Change Readiness in Individuals Experiencing Homelessness and Multiple Complex Needs

Abstract

Purpose

To understand how staff in homelessness services conceptualise readiness for change in the individuals they support and how this informs their decision making in practice.

Design

A qualitative design was employed. Ten staff members participated in semi-structured interviews. Data were examined through inductive-deductive thematic analysis, utilizing a social constructivist epistemological lens.

Findings

Five main themes were constructed: *'multiple complex needs mean multiple complex changes', 'talk versus behaviour', 'change is not a linear trajectory', 'the role of consistent boundaried relationships'* and *'change is not solely within the individual's control'*.

Originality

To the authors' knowledge, this is the first study to explore staff members' conceptualisations of readiness to change in relation to individuals with multiple complex needs and how this might influence practice.

Practical Implications

This research challenges existing notions of 'readiness for change' as located within individuals and a prerequisite for utilising support from services. It has implications for staff and services, particularly those which are time-limited and address only single problems; service users may not be ready for some changes but it should not be assumed they are not ready for change in other areas of their life. The offer of supportive relationships may precede and contribute to readiness for positive changes. Support should not be offered based solely

on an individual's intra-psychic readiness for change, but also on how the system might actively work to promote hope that change can be achieved and maintained.

Introduction

Political Pressures

The UK charity Shelter, estimated in 2019 that 280,000 people in England were homeless, although much homelessness is 'hidden homeless' (Fransham and Dorling, 2018) so the true figure could be greater. Austerity measures have seen reductions in preventative homelessness services and welfare systems for the most vulnerable groups of people (Loopstra *et al*., 2014) and support services for single homeless people (Harding and Willett, 2008), as well as increased social exclusion for minority groups (Westaway, 2016). Dualistic explanations of homelessness as either housing *or* welfare problems, caused by either structural *or* individual factors are likely inadequate (Neale, 2007) and a more dynamic explanation is required (Anderson and Christian, 2003) with a focus on the eradication of poverty and underlying structural factors (Parsell and Marston, 2012), while also promoting preventative interventions for 'high risk' groups (Bramley and Fitzpatrick, 2016).

Homelessness and particularly rough sleeping has surged despite pledges to address it (Johnsen *et al*., 2018), such as the 'Homeless Reduction Act' (2017), an objective that no-one would sleep on the streets by 2027 and 'Housing First' (2016), which offers permanent housing without barriers to entry, such as sobriety or service participation requirements. Even with such initiatives, there is evidence to suggest that services are not prioritising support for those experiencing multiple complex needs, who are often refused support on the grounds of being 'too chaotic' to meet the criteria (Pleace, 2011). Community care and mental health services are struggling with increased gaps between demand and available resources, with evidence that access to and quality of care is diminishing (Loopstra *et al*., 2014). Given the nature of multiple disadvantage, it is arguable that there is insufficient communication or coordination across support sectors, e.g. mental health, substance misuse, criminal justice and re-housing services (Nooe and Patterson, 2010). In response to this, services supporting those facing homelessness and multiple disadvantage have pushed existing service boundaries to

overcome barriers and engage service users with services. This has been established through challenging decisions made by statutory services, persevering with services and advocating if it is deemed that a refusal or denial by a service is contrary to policy or legislation. Research from NICE (2011) has found that negotiating access to services is too often dependent on personal relationships and the attitudes of individual workers at different organisations. Thus, organisations have aimed to formalise and enhance these relationships by offering opportunities for professionals, from a variety of disciplines, to come together to develop an understanding of the various services and professions and how they can work together more collaboratively.

Some organisations are driving the agenda of meeting the needs of those experiencing multiple complex needs, such as 'Making Every Adult Matter' (2013 and the 'Fulfilling Lives Project', funded by the National Lottery since 2012. These emphasise better coordinated services to ensure personalised support for individuals facing homelessness, substance misuse, mental health difficulties and offending. There is evidence to suggest 'psychologically informed environments' (PIE), are important when working to meet the emotional and social needs of individuals experiencing multiple disadvantage, underpinned by reflective practice and relationships (Johnson, 2018). These components consist of: psychological awareness, training and support for staff, a focus on learning and enquiry, enabling spaces with the opportunity for growth; and considering rules, roles and responsiveness within relationships (Johnson, 2018).

