28	Male	African, Indian Uganda	'Vikingism'	1	Own business	Probation services, psychiatrist within NHS inpatient mental health ward.
Julian	61	Male	Black British Barbados	Church of England	4	Never worked	Probation services and has been approached by a MH professional.
Aleisha	31	Female	Black/white Caribbean, Jamaica	No religious beliefs	2	Sex worker	Has been approached by a MH professional. Would

3.7 Procedure

3.7.1 Developing the interview schedule

Appropriate data collection for IPA requires in-depth accounts of the individuals' experiences (Smith et al., 2012). Semi-structured interviews were used for data collection. A topic guide and open questions were developed to support the semi-structured interview. The interview schedule consisted of six broad questions related to the research question (see Appendix C). Question 1 began the interview with an open question related to why the participant had come to the homeless hostel. This question was formed to start participants thinking about their homeless experiences. Questions 2 to 4 focused on the topic of seeking and receiving psychological support in the context of being homeless and from a minority ethnic background. Questions 5 and 6 were developed in response to contextual influences such as the coronavirus pandemic and the Black Lives Matter (BLM) movement and feedback from the pilot interview. Before data collection, pilot interviews were conducted with two residents at a homeless hostel and feedback was elicited on the questions used during the interview. The residents suggested including a question related to coronavirus as this was currently impacting their lives significantly.

3.7.2 Data collection

All face-to-face interviews were conducted in a designated room at the homeless hostel, with only the participant and researcher present. Social distancing measures were followed, and the researcher and participant wore face masks. Participants initially received an information sheet regarding the research (see Appendix D). The information sheet detailed the purpose and process of the study, providing information about the questions to be asked, the way information would be used and stored, the potential risks and benefits of taking part, and their rights to withdraw. No information regarding the project content was intentionally withheld from participants. The researcher read this out to the participant and ensured they fully understood what the research procedure involved. Next, written informed consent was gained before data collection commenced. The researcher ensured that the participant fully understood that participation was voluntary.

Before taking part, participants were given time to ask questions about the nature of the study and what their participation would involve.

One interview took place remotely via phone in October 2020. The participant's key worker was emailed all the relevant research forms, including the information sheet, consent form and interview schedule to provide to the participant. The consent form was signed by the participant and emailed back to the researcher by the hostel staff (see Appendix E). The participant did not have access to a mobile phone and the researcher's stance throughout data collection was to ensure all participants were able to take part to ensure inclusivity. Therefore, the researcher liaised with the keyworker and ensured the participant had access to a mobile phone for the interview.

Participants completed a brief demographic form (see Appendix F) that collected demographic data required for the research. This included age, ethnicity, religion, location of birth, location of residence, and duration of being homeless. Lastly, participants were thanked and debriefed at the end of the research interview. Moreover, the debriefing form (see Appendix G) included a list of local mental health services and charities specifically for the homeless population and minority ethnic communities. Each participant received a £5 Love2Shop gift voucher and toiletries for taking part in the research.

3.8 Ethical considerations

Ethical approval was received from the University of East London Ethics Committee. The research adhered to the *BPS Code of Human Research Ethics* (BPS, 2021) and the *UEL Code of Practice for Ethics Research* (UEL, 2015).

Specific ethical considerations relate to researching the homeless population. It must be considered that the homeless population are not a homogenous population. It is important to acknowledge that whilst people may have homelessness in common, they are a diverse group (Runnel, 2009). Moreover, whilst a high proportion of homeless people do have substance misuse problems, it is important not to stereotype homeless people. Moreover, the notion of using labels when describing a person is regarded as problematic within the counselling psychology discipline

(Larsson et al., 2012). The term 'vulnerable' is often applied to marginalised populations such as the homeless. However, it is important to consider that an individual who is labelled as vulnerable may find this 'disempowering' or 'patronising' (Ensign, 2003). Therefore, the researcher was sensitive to the use of language when describing the homeless population throughout all aspects of the research project.

Another ethical dilemma with this population is power dynamics. Often a research relationship with participants is unequal (Williamson et al., 2002). It is important to consider this when working with homeless people from a minority ethnic group, who experience further stigma and socioeconomic disadvantages. The researcher considered these power dynamics during all stages of the research and continually reflected on their practice. Moreover, IPA involves interviewing and writing in verbatim detailed accounts of peoples' life experiences. Pseudonyms were used to anonymise participants' identities and maintain their privacy (BPS, 2021). Any data collected was stored in a locked cabinet and electronic data was password protected.

Lastly, offering incentives to participate in research, issues such as coercion, and how this may influence consent is an ongoing dilemma (Grant et al., 2004). This continual dilemma has little consensus. However, researching homeless people, who are already at a socioeconomic disadvantage, has an added dimension. The researcher had liaised with the hostel management staff to discuss the impact of reimbursement, and some form of reimbursement was suggested, but not in the form of money payments. Moreover, concerning psychological research, it is ethically acceptable to offer incentives if they do not compromise the individual's decision to participate (BPS, 2021). Therefore, participants were offered vouchers (for food or toiletries) as reimbursement for their participation.

Lastly, the ongoing Covid-19 pandemic has disproportionately affected the homeless population. Therefore, the researcher waited until the third lockdown ended and most government restrictions were lifted in June 2021 to commence face-to-face interviews. Whilst this delayed the research project, more important issues were affecting the homeless population at that time and

engaging in a research project was not a priority. Rough sleepers were urgently being moved into homeless hostels and emergency accommodation. Therefore, this impacted homeless people who were currently living in temporary accommodation, such as a hostel that reached full capacity whilst there were staff shortages. During data collection, the researcher was mindful of and sensitive to the fact that homeless people have little privacy and are going through a difficult time.

No encounter with psychological or physical risks encountered during participation in the research study was anticipated. To minimise any psychological distress, participants were monitored throughout the interview for any signs of emotional distress. If a participant was displaying visible signs of emotional distress, they were offered the option to terminate the interview if necessary. The participant would be debriefed and asked how they would like to proceed, such as being signposted to supportive organisations or hostel staff. This did not occur during data collection.

Participants were informed that if they disclose any significant risk-related information during the interview, confidentiality would be broken. This information was stated on the consent form and the researcher explained it to the participants. Notably, the researcher recruited most participants from the homeless organisation 'Thames Reach.' The researcher liaised with staff to complete a full induction and risk assessment before entering the homeless hostel. The staff on duty were notified if any risk-related information was disclosed during the interview, and they managed the practical aspects of any risks. The researcher also signposted the participant to the in-house psychologists and key workers if any other issues arose during the interviews.

3.9 Data analysis

All interviews were transcribed verbatim by the researcher, and any personal identifying information was removed from the transcripts. The guidelines of data analysis for IPA devised by Smith et al. (2009) were followed. After transcription, each interview transcript was read whilst listening to the audio recording to ensure that tone and emotional expression had been captured accurately. After this was completed for each transcript, the audio recordings were deleted.

Initial noting

Each transcript was analysed separately to ensure the participant's individual experience was attended to. The transcript was read repeatedly, for immersion and to gain greater access to the participant's world (Smith et al., 2009). The participant's narratives, meanings, perceptions, and beliefs were explored during the reading. Any phrases or narratives that appeared meaningful were underlined. Moreover, any thoughts about the meanings of phrases or questions were noted in the right-hand margin of the transcript. These initial notes focused on either the descriptive content, the language, or any conceptual comments about the meaning of the participant's narrative. Overall, the initial coding aimed at a greater understanding of the participant's view (see Appendix H).

Developing emergent themes

Emergent themes were formed by analysing exploratory comments and reducing the volume of detail whilst maintaining meaning and complexity. This involved engagement with parts of the transcript and the whole of the interview. The themes formed were closely linked to the participant's original words and the researcher's interpretation, known as the hermeneutic circle (Smith et al., 2012).

Forming superordinate themes

Once all the emergent themes had been extracted from the transcript, the next stage of IPA involved forming superordinate themes. This involved searching for patterns or similarities across the emergent themes and clustering certain emergent themes that were highlighted as being connected (Smith et al., 2012). The strategies for searching for connections and patterns across the emergent themes included abstraction, subsumption, polarisation, contextualisation, numeration, and function (Smith et al., 2012). The initial steps and processes were then repeated for each transcript.

Searching for patterns across cases

Patterns, common themes, and connections were searched across all transcripts. First, a table was created to compile all superordinate themes across all transcripts to identify any common

patterns. This highlighted several common themes across participants and the process of forming master themes continued. Themes were clustered and reconfigured as appropriate to represent shared higher-order meanings. A master table of themes was created detailing all the participants' supporting extracts (see Appendix I).

3.10 Reflexivity

Homelessness has always been an issue close to my heart. Everytime I walked past someone who was sleeping rough, I found it difficult to process and comprehend. How did this person end up sleeping on the streets? Where are their family and friends? Why is no one helping them? I also could not understand how society had let this happen and how it treated homeless people. This is where my interest in homelessness began. I later worked with homeless people, delivering psychologically-based interventions. I was based in a homeless hostel, and this was the first time I had access to a part of their lives that I had never experienced before. I was taken aback by how resilient and warm the residents were to me, although there were also many difficult times, gaining a further understanding of how much homeless people had suffered in their lives. Moreover, I was shocked and appalled at how homeless people were treated by professional services. I continued to hear repeatedly that the individual was 'too chaotic,' 'did not engage,' was 'not motivated' and was 'unable to engage in a service'. Therefore, I have acquired strong views that this population does not have equal access to services. I acknowledge that these are my personal views and feel this has motivated me to research this area.

I have become increasingly aware of how my views and assumptions have influenced the whole research process, from the early stages of forming the research question through to the writing of the thesis. The experiences of working with homeless people as an assistant psychologist gave me an insight into some of the difficulties the homeless population experience, and consequently, this fostered the basis of my research idea. Through conducting this research with this population, I became even more aware of my privileges in life. I feel that I have the socioeconomic privilege of having enough resources to be able to go to university, have a home, and access services

such as healthcare in society. My parents were able to provide a life for me where I had the privilege of knowing I always had a home to go to and would never have to worry about becoming homeless. Growing up, I felt I had more than enough resources provided for me and always felt a sense of gratitude towards my parents for helping me to get to higher education. I am from a minority ethnic background and growing up in Northampton where most of the population were White British, I experienced racism and sometimes felt excluded from my peers. It was not something I questioned growing up, but as an adult, I have had the opportunity to process my experiences with others.

After the first interview, I quickly became aware of the power dynamics and the multiple inequalities the participants experience. Regardless that I am a female and from a minority ethnic background, I was in a position of power due to my socioeconomic status. I now seemed to have a position of being the oppressor or in power. I had the privilege of going to a home after the interviews. This position was difficult at first, and I wanted to acknowledge this with the participants in some way. I felt that conducting the interviews face-to-face where the homeless hostel participant was based was extremely important. This shared some power between the participant and me, as I was in the position of being their 'guest.' Despite this, it was clear that there were unequal power dynamics, and I needed to accept the reality that could not change this imbalance.

During the first interview, part of me wanted to explore some issues and support the participant with difficult feelings; however, I knew this was not my role as a researcher. This was a conflict I experienced as part of me wanted to help the participants. I felt that being able to debrief the participant at the end and provide a list of mental health services was invaluable to the participant. I felt I was able to give something concrete and meaningful to the participant, as I constantly felt that I should be doing more for participants. I explored this in supervision, and I became aware that in my previous clinical role, I was doing more to help homeless people. However, at that time I had a different clinical role, and I was not a researcher from a university. Therefore, I needed to become comfortable with the fact that I could only do my research interview and, I hoped, provide participants with a positive experience of this. Notably, many participants reflected

that they found the interview space positive, as this was often the first time someone had spoken to them for this length of time with interest and curiosity. This again felt quite conflicting and sad to me, that the interview was the first time someone had spent this length of time with them, listening to them. Overall, all the interviews were difficult, and it was sad to hear what participants had experienced. At the same time, I was moved by the resilience and strength of the participants and felt quite honoured that they felt able to share such difficult experiences with me.

I am aware that many of the participants I interviewed have endured significant racism and discrimination due to their homeless status and coming from a minority ethnic background. I was aware that I needed to bracket my experiences and assumptions regarding this. Moreover, the BLM movement occurred during the research project, which added another dimension. Personally, it triggered difficult feelings and emotions related to how people from a minority ethnic background are treated. It also triggered different memories and emotions I had experienced related to racism when younger. I had the privilege to access resources to support me during this time. I had many spaces at work, such as clinical supervision, reflective practice, personal therapy, and university reflective practice to process the BLM movement. I was aware that the participants I interviewed did not have this space. This caused conflicting feelings as I felt I again had the privilege to access support, but the participants did not. It felt unfair that I had this opportunity in life and that others did not. Nevertheless, it was important to add the question related to BLM within the interview schedule, as this was a current issue that could not be separated from my target population.

The data analysis involved continuous reflexivity, specifically with attempting to stay with the participants' experience and remain grounded within the data. I carefully ensured that I did not impose my framework for understanding the participants' experiences, whilst acknowledging that my assumptions and experiences were likely to influence the interpretation process. The homeless participants may have experienced me from both an outsider and an insider position. I am an outsider to the experience of homelessness, and therefore I continually reflected on how this impacted the interviews and data analysis. I became aware that I might be at risk of misinterpreting

participants' experiences due to not ever having experienced homelessness, although I felt that being an outsider prompted me to draw more detailed accounts of participants' experiences of homelessness during the interviews. Whilst the participants experienced me in an outsider position, some may have experienced me in an insider position as I am also from a minority ethnic background. I noticed during the interviews that participants may sometimes have assumed that I completely understood their experiences of racism when they stated 'you know what I mean.' Whilst I have experienced racism, I was aware of ensuring that I fully explored the participants' experiences during the interviews. Overall, I learned that this research involved continuous reflexivity throughout all stages, and my perspective had a significant impact on the research.

3.11 Chapter summary

This chapter first highlighted the philosophical orientation of ontology and epistemology concerning research on the homeless population. The tensions between and within research paradigms concerning homelessness research were highlighted. Notably, the positivist paradigm provided a significant contribution to the literature on homelessness, which essentially highlighted the dramatic rising statistics of homelessness among people from minority ethnic backgrounds. Each paradigm contributes to knowledge in unique ways whilst there are tensions between paradigms. Ultimately, drawing from counselling psychology's ethical and humanistic influences, it is imperative to put forward the position to humanise psychological treatment and research. It behoves the counselling psychologist not to be an insurgent but to work critically and carefully within the structures of dominant research and classification paradigms. The method section highlighted how the current coronavirus pandemic influenced all aspects of the research process, including the ethics application, the interview schedule, and recruitment. In total, ten participants were recruited, and all but one engaged in face-to-face research interviews. Lastly, the reflexivity section highlighted the power dynamics and the difficulties with interviewing the homeless population due to this.

Chapter 4: Analysis and findings

4.1 Introduction

The chapter presents an overview of the master themes and subthemes from the IPA. The findings of the IPA are presented by outlining a description of each theme alongside participants' experiences and the researcher's interpretation. The IPA produced four superordinate themes and eleven subthemes (see Table 3). Notably, all the subthemes directly reference participants' quotes and the researcher's interpretation. It was important to reflect participants' quotes within the final themes to communicate their raw experience alongside the researcher's interpretation. This represented another form of the hermeneutic circle, symbolising the dynamic participant-researcher relationship, whereby the researcher has attempted to make sense of the participant making sense of their experience (Smith et al., 2009).

Table 3

Overview of final themes

Superordinate Themes	Subthemes
1. Impact of homelessness on the 'self': <i>'I was just a shadow walking the streets.'</i>	1.1. Despair and mourning loss: <i>'I go to the Thames and start thinking about life.'</i>
	1.2. Dehumanised and loss of self: <i>'...you're not human anymore.'</i>
	1.3. Masking pain, denial and protecting the self: <i>'...everything is hunky-dory.'</i>
2. Abandoned and mistreated: seeking emotional support.	2.1. No one cares: <i>'...If they let me sleep outside, they are not going to help me.'</i>
	2.2. An abusive life: <i>'...that's why I keep myself to myself.'</i>

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|---|--|
| 3. Devalued, invisible and powerless: acquiring emotional support. | 3.1. Powerlessness and hopelessness <i>'...I can't wave the magic wand.'</i>
3.2. Lack of support and guidance through life: <i>'I've never really had the opportunity to work on myself.'</i> |
| 4. Multiple inequalities: racism, discrimination, and coronavirus. | 4.1. Enduring the inequalities of racism: <i>'They don't care, they made a Black man homeless, they just wanted to get rid of me.'</i>
4.2. <i>'...homeless lives matter.'</i>
4.3. Intersectionality: <i>'...we are at the bottom of the heap.'</i> |
-

4.2 The impact of homelessness on the 'self': Dehumanised and mourning loss

All participants contributed to this theme, which captures how participants described the impact of being homeless with a focus on the 'self.' The subtheme 'Despair and mourning loss: *'I go to the Thames and start thinking about life'* represents the participants' experiences of contemplating suicide and unsettling emotions. The 'Loss of connection with 'self' and others: *'I was just a shadow walking the streets'* details the participants' perceptions of themselves and how homelessness has impacted their sense of self. Participants also described feeling unacknowledged and excluded from society. Moreover, participants spoke about homelessness specifically impacting their self-worth, self-esteem, and sense of self and referred to a deeper sense of the loss of the ability to connect 'self to other' and 'self to place.' The 'Masking pain, denial and protecting the self: *'...everything is hunky-dory.'* theme captures the participants' ways of managing unsettling feelings and emotional states.

4.2.1 Despair and mourning loss: 'I go to the Thames and start thinking about life'

Several participants spoke about losses in their life and referred to a loss of physical possessions such as clothes and their home and a loss of people in their life such as close friends and family. There was a theme of a loss of their 'past life' in participants' narratives.

Julian described the losses in his life, revealing an underlying sense of injustice and hopelessness in his narrative. It appears that he was reflecting on his position as a Black man in society and relating this to accessing support. He described his experience of not feeling like a 'priority' and his view that this is related to being a Black man. Moreover, it appears that Julian's 'depression' is due to his life circumstances of being homeless and that the 'depression' he described could be understood as mourning the loss of his family and his past life.

'I don't want to be here.... I wasn't depressed when I lived in my own flat and saw my family. I lost all my clothes and everything...like I said before, Black lives don't matter anymore. It seems that they don't think I am a priority because I'm a Black man. I'm 61 and I shouldn't have slept on the streets for that long and they should house me. I feel depressed, man.... I just stay in my room; I don't do anything. I'm depressed.' (Julian, 146-150)

Another participant described a similar experience of feeling 'depressed' and made references to his past life, where he had the opportunity to work. Mo expressed his anger and used extremely critical and negative phrases to describe his feelings, *'I just feel like a waste of space.'* This appears to be communicating the difficulties of experiencing his losses in life, especially when he was able to work and earn an income. Furthermore, Mo appears to relate the ability to work to his worth, and there is a lot of self-blame for the situation he is in.

'I just feel...sorry, sometimes I just get angry and then sometimes I just feel like a waste of space, and yeah, I get depressed a lot. I sometimes think about when I used to have a life and I actually had a job...I had my own income, and yeah, I messed it all up.' (Mo, 89-91)

Amal also described his losses in life, which specifically included his business and the opportunity to work. In Amal's narrative, he appears to be withdrawing and distancing himself from others, which may be his way of coping and coming to terms with the losses in his life.

'I want to be left alone, it's the type of person I am now, because, going through what I've lost, I've lost through a lot since I've been back since this business started and that and, and the Covid-19 didn't help at all.' (Amal, 27-29)

All but one of the participants described difficult feelings and emotions they experienced being homeless. Many of the feelings they described were distressing for them and included suicidal ideation, sadness, anger, and a sense of hopelessness. Three participants described a point where they had contemplated suicide and their experience of this. Ali described his experience of feeling suicidal and used the phrase *'I go the Thames and I start thinking about life.'* Underlying this phrase is a deep sense of contemplation of existence. Going to the Thames could also signify that Ali is also contemplating attempting suicide, which is unsettling and disturbing. Within the narrative, Ali continued by describing that he was seeking advice, and when he received emotional support from a suicide helpline, he reflected, *'That was the last I heard from them.'* There is a sense of feeling abandoned by society.

'Oh, I just told them...look I can't sleep; I go the Thames and I start thinking about life.....sigh....and basically, it was just a little bit of advice and that's about it, really. That was the last I heard of them. I suppose if they were professional...it may have been a different story you know.' (Ali, 95-97)

As Ali continued narrating his experience of feeling suicidal, he described that he had been separated from his family members. There appears to be an ongoing theme of loss within his narrative and he may be mourning the loss of his family in his life. Ali continued speaking about how he coped with this loss by staying indoors. He reflected in hindsight that he went outside, *'I wish I went outside; I really wish I did.'* Whilst on the surface Ali was saying that he would have liked to

spend more time outside, underlying this narrative appears to be a sense of isolation and a need to seek support from others.

'...Oh... at that time in my life, I was at tether's end, you know. I was really feeling suicidal and super depressed. Years ago when I use to live in Acton... I was so depressed. I was bringing up my brothers and sisters, I was with my family. As soon as I left, I was in a bedroom studio flat. I didn't know anyone.... I didn't know what to do.... I just locked myself in. It was like, if I can't live with them, I may as well stay indoors. I was just basically watching tv all night and sleeping all day. Looking back now... I wish I went outside; I really wish I did. Or at least hang out outside a bit more. I wish I did that.' (Ali, 103 -108)

4.2.2 Dehumanised and loss of self: '...you're not human anymore'

Over half of the participants contributed to this theme and spoke about how homelessness had severely impacted their sense of self and self-esteem. Moreover, several participants perceived that others viewed them negatively. Two participants referred to not feeling human and there was a sense that participants were communicating that they felt dehumanised.

One participant, Mo, described a powerful metaphor to communicate his existence, *'You're a piece of rubbish they have dropped on the floor.'* Mo compared his existence to rubbish, to nothing, and was potentially expressing that he did not feel valued as a human. There is a strong sense of feeling dehumanised, that he was reduced to feeling like he was not an adequate human. There are many layers to this metaphor, as it also elucidates how some members of the public fail to acknowledge a homeless person's existence. The process of not acknowledging a human's presence or treating a human like 'rubbish,' all contributes to feeling dehumanised. Lastly, the 'rubbish' metaphor may symbolise a social hierarchy in society in which Mo was potentially communicating his lived reality of being at the lowest position.

'Well, it's depressing. The thing with sleeping on the streets. Well, you just feel like you're a nobody, really. People walk past you like you don't exist, like you're not human...like you're a piece of rubbish they have dropped on the floor. This is the worst part, really. You feel like you're not human anymore and somehow you have become rubbish, you are nothing.' (Mo, 33-36).

Other participants described a similar experience. Ali described himself as a 'shadow' and his experience as not feeling human. Again, Ali's narrative has a deep sense of dehumanisation. The 'shadow' metaphor could communicate a similar experience of not being 'seen' by others and that others are not acknowledging you. Like Mo, it appears that Ali is expressing that he is merely experiencing a bleak existence.

'Well now, I'm more awake and I like my environment. Before... no. Well now, you know, I walk, I sometimes take the bike to West London and that, where I grew up. You know it horrifies me just thinking about it, thinking about being homeless then. Basically, I was just a shadow, I wasn't a human. I was just a shadow walking the streets.' (Ali, 40-43)

Several participants described a loss or difficulties with connecting with the 'self' and others. Many participants described that this loss of connection created intense feelings of loneliness. Participants spoke about feeling different to others and having difficulties connecting with people and feeling alone. One participant, Mo, described going into a 'weird state' in which it was difficult to know himself. There was a suggestion that Mo was communicating that it was difficult to grasp his sense of self.

'Yeah...and I think being homeless, you kind of lose that connection with other people but also yourself. You kind of go into this weird state, with not knowing who you are anymore, and you are just trying to survive.' (Mo, 215-253)

Mo also described the impact of others not acknowledging him. He used the word '*invisible*' to describe his experience of no one acknowledging his existence as a human. Furthermore, Mo went on to say that when he was acknowledged by others, he felt '*...it's not something they like...*' It appears that Mo is communicating a painful existence, that others are consciously ignoring his presence as a human and when he is acknowledged, he does not feel welcomed. Underlying this narrative are themes of deep social exclusion and that Mo is completely marginalised from society.

'I'm not sure how to describe it, but yeah, it did feel a bit like that.... it felt like I wasn't human anymore and people were not 'seeing me.' Like people don't acknowledge you and when they do, it's like you are a waste of space. It's almost like sometimes I was invisible to people and then when people 'see you' it's not something they like. If that makes sense?'
(Mo, 41-44)

Mo continued describing his experience as a homeless person and said that he felt different to '*normal people*.' Mo is potentially communicating that there is a divide between homeless people and 'normal people;' people who own a home and are not 'houseless.' There are many layers to this, and perhaps Mo is highlighting that his 'houseless status' of being homeless is perceived as 'not normal', and thus he is not accepted or even acknowledged by society.

'I just feel very different to 'normal people,' and I hope one day I can feel normal again. That people will acknowledge me, that I can have my own house...' (Mo, 164-165)

Several participants referred to their self-worth and self-esteem. Participants' narratives revealed feelings of worthlessness and feeling extremely undervalued by others. Lewis stated, '*Sometimes I think I belong on the streets, that's where people want me*' (Lewis, 162). Lewis appears to be communicating a sense of resignation, of feeling 'defeated.' Furthermore, underlying this narrative highlights issues of power and how society may have imposed a position upon him. He reflected that others have imposed a position on him, that he 'belongs' on the streets. There appears to be a deep sense of social injustice, that society has placed him and other homeless

people in a low or inferior position, and therefore belong on the streets. Lewis is reflecting on his reality, the reality of how others perceive him, which has consequently disrupted his sense of worth and he is struggling with feeling worthless.

4.2.3 Masking pain, denial and protecting the self: ‘...everything is hunky-dory’

Participants described ways in which they managed painful emotions related to the reality of being homeless. Several participants detailed that they used alcohol and substances to block or suppress unsettling emotions and to ‘forget’ what was happening in their lives. Mo described his experience of using alcohol to suppress unsettling emotions such as anger. He reflected that his unsettling emotions are related to his earlier abusive experiences.

‘I kept drinking, too, because sometimes I just feel pissed off and angry, and I take it out on other people. I know I shouldn’t, but it happens when I’m drinking...everything just spirals. I just get angry, like angry with some of the things that happened to me in the past, and how people have treated me...sleeping on the streets... my stepfather used to beat me up when I was a child. I was in and out of prison for things to do with shoplifting and drugs...then last time I came out I was sleeping on the streets.’ (Mo, 82-88)

One participant, Samuel, described a different experience to the other participants and stated that he used alcohol or substances because there was ‘nothing else to do.’ Whilst it appears that Samuel is reflecting that he was ‘bored’, it seems that underlying his narrative is a person left alone to deal with being homeless and essentially abandoned by others.

