Preventing homelessness: Exploring how clinical psychologists can support young people and families

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Submitted May 2021

A thesis submitted in partial fulfilment of the requirements of the University of East London for the degree of Professional Doctorate in Clinical Psychology

ACKNOWLEDGEMENTS

Firstly, I would like to extend my sincerest gratitude to the clinical psychologists who participated in this study. Their insights have been thought provoking and influential. This research wouldn't have been possible without them.

I am hugely thankful to my research supervisor Dr Lorna Farquharson. I have greatly appreciated her feedback, her words of encouragement, her extensive knowledge, and her generosity.

I would like to thank the people I consulted with for their feedback about the research design and topic.

Lastly, I would like to thank my family, Kevin, friends and colleagues for their support and caring presence.

ABSTRACT

Aims: Many children and young people (CYP) experience disadvantages that might increase their risk of becoming homelessness. The literature outlines how homeless prevention efforts ought to focus on addressing structural causes for homelessness such as housing availability and affordability alongside prevention efforts for those at imminent risk of becoming homeless. Healthcare professionals have a duty to help prevent homelessness. There are no known studies that explore clinical psychologists (CP's) views and experiences of preventing homelessness for CYP. The current study reviewed CPs positions on what the profession can do to help prevent homelessness for CYP and families.

Method: Eleven CPs experienced in working with CYP were interviewed using a semi-structured format. Thematic analysis was utilised to identify CPs views and experiences related to helping to prevent homeless for CYP.

Results: Two themes were identified (1) '*Different layers of Impact and Intervention*' describing CPs ideas about identifying and assessing for various risks factors for homelessness in CYP and different ways CPs believe they can help to prevent homelessness. Some participants talked about how relative power such as how wider society imposes on CYP, psychologists, and team members capacity to change circumstances for CYP related to homelessness. Participants considered how to be strategic with ways they could advocate for CYP as well as highlighting CYP's and communities' resources. The findings also highlighted taking a collaborative and holistic approach to supporting CYP. Of note there were differences of ideas among participants about the role of CPs (2) '*Personal and Professional Influences*' summarises participants experiences and resources that inform their ideas and practices related to preventing homelessness. How participants view the role of CPs and having support and direction appeared to be factors that can influence prevention work.

Conclusion: The findings support that CPs have a role in addressing prevention of homelessness for CYP and families and more can be done to support CPs in implementing interventions that address factors impacting risks of homelessness.

ABBREVIATIONS

CP	Clinical Psychologist
CYP	Children and Young People
UK	United Kingdom
USA	United States of America
BPS	British Psychological Society
FEANTSA	European Federation of National Organisations Working with
ETHOS	European Typology on Homelessness and Housing Exclusion
NHS	National Health System
PIE	Psychologically Informed Environment
CAMHS	Child and Adolescent Mental Health Service
MDT	Multi-Disciplinary Team

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1. INTRODUCTION

1.1. Chapter Overview

There are no known studies that explore CP's views and experiences of helping to prevent homelessness for CYP and families. The chapter outlines some of the contexts relevant to preventing homelessness for CYP and families. Definitions of homelessness are presented and critically analysed. Next, causal factors of homelessness are discussed also considering how disadvantages are experienced early in life. Following this, a framework of homeless prevention is outlined. The chapter provides a review of literature which might potentially be relevant for how CPs can help to prevent of homelessness for CYP and families. The chapter concludes with the rationale and aims of the research.

1.2 Literature search strategy

The literature search was kept broad examining topics related to homeless prevention in both CYP and adults because it was considered that interventions with adults who are parents might impact children.

An initial search of terms combining 'homelessness' 'prevention' and words related to 'psychology' yielded no results of relevant papers. The search terms used were based on causal factors related to homeless prevention considering that no articles could be found. The specific terms were ('poverty' or 'low-income' or 'low socioeconomic' or 'housing' or 'disadvantage' or 'homeless*' or 'temporary accommodation') AND ('psycholog*'). The search was carried out using the databases SCOPUS, EBSCO, and Science Direct. Relevant articles based on the topic were selected. More articles were identified in reference lists of those articles. In line with a critical realist epistemology, a critical lens was adopted to the literature. A paper written on conducting a critical realist review of literature advises to read beyond the current psychology literature to consider what other disciplines have theorised in order to adopt a critical perspective (Edgley et al., 2016). Furthermore, reports and websites from the UK government, third sector, and non-government organisations related to homelessness prevention were also included in the literature review.

1.3. Defining Homelessness

Depending on how homelessness is defined will partially determine how prevention efforts are approached (Fitzpatrick et al., 2019). This section reviews varying definitions of homelessness.

1.3.1. Cross nation definition of homelessness

One of the most systematically developed definitions of homelessness is the European Typology of Homelessness and Housing Exclusion (ETHOS) (Busch-Geertsema, 2010) created by The European federation of organisations working with homeless people (FEANTSA). The definition was created so countries could universally compare demographics of homelessness (Busch-Geertsema, 2010). FEANTSA conceptualise a home as having different characteristics; adequate space which a person or family owns exclusively (physical domain), the space should be able to facilitate social relations and privacy (social domain) and persons should have the right to occupy this space (legal domain). People are considered homeless if they are lacking at least one of these domains (Edgar, 2009).

FEANTSA have further outlined types of homelessness in four main categories rooflessness (street homelessness or temporary accommodation), houselessness (living in temporary accommodation such as leaving care, hospitals, or prisons), insecure housing (living temporarily with friends or family, risk of eviction or violence), and inadequate housing (described as housing that has unfit structures) (Edgar, 2009).

Amore and colleagues (2011) suggest amendments to the ETHOS definitions such as providing cultural adaptions across countries as well as including expected standards for adequacy of housing. They elaborate on cultural differences about what is considered a home within New Zealand; for instance, comparing native Maori conceptualisations of a home to settlers (Amore et al., 2011). An example in the UK would be that some members of the travelling community might not consider a home to be fixed to one place. Amore and colleagues (2011) simplify the ETHOS definition to conceptualise homelessness as living in a place that is either below a minimum standard (during the reference period that homelessness is being recorded); and not having access to adequate

housing (Amore et al., 2011).

There are advantages and disadvantages to finding a universal definition across countries. One advantage is that countries can more easily compare statistics to learn from each other and hold each other to account. On the other hand, it's an arduous task to universally define homelessness which exists within social, cultural, and political spheres (Fitzpatrick, 2005). From a critical realist perspective, it is argued that societal problems like homelessness can be described but these descriptions can never be definitive given their social nature (Gillespie et al., 2012; Rittel & Webber, 1973).

1.3.2. Definition of statutory homelessness in England

There have been amendments to the legal definition of homelessness in England since 2018 which includes those at risk of becoming homeless within 56 days. In England statutory homelessness (meaning the legal duties on local authorities towards households) is written as households that:

> ..do not have a legal right to occupy accommodation that is accessible, physically available, and which would be reasonable for the household to continue to live in, as well as households who currently have the right to occupy suitable accommodation, but that are threatened with homelessness within 56 days. (Ministry of Housing, Communities and Local Government, 2020, para. 12).

However, the statutory definition of homelessness in England doesn't meet all the criteria of the ETHOS definition (Quilgars et al., 2011). For instance, the ETHOS definition includes inadequate housing which is not accounted for in the statutory framework in England. One of the consequences of this is that 'hidden homeless' for example people sofa surfing (Elwell-Sutton et al., 2017) or living in overcrowded or inadequate homes can be excluded in statistics. Accurate statistics are important for bids for funding towards homelessness prevention.

1.4. Lived experience of homelessness

The term ‘existential homelessness’ describes a sense of lacking physical and experiential belonging (Lawson, 2018). It is relevant to draw on personal accounts of homelessness to build on understandings which might not be captured in a definition. Reviewing the literature that describe lived experiences of homelessness there are overlaps of descriptions related to experiences of social exclusion, lack of stability, (Lawson, 2018; Ponce et al., 2012; Quilgars et al., 2011) and stress of being able to afford necessities (Quilgars et al., 2011).

Ponce and colleagues (2012) conducted qualitative interviews with people who were homeless, had a criminal conviction, and had attended a mental health service. Participants in their study (Ponce et al., 2012) shared how their experience of homelessness felt like a ‘lack of citizenship’. They described challenges of exiting homelessness such as minimal opportunities for getting work with a criminal record and accessing healthcare without a fixed address (Ponce et al., 2012).

A paper by Centrepoint further highlight the experiences of homelessness from a focus group with young homeless people asking for their definitions of homelessness (Quilgars et al., 2011). To them homelessness was not just missing a home, but also lacking stability, seeing it as an attempt to escape hostile situations, and not having the money to afford necessities like food (Quilgars et al., 2011).

Other accounts offer insights about how homelessness and income inequality can impact children’s identity and social status at an early age (Odgers, 2015). For instance, a report presented findings from a survey conducted with 505 families living in overcrowded homes (Robinson & Reynolds, 2005). Children in the survey reported being embarrassed to bring their friends around to visit (Robinson & Reynolds, 2005). Collectively these accounts summarise some of the distressing experiences of homelessness.

A paper (Davis & Williams, 2020) summarises that often people living in poverty are ‘dehumanised’ and their strengths are obscured. As well as documenting the challenges experienced by people who are homeless or at risk of becoming homeless it is important to recognise the strengths of people managing to survive

these experiences (Davis & Williams, 2020).

1.5. Causal factors of homelessness

Papers written about homeless prevention may have implicit and explicit messages about causal and contributing factors to homelessness. From a critical realist perspective, it is believed that homelessness is impacted by an open system of factors rather than isolated causal factors (Fitzpatrick, 2005). From this perspective like Rittel & Webber (1973) position social problems, there aren't solutions that will 'eradicate' homelessness and an endless number of solutions could be offered. Furthermore Fitzpatrick (2005) advises on steering away from dualities of individual and structural factors impacting homelessness to consider how these interact.

Batterham (2019) extends the position that while causes of homeless are complex and non-linear (Fitzpatrick, 2005), there is value in naming and linking together causal mechanisms for the purposes of conducting longitudinal research and to inform changes in policy. Through her analysis of a breadth of literature on causal links to homelessness she identified themes and has categorised them into five factors (Batterham, 2019) which are: low or unstable income, limited social capital, dependence on others to access or maintain a place to live, discrimination, and the housing market (Batterham, 2019). She further explains that these factors are intersectional, for instance someone who is marginalised or someone who has a disability and depends on the state for support (such as for provision of support to help with personal care) may not become homeless if they have a high income. However, without economic resources they could be more at risk (Batterham, 2019).

1.5.1. Causal factors in England/UK

Some of causal factors outlined by Batterham (2019) have also been identified in the UK, such as the impact of the housing market (Dorling, 2016; Downie, 2018; Quilgars et al., 2011) and there are intersectional aspects to people who may be more at risk of homelessness (Marmot et al., 2020). This section outlines some of the wider social and political factors identified in the UK that cause and maintain homelessness in the UK and describes how factors might interact.

1.5.1.1. Social policies: Some papers outline that homelessness could be

resolved by and are perpetuated by social policies responsible for affordable housing and supply of housing, welfare spending, and eligibility for assistance with housing (Afuape, 2011; Bullock, 2019; Downie, 2018). There is evidence that the UK could afford to improve some problems with homelessness. For instance, during the Covid pandemic England housed extensive numbers of homeless in hotels as part of the 'Everyone In' campaign March 2020 so that they could allow for self-isolation (Neale et al., 2020). This is partial evidence that government can motion actions to significantly house people who are homeless. Sadly, these efforts have not continued presently and do not address the more structural inequalities like unaffordable housing markets, welfare reform, and income and wealth inequalities.

1.5.1.2. Housing: Another contributor of homelessness is the housing market and the lack of housing affordability (Dianati et al. 2018; Downie, 2018). Median house prices in London have been reported to be up to sixteen times people's income (Dianati et al., 2018). Dianati and colleagues (2018) hypothesise a complex model of what they consider to be a 'housing crisis' in the UK. They argue that rather than seeing a problem with housing availability we should instead see this as a problem with housing space inequality (Dianati et al., 2018).

Dianati and colleagues (2018) describe that the UK economy is unhealthily tied to housing price growth which is largely influenced by how commercial banks control debt. Housing is not just utilised in the UK as a roof over one's head but is instead also considered an investment, for instance people who can afford to buy a house may depend on housing for retirement (Dianati et al. 2018). The same authors also suggest that housing policies that appear to increase housing availability such as the 'help to buy' scheme or 'affordable rent' in fact contribute to rise in the housing price problem rather than help alleviate the issue (Dianati et al. 2018). Other authors have also written about problems with housing policies, for instance there has been a decrease in social rent properties (rent set by government) and an increase in 'affordable rent' properties (which is set as up to 80% of the local market prices) which means that there are less genuinely affordable homes (Preece et al., 2020). Dianati and colleagues (2018) further suggest that one of the solutions to the housing crisis is to slow the growth of housing prices and 'wean' society off relying on housing price growth as part of

the economy.

1.5.1.3. Poverty, Income and Wealth inequalities: Housing costs factor into income inequality and poverty (Marmot et al., 2020). Afuape (2011) conceptualises poverty and income inequality as “global asymmetry of power and privilege” (p. 24) where there is a gross imbalance of wealth. Income inequality is high in the UK compared to other developed countries; on average the top five percent of earners have twelve times higher income than the bottom five percent (Office for National Statistics [ONS], 2019). Wealth inequality is divided more unequally; in 2016 the ONS reported that the richest 10% of households held 44% of all wealth, whilst the poorest 50%, owned only 9% (ONS, 2016). Some have indicated that it would be possible to reduce homelessness through welfare reforms focusing to decrease inequalities through greater taxation (Cleveland, 2020) and greater social security provision (Downie, 2018).

1.5.1.4. Intersectionality: Like Batterham (2019) states there are reported intersections (Crenshaw, 1989) related to homelessness. For instance, the Marmot review which reported on health inequity in the U.K identified greater poverty across intersections of ethnicity, gender, and disability. People from ethnic minorities with a disability were reported to be more at risk of poverty relative to people of White ethnicity (Marmot et al., 2020). Furthermore, there were higher rates of poverty in all minority ethnic groups compared to White groups, the rates increased after factoring in housing costs (Marmot et al., 2020). Additionally, In 2020 the highest proportion of people recorded as statutory homeless were single men and single women with children were the second highest (Ministry of Housing, Communities and Local Government, 2021). These intersectionalities highlight the need to consider complex ways people are marginalised.