Staff in homelessness services

Change for individuals facing multiple disadvantages is often facilitated by workers in homelessness and related services. Individuals experiencing homelessness often have smaller social networks than the non-homeless; thus the role of staff in facilitating and forming the basis for support networks is of importance to achieve and maintain change in service users (Falci *et al*., 2011). Staff often make referrals for service users to access other services that can support changes. Thus, how these workers understand and conceptualise readiness for change is of importance when supporting individuals. Even against a backdrop of systemic disconnection, findings have shown how workers, in unsupportive contexts, achieve positive change for service users (e.g. Watson *et al*., 2019). Through staff promoting hope, individuals

are encouraged to take control of their lives (Westaway, 2016). Weingarten's (2010) concept of 'reasonable hope' supports this notion, referring again to the relational nature of change, and explicating 'scaffolding' as conceptualised by Vygotsky (1987), to support the development of change in achievable steps.

With appropriate understanding and emotional support, individuals can acquire the skills to take control over their lives, whether this be explicit in 'taking action' or implicit with a 'tough love' approach in encouraging autonomy and motivation (Limebury and Shea, 2015). It is important to highlight though, the 'care versus control' quandary that homeless professionals deal with (Renedo, 2014): workers express an ethical commitment to service users and forming caring and supportive relationships, in the face of a contradictory nature of systems 'that neglect very human and complex issues that they were originally formed to address' (Crane and Warnes, 2001).

Existing Models of Change: A Critique

A leading model concerning readiness for change is the 'Transtheoretical Model of Change' (Prochaska and DiClemente, 1982). This was initially intended to frame how smokers change their smoking behaviour but has now been applied to guide other interventions such as adolescent offending (Hemphill and Howell, 2000) and substance misuse recovery (El-Bassel *et al*., 1998). This model defines behavioural change as being based on a range of processes and 'staged' within a cycle, which may spiral around the stages numerous times until maintaining desired change, rather than a single event. However, evaluations of this model have found little evidence to support the notion of distinct stages of behavioural change (Elder *et al*., 1990). There is debate as to whether stage models oversimplify the intricacies of behavioural change due to arbitrary categories being imposed on continuous processes (Bandura, 1998).

Other notable limitations include the inadequate attention given to individuals who may wish to make multiple changes simultaneously and the influences of socio-environmental factors. It has been evidenced that homeless individuals who experience a 'dual diagnosis', presenting with both a mental health difficulty and substance misuse problem regularly 'fall between the cracks' because often neither substance misuse or mental health services provide

complete interventions nor effectively communicate with each other (Minkoff and Drake, 1992).

While some environmental and systemic factors are mentioned within the 'Transtheoretical Model', it arguably lacks a comprehensive description of their impact on readiness for change. A main concern of existing stage models is the degree to which they over emphasize the role of the individual and underestimate the role of environmental and systemic factors. While internal and cognitive processes are significant and required in the understanding of readiness for change, it can be argued that they are not sufficient. This is evidenced through a systematic review of the causes of homelessness (Eriksson *et al*., 2018) which emphasised interactions between inherent qualities of the individual and the environment. Whether staff conceptualise change to be influenced primarily by cognitive-behavioural patterns within the individual, through external and systemic factors, or a complex interplay between the two, is likely to influence service responses to the individual. Understanding this could inform decision making in practice, which in turn guides interventions for individuals experiencing multiple complex needs.

Aims

The aim of this research is to explore homelessness service staff members' conceptualisation of service users' readiness for change and implications of this for support provision.

Methodology

Sample

All staff employed at a homelessness and multiple complex needs service were invited to participate and ten (six males and four females) responded. To protect anonymity, individual demographic profiles have not been reported. Participants' ages ranged from 23-58 years old (average 38 years). Time working at the service ranged from 3 months-11 years (average 3 years). The participants had various job roles, including: team leaders, social workers, personal development co-ordinators (a 'navigator' role), housing first co-ordinators, training and life skills worker and a beneficiary ambassador. The sample included 5 people with a

social work qualification (one also with a nursing qualification), one with a psychology degree, and one trained as a counsellor and substance misuse practitioner.