‘Um... I just did my own thing. Well, sometimes I use to do drugs and drink... but there’s nothing else to do when you’re on the streets.’ (Sam, 40-41)

One participant spoke about ‘masking’ his emotional distress and homelessness to others. Ali spoke about his experience of ‘masking,’ that he would ‘dress clean’ and ‘just be polite’ so that no

one would notice that he was homeless. Within this narrative there is a sense of denial, indicating that perhaps he was not only masking how much he was struggling with others but also with himself.

‘Yes, basically. So, basically, dress clean, if I had a friend or that, maybe have a shower at his place, obviously, I can’t even guarantee that the friend would let me stay. But I would still make sure that I had a shower, you know that I looked alright, and basically, every person that people I worked with...I worked for a little bit with an agency. Everyone who I worked with, basically, was very polite. Hence why everything is ‘hunky-dory.’ Looking back now, I wish I was more honest.... I really wish I was... (He laughs).’ (Ali, 54-59)

Notably, Ali uses the phrase ‘*hunky-dory*,’ which communicates that he was feeling the opposite of ‘fine.’ There appear to be many layers to this phrase and Ali is potentially communicating an inner conflict, of wanting to show others his vulnerability of being homeless yet simultaneously masking his vulnerability to others. His narrative suggests it is extremely difficult to show others that he is homeless and essentially his ‘houseless’ status. Moreover, perhaps Ali was aware of the stigma of being homeless and the multiple discriminations that homeless people experience. Furthermore, the phrase ‘*Looking back now, I wish I was more honest...I really wish I was*’ may signal that a part of him would like to be more open to others about his distress and the difficulties of being homeless. There appears to be a deep sense of reflection and perhaps in hindsight, it was extremely difficult for Ali to seek help from others.

4.3 Abandoned and mistreated: Seeking emotional support

Most participants described an ambivalence about seeking emotional support and a common theme that ‘no one cares’ throughout their narratives. Most participants had experiences of being mistreated by others and ultimately experienced feeling abandoned at different points in their lives, including when they were attempting to seek emotional support.

4.3.1 No one cares: ‘...If they let me sleep outside, they are not going to help me’

Julian stated, *‘If they let me sleep outside, they are not going to help me.’* This highlights that at his most vulnerable and isolating time, there was a lack of support and no help from anyone. Now Julian is based in a homeless hostel and, approached with his views around seeking support, it is almost bewildering for him to think that someone would help him, based on his previous experience. Julian’s narrative has many layers, and it highlights a deep sense of being failed, mistreated, and abandoned by others. Moreover, there is a sense of feeling hopeless, that no one can alleviate his emotional pain or life situation, *‘No one is going to help this depression.’* Julian is in a vulnerable and powerless position from which he has no control over his life situation but also needs to rely on others who have failed him. These conflicting feelings of feeling powerless but also having to rely on support from others who have failed him underlies his uncertainty in attempting to seek psychological support.

‘No, I don’t want to talk to anyone about this, no one is going to help this depression. If they let me sleep outside, they are not going to help me. I won’t be depressed if I have my flat back. What’s really going to help, I can’t even see my family or my grandchildren.’ (Julian, 153-156)

During another part of the interview, Julian continued describing his experience of a lack of support throughout being homeless. Julian now needs to rely on the ‘system’ to support him, but he experienced the ‘system’ as contributing to his homelessness.

‘What support? I have no support... the system has done enough, and they have taken my property, put me in this hostel and I’m away from my family. I’m a priority... I’m not supposed to be in a place like this.... I’m 61.’ (Julian, 161-163)

James and Mo also spoke about the underlying theme of ‘no one cares,’ however, they describe a different experience of this. They both talk about other people ‘having their own

problems' and feeling unsure of whether to ask for help from others. There is a sense that they are both minimising their own needs or find it difficult to ask for help. Mo described his uncertainty about how his 'problems' would be received by someone else and his perception that they would not care. Notably, Mo also doubts that counselling would be offered to a homeless person, which potentially communicates that he may not feel he deserves emotional support. There appears to be an ambivalence towards seeking emotional support underlying Mo's narrative, as a part of him would like to access more support.

'...and I think that telling your problems to other people, well, everyone has their own problems...and I just think no one cares to be honest with you.' (James, 91-92)

'I don't think they would give a homeless person counselling; I've never heard of that. My keyworker says there is a psychologist that comes to this hostel, or they can refer me to charities. I never knew this. I guess for me...it just felt like people generally don't care about homeless people so I didn't think they would have services like this. That's why I don't bother because I just sometimes feel like what's the point, it's hard to keep going and then when you feel people don't care...yeah, it just spirals. Looking back and talking now about things, yeah, I wish I did have more support or someone to talk to at that time.' (Mo, 135-141)

One participant, Amal, described his experience at a homeless hostel, struggling to connect with residents and staff. Amal reflected on his status as a homeless person, *'Because as people, we have less than you all, we haven't been set on a certain roadway or path.'* Amal is referring to his 'homeless status' and not having the same opportunities in life compared to 'staff' or non-homeless people. Underlying this narrative is a sense of acknowledgement that the 'system' and professionals have let him down and mistreated him. It seems that Amal is coming to terms with how he has been unfairly treated and reflecting on how he would like to be treated by professionals.

'The staff members there are meant to be staff. This is a mental place to, for men, for people that's come out of the mental hospital or have mental disabilities? No, like, this is the place

for it. So, like, whether they like it or not, yeah, they have to understand us, they have to, it's their job, it's their obligation to do that. Because as people, we have less than you all, we haven't been set on a certain roadway or path.' (Amal, 147-151)

Several participants described a deep sense of feeling socially excluded, mistreated, and abandoned by society throughout the coronavirus pandemic. Julian said that some homeless people were being moved from the street and eventually offered a flat, although this was not the case for Julian, who communicated his frustration and disappointment with the lack of support he has experienced. Moreover, Julian stated that *'they forgot about us before the coronavirus,'* which highlights many themes. Firstly, Julian continued to feel forgotten whilst more support was being provided to house homeless people during the pandemic. Moreover, there is an underlying political and societal theme of how the government responds to homelessness, and why it had taken a pandemic to offer more support to homeless people.

'Yeah, they have forgotten us, I'm still here and no one has helped me move into a flat. I haven't had any help to move on and I hate being here. I can't see my family...the shops are not open... I can't get food to cook, what am I supposed to do? They forgot about us before the coronavirus.' (Julien, 134-136)

4.3.2 An abusive life: *'that's why I keep myself to myself'*

Several participants spoke about abusive and difficult experiences growing up, and how this has impacted their decision to seek help from others. One participant, Aaden, described his earlier experiences in Somalia, that he used to run away from home and was punished by his parents. He reflected that these earlier experiences have impacted his uncertainty about seeking help and that he continues to feel fearful and scared of others. He has learned to keep himself to himself and not ask other people for help. Furthermore, he reflected that it may feel easier for him to talk to someone he can relate to, someone who understands homelessness and his culture.

One participant spoke about his experience of feeling scared to ask for help when sleeping rough. Aaden described his earlier experiences that led him to feel scared of others. He reflected that this caused him to keep himself to himself and not seek help or psychological support.

'Thinking back when I was sleeping rough and didn't asking for help, I was scared and lonely. I didn't know what support there was and I just kept myself to myself. After what happened when I was younger, I was really scared of other people. In England, I had no one to go to and maybe if I knew someone or had some friends, I would have been able to get some support. I guess, sometimes it is easier to talk to someone who understands where I'm from and also what I have been through.' (Aaden, 61-66)

Another participant, Mo, referred to his experience of Somalian culture. He explained that whilst he was growing up, his parents were physically abusive and that he had to show them respect. He expressed that he felt unable to tell anyone about the abuse he was experiencing and reflected that it was unusual to seek help from others outside of his community. Notably, Mo highlighted how his culture impacts his decision to seek emotional support from others. Mo stated, *'I think maybe my culture prevents me from seeking help, as it kind of taught me to keep things to myself and not to go and ask other people for help maybe.'* Here Mo is reflecting on the impact of his culture and how he had learned not to seek help from others and keep things to himself.

'Well, I am Somalian... my parents were quite physically abusive to me, and it was that type of culture where you have to respect your parents. It felt like I couldn't tell anyone what was happening at that time... like I would have been punished more. I guess Somalians wouldn't seek help from people outside their community, so it would be strange to go to a different community. At the same time, I didn't like the way I was brought up so it's difficult. I think maybe my culture prevents me from seeking help, as it kind of taught me to keep things to myself and not to go and ask other people for help maybe.' (Mo, 144-150)

A few other participants also reflected on their family dynamics and culture whilst growing up. James spoke about his relationship with his mother and felt that they had a different 'mindset.' Moreover, underlying his narrative was a feeling of being alone and misunderstood.

'Nope. No one was around because, erm, my mum, she's African. I mean, she's supportive and she tried her best, erm, but, erm, I don't really blame her because she wasn't there... I mean me and my mum don't have anything in common, she's trying to be supportive and she's trying to ask me something and I think she's saying something to help, but my mindset, my mindset is just completely different. Yeah, I think it's the mindset.' (James, 58-62)

Ali described his family environment as illustrating a sense that emotions were not expressed or spoken about within his household. Moreover, Ali explained that when he attempted to talk to a family member, he felt that his feelings were minimised.

'Yes, definitely... I guess I, we didn't talk about these things at home, and I never needed to talk to anyone about what I was feeling... it was horrible not knowing who to go to, and when I did, it felt like I was just overlooked...or they would just tell me 'Everything is going to alright'... but I was not alright... Anyways...' (Ali, 134-136)

4.4 Devalued, invisible, and powerless: Acquiring emotional support

This theme captures participants' experiences of receiving any form of emotional support from a mental health professional. Over half of the participants had an experience of receiving emotional support. All but one participant experienced feeling dismissed, unacknowledged and unwanted by professionals when seeking emotional support. Furthermore, there were underlying themes of powerlessness and hopelessness in the participants' narratives.

4.4.1 Powerlessness and hopelessness. '...I can't wave the magic wand'

With several participants, there was an underlying theme of powerlessness and hopelessness when interacting with professionals. One participant, Ali, described his experience of

receiving psychological support from a doctor. Ali described that the doctor was unable to help him and said, *'I would love to help you, but I can't wave the magic wand' (He laughs).'* It appeared, underlying this message from the doctor, that in some way Ali was 'a lost cause' and could not be helped. Furthermore, the phrase *'I can't wave the magic wand'* appears synonymous with the label 'hard to reach,' which may in effect relinquish responsibility assigned to the professional. The doctor was in a position of power and chose not to help Ali, whilst Ali was in a powerless position. Moreover, this interaction highlights that the doctor may have a lack of awareness and training concerning working with the homeless population.

*Well.... I would say about two years ago when I was in *****, where I saw a doctor who goes on the bicycle. Well, I suppose he really sums it up and this I suppose is everything you need to know really. This is how I'm treated. He said to me '****', I would love to help you, but I can't wave the magic wand' (He laughs). I just thought that is just such true to life. That's my doctor? (He laughs).'* (Ali, 81-84)

Ali talked about another experience with a doctor, in which he described his situation of having no ID and how this impacted his low mood. Ali was offered 'tablets,' the doctor said, *'I will give you sleep tablets, that will fix it.'*

'Yeah, I tried to talk to the doctor, too, a couple of times. I told him, literally some mornings I can't even lift a finger. It was that bad. He said "Oh, good luck to you, one day you will get your papers...then you will be alright. It's ok, you will be ok. So yeah.... yes, yes sorry." I remember now as well, he said, "You know what, you find it difficult sleeping and that, I will give you sleeping tablets, that will fix it." (He laughs). Yeah, so even when I went to the doctor.... He said the sleeping tablet will fix it.... We will put you on the right track.' (Ali, 115-120)

It appeared that Ali was offered a 'quick fix' solution for his sleeping difficulties and that his distress was pathologised by the professional. There appeared to be no acknowledgement of the

contribution of his life situation of being homeless, nor that having no ID was impacting his distress, thus 'sleeping tablets' were not sufficient. There was a sense that Ali had repeated experiences of not feeling heard, his distress minimised, and not being offered other forms of mental health support other than medication. Furthermore, Ali was left in a powerless position regarding his treatment, whilst the doctor was in a position of power with the knowledge of other forms of psychological support.

Another participant described feeling dismissed by a professional and feeling in a powerless position. Aleisha described her difficulties in receiving a prescription and GP appointment. It appeared that she was unable to do this, and she experienced the health professionals as dismissive and rude.

*'Well, I needed ***** and this was when I wasn't in a homeless hostel, I was staying at different friends. I went to the pharmacy and told them what I needed, they said I needed a doctor's prescription. The GP wouldn't let me book an appointment because they said I wasn't giving them the right address. The woman at reception was really rude and I could see people staring at me. So that's why I don't bother.'* (Aleisha, 123-127)

There is a sense of being dehumanised and devalued whilst interacting with health professionals. Aleisha was in the position of receiving support whilst feeling powerless, like a burden, devalued and dehumanised. Notably, she said at the end of the extract, *'...so that's why I don't bother'* and suggesting that these negative interactions with health professionals have impacted her decision to completely avoid seeking further psychological support.

Julian also described his experience of being failed by services that he had interacted with, with an underlying theme of hopelessness. Julian became homeless when he was in arrears, and consequently, his property was sold. Julian had experienced more practical support with services such as probation and various charities.

'There's no support.... charities have failed me, the probation failed me, you know? These lot know what's going on, you know what I mean. I was taken to court unfairly for not paying my rent, my arrears...and they sent me the letter when I'm not here and take away my flat. This made me homeless.' (Julien, 174-177)

Within Julian's narrative, there is a sense of being kept in the dark and feeling powerless. Julian did not have the opportunity to attend court or receive support with his arrears. Moreover, there is a sense of injustice in the power that services hold over his life, which left Julian experiencing hopelessness and a powerless position.

Ali described his experience of attempting to obtain an ID but receiving no support with this. It appears that Ali has a unique case of staying in England for many years whilst being trapped in a cycle of attempting to gain an ID before he can fully start living his life. Ali described his experience with the government and how he felt that society wanted him to leave the UK or 'commit suicide.' There is a deep sense of feeling rejected, hopeless, powerless, and abandoned by society.

'I would say from mid to late 2000s, the government just said, 'to hell with them', they just didn't want to help us, to help me with my ID or anything. They just wanted us to leave the country or commit suicide or something. I will be honest with you, everything I try, and every time I try to take this forward and get my ID, passport, birth certificate, er no. Birth certificate and driving license, passport... if you don't have it...please can you clear the building? Can you leave the building? Ridiculous! Absolutely ridiculous!' (Ali, 15-20)

4.4.2 Lack of support and guidance through life: 'I've never really had the opportunity to work on myself'

Most participants spoke about the lack of guidance, opportunities, and support from their network. Moreover, several participants described a desire to engage in psychological support but

were unsure how to do this. Ali described his experience of not being able to seek support from people within his support network. There is a sense of a community of people struggling together.

'Very much so.....but looking back, it was also the environment as well. I've got nothing against people who have mental illness. But I didn't have one single friend back then who actually worked. They were all on benefits, with mental illness and with hospitals you know. All of my friends were struggling...so it was the environment too yes.' (Ali, 63-66)

Several participants described that they were unaware of what support, specifically emotional support, was available to homeless people. One participant, Mo, spoke about the practical issues of being homeless, such as having no access to a computer or smartphone to search for support organisations. Underlying this narrative appears to be a deep sense of injustice and inequalities. Poverty and not being able to access technology are impacting Mo's ability to access psychological and other forms of support. Moreover, Mo is communicating further barriers he experiences with accessing resources in society and seeking support is extremely difficult. Moreover, Mo is communicating his hierarchy of needs, explaining that shelter and food were a priority before counselling. He is expressing the multiple unmet needs he experiences and the uncertainty of what to prioritise. Furthermore, toward the end of the narrative, Mo referred to his Somali culture and how this impacted his decision on whether to seek support. He reflected that he would prefer other people in his community not to know he was accessing counselling. This indicates that Mo would like to separate from his community if he attempted to seek psychological support.

'Well, I need to know what support there is...if you're homeless and sleeping out on the streets, you don't have a computer, or a phone to look things up. We need to know what's out there. For me, I needed shelter, somewhere to sleep first. Once I had shelter and food etc., I need a counsellor. I was so depressed and sometimes I still am... so I need that. I feel like being Somali is different... we need some special help where people understand our culture. I can speak good English, but it's not the language, but I need people to understand

us and what it's like being homeless. I also don't want other Somalian people to know that I want counselling, so it needs to be private too.' (Mo, 171-178)

James also spoke about not knowing where to start with accessing therapy but would like to access this support. In addition, Lewis described that he needs to access counselling and throughout his life has never had the opportunity to do this.

'Erm...I don't really know...I can't tell you. I can't tell. I know because maybe it's because I've not done anything like therapy, or even talk to people you know. Maybe, I might like my own thing, like deal with my problems and not have to run away from them, you know. Like why I have gone through this... I don't want to have to run away but I could go against it, you know. I need help with identifying all the problems as well, you know. I just don't know how I could get help for this.' (James, 114-118)

'I've never really had the opportunity to work on myself, but I know I need to help myself at the same time. I've wasted so many years of my life and this year I will be 40 soon. I've had family issues and I know I need counselling.' (Lewis, 150-152)

Several participants described what their ideal way would be to access emotional support. Two participants suggested that counsellors or therapists could do outreach work and go directly to homeless people, whether they are in hostels or on the street.

'Erm... I guess if someone could come to me while I was sleeping on the streets, or if they come to this hostel where I'm am. I wouldn't know where to access this. Like my whole life, I haven't done this talking thing so how am I supposed to know where to go to?' (James, 123-125)

4.5 Multiple inequalities: Racism, discrimination, and coronavirus

All participants but one described experiences of racism and discrimination. Participants expressed that they had experienced racism throughout their life and described how this had impacted their wellbeing, job opportunities, equal access to services and position in society.

4.5.1 Enduring the inequalities of racism: ‘They don’t care, they made a Black man homeless... they just wanted to get rid of me’

All participants but one spoke about their experiences of racism throughout their life and the inequalities they experience. One participant, Lewis, said that he continues to experience racism daily and expressed many different sources of this, such as racism from the police and bus drivers. Throughout Lewis’s narrative, it appears that he is communicating his ongoing struggle of enduring racism and highlighting its negative impact on his wellbeing. In his narrative, there is a sense of injustice, hopelessness, and feeling defeated. Lewis stated, ‘...but what can I do,’ highlighting that he is fully aware that he experiences racism, yet he is unable to change this. Moreover, there is a sense that racism is imposed on him, and this is not something he can avoid.

‘I know people are racist to me man but what can I do. It’s not random people, it’s the police, they are racist, the bus drivers kick me off the bus, the people in the shop who sell me alcohol, everyone is racist to me. I know and I can see it in the way people look at me and treat me, man. It’s a horrible feeling and I think this is stress, too. I am stressed about things in my life, and I’m stressed sometimes when people look at me that way too. It’s not fair but I can’t change it.’ (Lewis, 156-160)

Another participant, James, described his experience of racism at his workplace. It appears that he is potentially communicating feelings of social exclusion at work concerning racial discrimination.

'Yeahhh...yeah. I mean before all that, I like to say that I was working before I was homeless. When I was working, I was the only Black person there, just working all the time...doing my job...I used to feel a lot of the time a little weird. You can feel the energy if you're not White. You know...they see you as different and see you as just useless.' (James, 162-165)

James stated, *'You can feel the energy if you're not White. You know...they see you as different and see you as just useless.'* It appears that he is highlighting an unconscious bias, suggesting James's colleagues may attribute negative qualities to him due to his race. Moreover, there is a strong sense that James is experiencing the impact of others using racial stereotypes toward him.

Several participants reflected on their experiences growing up and experiencing racism early in life. One participant reflected that his parents experienced racism and that he was also impacted by this. He described his experiences of having parents who were of different backgrounds and how this impacted other peoples' perceptions of him: *'Even if they don't say it, it's always gonna be there, you can see it. You can sense it.'* There is a sense of generational racial trauma that impacts Amal.

'I've had people take the piss out of me most of my life, my colour, for, like, who I am. But now because I'm older now, it doesn't really faze me, because I know who I am. I know what I have to do. You know what I mean.' (Amal, 71-73)

'But it wasn't just me, it was my mum as well. You know, back in the 80s, the Brixton and police did not get on. They were 'warring' with each other. My mum was in the midst of that. And it's always gonna be there. I don't like you, you don't like me because I'm African or White. You don't like me because my dad mixed with a White, a Black person, it's always going to be there. Even if they don't say it, it's always gonna be there, you can see it. You can sense it.' (Amal, 212-216)

Several participants described how racism continues to affect them daily. Participants spoke about unequal job opportunities, being discriminated against if attempting to apply for work, unfair government, and criminal justice procedures. One participant described his experience with the criminal justice system. He described his experience of feeling uncared for as an older Black man and feeling that the government ‘wanted to get rid of him.’ It appears that Julian is communicating that he was racially discriminated against and treated unfairly due to his ethnicity. The words ‘*they just wanted to get rid of me*’ are powerful, highlighting how unwanted he feels and perhaps his position in society relative to others.

‘They wouldn’t do this to a White person. I’m 61 and have lived there for years. They don’t care, they made a Black man homeless, they just wanted to get rid of me.’ (Julien, 76-77)

Moreover, Julian expressed his views of England and from his experience that he essentially perceives everyone as racist. The phrase ‘*England is racist*’ highlights Julian’s reality, that he has had multiple experiences of racism throughout his life. It appears that Julian feels extremely let down by others, especially the criminal justice system. Notably, he refers to his ethnicity and reflects that an ‘*old White man*’ would have had a different experience from him. His narrative has many layers, and he highlights themes of systemic racism and White privilege.

‘England is racist, people, in general, are racist, you know that I mean. Look what happened to me, the court system is racist. This wouldn’t happen to an old White man.’ (Julian, 85-86)

4.5.2 ‘...homeless lives matter’

All participants but one spoke about their views and experiences of the BLM movement. Participants were divided in their views. A few participants felt the movement was positive because it brought to the fore issues of systemic racism and police brutality, whereas other participants felt sceptical and unsure that the BLM would trigger any positive societal change. James highlighted his hope that the protests would trigger a change and that something positive might result from the

BLM movement. He described his wish for the future generation to have better access to resources in society and a need for equality.

'It's a good thing for a lot of Black people and they can see people protesting for Black lives, yeah, it's good. But it's not just protesting that's going to help us, we need to start asking people to change, for our kids and children you know. We need to make a better path for our children, you know, so they can have access to everything, you know, and for things to be equal. If we educate ourselves in different things and have businesses support each other, we can build that equality and we all can be equal, you know.' (James, 225-230)

James also reflected that all human beings matter and specifically stated, *'homeless lives matter.'* This phrase highlights the multiple layers of discrimination that homeless people from minority backgrounds experience. He is highlighting important themes and the numerous discriminations that he and other homeless people experience in life. James is communicating his experiences of racism, discrimination related to his houseless status, unequal access to services, and being excluded in society. He also expresses his desire for *'equalism'* and his need to be treated fairly in society. There is a sense that his basic human rights are not being met.

'Erm...I think it's great. It's a good thing...it's kind of like a wakeup call, you know. Black lives do matter. Well, the way I see it, it's not only Black lives that matter, every life matters, every human being, everyone has a life, and it matters.... homeless lives matter. We are just asking for equalism...you know. We didn't even ask for any more than that. People they...they don't see us as normal people you know... so yeah, it's a good thing and a wakeup call for everyone. It's good that people are starting to support a lot of Black local businesses. I'm interested to see how the Black Lives Matter affects everyone else.' (James, 214-220)

Other participants were unsure of how the protests and BLM would change society. Moreover, a few participants were not aware that the BLM was occurring because of personal circumstances of either being in prison or struggling with their mental health. Aleisha described that

she was in prison at the start of the protests; otherwise, she might have joined in the protests.

Moreover, she felt that, regardless of the BLM, homeless people would still experience discrimination and racism.

'Well, I was in jail when the BLM started with all the protests. So yeah, I wasn't there when the protests happened... but if I wasn't in jail, I would have maybe joined a protest.' (Aleisha, 171-172)

'Not sure really... I mean it's not changed anything, if that's what you mean? We still experience racism and discrimination.' (Aleisha, 174-175)

Several participants were impacted by George Floyd's death and subsequent events that triggered the BLM movement. Aaden, Maria, and Mo expressed how distressing it was to hear or see how George Floyd died. The BLM discussion opened further conversations regarding participants' experiences of racism and discrimination, specifically with the police in the UK. One participant described a specific situation in which he was arrested by the police for using a friend's bus pass. He was instructed to leave the bus by the police, during which incident the police used force. Aaden reflected on the incident and used the metaphors *'it was like a drop in the ocean, like a needle in a haystack.'* The 'drop in the ocean' metaphor highlights how Aaden felt about this incident, indicating he felt it was not important or not serious. The 'needle in the haystack' metaphor captures that perhaps this was one of many incidents and it would be difficult to 'pinpoint' or identify who did this to him. There's a sense of injustice, a resignation that Aaden did not feel he was entitled to seek justice for what happened to him.

'Yeah, he put my hands behind my back, tied them and handcuffed me. And basically, he just said to me 'that's not your bus pass, it's not your name at that'. Anyway, what is it, he goes to be beforehand, do you have anything sharp in your pocket? I said to him, no. And I forgot I had small scissors to open tins and that, as I was homeless. Yeah. Basically, I said to him no,

and he goes to me 'I swear to God, if I find anything sharp in your pockets, I'm going to smack you one'. That's the first time I experienced this, ever.' (Aaden, 155-160).

'It was quite a while ago, to be honest. But I will be honest with you, it was like a drop in the ocean, like a needle in a haystack. It's like rewind. What is it...? from the 90s, rewind. I mean it's basically intimidation, that's what happened...and it does happen still. Basically, trying to intimidate me as well, yes. I mean they obviously don't like Black people, that's obvious.'

(Aaden, 150-160)

Another participant, Maria, described her experience with the police and explained that she had noticed that Black men, in particular, were being stopped by the police. Notably, she reflected on the difference being a woman, highlighting that her male Black friends are more targeted by the police.

'But I think it's different being a woman...like my male friends, well Black, in particular, they are stopped by the police as they always assume they are drug-dealing when women could be as well.' (Maria, 257-259)

Other participants described their perspective of the government and job opportunities for people from a minority ethnic background. James expressed that the government was 'brainwashing' Black men from a young age, so they would not be successful. These words are powerful and illustrate James' reality. Perhaps this perceived reality let James feel there were no other opportunities in life for him. This echoes a widely accepted reality that people from a minority ethnic background do not receive equal job opportunities. It appears that James is making sense of how and why he experienced a lack of opportunities in life.