1.5.1.5. Interactions: As mentioned it is evident that factors impacting on homelessness are complex where systems and causal factors interact (Bramley & Fitzpatrick, 2018). A house of commons library briefing paper on overcrowding reports that there was a motion to implement a statutory overcrowding standard which was trialled in 38 local authorities (Wilson & Barton, 2020a). They reported that one of the concerns was that local authorities would be put under extensive

pressure to be able to accommodate to these standards without adequate supply of housing (Wilson & Barton, 2020a). This demonstrates how causal factors interact where changes to policies needs appropriate resources to make a difference. The interaction of causal factors is also evident in a report that discusses how pressures that local authorities experience which might lead them to 'gatekeep' services meaning that less people access support (Downie, 2018). Furthermore, papers indicate the impact of social determinants on families' relationships (David et al., 2012; Wilson & Barton, 2020b). For instance, a survey exploring how families were affected by overcrowding shared how it impacted their relationships having to share a room together (Wilson & Barton, 2020a).

1.5.1.6. Dominant Ideologies: A critical theory perspective recognises how structural inequalities can be further maintained by ideologies (Brookfield, 2009). Many assumptions in adult life about how the world should operate are socialised through childhood (Brookfield, 2009) and what could be considered as 'natural' or 'matter of fact' ways of understanding experiences are also influenced by ideologies or beliefs (Althusser, 1969; Bourdieu, 1989). There are stigmatising beliefs evident in the U.K. which may impact motivations to change policy, for instance the Marmot review (Marmot et al., 2020) outlines findings from a survey that offer insights into some of the publics attitudes to people living in poverty and homeless people which were categorised as the following:

- Fatalism: The belief that social problems are too entrenched and therefore there is nothing that can be done to address them.
- Them and us thinking: The belief that others have problems and if others gain something then we lose out.
- Individualism: The idea that success and failure are determined by choices and hard work.

Similar to individualism is the idea of meritocracy an assumption that there are equal opportunities that will allow those 'talent' to rise to the top (Littler, 2017). Littler remarks on how often structural inequalities may be named and yet solutions offered focus on increasing individual opportunities whilst maintaining the status quo (Littler, 2017). For example, Public Health England published a document about the social determinants of health but their recommendations

emphasised individualised interventions like programmes to promote cessation of smoking rather than changes to social circumstances (Public Health England, 2017).

Furthermore, there is literature that provides a contrast to negative stereotypes of low-income households such as the pride in working-class sense of community and support (Mack, 2007). The author encourages people to think in nuances about the different identities related to class, these identities exist in relation to the 'other' rather than an entirely separate or unified identity (Mack, 2007). In other words, low-income households are only called this because there exist higher income households and these categorisations will depend on the identity of the person who is comparing them.

1.5.2. Disadvantages experienced in early life

The causal factors for homelessness mentioned above are often factors that disadvantage children early in their life. In England 2017/18 an estimate of 84,000 young people asked their local authority for support with homelessness or with being at risk of homelessness (Homeless Link, 2019). Another report indicated that 127,240 children are living in temporary accommodation (Homeless Link, 2019). There were a reported 4.6 million children living in poverty in 2017/2018 (Social Metrics Commission, 2019). Furthermore, a British longitudinal study found that child poverty explains 52% of variance in predicting adult homelessness (Bramley & Fitzpatrick, 2018). These reports show that opportunities are not equal for everyone counter to meritocratic beliefs (Bramley & Fitzpatrick, 2018).

There are many ways that CYP are disadvantaged which might impact their circumstances of becoming homeless in their adult lives (Bramley & Fitzpatrick, 2018; Crenna-Jennings, 2018; Destin, 2019). CYP experience disadvantages in several areas such as within the education system (Crenna-Jennings, 2018; Destin, 2019), their opportunities to socialise (Robinson & Reynolds, 2005) and the degree to which parents might be able to attend to their developmental and emotional needs given financial strains (David et al., 2012).

One report details how young people are disadvantaged in the education system such as being impacted by stresses at home, lack of resources in the neighbourhood, wealthier parents paying for private tuition, and a sense of isolation in third level education which is dominated by middle class white culture (Crenna-Jennings, 2018). Similarly, a paper in the US outlines how disadvantaged young people's sense of identity and opportunities are impacted by their experiences of being marginalised (Destin, 2019). For instance, higher education can be a means to accessing employment and higher income, however there are reports that some young people might be less likely to seek opportunities for higher education (Destin, 2019). The paper discusses how a young person's sense of identity might impact their decision to apply for higher education (Destin, 2019). Furthermore, the author reports that marginalised young people (in this context young Black people) might experience emotional strain and a sense of isolation being in environments like university that are dominated by a white middle class culture (Destin, 2019).

As mentioned earlier the impacts of social inequalities and poor living conditions can negatively impact CYP relationships with their parents and with their peers (Odgers, 2015; Robinson & Reynolds, 2005; Wilson & Barton, 2020a). There have been reported associations between the strain of poverty and domestic violence which may lead to homelessness (Bramley & Fitzpatrick, 2018). Furthermore, it has already been highlighted how overcrowding can impact family relationships (Wilson & Barton, 2020a). Living in overcrowded homes can further impact children's peer relationships, for instance some children have reported to be embarrassed to bring their friends home (Robinson & Reynolds, 2005). Others have mentioned how financial strain might impact parents capacity to attend to developmental needs in children (Carr, 2005; David et al., 2012). Considering the impact of disadvantages experienced early in life it is crucial that there is a focus on preventative measures.

1.6. Statutory Obligations

Furthermore, state bodies and professionals are expected to safeguard CYP against homelessness. Below is a summary of statutory responsibilities required by government, services, and professionals.

1.6.1. Housing is a human right

Human rights can be described as an expression of peoples desires to live free and secure in a 'just world' in opposition to violence, poverty, and oppression UNHCR (1995). A brief description of the legal framework for human rights includes that human rights belong to right bearers (individuals), they place responsibilities on states and state actors (duty bearers) and their protection go beyond national boundaries (Patel, 2016). Professionals employed by the UK government are considered duty bearers and must uphold human rights for the public members they serve (Patel, 2016).

There are two articles in the convention of human rights that are particularly relevant in preventing homelessness for CYP and families which are:

- Article 25. Everyone has the right to a standard of living adequate for health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood or old age.
- Article 27 (UN convention of the rights of a child). Every child has the right to a standard of living that is good enough to meet their physical and social needs and support their development. Governments must help families who cannot afford to provide this.

  (The United Nations High Commissioner for Refugees [UNHCR], 1995).

Often professionals may not be aware of these rights and their duty to uphold this.

1.6.2. Homeless Reduction Act 2017

Furthermore since 2018 when England's Homeless Reduction Act 2017 came into effect healthcare professionals who work in services such as emergency

services, inpatient hospital services, prisons, social services, or Jobcentres have a duty (with consent of individuals) to refer public members to their local authority if they are at risk of becoming homeless within 56 days. Their local authority must carry out an assessment and individual housing plan.

1.7. Homelessness Prevention

There has been a shift in UK homeless policies since the 2000's moving from a focus on amelioration of homelessness toward homeless prevention (Downie, 2018). A recent example of more preventative measures by the government is extending the period that landlords need to give notice of eviction tenants as part of the Corona Virus Act 2020. Government efforts towards prevention became more evident with the introduction of the Housing (Wales) Act in 2014 offering to support to those at risk of homeless within 56 days, England later adopted the similar stance with the Homeless Reduction Act 2017 (Fitzpatrick et al., 2019). The shift in law towards the idea of prevention can be viewed as moving in a positive direction, however as Fitzpatrick and colleagues (2019) note, changes to law are harder to implement in practice. There are examples where local authorities struggle to accommodate to these changes when they are not given sufficient funding to be able to implement their duties (Wilson & Barton, 2020a).

1.7.1. Homeless Prevention Framework

Fitzpatrick et al. (2019) provide a helpful framework to conceptualise homeless prevention. They outline that prevention measures can be categorised as either:

- Universal: Minimising or preventing risks to homelessness at a at a policy and general population level such as campaigning for changes in housing and welfare policies.
- Targeted prevention: focusing on high-risk groups such as marginalised young people and people transitioning from care prisons or inpatient services perhaps at risk of being evicted, having lack of social supports and relationship break down.
- Crisis prevention: prevention of people who are likely to become homeless within 56 days, in line with UK legislation.
- Emergency prevention: supporting people who are at imminent risk of

becoming homelessness, especially street homeless.

- Recovery prevention: preventing repeat rough sleeping or homelessness.

(Fitzpatrick et al., 2019).

1.7.2. Homelessness prevention examples

The Housing First model (Tsemberis, 2010) is one of the most cited interventions for homelessness and is an example of *Recovery prevention* efforts to prevent repeat homelessness. The model was developed by a CP and is designed to provide housing to homeless people from the outset and subsequently support them with mental health difficulties and other aspects that help them to gradually manage independently (Tsemberis, 2010). A systematic review of various prevention interventions reported that the Housing First model and similar models had mixed evidence of effectiveness related to improved sustained housing, reduction in substance misuse relapses, and decreased use of health services (Luchenski et al., 2018). These types of models have also been applied to interventions for young people who have recently become homeless. A study in Canada (Kidd et al., 2016) followed recently homeless young people and outlined the processes involved in becoming housed. They found that young people living in supported housing reported better integration to the community and mental health (Kidd et al., 2016).

A review of evidence related to preventing homeless for young people (Schwan et al., 2018) highlights that whilst most literature mentions prevention at a population level, the majority focus on prevention at an individual level. For example, an intervention strategy developed in the UK (Quilgars et al., 2005) focuses on individualised programmes for preventing youth homelessness such as family mediation, peer mentoring and life skills. However, there are examples of structural homeless prevention efforts such as making housing overall more affordable (Quilgars et al., 2011). For instance, countries like Finland and Denmark have invested in making housing more affordable and have some of the lowest rates of homelessness (O' Sullivan, 2017).

1.7.3. Homelessness prevention and Healthcare

Reviews of the literature suggests the ideas about 'homeless prevention' have been more established within homeless charity sectors like Crisis or Centrepoint

(Centerpoint, 2017), in the context of social care, (Crane et al., 2006) and within academia such as urban studies or sociology (Fitzpatrick et al., 2019). There is however evidence of a recent emphasis on 'homeless prevention' in healthcare (Public Health England, 2021). Public Health England have provided guidelines for health care professionals for instance suggesting that they carry out routine holistic assessments with service users, where they ask about social issues such as housings status and access to benefits (Public Health England, 2021). They also advise that health care professionals educate their team members about their homeless prevention duties and suggest that senior leaders ensure staff have the tools, skills, and knowledge to implement these prevention efforts. Furthermore, Public Health England (2021) recommends leaders try to enhance collaborative working with experts by experience and across services.

1.7.4. Homelessness prevention within the CP profession

As healthcare professionals, homeless prevention is also relevant for CPs. Although not everyone who is at risk of homelessness will have mental health difficulties, several papers outline associations between homelessness and mental health (Bährer-Kohler, 2012; Bates, 2002; Bentley et al., 2019). For instance, research carried out in Australia found links between financial hardship, unaffordable housing and mental health for those on lower incomes (Bentley et al., 2012). It is argued that the impact is much greater in cities where housing prices and cost of living are particularly high such as London (Pleace, 2019). People at risk of homelessness may present with symptoms of distress in mental health services, given the associations mentioned it's important that psychologists are in the position to consider ways to help prevent homelessness. Furthermore, as with other professionals, psychologists that work in services for public members witness hundreds of people across their career who are living in poverty and face risk of homelessness (Afuape, 2011; Waldegrave, 2005). One could argue that collectively witnessing these hardships psychologists have a responsibility to advocate at a wider societal level through media and advising policy (Waldegrave, 2005), whilst also acknowledging their own privileges and role in recreating inequalities (Afuape, 2011).

It appears more recently that the psychology profession in the UK is starting to outline the role for CPs in prevention and public health. For example, the BPS

Division of Clinical Psychology have set up a public health subcommittee and within their list of priorities they outline a role for tackling housing inequalities (British Psychological Society [BPS], 2020a).

1.8. Psychologists supporting CYP and families

Additionally, guidance for CPs working with CYP and families demonstrate a greater emphasis on prevention at a population level, suggesting CPs need to intervene at a policy level to reduce poverty and inequalities for CYP (Faulconbridge et al., 2016). Psychologists working with CYP and families can be well positioned to help prevent homelessness working in various services such as mental health services like CAMHS, voluntary sectors, hospital settings, within social care services, and schools. Importantly the authors consider that psychologists who work with parents in adult mental health services may also indirectly impact a child's wellbeing (Faulconbridge et al., 2016).

Typically CPs might provide support through direct contact with CYP and families, such as during assessment (for instance neurocognitive testing), formulation (application of theory in thinking about the young person's context and what might help), and intervention (provision of supports for example therapy or recommendations from neurocognitive test results) (Faulconbridge et al., 2015). CPs are encouraged to take systemic approaches working collaboratively with CYP, parents, schools, and other systems around the young person (Faulconbridge et al., 2016). Faulconbridge and colleagues (2016) recognise that the demand for support with mental health difficulties outweighs capacity of services. There is a move towards interventions that are co-produced where interventions are designed with CYP and communities (Faulconbridge et al., 2016). Furthermore the authors suggest that local and specialist services integrate better through building collaborative relationships across services (Faulconbridge et al., 2016).

1.8. Role of Clinical psychologists in preventing homelessness

As argued, there is a need for psychologists to help prevent homelessness for CYP and families however there are no specific papers that share guidance on this directly. A search strategy refined to psychology papers discussing causal factors for homelessness such as poverty provide some ideas about the role of

CPs. Most of papers have been published outside of the UK, mainly in the United States of America (USA) and Canada. These do not explicitly use the term 'homeless prevention', but outline interventions related to broader structural inequalities or people likely to be 'at risk'. Furthermore, the search included papers written for prevention in both adults and children. The types of interventions written about range from therapeutic work, service level work for example training staff, and intervening at policy level. The homeless prevention framework by Fitzpatrick (2019) will be drawn to categorise the types of interventions suggested by CPs.