Procedure

Before the interview, participants were presented with an information sheet, a demographic form and a consent form to read and sign. Interviews were arranged at the convenience of the participant but always conducted in a private and quiet room at a team base, to maintain confidentiality. Semi-structured interviews were audio recorded, stored on an encrypted computer and deleted following verbatim transcription, aside from removal of identifiable details. Interviews lasted an average of 50 minutes. They concluded with opportunities for participants to offer any additional thoughts they had not shared in response to questions asked. The participants were given the opportunity to withdraw from the research at any stage up to an agreed date.

Design

Qualitative methodology was the most appropriate as it draws direct and detailed insights of people's thoughts and feelings (Smith, 2003). A social constructivist epistemological stance was adopted as this acknowledges that 'multiple social realities exist but are constructed through individuals and social processes giving meaning to situations, experience and phenomena' (Hoffman, 1991), so was deemed appropriate stance for the exploration of conceptualisations of change. The researcher's position is important to acknowledge for data interpretation in qualitative work (Cousin, 2010); a reflective diary and supervision were utilised to monitor experiences of the research process, allowing on-going reflection of any patterns arising from the data and any preconceptions surfacing from the interviews. The researchers approached the study with change readiness defined as: a series of components including: consciousness-raising, self-revaluation, commitment and acceptance of helping relationships, whether an individual is ready and committed to move from entrenched homelessness to housing, reducing substance use and offending behaviours, and encouraging increased mental wellbeing and social connectedness (Campbell, 2006). Exploratory questions were used to elicit participants' own understandings of change and change readiness, rather than imposing any definition on them, but this definition was held in mind during analysis.

The data were analysed thematically (Braun and Clarke, 2006), using both inductive and deductive coding strategies. Inductive coding began with close readings and re-readings of the transcripts, with thought given to the meanings that were constructed as integral to the data. The next step involved condensing the extensive and raw data from the transcripts into a brief, summary format (Thomas, 2006). This stage of coding was 'semantic', that is closely reflected the participants' language and in keeping with this methodology, did not attempt to look for anything beyond what was said by the participants. Deductive coding involved using pre-existing psychological theory to guide analysis of the meaning of data whilst caution was taken not to lose the connection between psychological interpretations and the participants' own words (Braun and Clarke, 2006). This part of the analysis was informed by existing literature focussing on: the role of compassion in support for the homeless (Limebury and Shea, 2015), care versus control in homeless professionals (Renedo, 2013), relational hope (Westaway 2016), building connection between service users and workers (Watson *et al*., 2019), research on how change is measured (Bandura, 1998; Littell and Girvin, 2002), the influence of multiple complex needs (Opportunity Nottingham, 2020) and wider socio-environmental influences (Erkson *et al.*, 2018; Nooe and Patterson, 2010). The next stage of the analytical process consisted of drawing together the inductive and deductive codes, exploring the conceptual similarities between both, to cluster and construct the definitive themes. Finally, extracted quotations from the interview transcripts were used to support each theme.

Results

Pseudonyms are used throughout to protect participants' anonymity.

Multiple Complex Needs Mean Multiple Complex Changes

Participants explained how service users' readiness for, and maintenance of change can be difficult to attain due to their day to day lives being marked by *"chaos"* (Eddie; Natasha; Thomas). Descriptions included the overwhelming nature of multiple disadvantages such as, homelessness, substance use, mental health difficulties, offending and other associated behaviours, together with a lack of support, *"you haven't got mental health support and*

you're using substances to mask that so therefore your mental health stuff doesn't change your drug use doesn't change because it's all interlinking" (Natasha). Multiple participants outlined a *"ripple effect"* (Natasha) on readiness for change in all areas and conveyed that psychological trauma underpins these difficulties. Indeed, a participant described it as a *"long road"* (Emma) to "*address all these difficulties or abuse or traumas that have happened and compounded over their lives"* (Emma). Workers saw each person's needs are unique and believed that services must be flexible to accommodate this.