'I think the biggest fear of the government, is Black people becoming successful you know. We need to think about the system, that's why they don't give us a lot of the opportunities, working at the top places, you know, it's not for us and yeah, it's the lower-wage jobs. The

only way they brainwash us into thinking the only way out is through music and that Black people should just be rappers or something like that. That's the way they programme us. So yeah, the Black Lives Movement is a good thing it happened and we need to keep going really.' (James, 230-236)

Like James, Julian expressed that he feels Black people are pushed to do all the difficult jobs.

'They push the Black race into the hard jobs. Jobs are not going in the West Indies. Cannabis is growing in the West Indies, hard drugs like cocaine and heroin do not grow in the West Indies. How do they come into this country? They put it in the airport and docks. Heroin...that's what the British lot, they use.' (Julian, 92-95)

Julian referred to going back to '*slavery days*,' which are powerful words. It appeared that he was communicating that history is repeating itself or that there has not been any progress since the abolition of slavery. Notably, he stated, '*But that's how they want them...they want them to stay at that level.*' There appear to be many layers to this phrase, as Julian is referring to his position as a Black man in society. Moreover, Julian is communicating a powerful message, that essentially 'his folk,' Black people, are still being treated as slaves and are given the 'worst jobs' in society.

'Yes everywhere...we get the hard jobs; you know what I mean? All the Black people all over the world gets the hard jobs. It's a system and we are at a different level. You know since slavery, my folks were taking them jobs, yeah. It's like we have gone back to slavery days...absolutely. There's so many Blacks who can't jobs and are given the worst jobs. But that's how they want them...they want them to stay at that level.' (Julien, 102-106)

4.5.3 Intersectionality: '*...we are at the bottom of the heap*'

This theme captures participants describing their position in society and reflecting on being homeless and from a minority ethnic background. Several participants spoke about the difficulties in

experiencing multiple discriminations. Moreover, several participants described how they experienced further inequalities throughout the coronavirus pandemic.

Lewis referred to it as feeling 'hard' being homeless and a Black man. Notably, he reflected that some people are kind to him but there was a general sense that it was difficult to be in his position.

'Yeah, it's hard when you're a Black person and then you're outside, yeah. Because there is a lot of racism around. Yeah. So, it's hard to be out when you're Black, but some people are kind. It was a long time ago when I first experienced racism, I was a kid, and now not so much but it still happens.' (Lewis, 134-137)

Mo expressed that he felt Black homeless people were discriminated against and targeted more by the police. He described a specific experience in which he and his friends were stopped for drinking alcohol outside a homeless hostel whilst a group of 'White people drinking' were not stopped by the police. Mo is potentially communicating the overlapping discrimination and inequalities he experiences due to being a Black homeless man.

'When it was me and two other friends, all three of us were African...the shopkeeper told us to move...and then threatened to call the police. We were not in their way, but they say we 'don't want you lot drinking on our street.' We moved and saw that other people were drinking in an area. They were mainly White people. The police came along and told us to move and not to sit in that area. It just feels like we are being targeted all the time.' (Mo, 201-207)

'It happens all the time. Not everyone is racist...but I do think people are racist to me or other Black people a lot...I just feel not wanted wherever I go.... Going into a shop, on a busy...anywhere...it's like people just don't want us here. Like just because we are homeless and Black, doesn't mean we don't have the right to be here.' (Mo, 209-212)

Three participants referred to their position in society whilst discussing their experiences of racism and discrimination. Mo, Julian, and James all referred to being at the 'lowest position' in society. Julian described being '*at the bottom of the heap*,' which is a powerful metaphor. Julian is potentially communicating how he feels about his status, suggesting that he is treated as being in an inferior position. He also communicates a sense of emotional pain, describing that 'people hide' their depression. Perhaps Julian was referring to himself, that he continues to suffer and 'his position in society' really impacts his sense of self and wellbeing.

'People like me... you have to understand, we are the lowest of the lowest in society. You know, people use things to hide their depression in life, you know. Those people suffering with these life things, they are alcoholics... some people use drugs, you know what I mean.' (Julian, 108-110)

'(interrupts) Of course... we are the bottom; we are at the bottom of the heap...innit. The lowest of the lowest.' (Julian, 112-113)

Another participant, James, stated that it is 'obvious' that Black people are in the lowest position in society. There was a sense that James was communicating his frustration with the power and racial dynamics that have dominated his life.

'So, it's obvious you know, we looking England... yeah? Well, it's only the Black people, that they are at the lowest.' (James, 162-165)

Mo also described feeling in the lowest position, portraying a sense of hopelessness that this will always be the case.

'I'm not sure what you mean by position...but I think we are at the lowest position compared to everyone else. I think the BLM has raised awareness of what happened in America and that racism still happens...but I think we will always be in a low position in the future.' (Mo, 215-218)

Several participants expressed a similar view and reflected on how this has impacted how they are treated in society. Mo reflected that he feels Black people are 'treated worse' in society and do not have equal job opportunities. He mentioned that others may think '*we are stupid or not clever.*' Mo is communicating that he experiences extremely inferior and negative stereotypes from others. He used the word 'we,' potentially communicating a collective experience too. Moreover, he referred to being homeless and Black, describing '*people just walk past me, when I'm lying on the floor, freezing and starving.*' Again, these are disturbing and powerful words from Mo, and 'laying on the floor' highlights the reality of homelessness. People are in a physical state of being on the floor when sleeping rough, but it may also symbolise their experience of a low position in society.

'Yeah, I mean like something like class or like it feels like Black people are treated the worse. Like we get the cleaning jobs, people are racist to us...think we are stupid or not clever... we are treated differently all the time. Being homeless on top of that is worse...because I don't seem to exist to others, and people just walk past me, when I'm lying on the floor, freezing, and starving. So that's what I mean.... we are at the bottom in society.' (Mo, 220-225)

One participant spoke about the racial stereotype he continues to experience, and as a result, being unfairly treated. Lewis referred to others stereotyping him as 'dangerous' or assuming that he is in a gang. Notably, Lewis mentioned that he has psychosis, which is also over-diagnosed in his gender and ethnicity (Ayano et al., 2019).

'It's hard because Black people are treated differently and it's a fact. I'm Black, a man and people assume that I'm in a gang or I'm gonna do something dangerous. Yes, I have been in and out of prison, but I've not hurt anyone. I used to do petty crime and steal. I have psychosis and I only did drugs to block out my life. I'm not a bad person. People look at me bad when I'm sleeping outside. They have no idea what it's like to be me. It's hard being Black and homeless, yeah.' (Lewis, 137-141)

Several participants described that they experienced further inequalities during the coronavirus vaccine rollout. Three participants felt that homeless people from a minority ethnic background should have been given priority regarding the Covid-19 vaccine.

Maria described her experience of the vaccine rollout in the UK and her view that not as many homeless people had access to vaccinations. Maria highlights the social injustice of homeless people not having equal access to the coronavirus vaccine. Furthermore, she highlights the reality that homeless people *'were worse off to start with,'* which could indicate that homeless people do not have equal access to healthcare and experience higher health needs than the general population.

'Yeah, like we haven't had much, and we were worse off to start with. I know people have lost their jobs, but we literally had nothing to start with. I know that not as many homeless people were getting their vaccinations too...so how is that fair?' (Maria, 206-208)

Another participant described a similar view and stated, *'It does feel like I will probably be last on the list, being homeless.'* He is also communicating that he and other homeless people experience a greater sense of health inequalities, not just with accessing mental health services but with physical health care. Moreover, the phrase *'last on the list'* indicates a homeless person's position in society and in accessing resources.

'Erm... well it does affect us more, I heard that more ethnic people, Black people are dying from Covid. I think that's one huge difference is that it does affect us more, and sometimes I've read in the newspapers...or hear we are really at risk. I haven't had my vaccine yet and I think it's because I'm only 32, so I'm quite young. Although it does feel like I will probably be last on the list, being homeless.' (Mo, 261-265)

4.6 Chapter summary

Overall, this chapter presented the four final themes from the IPA along with supporting extracts from participants. The first theme revealed that homelessness impacted the participants'

wellbeing, and their sense of self was extremely disrupted. This led to a loss of connection with the self and others, feelings of exclusion and low self-esteem. Most participants described losses in their life, which included a loss of their 'past self,' connection with people, and opportunities in life. The second theme highlighted that participants felt extremely ambivalent about seeking support from others. It appeared that many participants had repeated experiences of feeling mistreated and abandoned by professionals and the 'system.' Also, several participants described difficult earlier experiences, family dynamics and abusive experiences growing up that impacted their decision to seek help. Notably, participants described their experiences during the ongoing coronavirus pandemic, describing how this further contributed to feeling unacknowledged, socially excluded, or forgotten by society.

The third theme highlighted that when participants had experienced psychological support, the interactions with professionals left them feeling unacknowledged, unwanted, and hopeless. Also, it appeared that most interactions left them feeling in a powerless position, in which they had to rely on professionals who were not providing sufficient support. The final theme highlighted that participants had experienced discrimination and racism throughout their lives. The findings reveal that these experiences have severely impacted their overall wellbeing, their ability to access resources in society, and important opportunities in life such as employment. The results also highlighted that BLM evoked many distressing emotions and further experiences of racism. Lastly, participants reflected on their position in society and the majority expressed that they felt that they were in the lowest position.

Chapter 5: Discussion

5.1 Introduction

This chapter summarises the findings of the research, whilst referring to research presented in the literature review and exploring the wider context of the results. Research implications for counselling psychology are discussed in specific relation to the discipline's core values and commitment to social justice issues. The quality of the research is analysed using Yardley's (2007) framework for assessing the quality of qualitative research. Then, the limitations of the research are discussed along with further prospects for the research area. Finally, the impact of the research is considered with plans to disseminate the findings in the academic field and the homeless sector.

5.2 Impact of homelessness on the 'self': 'I was just a shadow walking the streets'

The first theme highlights that homelessness involves multiple losses in an individual's life, including a loss of their past identity (Boydell et al., 2000; Cockersell, 2018). Homelessness severely impacted the participants' sense of self and connection with others. Many participants reflected on their past life, which caused distressing and difficult feelings. Participants described their 'past self' as a loss and were in a process of coming to terms with this. Essentially, the 'past self' was associated with feeling more connected with others, experiencing close relationships with friends and family, having a purpose in society and the opportunity to work. This supports prior research in which homeless people refer to the loss of their former identity, their 'past self' (Boydell et al., 2000). Participants struggled to express their current sense of self and grasp a sense of their identity. In one instance, a participant described his focus on surviving and being in 'survival mode,' which appeared to diminish the participant's sense of self. This is supported by Maslow's hierarchy of needs (Maslow, 1943), that for individuals to fulfil other areas in life such as feeling a sense of belonging, developing self-esteem and a sense of self, their basic needs, such as shelter, food, and water must be met. Therefore, this is aligned with well-documented research that homeless people

do not have the adequate basic conditions in life to develop a 'coherent' sense of self; thus, homelessness is essentially a threat to their identity (Boydell et al., 2000).

Several participants used alcohol or substances to alleviate the unsettling emotions they experienced, which often related to difficult past experiences, losses in life, and the reality of being homeless. This supports well-documented research that homeless people may use alcohol or substances to suppress their emotional pain (Powell & Maguire, 2018; Rhoades et al., 2011; Elmquist et al., 2021). Another finding of the current research was masking the homeless identity. In one instance, a participant was masking his 'identity' or 'status' as a homeless person to others, to be a 'normal' member of society. This appeared to evoke extremely conflicting feelings and there was an ongoing conflict about whether to reveal the homeless identity to others. This masking of a homeless identity and status to others appears to be less present in the literature. In terms of understanding this, prior research has highlighted that homeless people may adopt strategies to distance themselves from their stigmatised homeless identity to maintain a more positive or 'favourable' identity (Parsell, 2018; Boydell et al., 2000).

Loss of connection with people was an ongoing theme throughout participants' narratives. This supports the growing body of literature that describes homelessness as an experience that displaces an individual's sense of self and belonging with others (Vandemark, 2007). Moreover, the literature indicates that many homeless people are aware of the stigmatised identities from society, which further damages their sense of self (Parsell, 2018). Often when individuals lose their place or role in society or cannot participate in society, this disrupts their core sense of self and their sense of belonging to others (Vandemark, 2007; Parsell, 2018). The current research highlights how power and societal processes impact participants' sense of self. Participants described that society had positioned them in a devalued position and this evoked intense feelings of hopelessness, powerlessness, and defeat. These current findings, which highlight the impact of the societal processes on individuals' sense of self, appear to be less present in the literature.

Social identity theory (SIT) highlights that individuals from a low-status group such as the homeless are not able to find a group comparison to develop their social identity (Tajfel & Turner, 1979). In line with the theory and prior research, homeless people as a result form a negative identity and develop low self-esteem (Farrington et al., 1999). Whilst SIT is concerned with an individual's sense of self, it focuses on the self as part of a group, not a personal identity (Parsell, 2019). Personal identity is another aspect of identity that is subjectively experienced by the individual, which reflects their perceptions and meanings of the world (Eckert, 2000). SIT does not take into consideration the societal power dynamics that homeless people experience, and how those power dynamics contribute to the construction of identities (Parsell, 2018). Identities may be forced or imposed, specifically on stigmatised groups such as homeless people (Parsell, 2018). Moreover, homeless people are positioned as 'poor' and it is therefore difficult for members of society to value their identity (Bauman, 2004).

The current research revealed that participants did not feel like humans and described feeling dehumanised. Consequently, participants felt a deep sense of isolation and exclusion from society. Participants related their existence with metaphors such as a '*piece of rubbish*' and a '*shadow*,' which communicate a painful existence. The 'rubbish' metaphor portrays how unwanted homeless people feel in society (Adshead, 2019), as rubbish is an unwanted product that humans dispose of. This disturbing metaphor portrays how many members of the public can be hostile and lack compassion toward homeless people (Adshead, 2019). These experiences of feeling dehumanised are less represented in the homeless literature. Prior research has highlighted the psychological impact of a lack of sense of self and belonging, such as depression and anxiety (Choenarom et al., 2005). In contrast, the current research reveals that homeless people experience a severely disrupted sense of self, feelings of dehumanisation and worthlessness. In terms of understanding participants' experience of dehumanisation, categorising people into a homogenous group such as 'homeless' diminishes their diversity as individual humans. The process of

homogenising people encourages dehumanisation, negative stereotypes, assumptions, and discrimination (Lurie, 2015).

5.3 Abandoned and mistreated: Seeking emotional support

Participants described a strong ambivalence towards seeking psychological support from mental health professionals. Multiple reasons driving this ambivalence included feeling mistreated, ignored, and abandoned by a range of services and society, all of which negatively impacted their decision to seek psychological support. The current findings support prior research highlighting that homeless people felt mistreated, hurt, and disappointed by professionals, which influenced their decision to seek further support (Ramsay et al., 2019; Rae & Rees, 2015; Ogden et al., 2011; Collins & Barker, 2009). The current research highlights a power dynamic between the homeless person and organisations. In one instance, a participant expressed his ambivalence about seeking support from the same organisations that he experienced as causing his homeless situation. This evoked difficult feelings for the individual, including powerlessness and hopelessness. Overall, the power dynamic between the homeless participants and the organisation appeared to drive their ambivalent feelings towards seeking further psychological support, and this finding is not as present in the literature.

A strong narrative also surfaced that suggested participants felt unacknowledged, mistreated, and abandoned by not only professionals but everyone in society. Some participants described feeling extremely excluded from society and that they did not feel 'normal.' Participants' accounts highlighted that feelings of social exclusion were more present throughout the coronavirus pandemic, that they felt 'forgotten' by society and that 'no one cares.' These findings of feelings specifically during the coronavirus pandemic are not as present in the literature.

Several participants experienced earlier trauma and abuse growing up, which is in accord with previous research that reveals homeless people have had many adverse experiences (Bax et al., 2019). Prior research has highlighted that homeless people may conceptualise their difficulties from past traumas (Bristow et al., 2011). The current research highlighted that participants identified

experiencing abuse whilst growing up as negatively impacting their decision to seek psychological support from services. One participant described feeling extremely scared to ask for help from anyone and identified that this was linked to his abusive parents. Prior research has utilised attachment theory (Bowlby, 1988) as a way of understanding how individuals seek psychological support from professional services. Attachment theory focuses on how past developmental experiences impact an individual's current way of relating. Whilst this may help understand part of the individuals' experiences towards seeking emotional support, it does not specifically consider other societal and contextual influences that impact a homeless person's decision to seek help.

Another finding highlighted the importance of an individual's culture when seeking psychological support. There appears to be a paucity of literature exploring the impact of culture when seeking psychological support, specifically for homeless people who are from a minority ethnic background. The current research highlights that some participants felt their culture prevented them from seeking emotional support. Participants identified that it would be unusual for members of their culture to seek help from outside their community. Whilst this was specific to Somalian culture, it highlights the importance of an individual's cultural, spiritual, and religious beliefs when attempting to seek psychological support (Knifton et al., 2009). Different ethnic and cultural groups understand the concept of mental health in different ways. Moreover, mental health stigma exists in many different ethnic groups. People construct mental health in different ways. This is crucial to understanding how people from minority ethnic groups experience mental health and therefore decide to seek or not seek psychological support (Kleinman et al., 2006).

Other participants reflected on their family dynamics and how this impacted their decision to seek emotional support. One participant described how his caregiver was not 'present' whilst he was growing up and how this impacted his ambivalence towards seeking psychological support. Therefore, family dynamics and earlier experiences are crucial to understanding how an individual relates to self, others, and their decision to seek help from others. Limited research highlights earlier

experiences concerning seeking psychological support within the homeless population, although one study found that homeless adolescents were reluctant to seek help due to feeling betrayed by parents (Collins & Barker, 2009).

Many participants were uncertain of what mental health services were available for homeless people. Some described uncertainty about the availability of emotional support for homeless people. This could be due to their experiences of being mistreated by others, lack of support from services, or a general lack of knowledge of what mental health services are available for homeless people. Also, for practical reasons, participants do not have access to a smartphone or laptop to search for organisations, and health professionals lack the knowledge to signpost to the relevant services (Gunner et al., 2019). It appeared that for participants to seek emotional support, the health professional would need to understand the context of being homeless, the reality of living on the streets, and the individual's culture. Notably, several participants wanted to seek psychological support and reflected on the lack of guidance, opportunities, and support from their personal networks. Moreover, participants were unsure how to begin psychological therapy and evidently, this information was not communicated during their encounters with health professionals.

5.4 Devalued, invisible, and powerless: Acquiring emotional support

Most participants described feeling devalued and unwanted by professionals when they had received psychological support. Furthermore, there was an ongoing theme of participants feeling powerless and hopeless in their interactions with professionals. Consequently, these difficult feelings impacted participants' decisions to seek further psychological support, with many feeling ambivalent or avoiding further support altogether. These findings appear to be less present in the literature. Prior research has highlighted that homeless people often feel unwelcomed and stigmatised when interacting with health professionals (Wen et al., 2007) who, lacking compassion, were dismissive of their issues and concerns when they sought healthcare (Ramsay et al., 2019; Nickasch et al., 2009;

Purkey et al., 2019). The current research also highlights a key theme of powerlessness and hopelessness when participants have interacted with professionals.

Participants felt powerless in terms of the lack of support offered by mental health professionals. Participants' accounts highlighted that mental health professionals offered medication only, rather than other forms of treatment such as psychological therapy. In these instances, it appeared that distress was pathologised and the context of their mental health, being homeless, was not taken into consideration. Moreover, no specialist mental health services or support services were suggested to the participants, indicating a lack of knowledge of mental health support for the homeless population (Gunner et al., 2019). In one instance, a participant was offered 'sleeping tablets' for his depression, without exploration of what contributed to his low mood. As a result, the participant felt dismissed, misunderstood, and powerless. It could be argued that the mental health professional was offering a 'quick fix' solution. This echoes the observation that, when homeless people present themselves to mental health services, they are often in a state of crisis and desperation that evokes a quick fix solution from professionals (Williamson, 2018).

5.5 Multiple inequalities: Racism, discrimination, and coronavirus

Participants had experienced multiple inequalities throughout their lives, specifically racism and discrimination. This supports the existing literature, which highlights that homeless people experience discrimination when accessing support (Johnstone et al., 2015; Campbell et al., 2015; Ramsay et al., 2019; Gunner et al., 2019; Armstrong et al., 2021). Participants described many different sources of racism in society, including the police, shopworkers and bus drivers. Furthermore, participants described that many people expressed negative associations and racial stereotypes concerning their ethnicity. This negatively impacted participants' self-worth and sense of self. It appeared that racial stereotypes were the 'norm' for the participants and this, in turn, impacted their psychological wellbeing, such as feeling hopeless, defeated, angry, frustrated, or continually distressed. In some instances, participants described feeling socially excluded as a result.

This supports well-documented evidence that racism impacts an individual's mental health and causes traumatic stress reactions (Bhui et al., 2018; Polanco-Roman et al., 2016; Chou et al., 2012; Pascoe et al., 2009; Carter, 2007).

Throughout BLM, there appeared to be little narrative of how BLM impacted homeless people from minority backgrounds. The current research reveals that several of the participants were disturbed by the death of George Floyd, which caused many distressing emotions whilst triggering their own experiences of racism and discrimination. Furthermore, the BLM question uncovered further themes of systemic inequalities, specifically related to employment opportunities. Participants described that Black people are 'pushed' or 'positioned' in lower-wage jobs and less successful careers. These experiences that participants described are a reality for people from a minority ethnic background in the UK. For example, within the NHS, people from a minority ethnic background are underrepresented in senior positions (Hammond, 2017). Furthermore, staff from minority ethnic backgrounds experienced disadvantages during the recruitment process and opportunities for more senior positions (Hammond, 2017; West et al., 2015). In one instance, a participant referred to the reality of Black people working in lower-paid jobs as echoing 'slavery days.' He was communicating that there has been little change for him, and perhaps no change in society towards reducing systemic inequalities since the abolition of slavery. These experiences regarding BLM from homeless people from a minority ethnic background are yet to be represented in the literature.

Participants referred to government and society as reinforcing a Black man's position in society. There were many negative experiences with the criminal justice system, where participants described being unfairly targeted by the police and stereotyped. Participants highlighted Black men being more likely to be 'targeted' by police in the UK, which supports the literature (Liberty, 2020; Sharp & Atherton, 2007; Yesufu, 2013). Outside London, Black people are more than 43 times more likely to be stopped by the police and searched than White people (Liberty, 2020). Moreover, the UK

has been criticised for taking a punitive approach when it comes to policing the homeless (Cooper, 2016). The police are in a position of authority within society that create a large power imbalance between them and homeless people. Homeless people experience extreme disempowerment when interacting with the police, and powerlessness was a common theme among participants in the current research (Kyprianides et al., 2021).

BLM uncovered an underlying theme of intersectionality, leading participants to reflect on their position in society. Participants reflected on their position in society both as homeless persons and persons from minority ethnic backgrounds. The consensus was that this was the lowest position in society, '*at the bottom of the heap*.' When participants interacted with professionals and people in society, it left them feeling inferior, powerless, and dehumanised. Intersectionality highlights the multiple discriminations that homeless people experience in society, including deep social exclusion and stigmas due to a variety of reasons such as mental health, substance use, and housing status (Fitzpatrick et al., 2011; Giannini, 2017; Johnstone et al., 2015). Within society's structure, homeless people have been put in 'last place' (Giannini, 2017). Furthermore, it appeared that participants experienced this position in terms of unequal access to resources in society, such as the coronavirus vaccine. Several participants described experiencing further inequalities during the coronavirus vaccine rollout and felt they were not in a priority position. These findings, unfortunately, reinforce how homelessness is a social justice issue, one where people are excluded in society and do not have equal access to resources such as healthcare (Hore, 2013; Levitas et al., 2007; Vandemark, 2007). The current findings of participants' experiences of the coronavirus vaccine are yet to be represented in the literature.

5.6 Implications for counselling psychology

Issues of social justice form a core identity of the counselling psychology discipline (Hore, 2013; Kennedy et al., 2014; BPS, 2005). Homelessness is presented as a social justice issue in current research that highlights how homeless people from a minority ethnic background experience further

societal discrimination, stigmatised identities, racism, social exclusion, and health inequalities (Hore, 2013; Johnstone et al., 2015, Phelan et al., 1997; Grey et al., 2013, Evandrou et al., 2016). Within the division of counselling psychology, the core focus is on recognising discrimination and social contexts within clinical practice and research (BPS, 2005). At present, there appears to be little training and guidelines on working with the homeless population in the counselling psychology discipline.

Therefore, it could be argued that working with the homeless population should be included in the teaching of the counselling psychology doctorate. Traditionally, counselling psychology training programmes have focused on individual therapy rather than the core focus of promoting social justice (Tribe & Bell, 2018). Counselling psychologists and clinicians need to develop an increased understanding of the experiences homeless people face, especially those who are from further marginalised groups. Moreover, there is a wider role for counselling psychologists to challenge issues of discrimination and racism, which the homeless population from minority ethnic backgrounds experience (Tribe & Bell, 2018).

In terms of clinical practice, the BPS provides few guidelines on how to engage and work therapeutically with the homeless population. Therefore, another implication of this research could be to highlight the experiences of this group to inform ways of working therapeutically. In terms of recommendations from the current research, it is recommended that clinicians engage in self-reflection to address issues of power and privilege when working with the homeless population, which is advised when working therapeutically with social justice issues (Winter, 2019). Moreover, it is recommended that clinicians specifically reflect on their experiences of living in a 'home' and their 'housing statuses,' as homeless people are stigmatised for their houseless status (Nazroo et al., 2009; Johnstone et al., 2015, Phelan et al., 1997). It is important for the clinician to self-reflect on their privileges, including having a home, socioeconomic background, access to resources in society, and opportunities in life. Furthermore, it is recommended that clinicians acknowledge and communicate with homeless clients about how stigmatised identities of being homeless and other societal influences relate to the client's distress (Winter, 2019).

Taking an ethical stance was a core focus throughout all aspects of the research. This involved not taking the expert position, working collaboratively with the homeless participants and staff within hostels, discussing prejudice and discrimination, reflecting on power, and being open to others (Afuape & Hughes, 2016). The *BPS Code of Human Research Ethics* (2021) provides detailed guidelines for working ethically; however, no guidelines will ever capture the nuances of working with specific target populations (BPS, 2021). Therefore, it is recommended that separate ethical guidelines for researching the homeless population are devised to include issues unique to the population, for example, multiple discriminations, power, and stigmatised identities.

The current study reveals that homeless people from minority ethnic backgrounds felt extremely dehumanised, devalued, powerless, and hopeless in many of the interactions they had with mental health professionals. These findings imply that feelings of dehumanisation need to be considered when working therapeutically with this population. There is sparse research exploring how dehumanised homeless people may feel, and these experiences need to inform clinical practice. The current research advocates that when interacting with the homeless population the clinician should hold a social justice perspective, compassionate and ethical stance, engage in self-reflexivity and specifically attend to the issues of power imbalances to begin to reduce dehumanising feelings.