1.8.1. Emergency and Recovery prevention

Most published psychological interventions about preventing homelessness are about preventing further episodes of homelessness (Kidd et al., 2016; Kuhlman, 1994; Little et al., 2008; Page et al., 2012; Seager, 2011).

A lot of psychological interventions related to homelessness have emphasised providing psychologically informed environments (PIE) (Seager, 2011) for homeless people rather than formal therapy (Phipps et al., 2017; Seager, 2011; Woodcock & Gill, 2014). PIE are interventions where psychologists train and supervise staff to identify and support trauma responses for people who are homeless (Seager, 2011). The idea is based on attachment theories suggesting that homeless people can heal through secure consistent relationships with staff over time (Seager, 2011). PIE has also been applied to supporting young people who are homeless or at imminent risk of becoming homeless transitioning out of care such as prisons (Woodcock & Gill, 2014).

PIE interventions have had some evaluation. One study examined psychologically informed environments within a hostel context (Phipps et al., 2017). The staff reported that a reflective practice group had been helpful for them but shared that it had been harder to implement theory to practice when having limited resources. They highlighted that their resources are impacted by the social care budget such as length of stay people are entitled to (Phipps et al., 2017). These findings support the significance of intervening at a policy level alongside provision of support services.

1.8.2. Prevention for ‘at risk’ groups

Some articles identified in the literature search could be criticised for a narrow focus on individual factors such as the programme the US called ‘Headstart’ which is a type of early prevention programme aimed at preschool children in poverty (see Ripple & Zigler, 2003). However, they do not address wider social determinants (Bramley & Fitzpatrick, 2018). There has also been mixed results in terms of reported benefits of the Headstart program for CYP related to academic achievement, future income, and health (Pages et al., 2020).

This doesn’t mean that help shouldn’t be offered to individuals and there is already and expectation that psychologists consider socioeconomic circumstances in their formulation (Carr, 2005) and in their approaches to interventions (Faulconbridge et al., 2016). The British Psychological Society (BPS) accreditation criteria expect that psychologists are trained to consider the social contexts in formulation and use multimodal interventions including those that factor in social contexts (BPS, 2019).

1.8.2.1. Identifying those ‘at risk’ of homelessness in psychology services:

Guidance suggests that CPs should be routinely asking about people’s social circumstances such as housing (BPS, 2019; Tickle et al., 2014). There is not much practical guidance about how psychologists might assess for risk. The government has suggested that professionals ask about circumstances such as debt problems, whether there are issues with rent, whether there is a situation of domestic abuse, a history of being in care, and whether accommodation is available if they are approaching discharge from hospital (Shelter Legal England and Wales, 2018). However, there are no reported papers on how psychologists might identify CYP at risk of homelessness other than a screening tool created in Australia (Bearsley-Smith et al., 2008). The screening tool was outlined to be used in schools and asks children to self-report about family conflict, whether the child is sofa surfing or staying with others, whether they are using drugs or have been involved in theft (Bearlsley-Smith et al., 2008). The tool might be useful but used alone appears to stigmatise families because it doesn’t consider any social determinants.

1.8.2.2. *Therapy for 'at risk groups':* While there is an expectation that psychologists work holistically to consider people's social contexts such as housing and financial circumstances (BPS, 2019), there are not many papers published which discuss what this looks like in practice (Holmes & Gahan, 2007; Smail, 2009; Waldegrave, 2005).

One article written about 'just therapy' in New Zealand argues for psychologists being more explicit about the impact of social inequalities on individual's wellbeing (Waldegrave, 2005). Furthermore, the author encourages psychologists to validate the individuals' abilities to survive adversities and to place value and explore with the person what has enabled them to keep going (Waldegrave, 2005). In 'just therapy' sessions focus on problem solving together how people can build on their resources (Waldegrave, 2005). This is similar to David Smail's ideas about working with disadvantaged individuals mapping power structures and discussing ways they can build their resources (Smail, 2009). Smail conceptualises therapy as a space to develop 'outsight' rather than 'insight' which identifies the social causes of people's distress (Smail, 2009).

Another paper describes a similar power mapping type intervention that has been designed like a course for people living in disadvantaged areas in UK to collectively educate and empower themselves (Holmes & Gahan, 2007). The psychologists who wrote the paper offer comparisons to their individual work in community mental health teams and reflect that they found people to be less likely to build on their own resources in therapy compared to when it's offered in a collective course format (Holmes & Gahan, 2007). Of note of these interventions have not been adequately evaluated but are mentioned as ideas of what interventions might look like.

1.8.2.3. Peer-led interventions: There are some examples in the literature of peer led interventions for marginalised young people (Destin, 2019; Hodgson et al., 2019). For instance, Music and Change U.K. (MAC-UK) have employed ex-offenders to deliver peer led interventions for marginalised young people who are supervised and trained by psychologists and other peer mentors (Hodgson et al., 2019). They evaluated the intervention based on the experiences of peer mentors and found that peer mentors benefited from having an 'opportunity to be valued'.

Additionally, the peer mentors highlighted the importance of being provided with adequate training and support such as regular supervision (Hodgson et al., 2019). Another paper in the USA outlines peer led interventions that encourages disadvantaged youth to continue into higher education and described how young people were also positively impacted by supportive messages from school and parents (Destin, 2019).

1.8.3. Community interventions

The literature search identified papers describing interventions related to preventing homelessness at a community level (Carey et al., 2022; Holland, 1990; Nation, 2008). These interventions outline ways that psychologists work with communities to help ameliorate individual symptoms (Holland, 1990; Nation, 2008). These include conceptualising the role of power in social problems (Holland, 1990; Nation, 2008), developing research questions and conducting action research (Carey et al., 2022; Nation, 2008), generating actions that transform neighbourhoods and individual's wellbeing (Holland, 1990; Nation, 2008) and campaigning alongside the community (Carey et al., 2022).

There are earlier examples of community psychology type projects in the U.K. such as by Sue Holland who worked predominantly with depressed Black women living in a housing estate (Holland, 1990). She described the intervention process where the women gradually moved from seeing themselves as a medicalised patient, then understanding their distress in a psychotherapy context, to later talking in groups where there was a realisation of common histories of oppression and later taking collective action at a community level against injustices of poverty and racism (Holland, 1990). Furthermore, Sue emphasised examining her potential role in recreating stigmatised identities for example, where Black women viewed themselves as 'bad' and that White women are saviours who will be 'kind to them' (Holland, 1990).

Additionally, an opinion article written in a BPS forum documents community type approaches by psychologists who have collaborated predominantly with women and children living in temporary accommodation (Carey et al., 2022). They outline ways they have worked with community activists to help resist regeneration of a council estate. There are no papers or studies outside of this opinion article that

indicate the extent to which psychologists might be helping to prevent homelessness with children and families in the UK.

1.8.4. Examining assumptions in the psychology profession

In line with community psychology ideas that consider how psychologists have 'blind spots' Nation (2008), other papers have written about interventions which aim to change attitudes or identify biases which psychologists hold in the context of poverty and social inequalities (Afuape, 2011; Davis & Williams 2020; Stabb & Reimers, 2013). An example of this is a steering group focused on changing circumstances of 'deep poverty' in the American Psychology Association (APA) (Davis & Williams, 2020). They share some of their efforts to changing attitudes within the psychology profession such as creating a tool kit to address poverty, putting on CPD events talking about deep poverty and what can be done, and collaborating with others by having events which bring together psychologists and representatives outside of psychology disciplines (Davis & Williams, 2020).

Furthermore Afuape (2011) has outlined that psychologists needed to examine their assumptions and ways by which they are advantaged by social inequalities. Moreover, she outlines how societies have become desensitised to inequalities, without questioning the privileged ways of living that those who do not live in poverty have become accustomed to, including clinical psychologists who earn more than the average in the UK (Afuape, 2011). Together the literature points to some ideas about how CPs need to consider their own assumptions and actions in perpetuating inequalities.

1.8.5. Universal prevention: Interventions at a societal level

The following section outlines interventions identified in the literature review that are targeted at a population level (Browne et al., 2020; Davis & Williams, 2020; Peacock-Brennan et al., 2018). There are a variety of ways that papers discuss how psychologists can intervene at a population level through research, influencing media, and shaping policy.

1.8.5.1.Shaping policies: There are some papers identified that discuss psychologists involvement through informing changes at a policy level (BPS, 2020a; Browne et al., 2020; Carey et al., 2022; Davis & Williams, 2020; Nelson, 2013; Peacock-Brennan et al., 2018).

Several papers outline that psychologists need to communicate the implications of practice and research findings with policy makers and media (Barnett et al., 2007; Browne et al., 2020; Davis & Williams, 2020; Nelson, 2013) and become more involved in evaluating policy (Davis & Williams, 2020). They also discuss the need to work across disciplines and develop more strengths-based research for example highlighting the resilience of people living in poverty (Davis & Williams, 2020).

The literature highlights nuances in how psychologists might influence policy. A paper by Nelson (2013) offers useful reflections on the complexity in shaping policy. The author explains that policy is not only shaped by 'expert knowledge' or an 'evidence base' but that policies are also influenced by political views and ideologies (Nelson, 2013). Nelson (2013) uses a Housing first project (Stanhope & Dunn, 2011) to illustrate how the choice of language of defining social problems can bring about social changes. In their example (Stanhope & Dunn, 2011), the researchers were strategic in convincing a conservative president George Bush, to implement the 'Housing first' model by describing how much money they would save. Furthermore, BPS guidance have highlighted that psychologists take a cross party approach in shaping policy (Faulconbridge et al., 2016). Additionally, Browne and colleagues (2020) considered that changes to social policy would likely have a greater impact if experts by experience were consulted in the process.

1.9. Justification for the current study

There are varying definitions of homelessness which partially impact what types of interventions are implemented (Fitzpatrick et al., 2019). For example, the UK government doesn't include poor living standards in their statutory definition of homelessness, in contrast to international ETHOS definitions (Busch-Geertsema, 2010). Reports from people living in overcrowded accommodation in the UK highlight the negative effects of poor living conditions on quality of life such as relationships (Wilson & Barton, 2020a).

The literature outlines that there are multiple factors which interplay in causing and maintaining homelessness (Batterham, 2019). It is outlined that CYP experience multiple disadvantages early in life which may increase their risk of

becoming homeless in adulthood (Bramley & Fitzpatrick, 2018). Furthermore, in the UK there are many CYP and families who are reported to be homelessness or at risk of becoming homeless (Homeless Link, 2019) which could be prevented.

More recently there has been a shift from reactionary to preventative approaches to homelessness (Downie, 2018). Homeless prevention efforts vary ranging from helping to prevent repeat homelessness to supporting 'at risk' groups and prevention at a population level (Fitzpatrick et al., 2019). Public health England expect healthcare professionals to work more holistically with service users, for instance asking about their housing needs (Public Health England, 2021). Furthermore, there has been greater emphasis on the importance of intervening at policy level to influence structural causes of homelessness (Public Health England, 2021).

Similarly, guidance has emphasised that CPs need to address social determinants of mental health through intervention at policy level (Faulconbridge et al., 2016). While the causes of homelessness such as poverty are not primarily psychological, CPs have a role in prevention for CYP and families (BPS, 2020a). Guidance for CPs working with CYP outline how CPs need to work systemically and collaboratively across systems, where interventions are co-produced with young people, families and communities (Faulconbridge et al., 2016).

There is a body of literature outlined above that informs potential roles psychologists have in addressing some of the identified causes of homelessness which may be considered as efforts towards preventing homelessness. However, there are no explicit research studies or guidelines within a clinical psychology context that outline views from CPs about what they think they can do to help to prevent homelessness for CYP and families in the UK. For instance, the government advises that health care professionals including CPs have a duty to refer people for support with their consent if they are at risk of homelessness. However, there is not enough guidance on what this might look like in practice.

As there is little to no known research in the UK which explores CP's experiences and views of preventing homelessness for CYP and family, the current research aims to meet this gap. Furthermore, considering that there are not any specific

published studies on preventing homelessness for CYP and families, it is hypothesised that there may be specific barriers and facilitators. It is hoped that qualitative research exploring the views of clinical psychologists working with children and families might elaborate and provide further guidance.

1.10. Research aims/questions

The research aimed to interview CPs working with CYP and families about their views on CP's role in helping to prevent homelessness, how they might identify CYP and families at risk of homelessness and potential barriers and facilitators to this. The accounts from interviews might help generate better understanding about the design of services and interventions related to CP's role in homelessness prevention in the UK. It is hoped that the current research might also generate ideas relevant for training and policy.

The research questions are the following:

What can clinical psychologists do to prevent homelessness for CYP?

- How do clinical psychologists identify CYP and families at risk of homelessness?
- How do clinical psychologists think they can support CYP and families at risk of homelessness?
- What do clinical psychologists perceive as some of the barriers and facilitators for preventing homelessness for CYP and families?

2. METHODOLOGY

2.1. Chapter Overview

This chapter will summarise the methodology of this research. The epistemological and ontological positions adopted in this study will be delineated. Next, it will provide an overview and rationale for Thematic Analysis which was the methodological approach used. The research procedures and the process of analysis will then be described. Finally, it addresses the ethical considerations and criteria for the quality of the research.

2.2. Epistemological and Ontological positions

The need to be explicit about the theoretical foundations of a study has been well documented (Terry et al., 2017). Ontology is the beliefs about the nature of social reality such as how reality can be known and what can be known (Blaikie, 2021). Epistemology is the belief system about how knowledge is created (Crotty, 2020). The epistemological and ontological assumptions are outlined in research because they shape the research questions and analysis (Hathcoat et al., 2017) and have implications for how the research is evaluated (Braun & Clarke, 2006).

The research adopts a critical realist paradigm (Bhaskar, 2008). Unlike social constructionism, critical realism considers the world exists even when it is not being observed (Bhaskar, 2008). However, a critical realist philosophy considers that people are not objective observers, and therefore researchers' perspectives are shaped by social, political, and historical contexts (Willig, 2013). There are questions about how a critical realist evaluates which positions are better or worse which are related to the term judgemental rationality (Isaksen, 2016). It has been argued by Sayer (2000) that theories can be evaluated by 'practical adequacy' which is how useful and acceptable the theories are in practice. Furthermore, from this standpoint it is believed that knowledge is continuously being updated through a dynamic process of practice and conceptualising ideas (Sayer, 2000). The current study will use the judgement of practical adequacy to evaluate positions.