Another understanding was that service users not being ready for some changes, for example, starting a script for drug addiction does not correspondingly mean they are not ready for change in other areas of their life, for example, managing a tenancy or applying for jobs. Despite the *"chaotic"* and apparently overwhelming impact of multiple disadvantages, recognition was shown that there is still a potential to promote readiness for change. At times, increased chaos was even seen to proceed change *"out of chaos comes a little bit of healing here and there where you know you've got something out where they've never told anybody before and sometimes a little bit of chaos does a person good I think"* (Thomas). It can be inferred that participants conceptualised change readiness as relating to some changes occurring when others cannot. This contrasts with existing models of readiness, which exclusively focus on one area of change in an individual's life.

Talk Versus Behaviour

Conceptualisation of readiness for change included descriptions of service users expressing either *"change talk"* (Eddie) or an internal *"desire to change*" (Nigel). Some service users indicate a cognitive shift resulting from *"a conversation in your head"* (Eddie) while 'change talk' was evident in language used when service users speak to workers: this often transpires before the behaviour change itself, *"it's an increased talk isn't it there's more change talk there's more pointers of wanting to change the language moves before the change"* (Eddie). Almost unanimously, participants understood readiness for change as a repeated verbal expression by the individual of wanting or needing to change.

A barrier of change readiness is arguably conceptualised here as the fear of not coping with change or a fear of leaving the familiar. It was stressed that despite some service users' expressed desires, the fear of achieving change limits its enactment: *"a lot of people that we work with see the unknown as scarier than the current situation because often they've developed the skills and tools to navigate their present…" "they know how to survive it they know how to manoeuvre it and the unknown is changing that and potentially cutting off social circles it's more terrifying than the reality"* (Mike). Multiple participants explained that when *"unhealthy behaviours and coping mechanisms"* are seen by service users as safe and the transitions from this to greater structure and stability are too overwhelming, individuals engage in 'self-sabotaging' behaviours: *"they might be thinking I need to say certain things to this worker for this person to support me but in the back of their mind thinking I don't want to change and I don't want to stop this behaviour"* (Natasha). This suggests that change talk may not always lead to enactment of change, particularly if this requires giving up 'coping mechanisms' used by people to protect themselves from distress and conflict.

Change Is Not Linear

Questions about measuring change and whether change is an outcome, or a process that is continuous or staged, produced ambiguous responses, with one participant stating that "*nothing has been an end point"* (Jack). In contrast to staged models of readiness for change, some individuals were seen to come into and out of the service in a *"vicious cycle"* (Dave) or like a *"revolving hamster wheel"* (Emma). It was recognised that change can be paused or delayed, and that is not a scheduled phenomenon. As such, participants expressed beliefs that time-limited services are often a barrier to facilitating change. The general understanding was that change should be supported at the service user's own pace; it is a non-linear process and that *"it's ok not to change as it takes a long time"* (Natasha). Most stated that change was a *"long process", "our data has shown that people need to be on the service for two years before they start making positive change (.) which I think is amazing considering other services give you six months working with the service"* (Amy).

Participants also gave summaries of how 'change' could be viewed as mostly be avoiding or limiting negative outcomes, such as *"restricting and managing incidents to keep people out of prison"* (Nigel) or not ceasing substance use altogether, e.g. *"they might be ready to slow*

it down or they might be ready to change to a different substance" (Natasha). Indeed, for some service users, participants stated that change can never be achieved or *"positive successes have been years in the making"* (Dave) and when measuring change, workers *"don't look for big successes"* (Nigel): *"I had some positives a few years back with one of my guys but he couldn't handle it and ended up killing himself"* (Nigel). How participants measured change proved difficult to ascertain. On the whole however, maintenance of change was described as difficult and should be counted as a positive outcome itself: changes are not always what *"successes look like on paper"* (Dave).

The Role of Consistent Boundaried Relationships

Participants suggested that service users who engage in positive relationships with workers are then able to develop other positive relationships outside of the service. Principal ways of working were spoken about in terms of adopting a *"purely person centred ethos"* (Nigel), encouraging control through promoting hope, empowering the supported individual and *"constantly offering those options"* (Thomas). This represents a compassionate approach to supporting homeless individuals to ascertain control in their own lives. Such an approach is centred on underlying care and consistency, emphasising a goal in aiding individuals to maintain long term stability, and encouraging autonomy.