5.7 Quality of research

The research was assessed by Yardley's (2007) framework for assessing the quality of qualitative research as suggested by Smith et al. (2012) for IPA. The four principles are sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance.

5.7.1 Sensitivity to context

Sensitivity to context was taken into consideration throughout all aspects of the research process. When constructing the interview schedule, several prompt questions were formed to ensure that any sensitive topics such as racism were raised sensitively. During the recruitment phase, I paid particular attention to the context of the ongoing coronavirus pandemic and how this

has impacted and continues to impact the homeless population, leading to further health inequalities, stress, anxiety, and uncertainty within their lives. I was sensitive to the timing of the recruitment phase and waited until most restrictions were lifted in June 2021 before recruiting participants face-to-face. Whilst this caused a significant delay in the research project, it was important to be sensitive to the context of an ongoing pandemic and acknowledge that research was not vital during that time. Moreover, researchers have a responsibility to pursue only research that is of 'high social value' (BPS, 2020).

During the data collection phase, I was sensitive when liaising with homeless organisations. I understood that the ongoing coronavirus had impacted everyone, including staff, who were often overworking to compensate for staff sickness. I sensitively collaborated with staff working in the hostel. I spent time getting to know hostel staff and was mindful to not take 'the expert role' and ensure that I learned from staff and residents. When entering the homeless hostels to recruit, I was sensitive to not disturbing or intruding upon residents. I was aware that within homeless hostels there can be little privacy and residents may be going through difficult situations.

During the interviews, I paid attention to the participants' emotional responses through their tone, expression, pace, and body language to monitor any distress. Moreover, I attended to the power dynamics between the participant and me. I was aware that researchers are in a position of 'perceived authority' (BPS, 2021) and the researcher-participant relationship is often unequal (Williamson et al., 2002). I addressed the power dynamics at the start of the interview. I explained my role and position as a researcher. I highlighted that the participant was the expert in their own experience and I was there to attempt to gain an understanding of their experience. I discussed the types of questions that the interview involved, and I asked the participants to let me know if they did not want to talk or answer questions about certain topics. I always held a warm, curious, and empathic stance toward participants. I ensured that they felt comfortable and highlighted that they could stop for a break at any point during the interview. Moreover, I used clear and simple language and was transparent with the use of the interview data and the purpose of the research.

In each step of the data analysis, I took a careful, sensitive approach to participants' interview data. I was committed to reflexivity throughout the research process and maintained a research reflexivity diary. In the data analysis process, I held an ethical stance during the hermeneutic process of interpretation. I was aware of the concept of 'epistemological violence' (Teo, 2008), which posits that interpretative speculations from research may negatively construct a group or population. I continued to reflect on my socioeconomic status, my perceptions, thoughts, and interpretations. Moreover, I was careful with my use of language when interpreting and describing the participants' experiences. Overall, I committed to capturing the participants' authentic experiences.

5.7.2 Commitment and rigour

There was a commitment toward the participants throughout all aspects of the research. During the recruitment process, there was a commitment to ensure the research was accessible to participants who asked to take part. One interview was conducted remotely due to Covid-19 government restrictions. The participant did not have access to a mobile phone, but I liaised with hostel management to arrange for the participant to have access to a mobile and a private space in the hostel for the interview. Rigour refers to the 'thoroughness' of the research study (Smith et al., 2012). Within the restraints of the ongoing government restrictions and time constraints, care was taken in selecting participants for the research. Care and consideration were taken when forming the interview schedule with my research supervisor, who is well versed in IPA methodology. I engaged in research supervision to develop the interview schedule and fine-tune the questions and prompt questions. I have experience in conducting qualitative research and through my clinical experience, extensive experience in conducting interviews. I engaged in mock research interviews with peers to ensure that the research interviews were of high quality. I was sensitive to each word of the participants and was able to pick up on cues and further explore.

I conducted the analysis thoroughly and ensured that it was sufficiently interpretative. Throughout the analysis process, I continued to reflect on my interpretations, together with my

research supervisor and peers who were also experienced in IPA. I reflected on every theme and ensured it was communicating the participants' experience and meaningful interpretation.

5.7.3 Transparency and coherence

Transparency in qualitative research can be shown by describing how participants were selected, details of the interview schedule and procedure, and thoroughly detailed steps of the analysis used (Smith et al., 2012). In terms of participant recruitment, I have detailed how participants were selected and any adjustments made throughout the procedure. I have detailed how the ongoing coronavirus pandemic impacted the research at all stages and any necessary amendments. I have demonstrated the transparency of the IPA analysis by detailing the process and showing examples of each stage of analysis for a participant (see Appendix H). Moreover, I have described how the interview schedule was formed with the example used in the interview. In terms of coherence, themes were checked with researchers experienced in IPA to ensure they are logical and present a strong argument.

5.7.4 Impact and importance

The crisis of homelessness in the UK is important and needs to be addressed not only on a research level but, more broadly, at a societal level. Researching the experiences of homeless people from minority ethnic backgrounds is vital to understanding how as a society we can better support this group. It is evident this group experiences high health needs and ongoing societal discrimination and structural racism. It is hoped that this research will help give participants a voice. Homeless people will only benefit from research if their concerns and experiences are shared with service providers and policymakers (Ralston, 1996).

5.8 Limitations of research

Concerning the characteristics of the sample, eight participants were men and two were women. A limitation of the research could be that there was not a large enough representation of women in the sample, and therefore a lack of a women's voice. However, this reflects the reality of homelessness: Fewer women present as sleeping rough or to services and are within the 'hidden

homelessness' category (Reeve et al., 2006). This may be due to a heightened risk of assault and vulnerability whilst sleeping rough (Watson, 2016). Consequently, there are generally fewer women than men in mixed homeless hostels. Homeless women appear to have different experiences; for example, one female participant who took part in the research became homeless due to escaping a physically abusive relationship. Nevertheless, the women's voice was dominated by the men's voice throughout the analysis, themes, and selection of transcripts in the findings. This limitation will be explored further in Section 5.9, in terms of areas of future research.

In terms of the ethnicities of the sample, all participants were from a Black African (Somalian, Eritrean and Indian Ugandan) or a Black Caribbean (Jamaican and Grenadian) background. One limitation of this research is the categorisation of participants with the term 'minority ethnic background.' One criticism is that it assumes homogeneity of experiences and that they will share the same experiences. Whilst the researcher acknowledges this criticism, the reality is that homeless people from minority ethnic backgrounds are treated differently in society and experience further discrimination. Therefore, the research aimed to explore this and how it contributes to seeking and receiving emotional support. Moreover, within the sample, all participants were from a Black African or Black Caribbean background. This represents the reality of homelessness; Black people are disproportionately affected by homelessness (MHCLG, 2020), and Black Africans/Caribbeans are overrepresented (Shelter, 2004). Furthermore, no participants were from an Asian ethnicity, which could be a criticism of the research project. However, some research highlights that people from an Asian ethnicity are more likely to be affected by hidden homelessness and overcrowding (Shelter, 2004). This may arise from the need to accommodate extended family members or specific cultural ties, which prevents asking members to leave (Shelter, 2004). This suggests people from an Asian ethnicity are less likely to present at homeless shelters and hostels.

Participants were recruited from the same homeless charity, Thames Reach. However, they were recruited from different hostels within the organisation, one of which employed a PIE

approach. The PIE approach involves applying a psychological framework to understanding and working with homeless people (Williamson, 2018). This includes offering graded psychological interventions to the homeless residents and supporting the staff to facilitate a shared psychological understanding of everything that occurs in the homeless hostel (Williamson, 2018). Therefore, the hostel that uses the PIE approach with residents and staff may have impacted the results of the research if most of the participants were engaging with the in-house psychologists. This would not have been a true representation of the experiences of seeking and receiving psychological support of homeless people from minority ethnic backgrounds. Despite this, only one out of ten participants was receiving support from the in-house psychologist. Therefore, the participants' experiences reflect the reality of the difficulties of seeking and receiving psychological support. Overall, the researcher liaised with hostel staff to recruit the participants and invested time coming to the hostels to facilitate vital engagement work with participants. Therefore, the participants who engaged in the research were considered as 'hard to reach' by staff and a range of other services that have attempted to engage with them.

5.9 Further prospects for research area and dissemination.

In terms of further research, a women's voice was not as present in the research, and it is important to address this in future research. Therefore, a sample of only female participants from minority ethnic backgrounds would ensure that a women's voice is present. Moreover, homeless people continue to experience negative labels within society, although a lack of literature represents this reality. Therefore, concerning future research, a discourse analysis on the use of language and words selected to describe homeless people could highlight how language impacts this population. It is also important to capture the attitudes, perceptions, stereotypes, and unconscious biases of professionals to start tackling the dehumanisation of the homeless population.

Concerning dissemination, the researcher will create a document summarising the key points of the research, specifically for the homeless organisations that took part in the research. The

researcher has maintained links with the in-house psychologists at the homeless hostels and will share the summary of the research with the psychologists. Moreover, the researcher will publish the research, specifically to voice the participants' experiences, inform clinical practice, and raise awareness that homelessness is a social justice issue that psychologists need to tackle (Hore, 2013).

The researcher has also started disseminating the research within a clinical setting, specifically an NHS secondary care psychological therapies service in London. This has involved sharing the research and having discussions with clinicians who work in the service, which highlights the various barriers that homeless people experience when accessing psychological therapy services. Furthermore, the researcher has had active discussions with clinicians about the use of language and how words can be stigmatising and dehumanising to people who experience homelessness. Moreover, the researcher has been advising clinicians that the homeless population is a diverse group and to reflect continually on the individual characteristics and needs of the individual.

In terms of a more service-related level within the NHS setting, the researcher has raised discussions on how the service can support individuals who experience homelessness rather than rejecting the referral with no appropriate signposting to specialist services. These discussions have included exploring the exclusion criteria of 'housing instability' for people accessing psychological therapy services, and this is discussed further in the team. The researcher has shared with staff the distinct types of homelessness and that clear guidelines for what constitutes 'housing instability' are needed. These discussions align with the NHS's Long Term Plan, which highlights that all mental health services should have procedures in place to support people accessing the service who are experiencing homelessness. Therefore, the researcher will continue to work with the team to explore this and liaise with local organisations that provide specialist mental health support to the homeless population.

5.10 Conclusion

The participants' accounts revealed a real and disturbing hostility in the UK towards homeless people who are from minority ethnic backgrounds. This needs to be highlighted as an unacceptable issue within society and how it severely impacts the psychological wellbeing of a homeless person. In terms of the novel findings of the current research, participants' accounts revealed feelings of dehumanisation and not existing to others. Concerning seeking psychological support, the research highlighted the significance of a power dynamic between participants, health professionals, and services. Participants felt extremely conflicted about seeking support from services that they had experienced as having contributed to their homelessness. Moreover, when participants had experienced psychological support from health professionals, this continued to evoke feelings of powerlessness and dehumanisation. At a societal level, participants felt extremely failed by others, excluded, and unacknowledged and felt the coronavirus pandemic intensified these feelings of social exclusion. Lastly, BLM triggered many distressing emotions, experiences of racism and discrimination for the participants. Participants reflected on systemic inequalities such as unfair job opportunities, their position in society as the 'lowest,' and health inequalities such as access to the coronavirus vaccination.

Overall, we expect mental health professionals to offer a different experience to homeless people, but most interactions leave this group feeling continually devalued, dehumanised, and powerless. Consequently, this experience with others prevents or causes ambivalence towards seeking psychological support from professionals. Furthermore, homeless people and other marginalised groups experience imposed stigmatised identities that, in effect, deprive homeless people of a voice within these ascribed negative identities (Parsell, 2018). Furthermore, society and specifically mental health professionals continue to label the homeless population and minority ethnic groups as 'hard to reach' (Drake et al., 1991; Bristow et al., 2011), yet homeless people do not have a voice within their ascribed 'hard to reach' identity. The 'hard to reach' label appears to

stigmatise their ability to seek or engage with mental health professionals. Labelling marginalised and stigmatised groups as 'hard to reach' echoes a severe power imbalance and is perhaps an act of further social exclusion. Therefore, it could be argued that mental health services and professionals need to change their barrier of labelling others as 'hard to reach' and hold more a compassionate stance toward homeless people as a first step towards encouraging the population to engage with mental health services. Being homeless is a traumatic experience and individuals are subjected to racism, discrimination, violence, and constant threats to their survival (Cockersell, 2018; Johnstone et al., 2015; Gunner et al., 2019). Participants' accounts highlight how interactions with professionals are detrimental to their sense of self and overall wellbeing. Therefore, homeless people are likely to feel re-traumatised via their interactions with others, including mental health professionals. The coronavirus pandemic appears to have exacerbated feelings of exclusion and abandonment amongst participants. This research highlights the greater need to provide psychological support to the homeless population, especially during the ongoing coronavirus pandemic, where homeless people are experiencing more life uncertainty, further health inequalities, multiple discriminations, marginalisation, and exclusion from society.

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Appendix

Appendix A

Participants needed for homelessness research



Are you homeless and from a Black, Asian or Minority Ethnic background (BAME)? We would like to hear your experiences!

Who Am I?

My name is Ayesha and I am a Counselling Psychology doctorate student from the University of East London. As part of my research, I am exploring the experiences of people who are homeless who are from a BAME background. I am interested in hearing your experiences related to seeking emotional/mental health support.

What does taking part involve?

Taking part will involve a online/phone/face to face informal interview up to 60 minutes. I am interested in hearing your unique experiences and your participation in the research is valuable.

Participation is voluntary and you will be reimbursed with a £5 Love2Shop voucher.

**If you are interested in taking part in this research and sharing your experiences, please contact: Ayesha Pudaruth
Email: u1819964@uel.ac.uk Phone:**

School of Psychology Research Ethics Committee

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants

BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

REVIEWER: Milda Perminiene

SUPERVISOR: Cynthia Fu

STUDENT: Ayesha Pudaruth

Course: Professional Doctorate in Counselling Psychology

Title of proposed study: The experience of seeking and receiving psychological support within the Black, Asian and minority ethnic (BAME) homeless population: An Interpretative Phenomenological Analysis (IPA)

DECISION OPTIONS:

1. **APPROVED:** Ethics approval for the above-named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.
2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the school for its records.
3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY

(Please indicate the decision according to one of the 3 options above)

APPROVED

Minor amendments required (for reviewer):

Major amendments required (*for reviewer*):

Confirmation of making the above minor amendments (*for students*):

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name (*Typed name to act as signature*):

Student number:

Date:

(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)

ASSESSMENT OF RISK TO RESEACHER (*for reviewer*)

Has an adequate risk assessment been offered in the application form?

YES / NO

Please request resubmission with an adequate risk assessment

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

☐

Please do not approve a high risk application and refer to the Chair of Ethics. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not approved on this basis. If unsure please refer to the Chair of Ethics.

☐

IUM (Please approve but with appropriate recommendations)

☐

Reviewer comments in relation to researcher risk (if any).

Reviewer (*Typed name to act as signature*): Milda Perminiene

Date: 24/05/2020

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

RESEARCHER PLEASE NOTE:

For the researcher and participants involved in the above named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

For a copy of UELs Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard

REQUEST FOR TITLE CHANGE TO AN ETHICS APPLICATION

FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS

Please complete this form if you are requesting approval for proposed title change to an ethics application that has been approved by the School of Psychology.

By applying for a change of title request you confirm that in doing so the process by which you have collected your data/conducted your research has not changed or deviated from your original ethics approval. If either of these have changed then you are required to complete an Ethics Amendments Form.

HOW TO COMPLETE & SUBMIT THE REQUEST

1. Complete the request form electronically and accurately.
2. Type your name in the 'student's signature' section (page 2).
3. Using your UEL email address, email the completed request form along with associated documents to: Psychology.Ethics@uel.ac.uk
4. Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.

REQUIRED DOCUMENTS

1. A copy of the approval of your initial ethics application.

Name of applicant: Ayesha Pudaruth

Programme of study: Doctorate in Counselling Psychology

Name of supervisor: Dr Lucy Poxon

Briefly outline the nature of your proposed title change in the boxes below

Proposed amendment	Rationale
<p>Old Title:</p> <p>The experience of seeking and receiving psychological support within the Black, Asian and minority ethnic (BAME) homeless population: An Interpretative Phenomenological Analysis (IPA).</p>	<p>More recently, the government has released new guidelines on the term 'BAME'. It is advised not to use this term when describing people who are from a minority background. The term is an umbrella term which groups people who are essentially 'non-white'. One of the main issues with the 'BAME' term is that it assumes homogeneity of experiences. It groups together people with multiple ethnic backgrounds and assumes that they will share common experiences. Moreover, the 'BAME' term appears to be non-inclusive of people who are from white minority backgrounds. Therefore, I would like to remove this term from the title and use appropriate language, 'minority ethnic background'.</p>
<p>New Title:</p> <p>The experiences of seeking and receiving psychological support of homeless people who are from a minority ethnic background: An Interpretative Phenomenological Analysis (IPA).</p>	

Please tick	YES	NO
Is your supervisor aware of your proposed amendment(s) and agree to them?	Y	
Does your change of title impact the process of how you collected your data/conducted your research?		N

Student's signature (please type your name): Ayesha Pudaruth

Date: 14/12/2021

TO BE COMPLETED BY REVIEWER		
Title changes approved	Yes	
<p align="center">Comments</p> <p>The new title reflects the new guidelines regarding the term 'BAME' and will not impact the process of how the data are collected or how the research is conducted</p>		

Reviewer: J  r  my Lemoine

Date: 04/01/2022

Appendix C

Interview SchedulePreamble

My name is Ayesha, and I am a postgraduate Counselling Psychology research student from the University of East London (UEL). I have experience of working with homeless people in a hostel in London and that's why I'm interested in doing this piece of research. I am interested in the experiences of people from a minority ethnic background, and I would like to hear your unique experiences.

1. People come to this homeless hostel and stay for many different reasons; would you be able to talk about one reason why you came to this hostel?

Possible follow up responses: Empathise and acknowledge difficult life circumstances/experiences that the participant shares.

Possible follow up questions: What's it been like for you living in this homeless hostel/supported accommodation as a person from a minority ethnic background?

2. Sometimes when individuals are homeless, they have certain emotional needs, and I just want to talk about this with you for a little bit.

Can you tell me about the emotional issues, such as feeling very sad or anxious that you may experience as a homeless person from a minority ethnic background?

Possible prompts: Sometimes people who are experiencing difficult life situations such as being homeless, may experience emotional issues such as feeling very sad, upset, anxious or distressed. Would it be possible to share any emotional issues that you have experienced recently?

Possible follow up question: What was this experience like for you? Did you consider at any point reaching out for support during this time? What helped you during this difficult time? Can you share what happened in this situation if you reached out for any support.

3. Thinking about the emotional issues that you have spoken about, some people decide to seek emotional support and some people decide not to.

As an individual who is homeless from a minority ethnic background, has there been a time where you have decided to seek emotional support for some of the emotional issues you have spoken about?

Possible follow up questions: Can you share what happened in this situation when you reached out for help? What was your experience of this support? What happened in those situations where you decided not to reach out for help? Do you feel your ethnicity or cultural background, impacts the way you decide to seek or not seek emotional support? How do you feel about reaching out to others for emotional support?

4. What type of support do you feel you need in relation to your emotional wellbeing as a homeless person from a minority ethnic background?

Possible prompts: Sometimes people seek support for their emotional issues when they are feeling overwhelmed, upset, very sad and upset. In these types of situations, what type of support do you think would help you?

Possible follow up questions: What would be the best way for you to access this support? What type of organisation would you like to receive support from?

5. We have focussed mainly on your experiences related to your emotional wellbeing; however homeless people are impacted by many social issues such as unemployment and lack of secure accommodation.

Was there anything in the last 6 months for example the Black Lives Movement (BLM), that has affected you being a homeless person who is from a minority ethnic background?

Possible prompts: You may have heard about the Black Lives Movement (BLM) as there have been protests in London which you may have seen or have been part of. If you would like, could you share any thoughts or your experience of the BLM?

Possible follow up responses: Empathise with experiences which may be related to discrimination and racism.

Possible follow up questions (If the participant engages in conversation around the BLM): Has the Black lives movement (BLM) impacted you in anyway? How do you think the Black, Lives movement (BLM) will impact you on your position as BAME person in the future?

6. Thinking about what's happening now in the UK and world, covid-19 has had a massive impact on UK citizens, especially people who are homeless. **Can you tell me a bit about what it's been like being homeless during covid-19?**

Possible prompt: The covid-19 pandemic is continuing to impact many homeless people.

Could you share any experiences related to the covid-19 pandemic that has impacted you?

Possible follow up questions: Were you able to receive any support including emotional during covid-19? How do you think it's different from being from a black and minority ethnic group experiencing the covid-19 situation?

Closing interview questions

Is there anything else that you would like to tell me that we have not covered in the interview?

Appendix D

PARTICIPANT INVITATION LETTER***The experience of seeking and receiving psychological support with homeless people who are from a minority ethnic background***

You are being invited to participate in a research study. Before you agree it is important that you understand what your participation would involve. Please take time to read the following information carefully.

Who am I?

I am a postgraduate student in the School of Psychology at the University of East London and am studying for a Doctorate in Counselling Psychology. As part of my studies, I am conducting the research you are being invited to participate in.

What is the research?

Research question: What are the experiences of homeless people who are from a minority ethnic background when they are seeking and receiving psychological support?

I am conducting research into homeless people's experiences of seeking and receiving mental health support, who are from a minority ethnic background. I am focussing on people from a minority ethnic background because there has been a rise of homelessness from a minority ethnic background, people from this group may experience poorer health outcomes and difficulties when engaging with help. The aim of this research is to explore the experiences of this group to understand better ways of supporting and providing mental health support.

My research has been approved by the School of Psychology Research Ethics Committee. This means that the Committee's evaluation of this ethics application has been guided by the standards of research ethics set by the British Psychological Society.

Why have you been asked to participate?

You have been invited to participate in my research as someone who fits the kind of people, I am looking for to help me explore my research topic. I am looking to involve homeless people who are staying in stable accommodation such as a homeless hostel. I am looking for people who are from a BAME background as my research specifically focuses on BAME homelessness.

I am unable to research with people who are rough sleeping due to practical issues. Also, participants who wish to take part in the research must not engage in substance use/drinking alcohol before or during the interview. The interview requires the participant to be able to engage for a long period of time which may be up to 1 hour. Please note, you are able to take breaks where necessary.

I emphasise that I am not looking for 'experts' on the topic I am studying. You will not be judged or personally analysed in any way, and you will be treated with respect.

You are quite free to decide whether or not to participate and should not feel coerced.

What will your participation involve?

If you agree to participate you will be asked to:

- Take part in an interview about your experiences and views of mental health support.
- Answer a small number of demographic questions (Age, ethnicity, religion, location of birth, location of residence and how long you have been homeless).
- This interview will take place over the phone or via MS teams.
- You will be asked for permission to audio record the interview.
- Your participation in the whole study is expected to take no longer than 60 minutes.

Your participation is very valuable in helping to develop knowledge and understanding of my research topic. I will be able to pay you for participating in my research, you will be offered a £5 voucher for your participation.

It is not anticipated that there will be any potential risks of taking part. Potential advantages of taking part would be to share your experiences and contribute to this area of research.

What does the interview involve?

The interview will be like having an informal chat. I am interested in hearing your experiences of mental health support. You will be asked to reflect on an occasion where perhaps you attempted to seek support or/and had an experience of receiving mental health support.

Your taking part will be safe and confidential

- Your privacy and safety will always be respected.
- You will not be identified by any of the data collection, on any transcribed material from the interview, results from the interview, or in any write of the research. A

pseudonym will be allocated, and your real name will not be used in any aspect of the research process.

- You do not need to answer all the questions asked, you can take breaks when needed or stop your participation at any time.

The only time that confidentiality may be broken, if you disclose any risk related information during the research. The researcher will need to inform hostel staff of any risk related information.

What will happen to the information that you provide?

What I will do with the material you provide will involve:

- Your personal contact details (name/email address) will be stored on a password protected excel document, which only the researcher has access to.
- Your data will be anonymised, you will be allocated a unique identifier code and referred to this code throughout the research rather than your name to ensure your anonymity.
- During transcription, direct quotations will be pseudonymised. Any data that could potentially identify you (e.g., names/locations), will also be pseudonymised or excluded from the transcription.
- The researcher, supervisors of the research and examiner will have access to the anonymised data.
- The research may be published in an academic journal, there will be no identifying features or names written. There may be some direct quotes cited from the interview. However, anonymity and confidentiality will be maintained by altering any identifying information.
- When the study is completed, your personal information will be destroyed, the interview recordings will be deleted, and the transcribed interview data will be kept within secure university storage for 5 years for developing future publications.

What if you want to withdraw?

You are free to withdraw from the research study at any time without explanation, disadvantage or consequence. Separately, you may also request to withdraw your data even after you have participated data, provided that this request is made within 3 weeks of the data being collected (after which point the data analysis will begin, and withdrawal will not be possible).

Contact Details

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Ms. Ayesha Pudaruth – u1819964@uel.ac.uk

If you have any questions or concerns about how the research has been conducted, please contact the research supervisor Dr Helen Murphy, School of Psychology, University of East London, Water Lane, London E15 4LZ
Email: h.murphy@uel.ac.uk

Appendix E

**UNIVERSITY OF EAST LONDON****Consent to participate in a research study*****The experience of seeking and receiving psychological support with homeless people who are from a minority ethnic background.***

I have read the information sheet relating to the above research study and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher(s) involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

I understand that if I disclose any significant risk related information during my participation of the research, confidentiality will be broken. The researcher will need to inform hostel staff of any disclosed risk related information.

I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason. I

also understand that should I withdraw; the researcher reserves the right to use my anonymous data after analysis of the data has begun.

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Researcher's Name (BLOCK CAPITALS)

.....

Researcher's Signature

.....

Date:

Appendix F

Demographic questions

Age:

Gender:

Ethnicity:

Location of birth:

Location of residence:

Religious beliefs:

How long have you been homeless?

How long have you stayed at this hostel/supported accommodation for?

Former occupation?

Appendix G

PARTICIPANT DEBRIEF LETTER

Thank you for participating in my research study on the experience of seeking and receiving psychological support within the ethnic minority homeless population. This letter offers information that may be relevant in light of you having now taken part.

What will happen to the information that you have provided?

The following steps will be taken to ensure the confidentiality and integrity of the data you have provided.

Your data will be kept confidential, any personal contact details will be stored on a password protected excel document, which only the researcher has access to. The interview audio recording will be uploaded onto a password protected drive that only the researcher has access to. The audio recording will be deleted as soon as the interview is transcribed. Your transcribed interview data will remain confidential and stored securely stored on a password protected drive. You will be allocated a unique identifier code which will be stored separately to the document containing your personal details. Any data that could potentially identify you (e.g., names/locations), will also be pseudonymised or excluded from the transcription.