A critical realist aims to gain greater understanding of causal influences and

barriers to social change, whilst recognising that any understanding can never be an absolute truth (Fletcher, 2017). Applying a critical realist perspective to the current research it is considered that homelessness is a real experience however participants and researcher's ideas about homelessness are interpretations shaped by their context.

2.3. Rationale for methods

2.3.1. Qualitative approach

Both qualitative and quantitative methods were considered to answer the research questions. As there are no other known studies published on clinical psychologists' experiences of and reflections on ways to support the prevention of homelessness for children, it was decided that semi structured qualitative interviews were most appropriate to gain deeper understanding of experiences related to the research question (Willig, 2019).

2.3.2. Thematic Analysis

A thematic analysis (TA) approach was chosen for this study. TA is a method to organise and identify patterns in the data (Braun & Clarke, 2012). There are not specific approaches to developing a theme however Braun and Clarke (2006) propose that a theme is determined by how it captures an important aspect of the data related to the research questions. There are varying opinions about whether themes arise from the data (Joffe, 2012) or whether they are derived from the researcher's interpretation of the data (Nowell et al., 2017). It is generally considered that researchers are the instruments of analysis (Nowell et al., 2017). There is a need for researchers to demonstrate rigour in their approach to TA to be considered credible (Nowell et al., 2017).

TA can be inductive, where patterns are generated from the data without prior conceptions or deductive where data are analysed with the lens of predetermined question (Boyatzis, 1998). It can be said that there may be some inductive and deductive aspects in that the researcher nay have some pre-existing ideas about the current literature related to the topic of research (Braun & Clarke, 2012). The current study adopts mainly an inductive approach. Furthermore, the level at which data is interpreted can either be semantic (the surface level meaning) or latent (interpreting the broader meanings) (Braun & Clarke, 2012). In line with

critical realism the current study considers the wider social structures and ideologies within the data (Willig, 2019) and therefore semantic interpretations are discussed.

2.4. Research Design

2.4.1. Participants

A study by (Guest et al., 2006) suggested that they found no new information about their topic after twelve interviews having interviewed 60 participants. Following this rough guideline, the researcher aimed to recruit at least twelve participants with an awareness that this depended on how many would agree to participate. Malterud et al. (2016) contend that the more information that is held within a sample, the fewer participants are needed. For instance, they provided an example study interviewing health care professionals and concluded that 6-10 participants were sufficient due to the richness of information provided (Malterud et al., 2016). Eleven CPs took part in the current study which was deemed sufficient. Details of participants' demographic are found in Table 1. The inclusion/exclusion criteria are outlined below:

Inclusion criteria: Any qualified clinical psychologist who has worked with CYP and families or is currently working with CYP and families in the U.K. There was no minimum work experience requirement as it is expected that those employed in CYP services would have significant experience to be selected for their position.

Exclusion criteria: CPs with no previous experience working with CYP and families.

Table 1

Participant Demographics

Participant	Ethnicity	Gender	Age bracket	Service
P1	White British	Female	25-34	CAMHS service
P2	White British	Female	25-34	Part time youth offending team and part time child sexual abuse service
P3	Unknown	Female	25-34	CAMHS service
P4	Black British	Female	35-44	CAMHS Service
P5	White British	Female	35-44	CAMHS service
P6	White British	Female	35-44	CAMHS Service
P7	White British	Female	35-44	Paediatric service
P8	White British	Female	45-54	Part-time private mental health service for children & adult CMHT
P9	Black British	Female	35-44	Non-government organisations supporting young people
P10	White British	Male	35-44	Paediatric service
P11	White British	Female	45-54	Paediatric service

2.5. Procedures

2.5.1. Development of the interview schedule

The interviews followed a semi structured format to provide some guidance whilst remaining flexible to participants ideas. An interview schedule was created containing questions which were designed to elicit responses related to the broader research questions. The questions were edited and formalised through consultation with my supervisor and two other professionals outside of the study. A copy of the interview schedule is included in (Appendix A).

2.5.2. Recruitment process

The maximum variation method was implemented through the 'snowball sampling' approach, whereby 'key informants' are recommended through networking and advertising the research in relevant spheres (Patton, 2014). CPs with experience working with CYP and families were recruited from various sources such as through connections from work colleagues and online clinical psychology Facebook groups. Seven psychologists were recruited via snowball sampling and the remaining participants were recruited from clinical psychology Facebook groups.

CPs expressing interest in participation were provided with an invitation letter (Appendix B) which outlined the information about participating. Participants completed the Consent form (Appendix C). A verbal debrief was carried out following the interview.

2.5.3. Interviews

All interviews were conducted via video conferencing and lasted between thirty-two and eighty-four minutes, the average time was fifty-eight minutes.

2.5.4. Data processing

Interviews were transcribed using the video conferencing software. The transcriptions were checked by the researcher against the recordings to ensure accuracy. The quotes used in the Results section were 'tightened up' to be more succinct, whilst remaining true to the content of the data (Lingard, 2019).

2.5.5. Data collection

Approach to interviewing: The researcher followed advice from guidelines detailing strategies in how to best elicit rich responses such as; asking only one question at a time, following the flow of the interviewee's responses while noting questions to follow up on (J. A. Smith, 2003). Some of the researcher's skills from clinical work were useful in the approach to interviewing such as summarising and active listening (Egan, 2002).

2.5.6. Data Analysis

The analysis was guided by Braun and Clarke's (2006) six stage process outlined below.

- *Getting familiar with the data:* analysis begun at the stage of interviewing and when the data was being transcribed. A reflective log documented the researchers' thoughts throughout the process and these ideas were discussed in supervision. Transcripts were read repeatedly to consolidate the body of information.
- *Generation of initial codes*: attempts were made to code the transcripts by selecting extracts of text. Initial codes were systematically generated across the dataset.
- *Identifying themes:* Codes were categorised and considered how they might fit together which generated initial ideas for themes. Diagrams were used to facilitate the process of identifying themes and subthemes.
- *Revision of themes:* At this stage themes were reviewed and refined according to how they fit with the overall research question and the degree to which they captured the entire data set. The themes changed significantly. A thematic map was generated at this stage and the themes were discussed with colleagues and the research supervisor.
- *Defining themes:* Final edits to themes and subthemes were made to refine the central idea of the theme outlining the analysis of each theme.
- *Write-up:* The themes were written up in results and discussion section of the thesis, data extracts were selected to illustrate the themes. The write up included an analysis of how the themes related together.

2.5.7. Consultation with others

Participant involvement is recommended to attend to the needs of the population that are being researched (Lyons et al., 2013). Alongside a review of published literature, the researcher consulted with people from different professions and joined a local social action group to inform the approach to the topic.

The researcher consulted with clinical psychologists, a social worker, and someone working in a homeless charity to as ask about the usefulness of the research and get their feedback on the design of the interview schedule.

2.6. Ethical considerations

2.6.1. Ethical Approval

Ethical approval was granted by the School of Psychology Research Ethics Committee at UEL on the 22nd June 2020 (See Appendix D for the application approval).

2.6.2. Consent and Withdrawal

Participants were informed at the point of initial contact and prior to the interview that participation is voluntary, and they were entitled to withdraw from the study at any point up until three weeks post the interview which is when the analysis had started.

2.6.3. Confidentiality

The participants personal information has been kept confidential. All files and folders that contained any identifiable information such as consent forms were encrypted. Any identifiable information was removed from the research data and replaced with a unique ID. Data was encrypted and stored on a drive with restricted access.

2.7. Quality appraisal

Qualitative researchers are instruments in the research process from design through to analyses and write up (Nowell et al., 2017). Furthermore, a critical realist viewpoint considers that the research is influenced by the researcher's interpretations and biases (Willig, 2019). Practicing self-reflexivity is therefore crucial in maintaining the quality of the research (Terry et al., 2017). Reflexivity involves examining the personal and professional contexts that may influence the

research (Finlay & Gough, 2003). Throughout, the quality of the research was maintained through exercising reflexivity. The quality of the study has been evaluated using criteria established by Lincoln and Guba (1985) for assessing the trustworthiness of the study which are credibility, dependability, transferability and confirmability. The *Discussion* section will include a detailed account of how quality of the research has been assessed.

2.7.1 Researcher position

The following section outlines the researcher's relationship to the research for the purpose of being transparent with readers and to demonstrate reflexivity (Finlay & Gough, 2003).

Of note, my background as a cis gender heterosexual white middle class Irish/Swedish able-bodied female will likely have influenced my approach to and interpretations of the research study. In my first year of training, I worked in a borough where I came across many service users experiencing marginalisation and social inequalities such as poverty, living in overcrowded or unfit housing conditions, and experiences of racism. Seeing the effects of living conditions on people's wellbeing I was drawn to thesis project ideas related to preventing homelessness. These experiences heightened my awareness of social inequalities, particularly the advantages that I am privileged to by the systems that maintain inequalities.

Furthermore, as I am part of the CP profession this has shaped the research focus in the belief that CPs have a role in helping to prevent homelessness. On the other hand, I am aware that there might be CPs who don't see it as their role to help to prevent homelessness. Approaching the research from outside the profession may also have a less biased view.

Notwithstanding my positioning on the research, I have made every effort to remain as neutral as possible during the interviews and data analysis. Despite my efforts, my preconceived ideas and background could have shaped the analysis and inferences from the analysis.

3. RESULTS

3.1. Chapter outline

The themes identified from the analysis will be discussed in this chapter. The themes are found in Table 2. below. Two themes and eight subthemes were identified from the analysis. The following sections will provide an in-depth description of the themes which will be supported by quotes of the participants.

Table 2:

Themes and subthemes from the analysis

Theme	Subtheme
Different layers of impact and intervention	It's not just in the individual, it's wider systems in society
	Identifying people at risk of homelessness
	Relative positions of power
	Adapting interventions to meet different needs’
Personal and Professional Influences	Impactful Experiences
	Personal and Professional Resources
	Needing guidance and direction
	How we view ourselves as psychologists

3.2. Theme: Different layers of Impact and Intervention

This theme summarises participants' ideas about what places CYP at greater risk of homelessness and how they identify CYP at risk of homelessness. Related to this, participants' views about what CP's can do to help prevent homelessness are also outlined in this section.

All participants considered that a combination of factors place CYP at risk of becoming homeless. Several participants described that CYP's risk of becoming homeless is influenced by different environmental systems around CYP, such as their caregiver circumstances and social network, but also the interaction of societal factors such as housing affordability. However, participants varied in the degree to which they identified different causes; specifically, whether social, political, or individual factors were more strongly emphasised, and this appeared to influence different interventions that were suggested.

There were varying opinions about types of interventions for preventing homelessness which also appeared to depend partially on the types of services participants were working in. All participants saw it as a minimum to safeguard CYP against risk of homelessness but not all participants were routinely assessing CYP for risk of homelessness. Several participants considered that interventions to help prevent homelessness can vary across systems such as at a local level supporting CYP or wider level such as influencing policy. Some CPs talked about how their, and others', relative positions of power impacts their capacity to make changes to help prevent homelessness. Participants provided ideas about working collaboratively and adapting their interventions to unique circumstances of CYP and communities.

3.2.1. Subtheme: It's not just in the individual, it's wider systems in society

This subtheme summarises participants' views about how individual factors and the wider networks in society are interlinked in increasing risks of CYP becoming homeless. "*I think there's a number of factors that kind of interact with each other."* (Participant 3).

Many participants drew on the ecological systems theory (Bronfenbrenner, 1979)

to inform their ideas about homelessness prevention across systems.

> *"…like the Bronfenbrenner model, having that awareness that there's different layers of impact and different layers of intervention that might be required to support someone's mental health" (Participant 5).*

Participants mentioned a number of societal factors that would increase CYP's risk of becoming homeless like the housing market, lack of availability, and affordability of housing, income inequality, and hostile immigration policies.

> "*For me, one of the biggest issues is poverty, unemployment and insecure kind of a job context means that it's hard for people to afford housing"' (Participant 4).*

Some participants described intersections of marginalisation that may increase vulnerability such as people identifying as LGBTQ and growing up with religious beliefs that oppose the LGBTQ community, class, race, gender, and disability.

Alongside societal contributing factors, participants identified local level factors related to the network systems around CYP such as breakdown in caregiver relationships (e.g. abuse in family, domestic violence or sexual abuse, or emotional neglect), lack of social supports outside the immediate family, transgenerational trauma, insecurity of renting privately and not being able to afford rent due to unexpected circumstances, living in a deprived area, childhood adversities, and lack of access to school or a GP where professionals could potentially identify risk and signpost to the right supports.

As mentioned earlier, generally participants considered how societal factors such as income inequality may interact with individual factors such as relationships. One participant described in detail the process of how societal factors (income inequality etc.) and network system factors such as adversity outside the home or transgenerational trauma in the family may interact and increase risk for CYP becoming homeless.

> "*There's been neglect or abuse, or you know, damaging ways of coping with really difficult circumstances which they see within their family network, …maybe this existential feeling like where do I see the world? Where do I fit in my parents world?.. I think... that can then lead to real*

vulnerability to criminality, exploitation, gang affiliation and missing episodes away from the family home to maybe find that sense of belonging and safety and containment, which may not be necessarily there at home, or it may have broken down...there may be difficulties for the child or young person to healthily express their anger at situations or their circumstances…that might be internal or external circumstances. It might be anger towards a relative or parent or it might be external circumstances (talking about inequalities) that the whole family feel powerless to express their frustration, sadness, anger...disturbances that might be in relationships and how that could be enacted in different ways like aggression, violence or challenging behaviours which then further breakdown relationships which may be hard to know how to get back from"

(Participant 2).

Despite all participants recognising that homelessness is developed and maintained by multiple causes, there were differences in how much individual or social factors were emphasised. Some participants placed a greater emphasis on more local system factors like family and neighbourhood environment in being responsible for CYP's risk of becoming homeless. For example, a few participants more strongly identified problems existing within certain communities across multiple generations which seem to make particular people vulnerable to homelessness.