Through deductive coding, recognition of the quandary of 'care versus control' was also evident. While perceiving change readiness to be facilitated by delivering person-centred care, there were also indications of 'controlled care' due to a paradoxical nature of systems' frameworks which often fail to appreciate very complex and multi-faceted issues. For example, some described that prioritisation of changes is "*lead by the service user but institutionally you're always going to be bringing a slight agenda to that conversation"* (Mike) and that perceived or actual pressures from the service "*about how quickly you move people on"* (Mike) to achieve positive outcomes may influence how *"subconsciously or maybe sometimes even consciously* (the worker*) prioritises the work"* (Jack). Additionally, workers expressed how they must manage their own responses to maintain relationships with service users, work hard to build connection and to *"be consistent, continue to turn up to appointments continue to offer support as much as it feels like you're hitting your head against the wall"* (Dave). Conceptualisation of readiness for change thus involves workers

making a conscious effort to hold back any personal or organisationally-driven *"biases"* (Natasha)*; "if we're not reflecting, that bias will affect things so I might think well they're not going to change so I'll just leave it and not support them, whereas if I just worked through that bias (.) and supported them they might do"* (Natasha). Overall, although commitment to developing supporting relationships to respond to individuals' complex needs were expressed, there were conflicting opinions about modifying support in line with statutory monitoring and service target outcomes, which detaches from compassionate responses when supporting individuals.

It was highlighted that the relationship between the worker and the individual can take a while to form due to many having been *"very let down by services very traumatised by services"* (Amy) and that individuals *"would jump feet first into any change if they could trust that it's going to happen"* (Amy). As such, participants believed that building trust involves "*building their confidence to trust somebody because that lack of confidence is going to have a massive impact on everything else so that needs building as well and just being there and being reliable and available"* (Natasha). Some expressed the importance of working relationships having consistent and clear boundaries as *"if you are too much of a friend to that person"* and there are *"no boundaries"* the *"service user feels betrayed"* because they thought they were *"mates"* (Mike). Thus, it can be inferred that it is important for workers to strike a balance between delivering person centred care, meeting service demands and maintaining a relationship which has helpful boundaries.

In relation to endings, it was described that some service users demonstrate *"self-destructive behaviours"* (Thomas) to maintain support from the worker as this relationship can sometimes be *"the most trusting and the most positive relationship that they've ever had"* (Amy). Particularly, it was stated that "*independence for some people is so scary"* that it sometimes leads *"to them having relapses"* because if they go back *"to drinking and using"* then the worker will not leave but if they've *"made a change"* then the worker *"won't come back"* (Amy). Participants emphasised the importance of endings in a working relationship being staged or gradual to lead to a more probable chance of change being sustained. Thus, a belief that consistent and stable relationships with staff members is a facilitator supporting change readiness. However, the way workers *"maintain that relationship"* is vital as "*a lot of these guys have been rejected"* so if they are *"set up to feel rejected"* (Mike) this could have

detrimental effects for maintenance of change, such as the ability to form positive and meaningful relationships and connections outside of the service.

Change is Not Solely Within the Individual's Control

Conceptualisation of readiness for change was constructed to not solely be driven by intra-psychic factors but also interactions with social, environmental and systemic factors. For example, social influences included complex family arrangements and relationship breakdowns as potential barriers to readiness to change. Interpersonal exploitation was a recognised risk: *"they're vulnerable people a lot of them are quite badly exploited",* for example, *"sex working in return for drugs"* (Izzie); for some service users a *"manipulating relationship"* (Izzie) was seen as the only consistent support network they have. Environmental barriers encompassed accounts of a lack of housing availability and service users being *"either in a hostel or on the streets"* (Dave), which can often trigger unhealthy coping mechanisms, *"if someone's trying to detox it's really hard because they're just surrounded by people who are offering [drugs]"* (Emma). These thoughts are consistent with evidence of a lack of structural interventions for individuals experiencing multiple complex needs, including housing, employment, and legal support.