The researcher, supervisors of the researcher and examiner will have access to the anonymised data. The research may be published in an academic journal, there will be no identifying features or names written. There may be some direct quotes cited from the interview. However, anonymity and confidentiality will be maintained by altering any identifying information. When the study is completed, your personal information will be destroyed, the interview recordings will be deleted, and the transcribed interview data will be kept within secure university storage for 5 years for developing future publications. You may also request to withdraw your data even after you have participated data, provided that this request is made within 3 weeks of the data being collected (after which point the data analysis will begin, and withdrawal will not be possible).

What if you have been adversely affected by taking part?

It is not anticipated that you will have been adversely affected by taking part in the research, and all reasonable steps have been taken to minimise potential harm.

Nevertheless, it is still possible that your participation – or its after-effects – may have been challenging, distressing or uncomfortable in some way. If you have been affected in any of those ways you may find the attached document of a list of resources/services helpful in relation to obtaining information and support.

You are also very welcome to contact me or my supervisor if you have specific questions or concerns.

Contact Details

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Ms. Ayesha Pudaruth

U1819964@uel.ac.uk

If you have any questions or concerns about how the research has been conducted, please contact the research supervisor Professor Cynthia Fu, School of Psychology, University of East London, Water Lane, London E15 4LZ

Email: c.fu@uel.ac.uk

Support services and contact numbers

Mental health support

Homeless Outreach Team (START) – Lambeth, Lewisham & Southwark.

Homeless Outreach (START) is a small assessment team for street homeless people in Lambeth, Southwark and Lewisham. Their role is to engage and assess homeless people with mental health problems and to refer them on to local mainstream services. They do not provide care co-ordination and they are not a housing team. This is not a crisis service.

Referral/how to contact: Self-referral or via homeless services.

Phone: Reception 020 3228 1800 or Duty 10am – 4pm 020 3228 5911

startteam@slam.nhs.uk

The Black, African and Asian Therapy Network

<https://www.baatn.org.uk/>

A national organisation which works psychologically, informed by an understanding of intersectionality, with people who identify as Black, African, South Asian and Caribbean.

Phone: 020 3600 0712

Samaritans

<http://www.samaritans.org/>

Provides emotional support to anyone in distress/at risk of suicide.

24/7 crisis line, which can be reached at 116 123.

Support Charity SANE

Provides emotional support to anyone experiencing mental health.

Telephone: 07984 967 708

support@sane.org.uk

C.A.L.M (Campaign against living miserably)

National charity which provides emotional support through helpline and webchats.

Telephone: 0808 802 58 58 (available every day from 5PM to midnight).

Webchat can be found at <https://www.thecalmzone.net/help/get-help/> (available every day from 5PM to midnight).

Shout

<https://www.giveusashout.org/>

The UK's first free 24/7 text service for anyone in crisis anytime, anywhere. It is a place to go for those struggling to cope and in need of immediate help.

Homeless Support services in Lambeth

Ace of Clubs day centre

Address: St Alphonsus Road

Clapham

SW4 7AS

Telephone: 020 7720 2811 or 020 7720 0178

www.aceofclubs.org.uk/

Services offered: Lunch, showers and laundry, clothing store, nurse, jobcentreplus adviser, general advice on benefits, housing, rough sleep referrals and other assistance.

Fanon Resource Centre

Day centre for African Caribbean men and women aged 18 to 65-years-old with mental health problems.

Address: 107 Railton Road

London

SE24 0LR

Telephone: 020 7737 2888

Email: coye@southsidepartnership.org.uk

Services offered: advice on a range of issues (housing and welfare rights etc), tenancy sustainment, mixed group and women's project, activities, trips, low-cost African Caribbean hot meal, access to counselling, outreach, including home and hospital visits, support for carers and family members and volunteering and job training opportunities.

Manna Centre (Southwark)

Centre for single homeless people and those in need.

<https://www.mannasociety.org.uk/what-we-offer/>

Address: 6 Melior Street

London

SE1 3QP

Telephone: 020 7403 1931

Services offered: housing and welfare advice, free food, clothing and showers, surgery and visiting nurse, mental health worker, chiropodist, optician, osteopath, dentist, JobcentrePlus advice and furniture.

The Spires Centre

<http://www.spires.org.uk/>

Address: 8 Tooting Bec Gardens

Streatham

London

SW16 1RB

Telephone: 020 8696 0943

Email: info@spires.org.uk

Day centre for homeless and disadvantaged people.

Services offered: Rough Sleepers drop-in with assessment, referrals, showers, clothing and breakfast, JCP advice on welfare benefits, assessment and referrals to suitable accommodation, primary healthcare nurse, vulnerable women-only drop-in, adult Learning Centre - courses and qualifications including literacy, IT, volunteer training, visual art workshops, creative writing and music, outreach sessions for women involved in street-based sex work in Lambeth.

Waterloo Christian Centre

Day centre for homeless people aged 18 plus. Located at the back of the Old Vic theatre. Doors open at 9am, tea is available.

Address: 6-8 Webber Street

London

SE1 8QA

Telephone: 020 7928 1677

Services: free tea, coffee and breakfast, showers and clothing store, weekly afternoon video, nurse available three days a week, a Christian message is preached before breakfast and there is the opportunity to talk about Christianity on an individual basis.

Appendix H

Example of analysis 'Ali'

The exploratory comments focus on the first stage of initial noting, where descriptive comments, linguistic comments (green) and conceptual comments (orange) are noted. The emergent themes section captures the developing emergent themes from the exploratory comments section.

Original transcript	Exploratory comments	Emergent Themes
<p>R: Ok so we have gone through the participant consent sheet and the information sheet. Maybe if we start with, as you know people come to the hostel for many different reasons.</p> <p>P: Yes</p> <p>R: Would you be able to tell me about one reason why you came to this hostel?</p> <p>R: Well, the reason was because, the place where I lived before, it wasn't really working out at night really. Other shared accommodations I've lived in.... because it always starts with 'hello', before you know it, you basically become a like target. I did experience that a lot in hostels pretty much since the summer of 2016. I've learnt a lot now... I learned a lot and now I'm here at this place which is much better.</p> <p>R: So, it sounds like where you were before, you felt like a target from other residents?</p> <p>P: Yes, very much so. Day to day, yeah. Easily you get into bad company and people are basically always on your case, yes. Or if they ask you a question and they give you a reply, they think 'he's stupid' 'all of that. All of that basically, been all there. Basically, the place where I was, my life was going nowhere. Of course, my main issue still...is of course not having any ID. Thanks to government changes, there's something happening with my ID and that. I would say from mid to late 2000s, the government just said, 'to hell with them', they just didn't want to help us, to help me with my ID or anything. They just</p>	<p>Moved to current homeless hostel due to previous negative experiences of living in shared homeless accommodations. He felt like a 'target' from other residents.</p> <p>He felt like he had become a 'target' from the other residents where he was living before. <i>What does being a 'target mean?'. 'Target' could mean being exploited, discriminated etc. He felt that he was being the 'object' of others attacking. Perhaps he didn't feel like he 'fitted' in the homeless hostel, he felt different to the other homeless people.</i></p> <p>'Bad company' – he was surrounded by negative relationships or acquaintances. It appears where he was based before, that perhaps the people were engaging in challenging behaviour, or he perceived them as a threat.</p> <p>'I learned a lot now...' – A sense that from experience he knows how to be in homeless hostels and that he has developed some way of coping to living in difficult living conditions. <i>Resilience/coping skills</i></p> <p><i>Unsafe</i> – There is a sense that whilst he was based in a homeless hostel previous to this one, he was feeling very unsafe, a target, a threat and uncomfortable from others. He seemed that for his wellbeing that he needed to move from that homeless hostel.</p> <p>'Hes stupid' – he felt inferior to others and that others thought negatively of him. Feels like his life is going 'nowhere' and that he is unable to progress due to not having any ID, and he cannot work. Has had negative experiences of seeking support with ID situation. Feels that others have not been helpful, interested in helping and that the government wants to get rid of him.</p>	<p>Feeling unsafe, a 'target'.</p> <p>Negative relationships/acquaintances 'Bad company'.</p> <p>Unsafe living situation</p> <p>Need for movement progress in life. Unable to acquire ID.</p> <p>Abandoned by the government</p> <p>Suicidal</p>

<p>wanted us to leave the country or commit suicide or something. I will be honest with you, everything I try, and every time I try to take this forward and get my ID, passport, birth certificate, er no. Birth certificate and driving license, passport... if you don't have it...please can you clear the building? Can you leave the building? Ridiculous! Absolutely ridiculous!</p> <p>R: I can hear this is really difficult with not having any ID. You mentioned that something is happening with your ID?</p> <p>P: Yes, thanks to my solicitor, things are now happening. You know Wilsons? Nationwide? They have a girl, her name is *****, she is really good, I think she's done human rights, and she really knows her law and that. But thanks to *****. Who could have predicted that? Who could have predicted that? Thank goodness.</p> <p>R: I'm pleased that there is progress with finding ID for you and it also sounds like you are feeling better at this new hostel.</p> <p>P: Mentally absolutely...absolutely... I would say 98%.</p> <p>R: That's really good to hear.</p> <p>R: Compared to where I was before..... yes.</p> <p>R: Ok so thinking about this, as you know, sometimes when people are homeless, they have certain emotional needs, and I just wanted to talk to you a little bit about this.</p> <p>P: Ok.</p> <p>R: I wonder if you are able to tell me, some of the emotional issues you may have experienced, such as feeling very sad, feeling anxious, that you may have experienced as a person who is homeless from a minority ethnic background.</p> <p>P: Then or now?</p> <p>R: Erm we could start with now?</p> <p>P: Well now, I'm more awake and I like my environment. Before... no. Well now you know, I walk, I sometimes take the</p>	<p>'to the hell with them' – feels unwanted in the UK. Feels that the government wants him to leave the country or 'commit suicide' through being miserable. Does not feel part of society, of living in the UK, discrimination, racism, xenophobia.</p> <p>Repetition of word 'ridiculous', expressing his anger and frustration.</p> <p>Describing a more positive experience of receiving help with his ID, and that there has been progress.</p> <p>The self as a shadow /splitting the self and only connecting with the shadow</p> <p>Use of metaphors 'I was just a shadow, I wasn't human. I was just a shadow walking the streets'. Shadow – feeling like you don't exist to others? That you are not you're your true self, or only part of who you are.</p> <p>'I wasn't human' – being homeless perhaps changes how you feel about yourself, your identity. You feel that you don't belong with other humans?</p> <p>'environment' could mean the wider societal system, not just friends and people he was surrounded by.</p> <p>Describing his experience of when he was homeless, rough sleeping.</p> <p>Use of metaphors 'I was just a shadow, I wasn't human. I was just a shadow walking the streets'. Shadow – feeling like you don't exist to others? That you are not you're your true self, or only part of who you are. Dehumanised?</p>	<p>Socially excluded</p> <p>Repeated negative experiences of seeking help</p> <p>Discrimination</p> <p>Receiving specialist support</p> <p>'A shadow walking the streets'</p> <p>Disrupted sense of self</p> <p>Loss of identity</p> <p>Self-neglect</p>
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<p>bike to West London and that, where I grew up. You know it horrifies me just thinking about it, thinking about being homeless then. <u>Basically, I just a shadow, I wasn't a human. I was just a shadow walking the streets....</u></p> <p>R: It sounds like this was a really difficult time in your life.</p> <p>P: yeah, I would go two or three days without food, on the north circular, I would just walk for miles..... that's not normal.</p> <p>R: You mention at that time you felt like a shadow, can you tell me a bit more about how you were feeling?</p> <p>P: <u>Well, I would say feeling like a shadow was pretty much down to the environment, it's all down to the environment, it is. You dress clean, you act polite.... basically, just be polite, nobody would take notice, he's fine, he's alright. Its perception you know, I don't know why I done that.</u></p> <p>R: So, it's interesting you are talking about perception, that you were coming across to others that you were feeling, ok?</p> <p>P: Yes basically. So basically, dress clean, if I had a friend or that, maybe have a shower at his place, obviously I can't even guarantee that the friend would let me stay. But I would still make sure that I had a shower, you know that I looked alright, and basically, every person that people I worked with...I worked for a little bit with an agency. Everyone who I worked with, basically was very polite. <u>Hence why everything is 'hunky dory'.</u> Looking back now, I wish I was more honest.... I really wish I was... <i>(He laughs)</i>.</p> <p>R: Looking back at what you have said so I have understood correctly, I'm hearing that perhaps what you are saying, is that you were masking what was going on for you, that you were homeless and struggling with your mental health.</p> <p>P: Very much so.....but looking back, it was also the environment as well. I've got nothing against people who have mental illness. But I didn't have one single friend back then</p>	<p>Describing negative experiences of sleeping rough, not eating or drinking for days.</p> <p><u>Well, I would say feeling like a shadow was pretty much down to the environment.</u> A sense that he felt he needed to mask his being homeless, his vulnerability and emotional pain to others? Maybe he did not want others to notice him or maybe part of him did? <i>Perhaps the stigma and shame of being homeless, or the stigma/shame for asking for help was too much?</i></p> <p><i>Uses the word 'perception' – perhaps he wanted to change the how other people perceive him. Questioning why he decided to cope this way when he was suffering emotionally.</i></p> <p>Describing that he was masking his emotional pain and life situation of being homeless by 'dressing clean' so that no one would notice. Describing a way of coping and essentially putting a mask on for others. <i>'Hunky dory' – describing that to others he seemed absolutely fine when his reality was that he was suffering. He laughs, and perhaps looking back whilst this is difficult, he is shocked how much he masked his emotional pain/being homeless to others.</i></p> <p><i>'Looking back, I wish I was more honest...I really wish I was' - reflecting on the past. Uses the word 'hunky dory' again – which symbolises the masking of what was going on for him in that time of his life. There appears to be an ambivalence of wanting to seek help/mask vulnerability to others. There is an on-going internal conflict perhaps?</i></p>	<p>Isolation</p> <p>Coping strategy Masking homelessness and mental health issues to others.</p> <p><u>Hence why everything is 'hunky dory'.</u> Masking emotional pain Denial to self and others. Internal conflict</p> <p>Mental health stigma</p>
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<p>who actually worked. They were all on benefits, with mental illness and with hospitals you know. All of my friends were struggling...so it was the environment too yes.</p> <p>R: So, when you say environment was a huge factor, do you mean the unstable accommodation or the friends/people you were with?</p> <p>P: Yes, also the environment with people who I knew. Like if I knew someone who was working, they may have been able to give me advice you know, they may say things like 'you know what, this is the way to go about in life you know, this is what you do... this is what happens...' but that just never ever, never happened.... no.</p> <p>R: This sounds very difficult, that you were not in an environment where you could ask others for advice and support.</p> <p>P: And the thing that really woke up me here, il be honest with you, which is a little bit connected, is the staff and that here, they were the opposite of that basically, of my environment...where people were on benefits. Here it's completely opposite, there was negativity.... here...its positive... morning till night, its positive. All of them are positive.</p> <p>R: That's great to hear. Ok, so you have told me about the emotional issues you have experienced. I wonder if there has been a time where you have decided to seek emotional support at all?</p> <p>P: Well.... I would say about two years ago, when I was in *****, where I saw a doctor who goes on the bicycle. Well, I suppose he really sums it up and this I suppose is everything you need to know really. This is how I'm treated. He said to me '****', I would love to help you, but I can't wave the magic wand' (He laughs). I just thought that is just such true to life. That's my doctor! (He laughs).</p>	<p>Reflecting on his circumstances and described that his friend was also homeless, suffering from mental health issues and on benefits. Almost a community, a group of people who were left with no support. Amongst this, he was unable to reach to his friends for support who were unable to give any other advice. They were all doing through a difficult time.</p> <p>'Here it's completely opposite, there was negativity...here its positive, morning till night its positive. All of them are positive'.</p> <p>Repeating the word 'positive' which highlights how grateful he may be to receive help at this hostel. He was able to access advice and essentially emotional support at this homeless hostel.</p> <p>'I can't wave the magic wand'</p>	<p>Support network had no access to mental health support</p> <p>Surrounded by mental health and unemployment</p> <p>Negative influence?</p> <p>Positive experience of seeking help</p> <p>Positive influence</p> <p>Negative experience of seeking emotional support.</p> <p>No specialist homeless support</p>
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<p>R: He couldn't wave the magic wand, could you talk about this more?</p> <p>P: Laughs... yeh. He can't wave it can he, no. So.... yes, I did try to seek help yes, but that it what happened at first.</p> <p>R: So, I'm hearing that was your first experience of trying to see help from a GP. Were there any other occasions where you attempted to seek support for your emotional wellbeing?</p> <p>R: Yes, I have...loads of times, there was a time where I tried to talk to Samaritans... I tried to talk to them and that on the phone. They rang me a couple of days later and she spoke to me for about half an hour. That was about it, that was it.</p> <p>R: Could you tell me a bit more about what happened when you received that emotional support and how did you experience it?</p> <p>P: Oh, I just told them...look I can't sleep, I go the Thames and I start thinking about life.... sigh.... and basically, it was just a little bit of advice and that's about it really. That was the last I heard of them. I suppose if they were professional...it may have been a different story you know.</p> <p>R: I wonder if we could think about this experience a bit more.</p> <p>P: <u>Yeah, we can... they were useless, they were useless let's say. 'Are you alright? Are you ok? Oh...you will be ok.'</u> 'Oh, just try not to thing negatively. You will be alright. You will be ok.' (He laughs)</p> <p>R: Do you remember what was going on for you in the moment?</p> <p>P: Oh... at that time in my life, I was at tethers end you know. I was really feeling suicidal and super depressed. Years ago, when I use to live in Acton... I was so depressed. I was bringing up my brothers and sisters, I was with my family. As soon as I left, I was in a bedroom studio flat. I didn't know anyone.... I didn't know what to do.... I just locked myself in. It was like, if I can't live with them, I may as well stay indoors. I was just</p>	<p>Negative experience of seeking help from the GP. He laughs whilst he tells this story. Perhaps again masking the emotions of how frustrating and difficult this experience may be. There is a sense of hopelessness within this story as well as powerlessness. The GP has the position of power. There is a huge power imbalance here.</p> <p>'I just thought that is just such true to life. That's my doctor!'. He laughs. When he uses the word 'true to life', perhaps this is something that he has regularly experienced, that others can't seem to help him, or understand his situation of being homeless and the difficulties of securing ID. No empathy from mental health professional.</p> <p>Had a negative experience of seeking emotional support using a helpline. Did not feel adequately supported. The helpline spoke to him briefly and he experienced this as not professional advice. It appeared that he needed something more intense to support him with his mental health however he was not signposted to any other agencies/support, when he did attempt to reach support.</p> <p>. I can't sleep, I go the Thames and start thinking about life...' He is describing low mood and depression, thinking about life could mean existential thoughts or even suicidal thoughts. Going to the 'Thames' could even mean that was contemplating ways to end his life/in crisis of what to do.</p> <p>Describing experience of receiving emotional support as not adequate and perhaps minimising his feelings. He laughs again, which is perhaps his pattern of when he is describing a difficult or negative experience.</p> <p>'Tethers end' – he was not able to deal with what was going on for him and he had reached his crisis point before seeking help. Perhaps he had waited to reach this crisis point before seeking help.</p> <p>'I wish I went outside; I really wish I did'. Perhaps 'outside' means seeking help, being 'out of his own mind' and connecting with others. He felt isolated from others, locked in the flat</p>	<p>Negative comments from mental health professionals Lack of compassion</p> <p>Distress minimised 'I can't wave the magic wand' /powerless</p> <p>'Tethers end' – at crisis support when seeking help. Suicidal helpline</p> <p>Lack of sleep</p> <p>Suicidal ideation</p> <p>Contemplating life</p> <p>Feeling abandoned and neglected</p> <p>Existential thoughts</p> <p>Distress minimised Distress pathologized 'Negative thinking'</p> <p>Depressed Suicidal Raising younger siblings</p>
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<p>basically watching tv all night and sleeping all day. Looking back now... I wish I went outside; I really wish I did. Or at least hang out outside a bit more. I wish I did that.</p> <p>R: It sounds like just a difficult time for you, and you mentioned that you reached out to the Samaritans for support.</p> <p>P: Yeah, yeah, I did...I did speak to them, and they gave me a little bit of advice but that was it. If they were more professional, very highly likely, I'm pretty sure it would have gone further, and I would have got more support.</p> <p>R: Were there any other times where you tried to seek emotional support?</p> <p>P: Yeah, I tried to talk to the doctor too, a couple of times. I told him, literally some mornings I can't even lift a finger. It was that bad. He said 'Oh good luck to you, one day you will get your papers...then you will be alright. Its ok, you will be ok. So yeah.... yes, yes sorry, I remember now as well, he said, 'you know what, you find it difficult sleeping and that, I will give you sleeping tablets, that will fix it.' (He laughs). Yeah, so even when I went to the doctor.... He said the sleeping tablet will fix it.... We will put you on the right track. I don't want to get addicted?!</p> <p>R: I wonder how you feel about this particular experience of seeking support, and I wonder if you feel that your ethnicity/culture impacts how you decide to seek help?</p> <p>P: Well.... that never ever crossed my mind, here we go again you know.... What is it, there is another thing again, funnily enough, some people get anger and that, and animosity? I just always keep myself to myself, I never ever take it out on anyone or any organisation... or anything like that, never. Yeah basically...keep it to yourself, I just keep it within... that's it.</p>	<p>'Negative thinking' when the context of being homeless was the root of depression.</p> <p><u>Are you ok? Oh...you will be ok.' 'Oh, just try not to thing negatively. You will be alright. You will be ok.'</u> (He laughs)</p> <p>Using a CBT/medical approach to treating depressive symptoms. Not thinking about the person has a whole, and the contextual influences that impact a persona's depression. This approach may even come across as minimising/gaslighting to the other person. It seems that he was not offered any other treatments or specialist support. He was not referred to any type of homeless team/organisation.</p> <p>Medical model of understanding distress</p> <p>Using purely the medical model to understand mental health issues. Not taking into account the context of being homeless.</p> <p>Another negative experience of seeking support for his depression. Experienced the doctor has unhelpful regarding his papers and gave him 'sleeping tablets' to fix him.</p> <p>Medication vs talking therapies Seeing his presentation as purely a sleeping issue and looking thinking about the context of being homeless Overlooking how the context of him being homeless/not having ID is severely impacting his mood.</p> <p>Medication being described as a way to 'fix him'. Numbing the emotional pain.</p>	<p>Isolated in studio flat Locked inside Mourning loss of family Self - isolation</p> <p>Negative experience of seeking help from medical professional</p> <p>Distress minimised and pathologised</p> <p>Medication to 'fix things.</p> <p>Addiction to medication.</p> <p>Feeling misunderstood</p> <p>Coping strategy developed from earlier experiences Keeping a distance</p>
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<p>R: Ok, so I'm hearing in terms of how you feel in terms of reaching out to others for emotional support... you prefer to keep it to yourself.</p> <p>P: Well, I've been doing that since I left home in 1990, I've been doing exactly the same thing you know.</p> <p>R: So, this has been a way of coping since you were young?</p> <p>R: Yes definitely... I guess I we didn't talk about these things at home, and I never needed to talk to anyone about what I was feeling... it was horrible not knowing who to go, and when I did, it felt like I was just overlooked...or they would just tell me 'Everything is going to alright' ... but I was not alright... Anyways...thanks to god.... *** and ****it got me out.... Definitely... definitely...</p> <p>R: Could you tell me a bit more about this experience where you were about to see emotional support.</p> <p>P: Well.... It was at Graham House (Thames Reach). a few years ago, and there were Psychologists in the homeless hostel. It was a new thing... well I hadn't seen them before. We did walks to Battersea Park together and I got talking to *****. We then met every week... thanks to God and I was able to talk about how I feel.</p> <p>R: So, I'm hearing first you got to know them through going for walks...</p> <p>P: Yeah...</p> <p>R: Then you were able to access emotional support?</p> <p>P: Yeah</p> <p>R: Could you tell me abit more about this experience, was it positive...negative...how did you feel?</p> <p>P: Well, I got to know ***** first and it was good to see them regularly around the hostel. When we were walking to the park, I told them a bit about how I was feeling, and they said to meet them each week. It was the first time I got to speak to someone each week, and they would help me with loads of</p>	<p>'I just always keep myself to myself, I never take it out on anyone or any organisation... or anything like that, never.'</p> <p>Describing that this is his usual way of coping and he noticed that it started from when he left home in 1990.</p> <p>Cultural understanding of mental health</p> <p>Stigma – He described that 'we didn't talk about these things at home, and I never needed to talk to anyone about what I was feeling'.</p> <p>Reflecting that perhaps as part of growing up, emotions and mental health was not spoken about. Described feeling 'overlooked' or being told that 'everything is going to be alright' when he did attempt to talk about emotional issues. This is a repeated negative pattern throughout his life, as there appears to be similarities of when he has attempted to seek mental health support from others.</p>	<p>Different cultural understanding of mental health</p> <p>Emotions not expressed in family household.</p> <p>Emotional issues minimised growing up in the family.</p> <p>No emotional support in early life</p> <p>Cultural stigma of mental health</p> <p>Specialist community intervention for homeless people</p>
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<p>other things too. Like they found where I could go swimming for free too. I told them about what happened with my family... my ID which is my big issue, and they are helping me sort that too. They helped me with everything really... but especially about feeling really depressed. I still see ***** fortnightly.... just got a chat and that.</p> <p>R: How was talking to these ***** in the hostel different to the other contact you had with services?</p> <p>P: They just listened, helped me, gave me encouragement all the time... the others didn't care, it felt like I was nothing to them, like a shadow.</p> <p>R: It sounds like this was a very different experience to you.</p> <p>P: It was completely the opposite...such a positive experience and I still see them. I feel like I can always rely on them, and they don't just want to get rid of me.</p> <p>R: That's great to hear.</p> <p>Ok. Ok so thinking about all your experiences, what emotional support do you feel you need, in relation to a homeless person from a minority ethnic background.</p> <p>P: I don't really think about this... what emotional support I need... ermm, well I've been to Harbour, you have heard of Harbour right?</p> <p>R: Yes.</p> <p>P: Well, there was a time where I was drinking heavy.... special brew, 10%.... I was having like 10 cans a day, or something like that. You know the therapy and that, it did help a lot, it really did. Basically, I knocked that out, and I don't drink strong special brew anymore.</p> <p>R: I guess what I'm thinking about, going back to when you sought support from the Samaritans, GP, etc...</p> <p>P: And the environment... it was the environment as well.</p> <p>R: Yes, and the environment.</p>	<p>Describing a positive experience of seeking emotional support.</p> <p>Describing that he was able to form a rapport and trust with the person who he was seeking emotional support from. That they were close and available. They were able to go for walks together and they also helped with more practical aspects, like swimming...and helping him sort his ID.</p> <p>Describing the support, he received took into consideration his context of being homeless and how this was affecting his mental health, not just focussing on his symptoms.</p> <p>Shadow is a powerful metaphor of how he feels.</p> <p>He describes feeling like a 'shadow' again, that the others didn't care, and he was nothing to him.</p> <p>He is unsure how this relates to him being from a minority ethnic background. the others didn't care, it felt like I was nothing to them, like a shadow.</p> <p>Unsure and has thought about being from a minority ethnic background – how this may influence how he seeks support.</p> <p>Describes receiving support from an organisation with his alcohol use. Describes this as a positive experience and that he has managed to reduce his alcohol intake.</p> <p>Not a shadow</p>	<p>Trust</p> <p>On-going support</p> <p>Feeling contained</p> <p>Understood and listened to.</p> <p>Feeling held, supported and contained</p> <p>Wanted</p> <p>Not a burden</p> <p>Reliable and consistent</p> <p>Safe environment</p> <p>Encouragement</p> <p>Positive outlook in life</p> <p>Contemplating life choices and different perspectives</p> <p>Perception of seeking help is changing</p> <p>Safe environment</p>
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<p>P: I just feel so so so much better now mentally... I feel great. I just feel totally different.</p> <p>R: That's great. Looking back... what do you think at that time when you were feeling very depressed, what do you think would have been needed to support your wellbeing.</p> <p>P: Well, a safe environment... number one.... yeah, safe environment number one. Two.... well, I would say, encouragement and someone to talk to... you know. But environment is number one, il be honest with you, it makes the world of difference. It can give you a completely different outlook in life. Also, I remember a time where I use to go away for couple days with friends and that. When you take time out, it makes a world of difference as well. Instead of running around people, I'm talking about.</p> <p>R: How would you access that support -what would be the best way for you?</p> <p>P: Well in the meantime, where I am yes. I see ***** every now and then, not every week. Fair play to *****, hes tried so many activities and that...but apart from him, theres nowhere else to get this type of support. I remember last year, he kept on trying it... trying to do activities, but no one was turning up. Only me and maybe another guy, that's it. And I think that guy has gone now.</p> <p>R: How does that feel when you go to groups in the hostel and not many people turn up?</p> <p>P: <u>That some things just don't change I suppose... for people. For me I feel that I have passed a transition you know. You know, sometimes when I am walking down the road like, my chest is now up now... instead of my shoulders down, just looking at the ground everywhere...like I was nothing...just looking at the ground everywhere...just looking at the ground...</u></p> <p>R: So, thinking about your transition,</p>	<p>Describing what type of support, he feels he needs.</p> <p>'Safe environment' – Describing being around the 'right type' of people for advice and to give you a different 'outlook in life.</p> <p>Also refers to stability and not sleeping rough, having a more secure accommodation where he does not feel a target from others. This refers to the context of being homeless and the need for a stable environment. (Maslow's hierarchy of needs)</p> <p>'Encouragement and someone to talk to' – this is more the emotional support he feels he needs.</p> <p>Transition – thinking about the changes he has made.</p> <p>Use of metaphors 'You know, sometimes when I am walking down the road like, my chest is now up now... instead of my shoulders down, just looking at the</p>	<p>Encouragement or emotional support needed</p> <p>Support provides an alternative outlook in life</p> <p>Accessing support from more engagement outreach</p> <p>Transition in life</p>
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<p>not like that. Or there's something wrong with you. You set out and all that.</p> <p>...so, cover costs are like likewise, he used to go out no one wants to in their in their recycling. Here we go. <u>Again, its environment, the people under the environment they hang out with. So here we go. Again, I did experience quite a bit a day. Yes. Looking back. Now I just give you the blind eye.</u></p> <p>R: Okay, so when you said you experienced a bit of that, could you explain that further?</p> <p>P: <u>as you work in, you know, like working with the Monday and you know, like, what is it like, let's say that, and then you see them like maybe at the weekend? Yeah. And you'd like approach them and then deal with the other friends and especially white friends and now they're just give you a blind eye. But there's something wrong with them then. Goodbye.</u></p> <p>R: When you say blind eye?</p> <p>P: They don't even notice you; they don't even acknowledge you. They are like what do you want, what do you want?</p> <p>R: How did you feel?</p> <p>P: <u>I suppose there's some issues in it. Obviously. You know, like another thing is like, with previously under I suppose I wasn't well mentally then. And you I suppose it's retirement day you get the big picture. You do get the big picture, they said that they got some serious hang up issues. I tried to put end to it big time and look at the big picture then make sense of it.</u></p> <p>R: Ok, so you mention you wasn't well mentally and that you tried to look at the big picture?</p> <p>P: <u>I basically tried not to let it affect me, they were white, treating me differently, not acknowledging me so I had to just look at the bigger picture, and not let it get to me. So yeah, that's that really, not much else to say.</u></p>	<p>'I just give you the blind eye' – perhaps ignoring the racism and discrimination he experienced? This could be a way of coping which difficult experiences?</p> <p>Describing that his 'White colleagues' gave him the 'blind eye' and ignored him/ did not acknowledge him outside work. <i>Perhaps there are feelings of exclusion?</i></p> <p>Describing an experience of being racially discriminated? He describes that he tried to not let this experience get to him. He used the words 'so yeah that's that really, not really much else to say' and his facial expressions indicated that this was a difficult experience for him, and he did not want to talk about this further. Indicating the emotional pain and difficulties of this experience.</p>	<p>Racism and discrimination</p> <p>Not acknowledged by others</p> <p>Feelings of exclusion</p> <p>Repeated experiences of racism</p> <p>Coping with racism</p> <p>Making sense of experiences of racism and discrimination</p>
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<p>R: Okay thank you for sharing. So just thinking about what's happening in the UK and the world. So, you know, COVID has had a massive impact on UK.</p> <p>P: <u>Let's just say, we will never forget it for the rest of my days. I won't forget it. Yeah. I was expecting the passport this year. And it looks like it just took me a year back!</u></p> <p>R: Yeah. I was wondering if you could just tell me a bit what it's been like being homeless during this time. During COVID.</p> <p>P: It's quite a waste. I noticed like the people are not really out and about really? No, sorry, the people and then not working.</p> <p>R: Okay, so you've noticed that people are not working at the moment?</p> <p>P: Well.... yeah, compared to before, like, was it when I was going out in that? Every corner you're turning, people are working and that.</p> <p>...Yes. So, in a strange way.... that did help me a little bit. Because it just, uh, you know, I can't work because of my ID, so it's hard to see people working it affects me. Not being able to even buy loaf of bread basically.</p> <p>R: So, in a way it was helpful not to see people going to work?</p> <p>P: I wouldn't wish unemployment, unemployed people and that, I wouldn't wish on anyone. But yeah, it really affects me not being allowed to work, not having ID.... I'm not allowed, it's been so hard.</p> <p>R: This sounds extremely difficult, and I hear that sometimes it may be difficult to see people 'going to work'. I wonder how else covid has impacted you at all?</p> <p>P: Oh, another thing is what I picked up is self-isolation. I like that one. As some people said they needed to stay in self isolation and that. I thought I've done that at least for 14 years. Seriously! Something like 15 years I've been isolation... he laughs.</p> <p>R: So, you felt that you have already been in self isolation.</p>	<p>Describing experience of covid as unique and unforgettable. That covid has delayed him receiving his ID for over a year.</p> <p>Describing his unique experience of covid. He is not able to work due to not having ID, and seeing people go to work every day affects him. During the first lockdown he didn't see as many people go to work, so in a way it helped him.</p> <p>Self-isolation – he felt that he has already been in self isolation for years. He has never felt part of society being homeless, depressed and isolated. The idea of self-isolation is not a new concept to him, despite this being new to people who needed to do this for covid. He describes that self-isolation is his routine.</p> <p>Rather than self-isolated/ thinking about being marginalised and isolated by society?</p>	<p>Covid impacting progression in life</p> <p>Unmet need</p> <p>Unemployment</p> <p>Self-isolation was routine.</p>
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<p>P: <u>Yes...for many years, for so many years for many years, I was depressed and just kept myself to myself. Some people just can't do it for even one week, a couple of days. Its just theory gives you a big chain of people, and they does. Well, some people obviously find it very, very hard. I suppose if you're used to lifestyle and has suddenly been taught, you can only hang out with one or two people. You can't go here you can't go there; I suppose some people probably really affected.</u></p> <p>R: So, I'm hearing in terms of how you feel about COVID. It felt like the self-isolation was not a new concept for you.</p> <p>P: No, absolutely not. Duck to water.</p> <p>R: Duck to water?</p> <p>P: Yeah, like it was routine, or my way of living in self isolation from everyone.</p> <p><u>Yeah, but then when you put it into perspective, as always, what is the norm? Being in a relationship, having a place to live, having a food,</u> basically job having a food? It's all interlinked. Isn't if you don't live that life. You're obviously going to be different feeling, isn't it?</p> <p>R: Absolutely. I think you've made a really important point. So yes. It sounds like you felt like you were living a different life anyway.</p> <p>P: Yes, yes. Yes. So, if I have a different effect on me, obviously.</p> <p>R: But I think it's an important point because that's your experience. It sounds like you were feeling different, like you were living a different life. I wonder if you can talk about that a bit more. Perhaps.</p> <p>P: <u>Yeah, like it just basically withdrawn and that, you know? Yeah, I suppose. Another thing is what sometimes goes around my head. I'm trying to maybe connect things to other things. But was it like people as I said before, like bringing up the</u></p>	<p>Normality – questioning what is the ‘norm’ for humans. Describing that he has always felt different from others and living a different life being homeless. Questioning his position amongst other people in society.</p> <p>Homelessness – living a different life to the ‘norm’ and not feeling part of society?</p> <p>Describing that the norm is perhaps ‘withdrawn’ from him. Reflecting on his life experiences of not being in a relationship or a stable place to live. Questioning how his lifestyle of being homeless fits in with society?</p> <p>Feeling socially excluded and marginalised from society before covid. With covid, people initially become more distant from each other which perhaps draws similarities of being homeless?</p> <p>Feeling lonely, isolated and not connected to anyone – not having a relationship or going on holiday.</p> <p>Trying to make sense of his earlier experiences and where he is now in life. Thinking about how he uses to with his brothers/sisters in a family household, to now being isolated and lonely. He has not let himself form any other relationships or struggles to with his difficult life situation.</p>	<p>‘Duck to water’</p> <p>Self-isolation is similar to depression and social exclusion.</p> <p>Socially excluded and marginalised. Loss of family relationships</p> <p>Not close relationships or connect with others</p> <p>Moving to online was easier to ‘sign on’.</p>
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<p><u>children and my brothers' sisters in that and suddenly finding myself in middle of nowhere and I just never fought follow the way considered the norm? Go and have relationships and go and go on holidays enjoy yourself and life and not just never.... no.</u></p> <p>R: I hear that, and I think it's it is interesting when thinking about COVID as well, like you're obviously feeling like you're living a different life anyway. So, in a way, it wasn't really changing the way of you view things at all.</p> <p>P: People looked at it differently.</p> <p>R: Yes absolutely. Were you able to receive any support during covid, including emotional?</p> <p>P: <u>At the hostel? Yes, yes, very much so. Yes. Well, I guess nothing really different from before. Most people were put in hotels, but I was lucky as I'm already living in a hostel. And the strange thing is well, what is it, is not signing on and as well... because you get use to going every every fortnight. Fridays to go to massive in a depression in that and just to go to the office of sign on in there. So that did help.... yes, it has... I don't have to go and face them.</u></p> <p>R: Okay, so during COVID you weren't able to go to the office.</p> <p>P: Yes, Santander Yes.</p> <p>R: So, what happened instead of that?</p> <p>P: What do you think? All of the government offices.... What do you think?</p> <p>Its online automatic automatic. Oh, magic. Oh, I just shut them down...it's all automatic!</p> <p>R: Okay, so you get your benefits automatically now? So that's a big, big that's a huge change.</p> <p>P: That's another thing is well now become more and more aware of it, then money have made the fight and fight a money situation. The friend of mine one time said to me, and I you know, when I got my money, and then I just put it in my</p>	<p>Describing that he received a lot of emotional support at the homeless hostel during covid.</p> <p>Describing the practical issues of covid and how you do not need to 'sign on' every fortnight. This was a positive aspect of covid, of not having to go into the job centre every fortnight to sign on. He described that this use to impact his mental health.</p> <p>Describing that he is more aware of his finances? That he respects money.</p>	<p>Finances</p> <p>Covid hostel restrictions</p>
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<p>pocket in there. And he just stuffed in my pocket when he was like 100 pounds or something like that. Anyway, he goes to me after.... **** I notice you respect money, in better respect money. Because another follow they had never ever followed it.</p> <p>I'm more aware of it now, financially, and they're more aware and what led to it.</p> <p>R: Yeah. And I guess in terms of COVID that was something positive in the change of not having to sign on every two weeks.</p> <p>P: Definitely a combination of things. I'll be honest with you. Yes, yeah. But the number one has to be the end, quiet peace and quiet. I took that for granted that really took that for granted. It's nice not to go out till 11 or 12 o'clock at night because the music is loud. It's nice.</p> <p>R: That's interesting because with the curfews, I guess the hostel is less noisy, perhaps?</p> <p>P: Compared to *****to an open 24 hour, it's a completely different world, different worlds. So, with no restrictions about coming in and go in the hostel now. The kitchen, key, the hallway, key, room key everything is key now, excellent. Also, changes have happened of course, and of course thanks to them a management that as well. What is it? They got like in a shower and toilet with it as well. That's a lot less hassle. you know when they like open the place and that, they actually in thanks to the first manager and she basically, it was *****yes, Good Woman. Yeah. And it was it's you gave me the sixth floor. This likewise only 5 or 6 rooms and they are all spacious you know they got a shower. Bathroom toilet. Oh, wow. Basically, this disabled guy came. So, I have to give him the room. I was happy with that, I don't mind, it was a person is a wheelchair. That's fine. And basically, they board me in of one of the box rooms and here we go again. back to square</p>	<p>Reflecting that there has been positives and negatives of covid? 'Peace and quiet' – describing that his previous living situation that music was loud all day and that he uses to wait till late (11 or 12pm) to come back home.</p> <p>The curfews during coronavirus impacted homeless hostels. Only residents who lived in hostels were able to enter and there were certain curfews during the day?</p> <p>The hostel was no long an open 24 hours where people could come in an out all the time. The different parts of the hostel had keys, certain amount of people in common areas, everything appeared more structured?</p> <p>Describing living conditions of homeless hostel. Negative experience of loud music, other residents vandalising, putting socks in toilet.</p>	<p>Chaotic environment</p> <p>Property being vandalised</p> <p>Positive support during covid</p> <p>Homelessness</p>
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<p>one again. Some people with somebody brought socks in the toilet. Oh, I can't. And then they used it and they, their left. Oh, come on. I mean, it's just absolutely ridiculous. Like it's sabotage. ***** I used to call it sabotage. sabotage. Yeah, that's why to call it, like, just get angry, or I'm gonna do something you know, I don't know, like one of the staff and I'm gonna go do something with that what the hell with that? Yeah. Anyway anyway, the ways that you just have to dip into situations, and they made the wall mentally definitely better, much better</p> <p>R: So that sounded like you're really supported in the hostel especially during while we're still there COVID situation on going.</p> <p>P: Very very, very bright very helpful. Yes, I would say all of them are wonderful.</p> <p>R: Okay, I'm just thinking about do you think it's different being from a black and minority ethnic group experience in the COVID situation? Do you think it's different for you than other ethnicities?</p> <p>P: Not really, I don't think it is, you know, yeah. Well... I hear that it affects us more, but I don't know to be honest. I just do my own thing really.</p> <p>Okay the only thing that really impacts me, is basically the home office really? Yeah. Because it does still go through my mind and they many times you know, when is going to move when it's going to move? Bless her, you know *****, she gave me like her home number to ring sometimes like talk to her now.</p> <p>I used to do that you know, ring her home office at home. This is not in the office now. In any way I'm talking to ***** . I guess.... covid kind of made things worse with slowing everything down...with everything being shut. It's hard to think of anything else really. I'm still homeless with no ID, can't</p>	<p>A sense of reflecting on other people and describes this as 'sabotage'.</p> <p>Describing that the staff have been extremely supportive during covid.</p> <p>Reflecting that covid impacts people more who are from a minority ethnic background.</p> <p>Describing that his life situation being homeless and having no ID continues to impact his mental health.</p> <p>Covid has delayed the process of him obtaining his ID so he can work.</p> <p>A sense of how difficult his life has been and that covid made things harder for him.</p>	<p>No ID</p> <p>Impacting mental health</p> <p>Delays and lack of movement with obtaining ID</p> <p>Covid delays</p> <p>Life was difficult pre and post covid.</p>
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work...and covid had just I guess made things a lot harder for us. That's it really, nothing more to say.