"*we certainly see multiple generations of people in unsteady housing, situations that,.. I don't want sound judgmental we are in a really oppressive governmental system at the moment, but a lot of the time it is linked to multi-generational kind of lack of employment opportunities, substance use, mental health; you can see that run down through generations*." (Participant 8).

Several but not all participants talked about preconceptions held about individuals who are homeless or at risk of becoming homeless which they believed might influence willingness to help prevent homelessness. For instance, a few participants identified "*judgements*" observed in others or the media (Participant 7) about individual causes of homelessness.

"*..talking to friends, you often hear blame. 'Well, you know if he'd just get a job' and I can just see you know, and there's also, you know, 'some people choose to be homeless', now that's a tricky one, isn't it? OK, well maybe they've escaped this just horrendous life, yeah, so that was the only choice. So people's judgments I think yeah, that and beliefs about the causes of homelessness..*" (Participant 11).

"*I blame the tabloid media, but… like that fear of immigration, and that propaganda that's happening more globally and in the UK seems to facilitate that perception that somehow we can't look after our more vulnerable*" (Participant 7).

A number of participants but not all identified problems with not considering the role of social and political factors that make CYP vulnerable to homelessness. Of these participants they considered how only focusing on individual factors detracts from wider systems taking accountability for inequalities.

"I would say yeah, most of those are wider systemic factors and it can be problematic when we start to locate those factors within individual families. We see these individual things that we think might lead to homelessness that often caused by systemic factors." (Participant 3).

"*It's not just in the individual, it's wider systems in society, structures etc that also influences difficulty, which often aren't really spoken about. It's more about "ahh the bad people who need housing", or that they don't want to work or they didn't get a job, or they've got a problem not thinking about…actually, how our society is set up? like the cuts in funding, marginalized groups etc. that also impact on anyone's circumstances, experiences, resilience, resources, etc. so I think that really informs I guess my views or what I think the risks are predominantly not just within an individual, but actually, how does a system take accountability, which I think often doesn't*" (Participant 9).

3.2.2 Subtheme: Identifying people at risk of homelessness

In the context of individual work with CYP, all participants mentioned the minimum role of assessing for risk of homelessness and signposting to appropriate services such as social care, charities, or legal aid. When asked,

participants described how they might identify risk of homelessness through asking questions directly related to things that might impact risk of homelessness such as asking about housing, financial difficulties, being alert to whether a person is seeking asylum or has refugee status, whether the person has a disability, and whether they have a support network. Participants suggested that CP's visit people's homes if possible to gain a better picture of people's circumstances. Furthermore, it was suggested by some that CPs ask team members who already support CYP and families about their context which could give the opportunity to check with families if they understood correctly. Some participants expressed that CPs ought to be responsive to people's concerns about housing even if they are unsure of how to help and that they gain consent to signpost to relevant supports.

One participant elaborated that they didn't think psychologists have unique skills for preventing homelessness compared to other professionals but shared that they are in a position to ask because they already enquire about personal questions.

> "*I don't know if there's anything specific about clinical psychology. Um, other than yeah, being in a position where you could ask these questions and get support if needed*." (Participant 11).

Whilst there was agreement across participants on the need to safeguard CYP against risk of becoming homeless, there were varying beliefs about whether CP's routinely asked about risk of homelessness. For instance, some participants suggesting the need to explicitly ask about risk of becoming homeless.

> "*but you can't assume that that you know that the referral has already asked, so it's about doing that comprehensive assessment, so making sure that in your initial assessment with family you are talking in depth about their home situation.*" (Participant 1).

On the other hand, some participants worked under the assumption that they would be informed by CYP or their caregiver as to whether they needed help related to risk of becoming homeless or that they would be informed by professionals already involved.

> "*I'll be looking for what I am told and if someone's exploring it maybe being led by the parent but also the physical presentation of the child.*" (Participant 10).

A number of participants mentioned that service users might be reluctant to share about social circumstances because of stigma about talking about finances or fears that their children would be taken by social services. They advised about the relevance of building a therapeutic relationship to help reduce shame.

> "*A family might find it really stigmatising or think it's not for them to come to access benefits or grants so destigmatising I think some of that…. allowing a space I suppose for children to reflect and understand some situations and share their concerns.*" (Participant 7).

It was discussed by some that CPs actions towards identifying risk of homelessness could be influenced by the type of service they are working in, for example if they are working in a specialist service like a paediatric service a CP might assume that community services would be more involved in identifying risk of and prevention of homelessness.

Some participants shared that the research interview influenced them to think differently about preventing homelessness. One participant suggested that the interview gave them an idea to include questions about housing in their routine assessment.

> "*it's a question that is making me think differently and it's making me want to go back to my team and to think about how they can add a question about housing on our assessment.*" (Participant 4).

All participants shared that they would also signpost CYP at risk of becoming homeless to relevant services such as social work, charity organisations, legal supports, or team members. Several CPs shared that they might write letters of support for housing applications.

It was advised by some that CPs follow up with CYP and families with whether their housing application has been successful, to hear about successful stories and to provide further assistance if faced with challenges.

3.3.2 Subtheme: Relative position of power

There was overlap amongst several participants in mentioning power and how it related to homelessness prevention. Throughout, a number of participants talked about power associated with psychology as a profession and how this influenced their capacity to help towards preventing homelessness.

CPs in the study considered that the wider social problem of homelessness could not be prevented by their work alone. "...*preventing homelessness….that's a really big question.”* (Participant 11). Several participants reflected on how it was important to acknowledge a degree of powerlessness that they, team members, and CYP may feel in their capacity to be able to change circumstances given the impact of wider societal systems.

> "*But how do I also support the staff members containing their frustrations…and sometimes they feel like they're banging their head against the systems when they are doing the best that they can.”* (Participant 9).

> "*You're sitting alongside another person to think about their powerlessness in a situation to maybe think about how to kind of reposition how they find themselves in society or within the family to have you know, maybe that's like a big wider thing.*" (Participant 2).

Alongside acknowledging the wider power of systems that influences CYP and families circumstances, participants also considered it important to identify relative strengths and resources in CYP, in systems around them and in themselves.

> "*..in terms of kind of deprivation.. knowing what are your resources and how are you resourceful as a family or a person? Or yeah and being able to hold onto those resources through like the storm and experiencing storms that you feel as though you know your resources that you can draw on within and between that you can weather that storm and get through deprivation”* (Participant 2).

In a similar context, participants emphasised that CPs consider how to allow for CYP and communities to be involved in finding their own solutions and valuing

the resources that they bring. For instance, a number mentioned peer-led interventions such as those implemented in the organisation MAC UK. Furthermore, one participant explained that CPs in her service meet once every month and invite members of the community such as researchers, local activists, and legal organisations and ask them to share success stories and ideas about how psychologists can better meet the needs in the community related to housing. The group generate actions from these meetings.

> "*Important elements of that is the importance of connecting in with community resources and there's always amazing community resources that we often don't know about or don't have any connection with and so one of the things about the Housing Action Group was that it was very important for us to find out and connect with all the great housing activism that's happening in the borough*" (Participant 4).

Many participants considered that psychologists inherit relative power with their profession which could be used to advocate for people that are marginalised. Some participants talked about the possibility to take small actions towards preventing homelessness where they could be "*doing a little bit to…reduce inequality*" (Participant 6).

> "*What are the things that we can impact and chip away at the systems that we know impacts mental health*." (Participant 9).

A few participants highlighted taking steps towards informed change beyond tokenism of talking. These participants expressed that it wasn't enough to just listen to families difficulties but that CPs needed to be active in advocating for change.

> "*And of course, listening to them and kind of validating their experience was important, but then leaving it there would be kind of would feel morally wrong as opposed to trying to share it with other people who might influence policy, or it might, you know, like there's so many levels it could, it could have an influence*." (Participant 6).

> "Otherwise, we're just talking about.. it's just hot air…." (Participant 4).

> "*but actually how we get that voice into services as well and.. not in a*

tokenistic way, but in a way that can sort of genuinely inform change." (Participant 8).

Participants provided insights to ways they might advocate for people by writing open letters to government, supporting campaigns, contributing to policies, writing letters to support housing applications or signposting to legal aid or team members who might be able to support.

> "*And us being a psychologist, being in quite a relative position of power and privilege, knowing that I can use that position of privilege to someone else's benefit.*" (Participant 5).

> "*actually our power that we possess in our position…. I feel that there's a greater responsibility for us to yeah to, to advocate for you know, members of our family who are marginalized and you know most of the people we work with are*" (Participant 1).

> *"How can I be of use? And sometimes it's not the 'here's a model here's CBT', or 'here's some whatever kind of narrative therapy something'… but actually you want to get housing.. how do I support my team to do that or have a conversation with you about that or write a letter or help you make a phone call right now to navigate and use relative power or help navigating the system"* (Participant 9).

In line with CPs recognising their relative power, participants highlighted that CPs ought to be strategic in thinking about where in the system they can leverage change, whether its 1:1 work, influencing teams, or through developing relationships with and increasing awareness in people who have decision making power to influence change on a bigger scale.

> *"…for that individual family… Or is it about talking on a wider level to thinking about talking to commissioners and thinking about ways in which we can link up with housing or work with housing? Or is it thinking about again like an open letter to government or an open letter to council around this? You know so? It's thinking about where in the system can we influence."* (Participant 1).

A number of participants identified how they could influence others through

increasing awareness about inequalities as part of homelessness prevention.

> "*..influencing teams and colleagues to realize that housing does have an impact on mental health*" (Participant 3).

CPs in the study offered several suggestions as to how they might increase awareness in colleagues, commissioners, and the public through shaping content of training courses, establishing mandatory training in work, sharing research, and facilitating reflective spaces such as in supervision or in settings for example youth offending teams, in the Council, and in supported housing accommodation.

> *"..say it's part of my responsibility in supervising others to be thinking about this kind of thing, you know and be helping my supervisee to think about those systemic contextual factors for families."* (Participant 1).

CPs described a role in increasing awareness through consulting with others who already have established relationships with CYP.

> "*liaison with social care is something I do all the time. Yeah, so supporting social workers to think or teachers to think about what's going on in a family.. formulating…not just this young person has these symptoms, or this parent has these symptoms*" (Participant 6).

CPs in the study talked about increasing awareness in the media but highlighted that few CPs actively seek to communicate through the media.

> "*how little we really do put ourselves in positions of influence in terms of like the media and yeah, you know, articles that go outside of the research remit the academic remit. You know, I'm always surprised to see what psychologists are on TV. And you know, what kind of qualifications they have. They're not often ..not clinical psychologists. And so I think there is some kind o' a wider responsibility for profession to be more present in media discussing these issues, you know, when there are changes to housing or when the housing crisis are happening. And yeah, getting ourselves kind of in those positions of influence."* (Participant 1).

A number of participants mentioned how it would be strategic to work collaboratively with different services in order to increase awareness in others

and also to increase power to make changes more possible.

> *"we need to be linking in a networking working with councils, working with Public Health England, working with schools, social services, drug and alcohol, you name it, Universal Credit you know that's an absolute classic where we should have much more influence because we see what that does to people."* (Participant 8).

Alongside trying to influence systems some participants emphasised that it was important to elevate marginalised voices within systems and connect with community resources whilst working with people who have decision making power.

> "*Yeah, there's probably something there, but actually how we get that voice into services as well.."* (Participant 8).

Some identified a role in bridging the gap of communication and power between people that are marginalised and policymakers.

> "*I think if we actually saw the conditions that some families are expected to live in they wouldn't be… less of this attitude.. of "we offered you a home and you turned it down because some of it was just squalid you know it's not fit for humans." You won't put an animal in some of these houses that families are expected to gratefully receive. So I do think there is a disconnect between the need of families on the ground and policymakers*." (Participant 8).

Related to considering the relative position of power that psychologist may have to help prevent homelessness a number of participants shared how psychologists and psychology theory and their ideas in society about CYP can unintentionally maintain a sense of powerless in CYP.

> *"what we often see with young people who are massively powerful... so you know, Extinction Rebellion and climate change. See like how powerful young people are, but where we place them in terms of their rights and whether they can voice their opinions and views in society. So I think. I would just wonder whether this contributes to them then feeling like they can't change what is happening in their lives."* (Participant 2).

They highlighted that it was important that psychologists practice reflexivity within themselves and the profession (avoiding blame in others) and having an openness to learning different ways of working which might allow them to engage with resources within the community.

> "Actually, how are you working? How do you keep questioning that? How are you actually working in line with this value of Community psychology or equality or justice, not just in namesake or saying the right sentences? But what does that actually look like? And so I'm inspired by. I guess the community of friends and colleagues as well as places that I work with to keep that up and yeah keep questioning and keep developing And yeah, keep questioning the way that I work." (Participant 9).

> *"how we are positioning ourselves as psychologists. Yeah, as expert positions…so I think it's being able to remove that and deconstruct that. And think about that, which then helps it alongside communities for families and communities to be able to find solutions to the problems that they find themselves in as opposed to a top-down strategy based paternalistic service way of thinking."* (Participant 2).

3.2.3. Subtheme: Adapting interventions to meet different needs'

This subtheme summarises participants ideas about tuning into what CYP, families, or communities may need and adapting their responses and interventions.

Some participants talked in greater detail about 1:1 and systemic work with CYP. Responses varied whether participants described working with the whole family or just the CYP and this also depended on the types of settings they worked in. CPs in the study talked about interventions that strengthened family or caregiver relationships with CYP.

> "*how to re-establish that sense of belonging within a family network or whatever that if it's not a family, maybe you know whoever cares for that young person to feel as though they have a belonging and a sense of safety and security and you know, knowing that someone's there, who loves you and will care for you unconditionally, and I think that... how do you re-establish that? or create that*." (Participant 2).

Participants highlighted that CPs ought to consider the unique circumstances for their team and ask them how they can be of help? One participant talked about providing a supportive space that allows teams to share emotional responses that arise for them, which strengthen their capacity to attend to the needs of CYP they are working with.

> *"you know, let's just debrief about the frustrations….helping to contain the team you know if they are doing more of that frontline work. How can I be of use within my team?.... So how do I think about the team and supporting reflective practice in a sense for them as well?*" (Participant 9).