Systemic influences, such as *"traumatic"* referral processes and long waiting lists in mental health services and the *"three strikes and you're out rule"* (Jack) were described as the main barriers for change readiness. Some services were seen as not seizing the moment while the service user is asking and ready for support and not being flexible enough in relation to anti-social behaviour, for example services being *"very quick to sign people off"* (Izzie) rather than actively supporting them to make behavioural change. Observations voiced by participants included *"a lack of communication from other services"* (Izzie) and *"that not everybody is on the same page"* (Izzie) or *"singing from the same hymn sheet"* (Thomas), leading to the service user feeling *"overwhelmed"* (Izzie, line 231) and their *"disengagement"* (Izzie) of "*falling through the cracks*" (Eddie). There was recognition that barriers to facilitating change also lie with addiction and mental health services not working together effectively and services not recognising or adapting to the complexity of individuals with multiple complex needs. One participant described how *"the stars have to align"* (Jack), which indeed summarises the conceptualisation across participants that external factors are significant to readiness for change.

Discussion

This research explored homelessness service staff members' conceptualisation of service users' readiness for change and implications of this for support provision. In summary, the findings indicate that multiple disadvantage leads to individuals facing multiple and complex challenges to achieving change. They may be ready for change in some life domains, even if not others, but even repeated verbal expressions of readiness to change may not lead to behavioural changes, due to ambivalence. Where change does occur, it must be at the individual's pace and often in the context of consistent, boundaried relationships, rather than in response to service-led agendas or pressures. Even in the context of such professional relationships, social, environmental, and systemic factors influence an individual's readiness to achieve and / or maintain change. These include a lack of coordination, flexibility or persistence in service delivery potentially impeding change readiness.

Implications

The results postulate several implications for homelessness services:

1. *The need for services to be well coordinated and flexible and not time-limited:* A key finding being that change readiness was conceptualised as being heavily influenced by services not sufficiently accommodating individuals presenting with homelessness and multiple complex needs. The majority of participants emphasised how support should be centred around delivering effective, coordinated care across different services to ensure all needs within a service user's life are being addressed. Literature supports this, finding that multicomponent interventions for multiple disadvantaged target populations had higher effectiveness than stand-alone interventions (Maguire *et al*., 2017). Participants conceptualised readiness for change to come very slowly for those who have been disconnected for a long time and that developing readiness cannot be forced. This understanding is in line with how many researchers have claimed that stage models present ways in which clinicians think individuals should change rather than how individuals accurately present change (Sutton, 1996). Overall, change was conceptualised as not moving in a single direction or straightforward trajectorywith views leaning towards those of change as being a continuous phenomenon rather than comprised of arbitrary stages (Little and Girvin, 2002). Thus, it is not just making sure that services are multiple problem focussed but also that they are not time limited.

2. *The need to understand behaviours as coping mechanisms and support the development of alternative coping:* Conceptualisation of barriers to change readiness echo existing psychological findings on 'coping mechanisms' and that people utilize these strategies to protect themselves from distress and conflict (McBride, 2012). Descriptions of service users engaging in familiar or known coping mechanisms are in line with cognitive-behavioural theories of avoidant coping styles, often reflecting the avoidant behaviours associated with individuals experiencing homelessness, who have utilized this behaviour as means for survival (Opalach *et al*., 2016). From a psychodynamic perspective, coping behaviours act as a defensive mechanism, to protect against feelings of vulnerability and fear (Daly, 2015). Indeed, it has been evidenced that, to avoid painful experiences of stigma or shame, those experiencing homelessness adopt defence mechanisms, such as alcohol dependency and offending behaviour (Opalach *et al.,* 2016). This links to the present research findings, that although these coping mechanisms may alleviate the effects of stigma and shame in the immediate, they negatively affect opportunities that expedite an exodus from homelessness. Supporting the development of alternative coping strategies is therefore likely to be key to supporting behavioural change.

3. *The importance of forming quality relationships with service users and delivering person centred support.* This was mainly spoken about in line with key principles of 'attachment theory', whereby insecure preceding attachments have affected the ability to form attachments and relationships in later adult life (Ainsworth and Bowlby, 1991). Research has shown that people facing homelessness and with histories of complex trauma in early life have also experienced 'disrupted' attachments and experience the developmental consequences of this (Montgomery-Graham, 2015). Attachment theory thus highlights the critical part of the worker and the service users' relationship in bringing about positive change; staff providing a 'secure base' for the individuals they support.