R: Okay thank you for sharing. So, I think is there anything I think we've just got to the end of the interview. Anything else that you'd like to tell me that you don't think we've covered in the interview?

P: Not that comes to my right moment in time now.

R: Great, thank you very much for participating.

Forming superordinate themes

Emergent themes	Super-ordinate themes (Forming clusters)
<p>Need for movement progress in life. Unable to acquire ID. Abandoned by the government</p> <p>Suicidal Socially excluded Repeated negative experiences of seeking help</p> <p>Discrimination Receiving specialist support</p> <p>'A shadow walking the streets' Disrupted sense of self Loss of identity</p> <p>Self-neglect Isolation</p> <p>Coping strategy Masking homelessness and mental health issues to others.</p> <p>'Hunky dory'. Masking emotional pain Denial to self and others. Internal conflict</p>	<p><u>Abandoned by others</u> Socially excluded Need for movement progress in life. Unable to acquire ID. Abandoned by the government</p> <p><u>Disrupted sense of self</u> 'A shadow walking the streets' Disrupted sense of self Loss of identity</p> <p>Self-neglect Isolation</p> <p><u>Masking emotional pain/vulnerabilities to others</u> Coping strategy Masking homelessness and mental health issues to others.</p> <p>'Hunky dory'. Masking emotional pain Denial to self and others. Internal conflict</p> <p><u>Difficulties with seeking psychological support</u> Mental health stigma (Cultural impact?)</p> <p>Support network had no access to mental health support</p>

<p>Mental health stigma</p> <p>Support network had no access to mental health support Surrounded by mental health and unemployment</p> <p>Negative experience of seeking emotional support. No specialist homeless support</p> <p>Negative comments from mental health professionals Lack of compassion</p> <p>Distress minimised 'I can't wave the magic wand' /powerless</p> <p>'Tethers end' – at crisis support when seeking help. Suicidal helpline</p> <p>Lack of sleep Suicidal ideation Contemplating life Feeling abandoned and neglected</p> <p>Distress minimised Distress pathologized 'Negative thinking'</p> <p>Depressed Suicidal Raising younger siblings Isolated in studio flat Locked inside</p>	<p>Surrounded by mental health and unemployment</p> <p><u>Powerless/unacknowledged</u> Negative experience of seeking emotional support. No specialist homeless support</p> <p>Negative comments from mental health professionals Lack of compassion</p> <p>Distress minimised 'I can't wave the magic wand' /powerless</p> <p>Distress minimised Distress pathologized 'Negative thinking'</p> <p><u>Despair and abandoned</u></p> <p>'Tethers end' – at crisis support when seeking help. Suicidal helpline</p> <p>Lack of sleep Suicidal ideation Contemplating life Feeling abandoned and neglected</p> <p><u>Mourning loss of past life</u> Depressed Suicidal Raising younger siblings</p>
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<p>Mourning loss of family Self - isolation Negative experience of seeking help from medical professional Distress minimised and pathologised Medication to 'fix things'. Addiction to medication. Feeling misunderstood</p> <p>Coping strategy developed from earlier experiences Keeping a distance Different cultural understanding of mental health</p> <p>Emotions not expressed in family household. Emotional issues minimised growing up in the family. No emotional support in early life Cultural stigma of mental health</p> <p>Sadness Belittle Turn the blind eye Racism and discrimination Not acknowledged by others Feelings of exclusion Repeated experiences of racism Coping with racism Making sense of experiences of racism and discrimination Covid impacting progression in life Self-isolation was routine. 'Duck to water' Self-isolation is similar to depression and social exclusion. Socially excluded and marginalised. Loss of family relationships</p>	<p>Isolated in studio flat Locked inside Mourning loss of family Self - isolation</p> <p><u>Experiences of racism</u> Sadness Belittle Turn the blind eye Racism and discrimination Not acknowledged by others Feelings of exclusion Repeated experiences of racism Coping with racism Making sense of experiences of racism and discrimination</p> <p><u>Coronavirus and social exclusion</u> Covid impacting progression in life Self-isolation was routine. 'Duck to water' Self-isolation is similar to depression and social exclusion. Socially excluded and marginalised. Loss of family relationships Covid hostel restrictions Impacting mental health Delays and lack of movement with obtaining ID Covid delays Life was difficult pre and post covid.</p> <p><u>Loss of connection with others</u> Loss of family relationships Self-isolation is similar to depression and social exclusion.</p>
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Not close relationships or connect with others Covid hostel restrictions Impacting mental health Delays and lack of movement with obtaining ID Covid delays Life was difficult pre and post covid.	Socially excluded and marginalised. Loss of family relationships Not close relationships or connect with others
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Appendix I

Master themes

IMPACT OF HOMELESSNESS ON THE 'SELF': 'I WAS JUST A SHADOW WALKING THE STREETS.'	
<p>Despair and mourning loss: 'I go to the Thames and start thinking about life'.</p>	<p>Suicide as ambivalence</p> <p>Mo Line 88 'That was the point where I just wanted to commit suicide...but I won't do that.... Line 101-102 'and yeah I was considering to just walk in front of a bus, but I would never do that...' Line 105-107 'I actually think that's a selfish thing to commit suicide. That's why I was drinking because it would help with them memories I get. The memories come and go, but things seem to feel better the past few months and being in this hostel.'</p> <p>Ali Line 95-97 'Oh I just told them...look I can't sleep; I go the Thames and I start thinking about life.....sigh....and basically, it was just a little bit of advice and that's about it really. That was the last I heard of them. I suppose if they were professional...it may have been a different story you know.</p> <p>Mo, Line 46-49 'Some people pity you, and they give you donations which I was thankful for, that was the only way I survived. I won't lie, I use to spend money on cheap alcohol because it was just depressing. At times you just feel there is nothing to live for and at least alcohol warms you up or gives you a boost. So yeah... I was on the streets until I was picked up.'</p> <p>Aaden Line 114-118 – 'So it's exhausting. We're going out one morning and all smiles and I walking down the road and that. Isn't it a beautiful morning? And I see people singing and singing when you are winning. Take away your ID, your homeless and you won't be singing anymore. You will see what happens...could be in mental hospital or be a criminal. It would probably make them commit suicide. It was one of the options, pretty simple options. And I'm still carrying keep going, and I still keep going.'</p> <p>Mourning losses in life</p>

	<p>Ali Line 103-108 '...Oh... at that time in my life, I was at tethers end you know. I was really feeling suicidal and super depressed. Years ago, when I use to live in Acton... I was so depressed. I was bringing up my brothers and sisters, I was with my family. As soon as I left, I was in a bedroom studio flat. I didn't know anyone.... I didn't know what to do.... I just locked myself in. It was like, if I can't live with them, I may as well stay indoors. I was just basically watching tv all night and sleeping all day. Looking back now... I wish I went outside; I really wish I did. Or at least hang out outside a bit more. I wish I did that.'</p> <p>Julian Line 142-143: '(interrupts) I'm depressed! I'm depressed being here! Its depression.....you can't bring anyone in this hostel.'</p> <p>Julien Line 146-150: 'I don't want to be here.... I wasn't depressed when I lived in my own flat and saw my family. I lost all my clothes and everything...like I said before, Blacklives don't matter anymore. It seems that they don't think I am priority because I'm a black man. I'm 61 and I shouldn't have slept on the streets for that long and they should house me. I feel depressed man.... I just stay in my room; I don't do anything. I'm depressed.'</p> <p>Amal Line 27-29 'I want to be left alone, it's the type of person I am now, because, going through that I've lost, I've lost through a lot since I've been back, since this business started and that and, and the COVID-19 didn't help at all.'</p> <p>Julian, Line 157-158: 'Yeah, of course. I would love to see my family. Woman, I would like to see my family before I'm dead. I've got a big family...'</p> <p>Julien 'Line 43-47 'I lose everything...all my clothes, my paperwork, I lose everything. I lose my complete living. Everything I generate, I loose. That's why, I don't understand what this means, when they say, 'Black Lives Matter'? This is a serious thing!'</p> <p>Aaden, Line 120 -122 'Then there is a clash happening sooner as well here and there is the age factor. Coming to 47. I say it's clash. We see people retiring. When you out the TV on, I see that there is age 50 retirement. I'm starting life at 50.'</p>
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Mo: Line 89-91: 'I just feel...sorry sometimes I just get angry and then sometimes I just feel like a waste of space, and yeah I get depressed a lot. I sometimes think about when I use to have a life and I actually had a job...I had my own income, and yeah I messed it all up.'

Aleisha: Line 47-49 'Yeah it is... I mean this is not how I thought my life would be... but I just have to get on with these and take things day by day. It is sad a lot of the time and some of the things that have happened to me.'

Amal, Line 83-84 'I hate myself sometimes, but most of the time, because I know what lost when I could have done something different.'

Despair

Mo

Line 78-82: 'Well... I feel all of that but generally I feel depressed, pissed off and angry. Today I'm feeling good, and you got me on a good day, because I do like talking about things, I do find it helpful. I've been telling my keywork abit about how I have been feeling too. When I first came to the hostel, I was just so relieved to have somewhere to sleep at night, on a bed. I did still feel depressed, and I spent a lot of time sleeping.

Line 94-96 'To be honest, I like talking about how I feel, and my keyworker says I need to do more of this. Sometimes I do shut myself from others and that's when I feels like a mess, or that I'm nothing...but there's times like today, I feel ok, and I want to talk about everything.'

Line 112-113 'This happened like 6 years ago and I've not thought about anything like that since. I still get depressed, but I just shut myself away from others.'

Amal, Line 128-129 'But for me, the one thing I understand is pain. I know pains comes through. If I was to take off my shirt, you will see my scars all over my body. I've got a lot (he laughs).'

Feeling bleak and hopeless

Ali Line 115-116 '...P: Yeah, I tried to talk to the doctor too, a couple of times. I told him, literally some mornings I can't even lift a finger. It was that bad.'

James Line 66 'Yeah... there's sadness and sometimes anger...'

Aaden

Line 33-35 'Sadness...well I suppose you cry don't you, yes.'

Line 39-40 'And feeling low, well you can't do anything about that.'

Line 42-43 'Yes very low yes. I just try to sleep it off. I just sleep or just listen to music. Just try to sleep if off yeah.'