CPs in the study talked about interventions that holistically support CYP. As well as providing emotional or psychological support some participants emphasised that it was important to consider families social circumstances.

> *"conversations that fully acknowledges someone's housing situation or the impact of homelessness could be far greater than totally ignoring it and doing all these great 'techniques' or these models and ignoring that part of their experience completely."* (Participant 9).

Related to this one participant reflected as a CP they could improve on their practice by asking more routinely about a service user's social needs alongside psychological needs and adapting to an individual's circumstances. They elaborated on for instance that they hadn't considered how a psychological intervention they had suggested to a parent might not be suitable given their limited living space.

> "…*I was saying let her go to her to her room, to have her own space she's much more able to engage because there's less pressure to engage and only after the fourth session did she explain that they live, they all three of them live in one bedroom..so the mother was saying how she has to go stand in the kitchen, sometimes just to have time on her own*." (Participant 4).

Furthermore, participants highlighted that therapeutic responses could look different to traditional talking therapy for instance being flexible to the location of therapy (e.g. street therapy) and with ways they communicate and offer support,

being attuned to the needs of CYP.

> *“Something that they need right there at that time that's not therapeutic, but it's hugely therapeutically powerful. But like you know, here is a travel card so through the night you can be on this bus, which goes from here to here…it takes 2 hours to get across..you've got three hours of a safe shelter that you can sleep that you know something that's like an idea that's like.. OK, we got your back. We know you're in the situation..we know you don't really want to come to us and talk about what's been happening because it is probably hugely painful for you right now to even go there, but we don't want you to be to be in a situation that you're going to get involved in anything that's going to harm you, and you're not going to be safe. So these are some things that maybe we can help you find a way to be safe.” (*Participant 2).

The same participant highlighted the nuances of adapting their approach to suit CYP whilst still maintaining professional boundaries and being realistic about what is possible within the services limitations.

> *“and it's rather than, you know, working in a really un-boundaried way it's about really thinking about what does this family need or what did this this child...young person need right now for them to be safe?”* (Participant 2).

Some CPs in the study spoke about Maslow’s hierarchy of needs theory (Maslow, 1943) suggesting that services ought to meet basic needs before any psychological support could be offered. In contrast, other CPs in the study encouraged that it’s possible to be holistic in their approach and described that psychological needs could be responded to alongside social needs:

> “*so we do talk about a hierarchy like Maslow's hierarchy of needs and often when we think about and I think in some settings that they think about, well, the basic needs of warmth, food and housing and stable housing and care so until you've got them in place, the psychological work can't help. But it’s whether we could have more of a role in consultation and thinking about what, how you provide emotional and psychological support for families amongst that... that often isn't there*.” (Participant 7).

> "*But yeah, if I need them to be in a contained environment, then obviously that influences my need for them to access it somewhere to live, but equally I have worked with people that maybe don't have maybe a fixed abode in the past, mainly adults, and it's been effective and in its worked*." (Participant 10).

Participants elaborated on different ways they attend to social needs for families and CYP such as meeting with a housing mediation officer, being a person of support or an advocate to families showing up with them when they are being evicted, connecting people with legal supports, signposting to a day centre for access to food and a shower, and writing supporting statement letters for housing applications:

> "*They've been different things that have come up based on what was needed ranging from letters, but also ranging from perhaps a more proactive or openly challenging approach*." (Participant 5).

Participants also varied in their ideas about whether they would help to attend to social needs for families themselves or whether they signpost to other professions such as social workers. This seemed to also depend on how well resourced services were with social work support.

In a similar context of adapting interventions to suit families, several participants talked about listening to communities and being guided by what each community may need. For instance, one participant identified that housing provision could be better built to adapt to different living arrangements. They elaborated that building plans for social housing could be better designed to accommodate different cultures. They gave the example that in some families it's the norm that several generations live in the same household and so provision of housing to accommodate this might reduce overcrowding:

> *"I'm thinking about housing models that we have… how difficult it is to get a home where you can house a family of nine or ten compared to a two-bedroom flat so whether we are meeting different cultural housing needs as well..."* (Participant 7).

3.4. Theme: Personal and professional influences

Participants identified personal and professional experiences that informed their ideas and practices related to preventing homelessness. Several participants mentioned that they had not been familiar with homeless prevention practices before the interview aside from preventing further street homelessness. CPs in the study talked about resources they drew on from their workplace but also in their personal lives that facilitates or makes it more difficult to prevent homelessness for CYP. Many talked about the need for further guidance on actions to take towards preventing homelessness. Some talked about being inspired by friends, family, and colleagues. Participants mentioned wanting professional bodies to produce more guidelines on preventing homelessness for CYP. Participants varied in their views about what they considered as CPs role in preventing homelessness.

3.4.1 Subtheme: Impactful Experiences

Some CPs shared how their personal experiences of marginalisation (e.g. as a black woman, growing up in a council estate, or personal or family members experiences of homelessness) has shaped their views about preventing homelessness.

> "*But I guess that also then funnels down probably to my experience of being a black woman, a lot, or like marginalization and where those values come from in terms of yeah and the thing is that I've never experienced homelessness, but my experience of marginalization or seeing certain communities marginalized influence*" (Participant 9).

Participants that hadn't grown up in poverty talked about having greater awareness of social inequality through visiting people's homes as part of work and people's experiences of marginalisation.

> "*Yeah, and um, so I did see a lot of families living in poverty and deprived circumstances and…just having a little bit of insight*" (Participant 11).

A number of CPs in the study reported that personal experiences of growing up in a lower income household alongside as being attuned to personal and professional ethics and sense of compassion motivated them to support CYP and

families with their housing needs.

> "*Deeply understanding the importance of a home and having compassion for people who are experiencing homelessness, it's kind of keeps me going and understanding the importance and feeling that responsibility."* (Participant 3).

> *"Yeah, some of it is my personal and professional ethics as well as. Um, I'm thinking. That compassion, humanity, or things that are at the core of who I am as a person and as a professional*." (Participant 5).

A few participants named feelings that arose for them whilst recalling experiences in the interview. For instance, one participant talked about her emotional response to acknowledging differences in being able to afford a mortgage compared to others.

> *"Yeah, that makes me feel a bit guilty for my white privilege in that I know that if I couldn't pay my mortgage for a month and I know I'm... I'm lucky to have a mortgage that somebody either the bank would just say have a break from the mortgage for a month because of, you know, I don't know losing your job or I call a member of my family and be able to borrow the money."* (Participant 6).

Some participants recognised that they are advantaged not having to worry about income and recognised their limitations in understanding of the impact of inadequate housing. They highlighted the need to elevate marginalised voices in services to best consider what might be helpful and to amplify the need to take action.

> " *but I would throw the same criticism at services. I think I you know I put myself in this category for those of us that live in relatively safe clean housing you will never completely understand. You can try and empathise."* (Participant 8).

Alongside experiences in work, some outlined how training (doctorate or post qualified) or colleagues had shaped their understanding of homelessness and ways to help.

“I guess that's the main thing that's influenced it through my clinical work. …you know my training” (Participant 1).

3.4.2 Subtheme: Personal and Professional Resources

Participants reflected on the resources they draw on that facilitate their work. They mentioned that feeling support from teams, supervisors, managers, and colleagues as well as self-care sustained their work in helping to prevent homelessness for CYP and families.

Responses in the interview suggested that it was helpful to hold in mind that CPs are often part of a team and that it was encouraging feeling like there are other team members around that are supportive and knowledgeable.

“*And yeah, knowing that you've got your team and knowing that that they are your allies as well and they support you*” (Participant 2).

“*I think having a decent system around me. So in our team we have a social worker who is shit hot on things”* (Participant 10).

CPs in the study found it helpful to have spaces where they felt supported being able to express challenges and be responded to.

“*Supervision being really important. Um, in terms of having somebody support you or kind of having it as a space to maybe, um, talk about stress and yeah, I think that's the crux of it*.” (Participant 5).

“*Having spaces to discuss this and to think about ways to manage it as well as a management that is sort of responsive*” (Participant 1).

Some participants mentioned being able to get support from people outside the workplace for example meeting people at events or through activism.

“Finding allies is quite important, right? and even thinking I know for me sometimes it was being able to have events or think or just, you know, reflect on what's been going on with even someone who wasn't a psychologist, yeah, thinking about other colleagues and just thinking about values, allies, and how that can really help sustain a person when trying to champion this sort of thing.” (Participant 5).

Participants shared about how they valued multidisciplinary working linking up

with schools, councils and other services like the police, health and social care to inform prevention practices.

> "*Professional groups like that* (referring to police, social care, psychology and health) *to think about how they work together to prevent homelessness*" (Participant 11).

In contrast to feeling supported CPs also identified problems when services were not joined up.

> "*I just think it's a lack of integrated care*." (Participant 10).

> "*we can get a bit siloed. I think so. I think we've got very artificial distinctions in our services and that doesn't help.*" (Participant 8).

Several CP's in the study mentioned pressures from wider systems and feeling stretched by the degree of need and limited resources and indicated how this could make it harder to do work. Related to this, participants talked about self-care and time aside to switch off to help facilitate their work. A couple of participants talked about how self-care helped them be present with families.

> *".. the connection I have with families and the presence that you know when I present with that family and I'm hearing them. And I'm kind of showing up and how do I manage to do that? I think through you know .. self-care yeah, you know warding against burnout I think is really crucial, particularly within the context of wider systemic crises like I think they are the most trying and you know risky in terms of our own burnout, so thinking about that, I guess. So how can you keep yourself healthy in order to be available to clients so that you can really fully hear their stories and therefore provide the best service to them."* (Participant 1).

> "*For me it's important to be able have times when you're switching off and self-care often I think many helping professions sometimes need to take their own advice in relation to that and so yeah, there are only so many hours in a day and sometimes it is just that"* (Participant 9).

3.4.3 Subtheme: Needing guidance and direction

Participants elaborated that they felt more guidance was needed in the profession to better support young people and families at risk of homelessness. They talked about getting permission or a sense of direction from additional training, professional bodies, and building confidence in trainees by offering leadership experience and practice in shaping policies on training.

A few participants talked about how additional training might help CPs to feel more confident to ask questions about finances and supporting service users.

> "*Almost giving it permission that this is a psychologist role and having it there from a body that lots of people have looked to and saying this is what you're here to do.*" (Participant 5).

Participants elaborated on qualities that they valued in experts and leaders such as having confidence and knowledge of policies but also having qualities which empowered others.

> "*An expert is someone who can walk into a room. And talk with confidence on topic with the right level of knowledge to back up what they're saying. You know. So for me that would be being able to go in and quote the relevant policy. Quote the big research know the gaps in the literature. You have that level of confidence*." (Participant 8).

> "*..having leaders that can question and hold their own and yeah be able to kind of fight the fight, maybe of breaking down some of the bureaucracy that we find ourselves in to be able to, you know get like a gazebo and put it in a park and then think about how to bring in community.. to think you know things like that. That's just like people, leaders that might empower the team thinking outside the team and think about different ways of breaking down barriers of accessing services*." (Participant 2).

Some participants also shared that they have received direction from outside the profession such as from the community or local activists.

> "*I don't think there are enough stories of how we address them in ways that substantially change the social situation and if we stay within our profession, we're not going to get enough details of what we can do and*

how we can do it and what difference it can make. So it's absolutely imperative that I think that we make connections….to work together with people who are directly addressing those issues." (Participant 4).

"This creative way of working or finding a way. Finding a way that is it. I do have a belief that I can find a way. What would be the way? Even if it's the smallest?" (Participant 9).

A couple of participants identified that experiencing or hearing about successful changes helped to motivate themselves and others.

"*celebrating little wins can be quite sustaining in that way. Yeah, when things have gone right and some sort of accumulating that evidence of the change that can be made."* (Participant 5).

A number of participants responses indicated that guidance from and being attuned to personal and professional values was important in facilitating actions towards preventing homelessness. Several participants reported on professional ethics and safeguarding obligations to prevent homelessness for young people and families but indicated that many professionals ignore or do not safe guard against poor living conditions.

"I think we have a duty of care to ensure the right service provision is put in place to provide a safe environment for the child to live." (Participant 10).

"*Therefore we do have a professional responsibility to prevent the harm that's caused by housing, because you know, if we see a child in a in a poor quality mouldy flat. You know that child is being harmed. That's a safeguarding issue, but often that's a safeguarding issue that's ignored widely by professionals causing serious harm to children families. Whereas if we saw that a parent was hitting a child, we wouldn't ignore. We would hope that we wouldn't ignore that safeguarding issue*." (Participant 3).

"*But even if you think back to the BPS code of ethics, it includes things like anything your involvement needs to hold in mind..benefits and non-maleficence which is very much thinking..you shouldn't be contributing to*

harm and I think, some level of withdrawal or not supporting things from an informed perspective…can be contributing to harm." (Participant 6).

One participant illustrated the challenges of not having a sense of direction:

"where emotions are telling you something useful..yes I can place where the emotion's coming from and then I don't have anything to do like I don't have an idea of what to do with it… I don't know in what direction which can be really hard." (Participant 6).

A couple of participants described tuning in to their emotional responses and considered how these feelings could drive actions.

"*Almost coming back to what emotional responses might come up within the work, and recognizing how the function of anger might be to act in response to injustice*" (Participant 5).

3.4.4 Subtheme: How we view ourselves as psychologists

The interviews suggested that there are varying ideas about ways CPs are expected to work which could influence what they might do to help prevent homeless for CYP and families.

Several participants but not all considered how instilling hope that change is possible is a key aspect of their role as a psychologist and applied this to the context of homeless prevention.

".. I think doing the job of a clinical psychologist requires holding on to hope….for families because we're often working with families in their darkest moments where hope has left. And so I think that through you know, through my experience in my training, in this role, I think, yeah, I think that is a really, really important thing that we bring and where does it come from? I guess it comes from knowing that that change is possible" (Participant 1).

"I think it's it is important to hold on to hope and try to find it somewhere" (Participant 5).

There were varied ideas amongst participants about what they considered as their role in preventing homelessness for CYP.

A number of psychologists considered the role of a psychologist to be more than providing therapy.