Findings additionally tie in with aims of the compassionate approach model (Limebury and Shea, 2015) which outlines the crucial impact of a trusting and strong working therapeutic relationship, to inform focussed goal-based action (Westaway *et al*., 2016). However, the paradoxes of building a supporting relationship were also evident, such as the contradictions often made between person centred care and consciously or sub-consciously working to an agenda to meet organisational pressures. Within this situation, staff practice in an environment of amplified pressure and tension, on one hand endeavouring to manage the

emotionally challenging nature and complexities of their caring role; and on the other navigating the pressure from statutory frameworks of the service to meet targets (Daly, 2017).

4. *Staff should develop and use awareness of the concept of 'readiness to change' to inform their day-to-day practice.* Implications for workers can be viewed through the framework of the 'PIE' domains (Johnson, 2018). For instance, it is important that workers have an awareness of both psychological models of change and also indicators of readiness to change shown by the individuals they support. This awareness might be developed and applied through training and ongoing supervision; processes through which workers can learn and enquire about change for individuals they support and use that learning to inform future work and the evidence base. Consequently, this should inform promoting opportunities for change through advocacy, referral and supporting access to opportunities for individuals with multiple complex needs; considering how service rules, development of roles, and responsiveness to individual needs might act as barriers or facilitators to change.

5. *Wider work to understand and address systemic and structural changes.* Participants spoke of change readiness being influenced by individual, intra-personal and societal factors, and their interplay with each other. These thoughts are in line with theories that incorporate the multifaceted nature and complexity of mental health and persistent social phenomenon such as homelessness (Erikson *et al*., 2018). This contrasts with existing models of readiness (Prochaska and DiClemente, 1982) that do not comprehensively account for wider environmental and systemic influences (macro and microenvironments) nor their consequences. This reductionism does not recognise the complexity of homelessness and, in failing to do so, does not reliably address ways to prevent and rectify it (Nooe and Patterson, 2010). Indeed, efforts to prevent and combat homelessness should focus on a holistic understanding that communities and systems must be involved to successfully reach positive outcomes (Nooe and Patterson, 2010). For workers, it is vital that wider systemic factors are considered as part of understanding an individual's readiness, or reluctance, to make changes, rather than locating 'readiness' as solely within the individual. This could lead to such factors being addressed where possible. More generally, continuing to develop more dynamic understandings of the causes of homelessness and multiple disadvantage should contribute to working to eradicate structural factors (Parsell and Marston, 2012) and also promoting appropriate preventative interventions for 'high risk' groups (Bramley and Fitzpatrick, 2016).

Limitations

The results may have been influenced by the services' culture and context in which participants work, for example, the service having an underlying psychological awareness informing its policies and practice. This sample was drawn largely from a specialist project and the level of qualifications, which potentially aids the development of awareness of the use of relationships as a foundation for work, and possibly also promoting change, may not be representative of support workers across most homelessness services, such as, hostels, day centres, or street outreach projects. It is also arguable that obtaining additional insight from service users could create a more holistic appreciation of ways to prepare and maintain readiness for change for individuals facing multiple disadvantage.

Conclusions and Future Directions

By exploring staff conceptualisation of change in individuals experiencing multiple complex needs, a richer understanding of readiness and maintenance of change has been established. A key finding is that readiness was not solely conceptualised as the result of underlying intra-psychic factors of the individual, but also that service provision and both professional and personal relationships are factors that can influence how change is achieved and maintained. Change was interpreted to be understood by participants as a continual process which takes a long time to achieve, consequently having implications for how services are designed, specifically in relation to the length of time support should be provided. These results provide the grounds for future studies; augmenting existing knowledge and offering a basis for the development of a readiness for change theory. Recommendations for future research include the utilisation of service user perspectives and a case series design to study, in detail, the processes of change for individuals experiencing multiple complex needs and the intrapersonal, relational and wider systemic factors that influence the ability to achieve and maintain change.

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