Aleisha

Line 36-41 'Well I think if you have lived on the street, you will feel depressed and sad...you know, where is my next shower? So, you will be mostly depressed all the time. You know you're constantly thinking where I am going to sleep tonight, and you need to find that next sleep. I know some people who live out in the streets, people kick them.... It's horrible! The things I've heard that people have done to them, I find it really upsetting. I am homeless but I have personally not slept on the streets. I think it's different for women. I do know loads of people who have slept alone on the streets.'

Aleisha: Line 44-45 'Well....it is depressing...sad but I dunno, I just try and take each day as it comes. So, whatever the next day brings to me.'

Feeling on edge

Maria

Line 83-86 'Well last weekend...I was out in ***** and yeah all of a sudden my chest feels tight, my heart is racing, and I felt anxious. So, I tell my friend if we could go somewhere else or if we can go back to her house. I know it's probably related to my DV relationship, but that's over now and I just want to move on with my life.'

Line 88-90 'Well my friend was there so I didn't need any other support. I was thinking that with my anxiety, maybe I need some medication. As sometimes I do just feel anxious in the morning or a night, or especially if I'm going out. I try and think positively as I know it's not going to happen.'

Line 80-81 'Definitely anxiety. I'm anxious a lot of the time and sometimes I get all hot and sweaty, maybe they are panic attacks.'

	<p>Lewis Line: 10-11 - Yeah, yeah, well, support needs. That's why like, I suffer from stress and that, and I drink alcohol every day.</p> <p>Aaden Line 33-35 'Anxious and nervous? And yes, just basically keep on wondering what's gonna happen next couple hours. You are here a sound and then you jump. You think somebody is after you. I do that sometimes, yes.'</p> <p>Line 37 – 'Yes a panic attack, yes.'</p> <p>Line 39 – 'Wow, it's always there, hanging there, always. Like, it feels that something will happen.'</p>
<p>Subtheme: Dehumanised and loss of self: '<i>...you're not human anymore.</i>'</p>	<p>Dehumanised</p> <p>Mo, Line 33-36 'Well its depressing. The thing with sleeping on the streets... well you just feel like you're a nobody really. People walk past you like you don't exist, like you're not human...like you're a piece of rubbish they have dropped on the floor. This is the worst part really. You feel like you're not human anymore and somehow you have become rubbish, you are nothing.'</p> <p>Ali, Line 40-43 'Well now, I'm more awake and I like my environment. Before... no. Well now you know, I walk, I sometimes take the bike to West London and that, where I grew up. You know it horrifies me just thinking about it, thinking about being homeless then. Basically, I just a shadow, I wasn't a human. I was just a shadow walking the streets...'</p> <p>Mo, Line 17-23 'Well yeah...you have to just do what you need to do...things you didn't think you would. I ended up begging every day, so I could get some money to buy something to eat. Sometimes the police or shop staff would tell me to leave. Well, if they saw me begging like outside a shop. I never went on the tube or begged or anything like that, I wouldn't do that. They would just look at me like I was scum if I did. I don't think people understand. Do people think I actually want to be sitting on the street and begging for money? I had nothing. I was desperate.'</p> <p>Not acknowledged by others</p>

Ali Line 230 – 231 – ‘They don’t even notice you, they don’t even acknowledge you. They are like what do you want, what do you want?’

Mo, Line 41-44 ‘I’m not sure how to describe it, but yeah it did feel abit like that.... it felt like I wasn’t human anymore and people were not ‘seeing me’. Like people don’t acknowledge you and when they do, it’s like you are a waste of space. It’s almost like sometimes I was invisible to people and then when people ‘see you’ it’s not something they like. If that makes sense?’

Mo, Line 164-165 ‘I just feel very different to ‘normal people’ and I hope one day I can feel normal again...that people will acknowledge me, that I can have my own house.’

Covid self-isolation similar to social exclusion/depression

Ali, Line 261-263 – ‘Oh, another thing is what I picked up is self-isolation. I like that one. As some people said they needed to stay in self isolation and that. I thought I’ve done that at least for 14 years. Seriously! Something like 15 years I’ve been isolation... he laughs.’

Ali, Line 265 – 269 - Yes...for many years, for so many years for many years, I was depressed and just kept myself to myself. Some people just can’t do it for even one week, a couple of days. It’s just theory gives you a big chain of people, and they does. Well, some people obviously find it very, very hard. I suppose if you're used to lifestyle and has suddenly been taught, you can only hang out with one or two people. You can’t go here you can’t go there; I suppose some people probably really affected.

Ali, Line 272 -No, absolutely not. Duck to water. (*self-isolation*)

Ali, Line 274 – 277 -Yeah like it was routine, or my way of living in self isolation from everyone. Yeah, but then when you put it into perspective, as always, what is the norm? Being in a relationship, having a place to live, having a food, basically job having a food? It's all interlinked. Isn't if you don't live that life. You're obviously going to be different feeling, isn't it?

Mo, Line 247-249 'Well it's kind of what you do when you are depressed really? But if I had to do that, it wouldn't be difficult. It's kind of what I do anyway, I use stay in my room. Apart from my keyworker, I've not spoken to anyone like this for a long time.'

Loss of connection with self and others

Mo, Line 251-253 'Yeah...and I think being homeless, you kind of loose that connection with other people but also yourself. You kind of go into this weird state, with not knowing who you are anymore, and you are just trying to survive.'

Amal, Line 191 – 192 'But me personally, I've always felt alone, I am a different person compared to everyone else. I'm different. I see things differently.'

James Line 66-67 '...or I feel alone, where my mums got a lot of people, I just like...I feel alone... if take makes sense? Yeah, I just feel like just by myself there... yeah.

Mo Line 100-101 'I just felt like I had no one and my life was going nowhere. Also sometimes, these memories in the past, they just haunt me...'

Ali, Line 283 – 287 Yeah, like it just basically withdrawn and that, you know? Yeah, I suppose. Another thing is what sometimes goes around my head. I'm trying to maybe connect things to other things. But was it like people as I said before, like bringing up the children and my brothers' sisters in that and suddenly finding myself in middle of nowhere and I just never thought follow the way considered the norm? Go and have relationships and go and go on holidays enjoy yourself and life and not just never.... no.'

James, Line 104 – 110 – 'Yeah I have some close friends, but the thing is I can be really close to them, and they can't be that close to me if that makes sense. It's kind of weird to be honest when I think about this now, sometimes I feel... I feel that I just don't really get along with that many people you know. We don't get along because I spend so much time on my own minding my own business. I kind of assume that I assume like, I assume that I just wanna do my own thing, I just wanna deal with my own things, but.... then I would like to tell people my problems and what's going on in my life you know, you know.'

Feeling alone

James, Line 52-53 'Yeah... all of the time yeah...because I, then again I don't really have no brothers or sisters, I'm the only child and I literally feel alone all the time.'

James, Line 55 'Yeah, there is literally no one else around to support me emotionally. Erm yeah.'

Lewis, Line 163 'My family, we don't keep in touch yet, but I'm a grown man now.'

Lewis, Line 84-87 'Yeah it's my mind. I mean things with my family are not good and yeah, I need to talk about that more. I don't have any siblings, a dad, but my mum tried. I've lived in South London most my life, so I know lots of people, and I guess that's part of the issue. My mum...well she moved her from Grenada.'

Self-neglect

Ali, Line 45-46 '...yeah I would go two or three days without food, on the north circular, I would just walk for miles..... that's not normal.'

Lewis

Line 21 – 23 -Yeahhh I just got use to staying outside... Yeah, I just got comfortable staying outside. But then because my hygiene and everything wasn't good. So, I had to get moved into a hostel.

Feelings of worthless

James Line 74-76 'I'm not sure to be honest. Everything happened and all of a sudden, I was alone sleeping on the streets. I don't really know who to go to. People walk past me, and I started to feel I was nothing. And yeah, I couldn't go back to my ex-girlfriend, don't get on with my mum.'

Lewis

Line 162 'Sometimes I think I belong on the streets, that's where people want me.'

Line 169 'Well-being homeless is hard yeah. It doesn't help when people look at me bad and don't help me.'

	<p>Aaden Line 73-74 Yes, you lose interest in yourself, and even helping yourself. So, for me, I would say encouragement would be the main one for me.'</p> <p>Aaden Line 69 – 71: Because so many years of struggling, yeah, you are wasted, and you lose interest in yourself, and you don't understand the word 'treat yourself' basically. You just loose interest in that.</p> <p>Aaden, Line 177-179 'I really don't know you know. I don't know. Maybe some girls you know say 'No, he's okay. He's alright, but oh that's a shame he's African. Something like that. Maybe it's just imagination. I don't know. I've had this in many forms, many forms.'</p> <p>Lewis Line 31 – 32 – 'Yeah, psychosis.... you don't have no money. You have to sit and beg, and sometimes you're not getting no money and people like look at you bad, when you're sleeping out.'</p>
<p>Subtheme Masking pain, denial and protecting the self: '...everything is hunky dory.'</p>	<p>Denial</p> <p>Ali, Line 49-51 'Well I would say feeling like a shadow was pretty much down to the environment, it's all down to the environment, it is. You dress clean, you act polite.... basically, just be polite, nobody would take notice, he's fine, he's alright. Its perception you know, I don't know why I done that.'</p> <p>Ali, Line 54-59 'Yes basically. So basically, dress clean, if I had a friend or that, maybe have a shower at his place, obviously I can't even guarantee that the friend would let me stay. But I would still make sure that I had a shower, you know that I looked alright, and basically, every person that people I worked with...I worked for a little bit with an agency. Everyone who I worked with, basically was very polite. Hence why everything is 'hunky dory'. Looking back now, I wish I was more honest.... I really wish I was... <i>(He laughs)</i>.'</p> <p>Alcohol use</p> <p><i>'I kept drinking too, because sometimes I just feel pissed off and angry, and I take it out on other people. I know I shouldn't, but it happens when I'm drinking...everything just spirals. I just get angry, like angry with some of the things that happened to me in the past, and how people have treated me...sleeping on the streets... my stepfather uses to beat me up when I was a child. I was in and out of prison for things to do with shoplifting and drugs...then last time I came out I sleep on the streets. (Mo, 82-88).</i></p>

Ali, Line 169 – 171 'Well there was a time where I was drinking heavy.... special brew, 10%.... I was having like 10 cans a day, or something like that. You know the therapy and that, it did help a lot, it really did. Basically, I knocked that out, and I don't drink strong special brew anymore.'

Lewis

Line: 3-8 - Because from, from when I was when I was living at****, because I still do I drink a lot still and I'm on methadone. Yeah, they said it is more suitable for me to be in this hostel. And then hopefully, they can get a clearance flat after, course, they can give you support here and so and like you know when own because you got your own place, yeah, it's a bit hard. So, I'm like, vulnerable and need some support. So, they helped me here. Yeah, so this hostel, it's alright. It's better than I thought how ***** was. It was awful. It's changed this hostel. It's changed a lot yeah. Yes.

Aleisha,

Line 26-30 'Yeah... I mean sometimes if I was lucky, I could sleep at a friends but that was really in the first year of being on the streets. Most of my friends are busy or have their own problems to deal with. Plus, I started to drink a lot of alcohol and my friends didn't want to deal with me. Usually, I would try and find an empty building...and that's been easier with covid. There's not as many people in the city, so it was easier to find somewhere quiet to sleep at night.'

Samuel, Line 40-41 'um... I just did my own thing. Well sometimes I use to do drugs and drink... but there's nothing else to do when you're on the streets.'

Lewis, Line 34 – 35 – 'We just use drugs to get ourselves out of the game or just to forget about what's happening in our lives. Yeah. So that's the reason why we, I use drugs when I was out sleeping out.

Line 44 – 45 'Yeah to block the feelings that I'm feeling. I was smoking to block it out...but when it's finished. It's all coming back.'

Line 36-37 'But now I'm on methadone. Yeah, I take my methadone script. Yeah, but it was hard hard...it is emotional.'

Line 32-34 'And just because I'm on drugs and everything is mostly like, emotional. They were just using drugs when you're outside homeless.'

Line 40-41 '...Or, like, yeah, it mostly was angry, like drinking angry, because nobody's helping me.'

	<p>Enduring the struggles</p> <p>Amal</p> <p>Line 31 'Well you know, that's life, it happens, we've gotten used to it, shit just turning up on me.'</p> <p>Line 112-115 'But boy, its life innit, its life. We're still thinking Rocky, something that rocky said. I don't care how tough you are, life will beat you to your knees and keep you there permanently if you let it. But it's not how hard you hit; it's how hard you get hit. Keep moving forward. How much you can take. Yeah, keep moving forward. That's how winning is done.'</p> <p>Amal, Line 229- 233 'I feel like that every day. Every day, there's something. I've got a different mentality; you know what I mean. I think, just that me personally, I believe me, my Vikingnism yeah, I believe that life is a battle. Life is born and I treat it like a war zone. Everytime I wake up, I feel that sense of jolt that need to get up and do something, do you know what I mean. Like, it's going to be there for the rest of our lives. And it's going to be there until human beings learn different.'</p> <p>'To be honest, I like talking about how I feel, and my keyworker says I need to do more of this. Sometimes I do shut myself from others and that's when I feels like a mess, or that I'm nothing...but there's times like today, I feel ok, and I want to talk about everything.' (Mo, 94-96)</p> <p>Amal, Line 100 'I'll just comment, that I know that part of me so that's why I keep myself locked away from everything.'</p>
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AMBIVALENCE: SEEKING EMOTIONAL SUPPORT	
Subtheme: No one cares: '...If they let me sleep outside, they are not going to help me.'	<p>Abandoned</p> <p>Julien</p>

Line 153-156: 'No I don't want to talk to anyone about this, no one is going to help this depression. If they let me sleep outside, they are not going to help me. I won't be depressed if I have my flat back. What's really going to help, I can't even see my family or my grandchildren.'

Line 161-163: 'What support? I have no support... the system has done enough, and they have taken my property, put me in this hostel and I'm away from my family. I'm priority... I'm not supposed to be in a place like this.... I'm 61.'

Feeling, ignored, mistreated and uncared for

Amal, Line 145-151 'Because I can't talk to these people. That like, the people that live here, they're dealing with their own problems. The best thing I could say is, hey, you're okay, how are you? And they deal with their own shit. The staff members there are meant to be staff. This is a mental place to, for men, for people that's come out the mental hospital or have mental disabilities? No, like, this is the place for it. So, like, whether they like it or not yeah, they have to understand us, they have to, it's their job, it's their obligation to do that. Because as people, we have less than you all, we haven't been set on a certain roadway or path.'

Samuel

Line 36 – 38 '...just pissed off, angry... like fed up. Waking up and starting again... like not getting any money, it was just so hard. My friends always messing me about too... some helped me out, some ignored me... was pissed off a lot.'

Mo

Line 82-88: 'I kept drinking too, because sometimes I just feel pissed off and angry, and I take it out on other people. I know I shouldn't, but it happens when I'm drinking...everything just spirals. I just get angry, like angry with some of the things that happened to me in the past, and how people have treated me...sleeping on the streets... my stepfather use to beat me up when I was a child. I was in and out of prison for things to do with shoplifting and drugs...then last time I came out I sleeping on the streets.'

Lewis Line 40 – 41 'Sometimes I used to be angry a lot. Or, like, yeah, it mostly was angry, like drinking angry, because nobody's helping me. I have to try and help myself. I'm thinking it's crazy.'

Amal Line 82-83 'I hate everything around me. I hate people, I hate these trains, I hate this building, I hate the government and the way they treat us.

Amal Line 98-100 'But I do have my dark sides innit. I will f*** someone up that f***s with anything personal to me. I'll just comment that I know that part of me so that's why I keep myself locked away from everything.'

James Line 91- 92 '...and I think that telling your problems to other people, well everyone has their own problems...and I just think no one cares to be honest with you.

Mo, Line 95 – 99 'Yeah no one cares... whats the point of telling them my problems. My problems are not their problems, if you know what I mean. I don't think they would even be there for me; they would just listen to me...maybe or it might be the way I think. I mean, how are they gonna take it when I talk? I feel like they got their own problems, so they have to deal with their own problems, and I'm gonna have to deal with mine at the same time.'

Mo, Line 135-141 'I don't think they would give a homeless person counselling; I've never heard of that. My keyworker says there is a psychologist that comes to this hostel, or they can refer me to charities. I never knew this. I guess for me...it just felt like people generally don't care about homeless people so I didn't think they would have services like this. That's why I don't bother because I just sometimes feel like whats the point, it's hard to keep going and then when you feel people don't care...yeh it just spirals. Looking back and talking now about things, yeah I wish I did have more support or someone to talk to at that time.'

Keeping it to yourself

Aaden, Line 61- 66 'thinking back when I was sleeping rough and didn't asking for help, I was scared and lonely. I didn't know what support there was and I just kept myself to myself. After what happened when I was younger, I was really scared of other people. In England, I had no one to go to and maybe if I knew someone, or had some friends, I would have been able to get some support. I guess, sometimes it is easier to talk to someone who understands where I'm from and also what I have been through.'

James, Line 90-92...' but then again I just think like, I would rather keep it to myself....and I think that telling your problems to other people, well everyone has their own problems...'

James, Line 88-94 – 'I just mean, I just wanna keep it to myself in order to keep the peace and be friends. I just don't like talking to anyone... I mean if people are close to me and I've known them for quite a while, I don't really mind talking to them but then again, I just think like, I would rather keep it to myself....and I think that telling your problems to other people, well everyone has their own problems...and I just think no one cares to be honest with you. I guess yeah, my culture is different to many people I see, but that shouldn't matter right? I do see more black people sleeping rough...and I think maybe they don't like talking to anyone too. I dunno, this is how I am.'

Ali

Line 124-128 'Well.... that never ever crossed my mind, here we go again you know.... What is it, there is another thing again, funnily enough, some people get anger and that, and animosity? I just always keep myself to myself, I never ever take it out on anyone or any organisation... or anything like that, never.

Ali Yeah basically...keep it to yourself, I just keep it within... that's it.'

James, Line 85 – 86 'Yeah...definitely, it's just you don't know who to talk to, I just don't declare in order to keep the peace.'

James, Line 79 – 80 'Yeah.... yeah, I mean I don't really mind talking to someone, I just... I like to keep my business to myself.'

Misunderstood

Amal, Line 20-22 'And I mean, but people in here, the staff and that they don't know, they don't know how we have always lived in here and they don't know the pain that's, we've, we've caused and that's been caused to us.'

Aleisha, Line 72-76 'I guess so... why would I share my problems with someone who won't understand? They don't have any idea what it's like to be me, have my problems living on the street. Also, people can be really horrible to us and it's not nice. Like I see other people get treated worse but because I am a woman... I think people are a little better to me, but people still call me names. Some men just say rude comments to me really.'

	<p>Line 141-142: 'Well why do we need help? We don't need someone to talk to us about our emotional problems and people won't understand us either. I guess now is different, I need help with different things.'</p>
<p>Subtheme: An abusive life: <i>'that's why I keep myself to myself'</i>.</p>	<p>Earlier traumatic experience</p> <p>Aaden Line 138-144 – 'I will be honest with you, no, because my experience as a child. That's a big, that's another thing as well. One of the reasons I became, well I suppose ended up here. Yeah, homeless as well. Yeah. probably helped grow to available in the community. But because the experience I had as a child, yeah, like really young kid, 'oh look at the way he walks or look at the way he puts his clothes on'. Look at the way he acts. That's not a thing to say to a child. I got this all from the Somalian community shops, restaurants. Because Somalian people, the very community orientated you know, yeah.'</p> <p>Aaden Line 14-15 'Yeah, that's probably one of the reasons why I stayed in by myself and that yes. I suppose my experiences and that stopped me from finding others as well. Very, very wary of people in that, yes.'</p> <p>Line 17-18 'Yes to be honest. I used to run away before when I was a kid. Oh, and this was a different country altogether, the laws are different, different countries.'</p> <p>Line 20 'Yes yes...and you get severely punished. Here you get help.'</p> <p>Line 22-24 'Yes naturally. Yeah yeah. And in those countries, the mother and father responsible. Basically, anything up is a mandated responsibility. I used to get punished when I went home, that's it you know and then we went back to square one.'</p> <p>Amal, Line 103-105 'Because I know how I can get, I know how annoyed I can get, and I don't want to be that person anymore. I was that person for the last 15 years, my life, just from when my dad went into prison. I got into a gang and then it escalated from there.'</p>

Mo

Line 82-88: 'I kept drinking too, because sometimes I just feel pissed off and angry, and I take it out on other people. I know I shouldn't, but it happens when I'm drinking...everything just spirals. I just get angry, like angry with some of the things that happened to me in the past, and how people have treated me...sleeping on the streets... my stepfather use to beat me up when I was a child. I was in and out of prison for things to do with shoplifting and drugs...then last time I came out I sleeping on the streets.'

Mo, Line 156-159 'Well before I was scared, and it was not something I would do.... now I am open to having counselling. I am in a much better place with my alcohol use, and I feel that it would help me to reach out to others. I hope whoever I talk to will understand my experiences. I have been talking to my keyworker about things which has been helpful.'

Family dynamic

James Line 58 – 62 Nope. No one was around because erm my mum she's African. I mean, she's supportive and she tried her best, erm but erm I don't really blame her because she wasn't there... I mean me and my mum don't have anything in common, she's trying to be supportive and she's trying to ask me something and I think she's saying something to help, but my mindset, my mindset is just completely different. Yeah, I think it's the mindset.

Amal, Line 57 'Yeah. It's like I've been misunderstood by my family, by friends, foes, that didn't help.'

Ali Line 134 – 136 'Yes definitely... I guess I we didn't talk about these things at home, and I never needed to talk to anyone about what I was feeling... it was horrible not knowing who to go, and when I did, it felt like I was just overlooked...or they would just tell me 'Everything is going to alright' ... but I was not alright... Anyways...'

Cultural stigma

Mo Line 144-150 'Well I am Somalian... my parents were quite physically abusive to me, and it was that type of culture where you have to respect your parents. It felt like I couldn't tell anyone what was happening at that time... like I would have been punished more. I guess Somalians wouldn't seek help from people outside their community, so it would be strange to go to a different community. At the same time, I didn't like the way I was brought up so it's

	<p>difficult. I think maybe my culture prevents me from seeking help, as it kind of taught me to keep things to myself and not to go and ask other people for help maybe?</p> <p>Mo Line 152-154 'I don't think so...it's not something I have thought about. I think generally my parents caused a lot of my problems and growing up, I would never like talk to anyone else. To be honest, I kind of kept myself to myself.'</p> <p>James, Line 92-94 I guess yeah, my culture is different to many people I see, but that shouldn't matter right? I do see more black people sleeping rough. And I think maybe they don't like talking to anyone too. I dunno, this is how I am.</p> <p>Aleisha Line 134-135 'I'm not sure really... well I'm mixed race and half Jamaican. My mum is part Jamaican and yeah, she doesn't really talk about her feelings or anything like that.'</p> <p>Mo Line 161-162 'Yeah and that they can understand the Somalian culture too...what it's like being homeless and how yeah it really changes you.'</p> <p>Amal Line 133-136 'I just need someone to understand, that's. We're gonna help you, then you need to understand who I am. I'm not trying to say I've seen shit where two dead bodies have been about the places where shits been shitting popped off. And I'm like, yeah, that's deep background I had to put even in Prison, do you know what I mean.'</p>
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DEVALUED, INVISIBLE AND POWERLESS: ACQUIRING EMOTIONAL SUPPORT.	
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<p>Subtheme: Powerlessness and hopelessness. ‘...I can’t wave the magic wand.’</p>	<p>‘I can’t wave the magic wand’ Ali, Line 81 -84 Well.... I would say about two years ago, when I was in *****, where I saw a doctor who goes on the bicycle. Well, I suppose he really sums it up and this I suppose is everything you need to know really. This is how I’m treated. He said to me ‘****’, I would love to help you, but I can’t wave the magic wand’ (He laughs). I just thought that is just such true to life. That’s my doctor? (He laughs).’</p> <p>Distress minimised ‘Oh just try not to think negatively. You will be alright.’ Ali, Line 99 – 101 Yeah, we can... they were useless, they were useless let’s say. ‘Are you alright? Are you ok? Oh...you will be ok.’ ‘Oh, just try not to think negatively. You will be alright. You will be ok.’ (He laughs)</p> <p>Distress pathologized</p> <p>Ali, Line 115 – 120 ‘Yeah I tried to talk to the doctor too, a couple of times. I told him, literally some mornings I can’t even lift a finger. It was that bad. He said ‘Oh good luck to you, one day you will get your papers...then you will be alright. Its ok, you will be ok. So yeah.... yes, yes sorry, I remember now as well, he said, ‘you know what, you find it difficult sleeping and that, I will give you sleeping tablets, that will fix it.’ (He laughs). Yeah, so even when I went to the doctor.... He said the sleeping tablet will fix it.... We will put you on the right track.’</p> <p>Amal, Line 40-42 ‘Yeah. So obviously, they took me to the nuthouse. They took me to Maudsley and then somewhere in Lewisham. And it was then, where I started realising, that I need to home in my skills. But I'm not letting the medicine that I take, dictate my fate.’</p> <p>Unwelcomed’ by professionals Aleisha ‘Line 123 -127: ‘Well I needed ***** and this was when I wasn’t in a homeless hostel, I was staying at different friends. I went to pharmacy and told them what I needed, that said I needed a doctor prescription. The GP wouldn’t let me book an appointment because they said I wasn’t giving them the right address. The woman at reception was really rude and I could see people staring at me. So that’s why I don’t bother.’</p> <p>James Line 165-166 ‘I dunno in the head if they think it, but the energy is like <i>you’re not welcome here.</i>’</p>
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James Line 168 – 170 ‘I never use to feel welcome to be honest. It could be me, the way I think as well but at the same time it was the energy, you could feel the negative energy so... then again the work I use to do, I use to be a hairdresser.’

Unsupported by the government

Julien, Line 174 -177 ‘There’s no support.... charities have failed me, the probation failed me, you know. These lot know what’s going on, you know what I mean. I was taking to court unfairly for not paying my rent, my arrears...and they sent me the letter when I’m not here and take away my flat. This made me homeless.’

Julien, Line 172 ‘Well no one has helped me so far and I’m not sure what else really.’

Excluded by the government/powerless

Ali, Line 15- 20 ‘I would say from mid to late 2000s, the government just said, ‘to hell with them’, they just didn’t want to help us, to help me with my ID or anything. They just wanted us to leave the country or commit suicide or something. I will be honest with you, everything I try, and every time I try to take this forward and get my ID, passport, birth certificate, er no. Birth certificate and driving license, passport... if you don’t have it...please can you clear the building? Can you leave the building? Ridiculous! Absolutely ridiculous!’

Feeling abandoned from government support

Julien, Line 114-115: ‘Also, when I was sleeping on the streets. The government gave these people, millions of millions of pounds to take homeless people off the street.’