> *“Perhaps I don't know if I'm making sweeping assumptions about generations of psychologists have come before, but I think views can be a bit a lot more narrow in terms of what psychologists are here to do…this is how we see ourselves and what we acknowledge an 'cause I think…. actually we are in a position of leadership within the NHS, and as a profession. We need to use that leadership rather than just assuming we're here to do a slightly an XY role (*referring to the role of just providing therapy*), if that makes sense*.” (Participant 5).

> “..*we know that offering one to one psychological interventions is not the solution here..”* (Participant 8).

On the other hand, there were anomalies that didn’t see it as their role to be involved in preventing homelessness beyond safeguarding CYP in their clinical work because they felt it wasn’t their professional interest.

> “*Yeah, sometimes there are wider professional issues. Yes, you can get involved in things and I am involved in stuff, but homelessness wouldn't be up there for me because it's not my bread and butter. So I'd be like I hope somebody else does that*.” (Participant 10).

Some participants discussed their ideas about how politics fits in with the CP profession which further highlighted varying opinions about what CPs expect about their role. A few participants spoke about ideas within the profession that ‘psychologists don’t take a political stance’ but elaborated that not taking any position was still a political act. A few participants considered that the profession needed to dramatically change how they worked in taking a more political stance.

> “*I think that means a radical shift in how we view ourselves as psychologists and what we're willing to do*.” (Participant 4).

In contrast another participant said that homelessness prevention should not be framed as ‘radical’ but is about connecting with fundamentals of human compassion.

> "*There's often the idea that it's just something really radical to take care about homelessness when actually it's something really basic is just basic humanity and compassion you're neglecting*" (Participant 3).

Where it was apparent that CPs in the study held different views about the role of CPs in preventing homelessness, one participant highlighted that there are positive aspects to CPs working in different ways.

> "*I think clinical psychology as a profession is often seen in this like homogeneous way and I think, yeah, I know, in my cohort we there was like hugely different ideas about how we might formulate, for example, how we might, what would be our initial ideas or sense making or, you know it's a huge range there of like you know people that might be really thinking about neuropsychology and the impact of trauma on cognition and really thinking more about the maybe kind of biological underpinnings, which is really hugely helpful, and then other psychologists that might be working in really different ways of. You know community work for example, or thinking about. Where you place like thinking about kind of different particular models.*" (Participant 2).

4. DISCUSSION

4.1. Chapter outline

This chapter will discuss the findings from the study in light of the research questions and the current literature. A critical review of the research will be presented outlining quality checks and the strengths and limitations. The implications of the findings will be discussed in relation to clinical practice, services, training, and future research. Considerations for how the current findings apply for interventions at societal level will also be provided. The last section outlines the conclusions of the study.

4.2. Summary of the research questions and themes

This study explored CP's views and experiences of helping to prevent homelessness for CYP and families. The aims of the study were to investigate the following research questions:

- How do clinical psychologists identify CYP at risk of homelessness?
- How do clinical psychologists think they can support CYP at risk of homelessness?
- What do clinical psychologists perceive as some of the barriers and facilitators for preventing homelessness for CYP?

Two themes were created to summarise the research findings which were:

'*Different layers of Impact and Intervention'* and '*Personal and Professional Influences*'

4.3. Integrating research findings in the research questions and literature.

4.3.1. How do clinical psychologists identify CYP at risk of homelessness?

Part of the research explored how CPs identify CYP at risk of homelessness. The question stemmed from wanting to get an insight into how CPs assess for risk of homelessness in CYP. The question also connected with wanting to gain insight into what CPs understanding may be of risk factors broadly beyond individual practice since this is hypothesised to be related to what prevention practices may be suggested (Batterham, 2019).

Within the theme of '*Different layers of Impact and Intervention*' CPs identified multiple factors that impact risk of homelessness such as the housing market, income inequality, hostile policies on immigration, relationship breakdown or lack of social supports, physical health complications, renting privately, and not having access to school or a healthcare where risk could be identified and where families could be signposted to the right supports. CPs in the study identified comparable risk factors to those identified in the literature (Batterham, 2019). Batterham (2019) identified specific risk factors for homelessness which were limited social capital, low or unstable income, dependence on others to access or maintain a place to live, discrimination, and the housing market which are very similar to what participants describe in the study. CPs in the study also had similar beliefs to what is already hypothesised about homelessness that it is a 'wicked' problem (Rittel & Webber, 1973) meaning that there is not one solution or cause to the social problem of homelessness (Batterham, 2019; Fitzpatrick, 2005).

CPs in the study elaborated on how social factors and adversity within or outside the family may impact relationships in the family which may increase risk for CYP of becoming homeless. These ideas relate to theories already mentioned in the literature review about the potential impact of financial and housing stresses on attachment (Carr, 2005; David et al., 2012).

Even though all participants understood that there is a combination of factors that place CYP more at risk of homelessness, there was variation among participants regarding the degree to which they emphasised individual factors or societal factors. It seemed difficult for participants to equally hold in mind both individual

and social factors when talking about risk factors for homelessness. Some participants emphasised that there is often less focus on holding governments and society to account for how policy and societal ideas influence CYP. Other participants were more specific about the influence of transgenerational trauma. It is apparent from the current study and literature (Batterham, 2019) that there are varied reasons why CYP may become homeless depending on unique circumstances of the CYP.

When asked about individual practices, CPs identified that psychologists ought to assess for risk of homelessness for CYP. Participants shared ideas about how they might assess for risk. They mentioned asking service users direct questions related to things like their housing or financial situation, whether they are asylum seeking or refugees, whether they have a support network, and the impact of disabilities. The findings from the current study are similar to previous suggestions about what to ask when asking about risk of homelessness (Bearsley-Smith et al., 2008; Shelter Legal England and Wales, 2018). Furthermore, the current findings expand on the previous literature as CPs in the study shared nuanced ideas about different methods of assessment beyond asking service users directly. For instance, some encouraged that CPs ought to visit service users' homes, if possible, to get a clearer picture of people's living circumstances. It was also advised, if possible, to first approach professionals already involved in supporting CYP and do a preliminary assessment, giving the opportunity to later share the professionals understanding with CYP or family member and gather feedback whether professionals correctly understood the CYP's circumstances. It is apparent that there are many ways that CPs may approach how they assess for risk.

Interviews provided useful insights to be considered such as the potential reluctance of service users to share about social circumstances because of stigma about talking about finances or fears that their children would be taken by social services. It was advised that some of this can be better approached through initially building a therapeutic relationship with CYP and families.

The study outlined that CPs have a role in asking about risk of homelessness. One participant shared that they didn't think CPs had any unique skills to address

homelessness relative to other professionals but explained that psychologists can be in a good position to ask because they already ask personal questions in their assessment. This follows a similar line of thought by Waldegrave (2005) who asserts therapists witness emotional pain of service users every week and have a responsibility to identify causes and advocate for individuals and populations.

Whilst CPs recognised a role in assessing for risk of homelessness many shared that they did not routinely ask. These accounts of CP's safeguarding practices contradict BPS safeguarding guidance which advises CPs carry out routine assessment of housing and economic factors (BPS, 2018a). Asking about social circumstances as part of a comprehensive assessment is not a new idea, for instance Carr (2005) outlines asking about living conditions and financial resources in his template for psychology intake interviews (see chapter two about intake assessments).

Several barriers were identified by participants, for instance some had not thought to ask or had not considered the idea of 'preventing homelessness' but were influenced by the interview to implement questions into routine assessment procedures going forward. Another barrier was assuming that other professionals had already asked about social circumstances or relying on service users to share information about their financial circumstances/housing situation. On reflection, would CPs forget to ask about other information in assessment or is there something unique about asking about social circumstances? This raises questions about what might be different about asking about finances. One speculation might be considering how comfortable CPs feel about having a higher income than the average person, or they may assume questions are better suited to social care or may not know how to ask? The findings also identified barriers such as lack of training or guidance within their organisation around identifying and supporting CYP at risk of homelessness.

Through a case example, one participant illustrated problems with not asking about people's living circumstances. The CP had recommended a parent give their child space to go to their room, but four sessions later realised that all three family members shared the same room and so could not implement their recommendations. This was resolved only when the service user highlighted the

constraints of their living situation.

In hindsight of completing the research, the question of identifying risks to homelessness appears more complex. There is interest in the literature to identify risks for homelessness. For instance, as mentioned earlier Batterham (2019) has written about connecting micro level risks factors such as physical health complications to broader macro level risks such as housing markets and argues for profiling more specifically how a combination of factors contributes to homelessness. A few participants talked about problems with narrowing the question of identifying risk of homelessness and of profiling individual circumstances as it is believed that it could create blame on individuals at risk of homelessness where it is also a responsibility of society to take better care of each other. It appears difficult to strike a balance as with most 'wicked' problems (Rittel & Webber, 1973).

4.3.2. How do clinical psychologists think they can support children and families at risk of homelessness?

The interviews offered insights that the concept of homeless prevention appears not to be hugely established in the CP profession. Several participants mentioned that they had not been familiar with homeless prevention practices before the interview aside from preventing further street homelessness. Nevertheless, based on their experiences, CPs in the study suggested ideas about ways to help prevent homelessness for CYP.

CPs talked about different ways they can support CYP at risk of homelessness such as individual support, supporting relationships with CYP and their carers, and contributing to changes at a service or wider structural level. The current findings are in agreement with suggested interventions for mental health for CYP recommended by guidelines which is to not only provide therapy (Faulconbridge, 2016). As mentioned earlier there were differences among participants on the types of interventions suggested which partially depended on the setting they were working in but also what they considered to be their role and what aligned with their values. Interventions suggested are organised into sections at various levels such as at a local level or 1:1 level, service level, and in wider society.

4.3.2.1. Interventions at an individual and local level: There were varying opinions about what CPs in the study considered that they could do to support CYP at risk of homelessness beyond 1:1 work despite agreement that prevention of homelessness requires interventions across different systems that impact CYP. However, several participants also talked about one-to-one interventions for CYP and their families which are discussed below.

As mentioned in the previous section on identifying risk of homelessness in CYP, CPs in the study considered that psychologists working with CYP have a role in assessing for risk of homelessness and provided details about how to complete a comprehensive assessment.

Alongside assessment, several but not all participants talked about how relative positions of power related to homelessness and prevention practices. Throughout interviews some participants identified that it could be helpful to acknowledge feelings of powerlessness that CYP and their families may experience in relation to wider societal circumstances that impact them. The current findings relate to ideas about how inequalities may not be spoken about and can have silencing effects which has been believed to potentially contribute to CYP internalising stigmatising identities (L. Smith et al., 2018).

In a similar context of power, some CPs shared that psychologists should acknowledge strengths and resources of CYP and families asking them what has helped them to survive adversities. These findings are consistent with the literature which highlights how people living in poverty are often positioned as vulnerable but that there is a need to recognise strengths (Davis & Williams, 2020; Destin, 2019). Furthermore, the current findings support a paper which outlines the use of narrative approaches encouraging development of alternative strength-based stories about youth living in hostels (Little et al., 2008). It appears from findings that CPs are suggested to strike a balance of recognising strengths and resources of CYP whilst also acknowledging societal factors that impact CYP so they don't take on stigma from inequalities they may experience.

CPs in the study also talked about their own relative power within the profession to advocate for CYP at a local level. For instance, some elaborated on the ways they might support CYP such as connecting them with legal supports, advocating

for families e.g., if they are being evicted, setting up a meeting with a housing mediation officer, or writing a supporting statement letter for housing applications. Other participants shared that they would directly refer to a social worker especially if they felt that their team was well resourced with social workers. It appears that CPs roles may vary depending on types of services they are working in.

Ideas about relative power that some CPs in the study spoke about fits with theories like ecological systems theory (Bronfenbrenner 1979) and echoes ideas written about by Smail (2009) who writes about how powers within wider society are more hidden but have a large impact on the circumstances of individuals. Similar to the thoughts of some participants, Smail (2009) writes about the problems with the weight of responsibility individuals feel in being to blame for their circumstances rather than also bearing in mind the impact of how societal powers influence the degree to which people can change their circumstances.

Overall, whilst CPs offered different suggestions for interventions towards preventing homelessness for CYP, an important aspect that the research highlighted was taking a holistic and collaborative approach to supporting CYP. There was a pattern of responses that talked about interventions needing to be flexible to CYP and families social, cultural, and emotional needs which involved being attuned to CYP and adapting their responses to what they need in the moment. Psychotherapy literature has already pointed to the need to adapt interventions and work in a collaborative manner with individuals based on attachment, stages of change, gender identity, sexual orientation, disability, and religion and culture (race/ethnicity) and their unique circumstances (Norcross & Wampold, 2018) however this doesn't appear to have been written about in the context of CPs and homelessness prevention for CYP.

There were a diversity of responses as to how CPs in the study suggested they attend to social needs for families. Some CPs in the study suggested that CPs are more mindful of social contexts when supporting CYP and families at risk of homelessness to include adapting to people's housing situation in assessment and in intervention suggestions. Some CPs in the study believed that basic needs ought to be met first before being able to attend to psychological needs.

Furthermore, other participants described that clinicians can be misled by Maslow's hierarchy of needs (Maslow, 1943) in thinking that for every person basic needs ought to be provided first before any psychological support is offered. Some participants shared that on occasions it has been possible to offer psychology support even when housing situations might not be stable. More recent scholars have also stated a preference for theorising that the different levels of actualisation in Maslow's (1943) theory of hierarchy of needs are better considered as overlapping needs rather than hierarchical (Kendrick et al., 2010). These ideas are supported in the literature which evidence examples where homeless people have been supported for their mental health alongside being supported with social needs (Pleace & Bretherton, 2013; Seager, 2011).

Similar to the need to have greater consideration for CYP's social context, some CPs in the study identified how psychological and emotional support might not be as considered when supporting people with social contexts such as housing. Furthermore, the interviews highlighted that providing psychological or emotional support was not limited to talk therapy. In these contexts, some CPs offered suggestions as to how they may communicate to the CYP that they are available and holding this child or young person in mind whilst respecting that some CYP would not find talking therapy helpful. A few CPs also talked about providing psychological support indirectly such as consulting with other team members who have an already established relationship with the CYP and helping them think about the emotional aspects whilst they are also supporting with housing and social needs. This is similar to Seager (2011) ideas about providing psychologically informed environments.