Julien, Line 117: ‘Yeah and you had to pay housing benefit, certain charges....so where did all that money go to?’

Julien, Line 126-131: ‘Yeah...but it never helped me though. I haven’t got my flat. But I know enough homeless people on the street who got their flat. I’m still in the same place... no help for me. There were people who were moved into a hotel from *****in the hotel, but they have got nothing, and they still haven’t got their flat. But people like me.... I’ve not got a flat or anything. Where has this money gone? I thought the government was helping homeless people, with the virus and everything.’

	<p>Julien, Line 134-136: 'Yeah they have forgotten us, I'm still here and no one has helped me moved into a flat. I haven't had any help to move on and I hate being here. I can't see my family...the shops are not open... I can't get food to cook, what am I supposed to do? They forgot about us before the coronavirus.'</p> <p>Aleisha Line 208-210: 'erm nothing different to be honest. I heard that they were moving loads of homeless people to hotel and yeah it gets them off the streets, but it's not like they are moving them to houses? I went straight from prison to this hostel.'</p> <p>Maria, Line 267-269 'Well there is a nurse that comes to the hostel, but if it wasn't for her, I think homeless people are left out again. Like I'm sure other people who live in homes have had the vaccine now? It just feels like we are forgotten sometimes.'</p> <p>Maria, Line 195-196 'I thought we would get more from the government? I thought they were supposed to house all the homeless people. I get benefits as I'm not working at the moment. But I thought we would get more during lockdown. I dunno...I don't feel like I've been given anything more.'</p> <p>Maria, Line 201 -204 'Yeah well I haven't had anything. I know they put people in hotels but that's not going to help really, they are just gonna go back on the streets. My situation was worse as I was going from place to place until I ended up here, which is fine, but yeah, we still need help. I know covid is gonna be around for ages and we really need more help.'</p> <p>Government covid restrictions</p> <p>Mo, Line 234-239 'Well it's been hard...everything is shut and there's nothing to do. I'm lucky to be in this hostel, but there's restrictions here too. No one can visit, and sometimes there's like 2 staff and I don't want to bother them... London feels like a ghost town. It's been weird when I've gone outside.... Everything was shut at one point. It was like an apocalypse happened. Like humans were gone...but they were just in their homes... Then there's us homeless people with no homes. We didn't have a 'home' to go to, but we just stayed in the hostel.'</p> <p>Mo, Line 241-245 'Well, covid was ok for people who could just stay at home and work from home...homeless people, we are on the streets, we are ill, or we have to stay in hostels...we can't just stay with family, and we don't</p>
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	<p>have a home. I miss my mum...and some friends, and I do worry about them, but its better I stay here. My mum has to self-isolate as she's got loads of physical issues.'</p> <p>Trapped within the government restrictions</p> <p>Maria, Line 164-167 'Well when covid happened it was when I was trying to break up with my ex and it was a really bad time for me. Everything was shut and it just felt like I had absolutely no one, and nowhere to go. He was being really controlling and telling me that I can't leave the house at all, even when the restrictions had been lifted.'</p> <p>Maria, Line 177-180 'Well covid made me feel more trapped. The government was telling everyone not to leave the house, and well that was a nightmare for me. I know with DV, you can leave...but it's not as easy as that. I just felt so trapped and I was so pleased that I was able to go to that refuge, ***** were so helpful.'</p> <p>Maria, Line 182-183 'Yeah for the government. Well Boris to tell us not to leave our house and all those restrictions, is just like being in an abusive relationship, controlling ...with all the rules I had from my ex-partner.'</p> <p>Maria, Line 184-186 'I understand why we needed the restrictions, and I am thankful, it saved people's lives...but at the same time so many people are dying? Like I really feel that could have been stopped. I'm just relieved my mum is ok.'</p> <p>Maria, Line 167- 170 'Anyways, when I decided to leave, there some restrictions, and it just felt harder to get anything sorted. Like I was in a refuge for a while, and you could tell it was short staffed. I was still spending quite abit of time on the streets...but the streets were empty. It was just very very strange.'</p>
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Subtheme: Lack of support and guidance through life: 'I've never really had the opportunity to work on myself.'	<p>Support network had no access to mental health support</p> <p>Ali Line 63-66 'Very much so.....but looking back, it was also the environment as well. I've got nothing against people who have mental illness. But I didn't have one single friend back then who actually worked. They</p>

were all on benefits, with mental illness and with hospitals you know. All of my friends were struggling...so it was the environment too yes.'

Ali, Line 69-72 'Yes also the environment with people who I knew. Like if I knew someone who was working, they may have been able to give me advice you know, they may say things like 'you know what, this is the way to go about in life you know, this is what you do... this is what happens...' but that just never ever, never happened.... no.'

Aaden Line 61- 66 'thinking back when I was sleeping rough and didn't asking for help, I was scared and lonely. I didn't know what support there was and I just kept myself to myself. After what happened when I was younger, I was really scared of other people. In England, I had no one to go to and maybe if I knew someone, or had some friends, I would have been able to get some support. I guess, sometimes it is easier to talk to someone who understands where I'm from and also what I have been through.'

Unaware of support available

Mo, Line 171-178 'Well I need to know what support there is...if your homeless and sleeping out on the streets, you don't have a computer, or a phone to look things up. We need to know what's out there. For me, I needed shelter, somewhere to sleep first. Once I had shelter and food etc, I need a counsellor. I was so depressed and sometimes I still am... so I need that. I feel like being Somalian is different... we need some special help where people understand our culture. I can speak good English, but it's not the language, but I need people to understand us and what it's like being homeless. I also don't want other Somalian people to know what I want counselling, so it needs to be private too.'

James, Line 114-118 'erm...I don't really know...I can't tell you. I can't tell. I know because maybe it's because I've not done anything like therapy, or even talk to people you know. Maybe, I might like my own thing, like deal with my problems and not have to run away from them, you know. Like why I have gone through this... I don't want to have to run away but I could go against it, you know. I need help with identifying all the problem as well you. I just don't know how I could get help for this.'

	<p>Julien Line 170 'I need a doctor to come to me, as I don't know what's open... I don't know what else helps'</p> <p>Lack of opportunity</p> <p>Lewis, Line 150 -152: I've never really had the opportunity to work on myself, but I know I need to help myself at the same time. I've wasted so many years of my life and year I will be 40 soon. I've had family issues and I know I need counselling.</p> <p>Ideal access support</p> <p>Mo, Line 180-183 'For the staff and the counsellors to outreach. If they could come to us when I was sleeping on the streets that would be the best way. My keyworker was saying that there are lots of charities, but I think the best way is for them to come to us in the hostel. Most of us are ill and have our own issues to deal with.'</p> <p>James Line 123-125 'erm... I guess if someone could come to me while I was sleeping on the streets, or if they come to this hotel where I'm am. I wouldn't know where to access this. Like my whole life, I haven't done this talking thing so how am I supposed to know where to go to?'</p> <p>Lewis Line 73-76: 'I just need some good support man, maximum support to help me, I just need to move on from like, my parents and all of that.... yeah, and what's happened with all of my life. And was something more like, I don't know.... I just need any support, man, Yeah, just to get my head back on straight. Yeah. That's what's mostly in my mind, init?'</p> <p>Julien Line 166-167: 'I need someone to help me with the computers, I'm 61, and to sort out my money...and where to move.'</p> <p>Aleisha Line 146-147 'I guess it would be nice to have more support with things like seeing my family, my kids.'</p> <p>Line 151-154 'Well yeah things to do with my health are not great as you can see... it would be good to have more people to come to the hostel to help us, or to have more donations. I don't have money and I don't like</p>
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	<p>that way I get money. Maybe help with what goes on in the streets and that gets to me a lot. Like my body too is exhausted.'</p> <p>Need for female support</p> <p>Maria Line 126-128 'Well for emotional wellbeing, I need someone to talk to and maybe female. I mean, it would just feel easier to talk to a woman to be honest. I feel uncomfortable with men, especially what happened with my ex.'</p> <p>Line 130 'Yeah it is...would be a lot better. I'm not sure if I will get an option, but I will ask my keyworker.'</p> <p>Line 135-137 'Not really, just help with anxiety... and talking to another female. It would also be nice to make new friends too, who are not toxic. Don't get me wrong, I have some good friends but we all kind of have the same lifestyle. It would be nice to meet new people.'</p> <p>Line 140-141 'Yeah I would do that. It would be nice as there are not many women in this hostel. It's mainly men here.'</p>
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MULTIPLE INEQUALITIES: RACISM, DISCRIMINATION AND CORONAVIRUS.	
<p>Subtheme: Enduring the inequalities of racism: <i>'They don't care, they made a black man homeless... they just wanted to get rid of me.'</i></p>	<p>Racism</p> <p>Maria, Line 268-269 'she laughs.... I don't know any black person who hasn't experienced racism. Of course, I have but I don't care.'</p> <p>James, Line 221-225: As some people just don't want black people around. You know how I see it; a lot of Europeans want our money; they want our labour, but they don't want us living here you know? They don't even want us here or even want to talk to us (he starts laughing). Sometimes they are nice to your face but when they go around the corner, they sometimes cuss you, they call you things like 'Black bastard'. It's just like, we are just asking for equality you know.</p>

Lewis, Line 156-160 'I know people are racist to me man but what can I do. It's not random people, it's the police they are racist, the bus drivers kick me off the bus, the people in the shop who sell me alcohol, everyone is racist to me. I know and I can see it in the way people look at me and treat me man. It's a horrible feeling and I think this is stress too. I am stressed about things in my life, and I'm stressed something when people look at me that way too. It's not fair but I can't change it.'

Amal, Line 199- 203 'Racism is always going to be there. White...black. I had a, my fiancée yeah, she was racist to white people. Because I have a white Dad. Because she thinks, oh, my people are a slave, and you think your better than me. No. Not every white person is like that. Not every black people are like how you are. Not a lot of people think how you think, you know, that's why we have to keep an open mind on stuff. Otherwise, you're going to become flawed yourself. Do you know what I mean?'

Julien, Line 63-66: 'Yeah yeah yeah yeah...racism happens every day to us. But still you got enough white people, who who, fight our course, you know what I mean. You have all white people from the church of England, from prison. The other organisation and the Christian organisation pathway. Yeah. Who fight all our, my causes for me?'

'Yeahhh...yeah. I mean before all that, I like to say that I was working before I was homeless. When I was working, I was the only black person there, just working all the time...doing my job...I use to feel a lot of the time a little weird. You can feel the energy if you're not white. You know...they see you as differently and see you as just useless. (James, 162-165)

Ali, Line 225 – 228 – 'as you work in, you know, like working with the Monday and you know, like, what is it like, let's say that, and then you see them like maybe at the weekend? Yeah. And you'd like approach them and then deal with the other friends and especially white friends and now they're just give you a blind eye. But there's something wrong with them then. Goodbye.'

Ali, Line 238 -240 – 'I basically tried not to let it affect me, they were white, treating me differently, not acknowledging me so I had to just look at the bigger picture, and not let it get to me. So yeah, that's that really, not much else to say.'

	<p>Julien, Line 89-91: 'Listen listen... England, they control the borders, the borders control the border, they control the airport, and they control the docks. It jokes come in; they bring drugs into the country. They know what they are doing.'</p> <p>Earlier experiences of racism</p> <p>Amal, Line 71-73 'I've had people take the piss out of me most of my life, my colour, for, like, who I am. But now because I'm older now, it doesn't really faze me, because I know who I am. I know what I have to do. You know what I mean.'</p> <p>Amal, Line 205-206 'Oh, yeah. We got beat up by Portuguese people when I was, when I was eight years old. By my school, calling me nigga, calling me mixed breed.'</p> <p>Line 212-216 'But it wasn't just me, it was my mom as well. You know, back in the 80s, the Brixton and police did not get on. They were 'waring' with each other. My mum was in the midst of that. And it's always gonna be there. I don't like you; you don't like me in because I'm African or White. You don't like me because my dad mix with a white, a black person, it's always going to be there. Even if they don't say it, it's always gonna be there, you can see it. You can sense it.'</p> <p>Aleisha, Line 177-178: I don't mind. Well, I am mixed, but people are still racist towards me. Like at school people use to bully me because of my thick hair... call me disgusting... I dropped out of school anyways.</p> <p>Maria, Line 271-272 'I can't really remember...nothing recent... it was worse when I was a kid actually. I didn't like my thick afro hair and my skin colour at that time, now I do.'</p> <p>Racial bias</p> <p>James, Line 177-180 You know the owners of the business they see it differently, when, well when I applied for the job, when they see my CV, they just called me and when I came in, they looked surprised like 'ohh'. It was kind of like...'is that you?'. You know the last job I couldn't get because the way I looked you know.'</p> <p>Race discrimination/inequalities</p>
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Julien, Line 72-74: 'Well, you see how I lose my flat. I could never lose my flat if I was in touch with these people. Coz' these people come like, the Church of England and we move on in life. And these people have contacts.'

Julien, Line 76-77: 'They wouldn't do this to a white person? I'm 61 and have lived there for years. They don't care, they made a black man homeless... they just wanted to get rid of me.'

Julien, Line 82-83 'No, England is the head racist. It's the Head racist. It was the English first. We try to put it on other people, like America and say they are racist.'

Julien, Line 85-86: 'England is racist, people in general are racist you know that I mean. Look what happened to me, the court system is racist? This wouldn't happen to an old white man.'

James, Line 182 – 189 'All my life I've been doing hairdressing...I just to go from shop to shop so. You see it all the time like if you can get a better payment, you look for another job. When they see your CV, they call you...they see the experience that I've got. When I got there, they give you a trial and they see me do a great job and everything, they say that they will call me back. Guess what, I never received a call back, never received a call from them. Yeah... you know. This happened so many times and yeah that's how I stopped working. I'm not mad at those people you know what I mean, mostly were Turkish who were running the hairdressers...I worked so much better than the other hairdressers, you know maybe they prefer white people working for them you know'.

White privilege

James, Line 193-203 'You know I will never forget this, I had this new job, it was at ***** in that area if you know it, a lot of rich people live there, a lot of kids that come there and they are really posh, erm because they have never, well can you imagine they live in London and it's like 20 minutes, actually not even 20 but it's like 15 minutes from Brixton, but they have never met any Black person. They say things like 'ohhhh I've never seen a Black person'. I just think they are kids, it's not their fault because their parents raised them that way. So, they are gonna pick up on that and in the future, they are gonna be 18, they are gonna be a big man or a big woman, you are just gonna be the generation of the generation come that way, ignorant? I don't know if you have worked with other people who have felt that way, but I feel that way...that they treat me different.'

<p>Subtheme: ‘...homeless lives matter.’</p>	<p>Black Lives Movement</p> <p><i>James, Erm...I think it's great. It's a good thing...it's kind of like a wakeup call you know. Black lives do matter. Well, the way I see it, it's not only black lives that matter, every life matters, every human being, everyone has a life, and it matters.... homeless lives matter. We are just asking for equalism...you know. We didn't even ask for any more than that. People they...they don't see us as normal people you know... so yeah it a good thing and a wakeup call for everyone. It's good that people are starting to support a lot of black local businesses. I'm interested to see how the Black Lives Matter affects everyone else. (James, 214-220)</i></p> <p>James, Line 225-230 It's a good thing for a lot of black people and they can see people protesting for black lives, yeah, it's good. But it's not just protesting that's going to help us, we need to start asking people to change, for our kids and children you know. We need to make a better path for our children you know, so they can have access to everything you know, and for things to be equal. If we educate ourselves in different things and have businesses support each other, we can build that equality and we all can be equal you know.</p> <p>James, Line 239-240 Erm, not really sure to be honest...hopefully something good will come out of this and yeah, we won't have to work all the lower wage jobs and we get more opportunities in life.</p> <p>Aleisha, Line 171-172: 'Well I was in jail when the BLM started with all the protests. So yeah, I wasn't there when the protests happened... but if I wasn't in jail, I would have maybe joined a protest.'</p> <p>Sometimes when I'm walking down the streets... people shout racist horrible things to me. I'm not sure if it's the way I look or if they know I'm homeless, but yeah... people are racist all the time and a protest is not going to stop that. (Aleisha, 178-181)</p> <p>Line 174-175: 'Not sure really... I mean it's not changed anything if that's what you mean? We still experience racism and discrimination.'</p> <p>George Floyd's death</p>

Aaden, Line 167-169 'Well the same thing happened to what's his name, erm, Lloyd. The way I look at what happened, that's a murder. They see that the man can't breathe, and they still apply the pressure. So that's a murder. Yeah, I just couldn't watch the video.'

Aaden, Line 171-174 'They killed him. Simple as that, they murdered him. I think the murderer who done it, has done this before. Even as a child or kid or something, he has done this before. Basically, this is how you treat these people and that's the way he basically is. It doesn't take a professor to figure that one out. He wasn't new to it, let's just say that.'

Mo, Line 189-192 'Well that was awful what happened to George Floyd, I watched the video and its horrible. The poor man couldn't breathe. I'm not surprised there were loads of protests because of that and I think that's a good thing. People are protesting and raising awareness of how racist the police can be and also how racist people are to Black people.'

Line 194-195 'I found it quite depressing to be honest and it also made me angry. Like there have been so many times where people have been racist to me.'

Maria, Line 237-240 'Well I think it's a good thing, because I know with the death of Floyd kind of sparked it all off. It was disgusting what the policemen did to him. The thing is in America is happens all the time, so many black men have been killed by the police for no reason. I can't watch those YouTube videos or what happened... it makes me feel sick.'

Institutional racism/police brutality

Aaden, Line 150-160: 'Well I have experienced racism. I remember there was time where I was in Acton, and I was homeless. I was using my friend's bus pass because I had to pick up my cheque from the agency, and yeah, I had no money. Basically, they stopped the bus at that. He my name on the machine and that, then he called me back, and the police were there. The policeman says to me, what is it. open your wallet and that. What is it, before or after...oh afterwards he said, 'come with us!'. As they got me off the bus and that, he ties my hands, and he puts his hands in my pocket. Yeah, he put my hands behind my back, tied them and handcuff me. And basically, he just said to me 'that's not your bus pass, it's not your name at that'. Anyway, what is it, he goes to be beforehand, do you have anything sharp in your pocket? I said to him, no. And I forgot I had small scissors to open tins and that, as I was homeless. Yeah. Basically, I said to him no, and he

goes to me 'I swear to god, if I find anything sharp in your pockets, I'm going to smack you one'. That's the first time I experienced this, ever.'

Line 162-165: 'It was quite a while ago to be honest. But I will be honest with you, it was like a drop in the ocean, like a needle in a haystack. It's like rewind. What is it...? from the 90s, rewind. I mean its basically intimidation, that's what happened...and it does happen still. Basically, trying to intimidate me as well, yes. I mean they obviously don't like black people, that's obvious.'

Maria, Line 240-242 'The police are aggressive sometimes...you know I think in the UK it's kind of the same, but we don't use guns. Police stop black men all the time in the UK too. I noticed it more since I've been homeless...yeah.'

Maria, Line 244-247 'Well I guess I've been out on the streets abit more, and I go out a lot and yeah I guess I have seen that homeless people are always getting in trouble with the police. It's mainly for like being really drunk or something. I have seen a few times when I have been with black men, that they will get stopped by the police and questioned about drugs or something.'

Maria, Line 257-259 'But I think it's different being a woman...like my male friends, well black in particular, they are stopped by the police as they always assume they are drug dealing, when women could be as well.'

Systemic racism

James, Line 230 – 236 - I think the biggest fear of the government, is Black people becoming successful you know. We need to think about the system, that's why they don't give us a lot of the opportunities, working at the top places you know it's not for us and yeah, it's the lower wage jobs. The only way they brainwash us to thinking the only way out is through music and that black people should just be rappers or something like that. That's the way they program us. So yeah, the black lives movement is a good thing its happened and we need to keep going really.

Julien, Line 92-95 'They push the black race into the hard jobs. Jobs are not going in the West Indies. Cannabis is growing in the West Indies, hard drugs like cocaine and heroin, do not grow in the West Indies. How do they come into this country? They put it in the airport and docks. Heroin...that's what the British lot, they use.'

	<p>Julien, Line 102-106 'Yes everywhere...we get the hard jobs, you know what I mean? All the black people all over the world gets the hard jobs. It's a system and we are at a different level. You know since slavery, my folks were taking them jobs, yeah. It's like we have gone back to slavery days...absolutely. There are so many blacks who can't jobs and are given the worst jobs. But that's how they want them...they want them to stay at that level.'</p>
<p>Subtheme: Intersectionality: '...we are at the bottom in society...'</p>	<p>A black man's position in society</p> <p>Mo, Line 215-218 'I'm not sure what you mean by position...but I think we are at the lowest position compared to everyone else. I think the BLM has raised awareness of what happened in America and that racism still happens...but I think we will always be in a low position in the future.'</p> <p>Mo, Line 220-225 'Yeah I mean like something like class or like it feels like black people are treated the worse. Like we get the cleaning jobs, people are racist to us...think we are stupid or not clever... we are treated differently all the time. Being homeless on top of that is worse...because I don't seem to exist to others, and people just walk past me, when I'm lying on the floor, freezing and starving. So that's what I mean.... we are at the bottom in society.'</p> <p>Line 227-228 'Yeah but it's a fact, it's not just me... I see black people being treated differently all the time. So yeah.'</p> <p>James, Line 172 – 176 – 'Yeah a gentleman's hairdresser. Most of the time I use to work in central London... where most of the time there were a lot of rich people coming in the hairdressers. They see you like, how they look at you up and down, because you look a bit different, I mean different from them. It was hard, but then again, I just taught myself to just get on with it, just ignore it and just do your job. It was really difficult when you see how they see you, like your coloured, you're not from here or you shouldn't be working here.</p> <p>James, Line 216-220 - We are just asking for equalism...you know. We didn't even ask for any more than that. People they...they don't see us as normal people you know... so yeah it a good thing and a wakeup call for everyone. It's good that people are starting to support a lot of black local businesses. I'm interested to see how the Black Lives Matter affects everyone else.</p>

Lewis, Line 145- 147 - Yeah...its hard I mean, being a black man is hard enough, and then being homeless is harder. It's hard to explain, but yeah, I guess people are racist to me all the time. I guess I just don't notice it, or I just try and forget it. Otherwise, I will just get angry again and do angry drinking.

Julien, Line 97-98: 'SO it's obvious you know, we looking England... yeah? Well, it's only the black people, that they are at the lowest.'

Julien, Line 108-110 'People like me... you have to understand, we are the lowest of the lowest in society. You know, people use things to hide their depression in life, you know. Those people suffering with these life things, they are alcoholics... some people use drugs, you know what I mean.'

Line 112-113: '(interrupts) Of course... we are the bottom; we are at the bottom of the heap...innit. The lowest of the lowest.'

'Homeless and Black'

Lewis, Line 134-137: Yeah, it's hard when you're black person and then your outside, yeah. Because there is a lot of racism around. Yeah. So, it's hard to be out when you're black, but some people are kind. It was a long time ago when I first experienced racism, I was a kid, and now not so much but it still happens.'

Mo, Line' 197-207 'Well... I actually get stopped a lot by the police or people in the underground. I think it's because I use to drink on the streets sometimes. What annoys me, is that white people are drinking on the street...but as soon as there is a group of black African men, we are a problem. I remember before I came into the hostel...there were a huge group of white people drinking and the police didn't stop them. When it was me and two other friends, all three of us were African...the shop keeper told us to move...and then threatened to call the police. We were not in their way, but they say we 'don't want you lot drinking on our street'. We moved and saw that other people were drinking in an area. They were mainly white people. The police came along and told us to move and not to sit in that area. It just feels like we are being targeted all the time. I mean, we are sleeping outside, and we have enough to think about with people tell us to 'clear off!'. '

Mo Line 209-212 'It happens all the time. Not everyone is racist...but I do think people are racist to me or other black people a lot...I just feel not wanted wherever I go.... Going into a shop, on a busy...anywhere...it's

like people just don't want us here. Like just because we are homeless and black, doesn't mean we don't have the right to be here.'

Inequalities with covid

Maria, Line 206 -208 'Yeah like we haven't had much, and we were worse off to start with. I know people have lost their jobs, but we literally had nothing to start with. I know that not as many homeless people were getting their vaccinations too...so how is that fair?'

Aleisha Line 217-218: 'I'm not sure.... I heard that it affects us more, that more black people are dying which is scary. I'm not sure... oh well I think we should be given priority with the vaccine.'

Aleisha Line 220-224: 'Well I didn't hear anything about homeless people with the vaccinations so I guess we will be bottom of the list. It's bad because black people are dying more of covid, so people need to be priority. I was lucky as when I caught covid. I didn't have any symptoms really. My mum is ok as she's in Jamaica. But she hasn't had the vaccine yet. I just hope the vaccine stops this virus as I want things to stay open.'

Mo, Line 261-265 'Erm... well it does affect us more, I heard that more ethnic people, black people are dying from covid. I think that's one huge difference is that it does affect us more, and sometimes I've read in the newspapers...or hear we are really at risk. I haven't had my vaccine yet and I think it's because I'm only 32, so I'm quite young. Although. It does feel like I will probably be last on the list, being homeless.'

Maria, Line 220-223 'Well no, they aren't at all. We have a nice nurse and GP that comes sometimes. If we didn't have that, then I'm not sure how I would have got my vaccination. I know it was going in age groups, but it's different for us. We don't have homes, GPS, we don't know where the vaccinations centres are.... they probably would kick us out. We rely on staff to let us know where we can go.'

Line 225-227 'Of course not. I mean I dress ok but if someone homeless who walked in, they wouldn't let them in a vaccination centre at all. The whole thing is really unfair to be honest. My mum was a priority group and yeah she did get vaccination which is the main thing.'

Homeless people should be prioritised

	<p>Maria, Line 213-218 ‘: I’m not scared but I think I should be priority too...I’m black and I’m homeless too...living in homeless hostels, there’s people with all sorts of health issues. So, I think sometimes I’m more likely to catch covid from here. There were so many staff off sick at one point because I think they had covid too. I know that staff have to do covid tests regularly...and there are tests we can do as well. I have had my first vaccination, but I haven’t had my second yet....as I’m not priority. I think homeless people should be prioritised.’</p> <p>Racist stereotype</p> <p>Lewis, Line 137-141: ‘It’s hard because black people are treated differently and it’s a fact. I’m black, a man and people assume that I’m in a gang or I’m gonna do something dangerous. Yes, I have been in and out of prison, but I’ve not hurt anyone. I used to do petty crime and steal. I have psychosis and I only did drugs to block out my life. I’m not a bad person. People look at me bad when I’m sleeping outside. They have no idea what it’s like to be me. It’s hard being black and homeless, yeah.</p> <p>Lewis, Line 152- 153 ‘Police know me in ***** and people just assume I’m dangerous. I’m vulnerable and need help.’</p>
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Appendix J