In situations where CPs might provide therapy participants shared that they might be flexible in their approach such as considering the location of where therapy occurs. For instance, one participant mentioned alternative forms of therapy taking place in a housing estate that has been trialled in the organisation Music and Change MAC UK (Zlotowitz et al., 2016). MAC UK also have been known to draw on creative approaches such as sometimes incorporating music and arts, being led by the CYP and what their preference is and co-working with and supervising peer mentors. Seager (2011) has also written about similar ideas. He writes about how some people that are homeless who have experience

complex adverse experiences and insecure attachments may not find traditional talk therapy helpful and recommends being attuned and flexible to the persons interests and level of engagement (Seager, 2011). The current study provides a useful reminder of this that CPs are also flexible in working with CYP.

CPs in the study also described working systemically with CYP and their families or carers such as supporting to re-build or create relationships and a sense of belonging or safety in families. These ideas of working systemically fit with practice guidelines in supporting CYP (Faulconbridge et al., 2016). Furthermore the current findings fits with homelessness prevention strategies which outline a role in family mediation which has been talked about outside of the psychology discipline (Quilgars et al., 2005). However (as the current research findings also allude to) it is important to also consider the social contexts which might impact relationships (Carr, 2005; Duschinsky et al., 2015) so they are not ignored in suggested interventions for preventing homelessness. It is also important to note that not all people who become homeless will have insecure attachments.

4.3.2.2. Interventions at a service and community level: CPs in the study suggested actions they could take at a service level that relate to preventing homelessness for CYP. Some CPs shared ideas about engaging communities and collaborative working across services which are detailed in this section. CPs in the study acknowledged their relative power and limitations to make changes alone in preventing homelessness for CYP. However, some CPs suggested that CPs can do small things to promote changes to systems of structural inequalities. CPs also indicated the need to work collaboratively with others in achieving changes both at an individual and wider level. For instance, the findings described a role for multidisciplinary working such as joining up with police, school, social care, and other health disciplines to collectively help to prevent homelessness. These suggestions in the current findings are consistent with recommendations for multidisciplinary working in the profession (BPS, 2017).

CPs in the study identified a role in facilitating discussions at a service level. They provided examples of ways they encourage reflexivity in others such as in team meetings or facilitating reflective spaces in various contexts such as youth

offending teams and in a council setting. This supports established guidelines about the role of psychologists that outlines ways to work indirectly with professionals (BPS, 2017). These current findings expand on guidelines in providing examples of indirect work that relate to the context of preventing homelessness for CYP and families.

CPs in the study offered useful suggestions about facilitating reflective spaces for instance they advised not to direct blame toward individual professionals because it might perpetuate individualistic ideas and defensiveness rather than consider how collectively people are socialised to dominant ideologies. These ideas relate to Atkinson et al. (1993) who write about challenging superiority of white identity in counsellors. Atkinson et al. (1993) describe the process that professionals may go through in identifying their role in maintaining racism. Atkinson et al. (1993) describes that people may first feel caught up in shame or guilt of their new awareness, then they might begin to understand how they have been socialised to racism, and lastly taking responsibility for the ways they might maintain dominant ideologies (Miller, 2002). These processes described by Atkinson et al. (1993) appear to overlap with different accounts from CPs in the study where some mentioned experiencing emotions of guilt about their privilege and others being closer to stages of thinking about ways to address these inequalities.

The findings indicated that psychologists ought to reflect and refine their ways of working in the profession. For instance, CPs in the study identified that by taking expert or ‘paternalistic’ positions psychologists might unintentionally perpetuate young people’s vulnerability. The current findings are in agreement with guidance from the BPS (2017) which outlines how CP’s practice can be shaped by their own biases and personal experiences. The BPS suggests that CPs exercise reflective practice through regular supervision and consultation with others (BPS, 2017) which was also indicated in the current study.

Furthermore, some CPs in the study elaborated that CPs ought to value community and CYP’s resources in finding solutions to problems related to homelessness. Some CPs were explicit about being influenced by community psychology ideas in thinking about what they can do to help prevent homelessness. Previous literature has documented ways that mental health

professionals have joined up with marginalised communities to tackle issues related to the housing system (Carey et al., 2022). These have not been evaluated formally but offer insights to what this type of work might look like.

The current research provided examples of interventions that are co-produced with peer mentors supporting marginalised young people living in housing estates (Hodgson et al., 2019). These findings support other literature outside of psychology which has highlighted peer mentoring as an approach to preventing homelessness in CYP (Quilgars et al., 2005). Furthermore, the *Introduction* section described a paper in the US (Destin, 2019) outlining peer led interventions for marginalised youth aiming to positively impact their sense of identity and education pursuit, (it has been previously outlined how these are linked to homelessness). Overall, these ideas of co-production and working with communities are consistent with national policies and guidance that place emphasis on prevention and co-production in healthcare (BPS, 2018a; Faulconbridge et al., 2016).

4.3.2.3. Interventions at a wider societal level: As mentioned earlier, CPs identified the relative power of the profession and theorised how their power could be used to influence systems through dissemination of research and advocating for marginalised voices. Furthermore, several but not all participants saw a role in advocating at a wider level through activism, writing open letters to government, supporting campaigns, talking to commissioners, and being involved in shaping policy. These findings support expectations that psychologists have roles beyond therapy (Faulconbridge et al., 2016; Harper, 2016). It is important to note that whilst most participants talked about macro level work, one participant shared that they didn't feel it was their passion but believed that it was needed to address wider problems.

The research findings outlined that CPs can be strategic in developing relationships with and increasing awareness in people who are in the position to influence change on a wider scale such as commissioners, politicians, other professionals at multi-agency meetings and the media. These findings support ideas outlined in a paper mentioned in the literature review that discussed the role of psychologists in tackling poverty (Davis & Williams, 2020). The authors

suggest sharing research findings and practice reflections with policy makers and media and recommend psychologists are more involved in evaluating policy (Davis & Williams, 2020). Furthermore, the current findings which emphasises CPs working to intervene at wider systems like at a policy level align with guidance for supporting CYP (Faulconbridge et al., 2016).

The findings suggested that CPs adopt a flexible approach to responding to different needs of CYP and families. For example, one CP suggested that psychologists could advocate for adapting designs such as social rented homes to accommodate for larger families. A search identified one example where Hackney council have implemented a project which consulted with a Haredi Jewish community in designing a housing block to accommodate to their religious and cultural needs (Sherwood, 2017). Whilst it might not be unique for psychologists to offer these insights there could be scope for psychologists to advocate for greater collaboration with communities on design of social houses being built.

CPs identified a role in engaging with the media to communicate about social inequalities and to elevate marginalised voices however stated that they felt there are not many psychologists actively seeking opportunities to comment in the media. CPs in the study didn't share how they themselves might become more involved communicating with the media which may indicate that people feel it's for someone else to do. A paper by Barnett et al. (2007) analysed publications in the media to illustrate stigmatizing narratives published in the media about people living in poverty. The current research findings support the ideas from the paper that psychologists should find opportunities to include marginalised voices in the media who are described to be often silenced (Barnett et al., 2007). It is suggested that psychologists share resources on how they can engage with journalists (Barnett et al., 2007).

Overall, the current research findings broaden the understanding about what CPs can do to help prevent homelessness for CYP and families in a UK context, although participants responses can't claim to speak for the views of the diverse profession of clinical psychology. It is important to note that there were varying

levels of familiarity amongst participants about the idea of 'preventing' homelessness for CYP, however all participants were able to consider from their experience of working with CYP what might be helpful.

Applying the five-category homeless prevention framework (Fitzpatrick et al., 2019) to the findings there is evidence that CPs considered various levels of prevention. Many participants stated that prior to the interview they had always thought of homeless prevention as prevention of repeat homelessness as 'Recovery prevention' (Fitzpatrick et al., 2019). However when discussing ideas about prevention of homelessness before CYP become street homeless, CPs did recognise the need to intervene at a population level. For instance, CPs named social determinants as risk factors for youth homelessness and provided suggestions for interventions at policy level which fits 'Universal prevention' practices (Fitzpatrick et al., 2019).

4.3.3. What do clinical psychologists perceive as some of the barriers and facilitators for preventing homelessness for CYP?

Overall CPs in the study talked about personal and professional experiences and resources that appeared to influence psychological practice around preventing homelessness for CYP.

CPs in the study reflected on experiences that have shaped their ideas about risks of homelessness such as personal experiences of marginalisation or being influenced by training and working with service users who are marginalised. The current study supports findings from other research which also found that working with homeless populations and receiving training influenced attitudes towards homelessness (Glennerster et al., 2017).

Additionally, How CPs in the study viewed the role of psychology appeared to influence interventions they suggested. It was apparent that there was a diversity of views amongst CPs in the study in relation to CPs role in preventing homelessness for CYP.

When discussing the role of CPs, a number of participants talked about providing hope and instilling the belief that change is possible. These ideas somewhat resonate with a paper which describes ways to instil hope in clinicians who face despair related to social inequalities (Morgan et al., 2019). However, this is an

opinion paper written by CPs rather than a research paper. Furthermore, as mentioned before it seems important to strike a balance between acknowledging external powers which make change difficult (so as not to recreate stigma) whilst also being hopeful and acknowledging people's resourcefulness.

A few CPs suggested that the profession needed a culture shift in what they consider as the professions role in helping to prevent homelessness for CYP. One participant described that CPs roles needed to be 'radically' different to current ideas, they expanded that CPs needed to for example learn more about laws related to housing and entitlements. Opinions differed where another CP in the study expressed that preventing homelessness should not been seen as 'radical' when inaction is considered as neglecting 'basic humanity'. Professional guidance appears to be in line with a culture that supports efforts to address social inequalities which relate to preventing homelessness (BPS, 2018b; Faulconbridge et al., 2016), however from the study there appears to be less of a culture of this in clinical practice. Nonetheless, consideration should be given that accounts from the CPs in the current study may not reflect the wider professional practice of CPs in the UK. Further research may provide greater insights.

In contrast to other participants, one CP mentioned that helping to prevent homelessness for CYP at a wider societal level was not their passion but saw a minimum role in assessment of risk and signposting to other services or team members such as social care. They shared that they hoped other psychologists were more passionate to intervene at wider service and government levels. This demonstrates differences in the profession in how CPs perceive their role to be in helping to prevent homelessness for CYP. The current study offered useful advice in valuing different ways of working in the profession as perhaps this might minimise polarisation within the profession and instead generate more open discussion.

CPs shared aspects that they felt facilitated or made it harder to help prevent homelessness for CYP and families. CPs demonstrated an awareness of the wider power structures impacting the degree to which they feel they can help to prevent homelessness for CYP. As mentioned earlier, it seemed to be important

for CPs to recognise the impact of wider systems impact CYP to consider the need for collective efforts to address the wider problems and to avoid feeling overwhelmed by a sense of individual responsibility.

The findings highlighted that support from others and a need for direction were significant aspects in facilitating efforts to prevent homelessness for CYP. CPs shared that they felt it was important to feel like they have others supporting them such as team members, supervisors, and managers. Some CPs suggested that they could feel supported by other psychologists or people from outside of work such as others engaging in activism. These findings reflect the inherent social nature of humans.

CPs talked about wanting for professional bodies to provide more guidance and felt that professional bodies needed to be firmer in their position on homelessness prevention. Some CPs shared that they felt that psychologists were cautious to talk about social inequalities related to homeless prevention in public because this was seen as political and maintained that not saying anything is still taking a political position. One speculation about why psychologists are less public about their political position might be related to fears of losing their job because of highlighting problems with government and services that are employing them. This could relate to CPs describing the need to feel support from allies. Disrupting the status quo may illicit challenges and fears about changes that can be hard to manage (Miller, 2002). Having support from a professional body might encourage psychologists to feel safer in outlining problems with current systems that perpetuate risk of homelessness for CYP. Lately the BPS have produced guidance around tackling social determinants like poverty (BPS, 2020b).

Some CPs suggested additional training after qualifying could offer a sense of permission and enabled some of them to feel more comfortable to ask questions about finances and supporting service users. CPs suggested sharing successful stories or witnessing change were helpful facilitators. These ideas could be explained by social learning theories about learning through modelling and building confidence through experience and reinforcement (Bandura, 1977). For instance, if a CP experiences success with a housing application they are more

likely to feel confident in future practice. Social learning theory could also be applied to the idea suggested by CPs in this study to have more leadership placements on clinical training for trainees to gain confidence working across systems. These findings support papers written about facilitating leadership competencies for CPs. One paper provides an example of a leadership placement on clinical training (Peacock-Brennan et al., 2018). Other papers outline how CPs can apply what they have learned in their clinical training to influence policy and systems at a macrolevel (Browne et al., 2020; Faulconbridge et al., 2016).

Another facilitator identified in the current findings was recognising the need for self-care to sustain practices aimed at helping to prevent homelessness. CPs highlighted that self-care is important to avoid or alleviate burnout experienced from the impact of stressors that arise from witnessing impacts of wider oppressive systems. A paper by (Reynolds, 2019) offers useful insights on collective responses to burnout. She elaborates on two responses associated with burnout which is either the hero/rescuer who becomes over involved in supporting people or a worker who has a disconnected shut down response to suffering (Reynolds, 2019). She identifies that somewhere in the middle of these is the ideal position where people are connected and working in line with their ethics and values with an openness to being reflexive about their work.

Overall, there were a mixture of ideas linked to personal and professional experiences and resources that appeared to influence CPs homeless prevention practices for CYP such as how psychologists viewed themselves, support from others, need for direction, and hearing successful stories. It appears that it could be good to strike a balance between valuing diversity of the profession and being supportive with others in their approach to homelessness prevention whilst sharing successes and advocating that CPs have a responsibility to safe guard and work collaboratively with others.

4.3. Methodological reflections

This section outlines a critical review of the methodology of this study.

4.3.1. Reflexivity

To ensure the quality of the research it is proposed that researchers exercise a form of responsible rationality, meaning that researchers engage in critical questioning of their interpretations (Manicas, 2009). It is suggested that researchers exercise both personal reflexivity and epistemological reflexivity to ensure the quality of the research (Willig, 2013).

4.3.1.1. Personal reflexivity: Personal reflexivity is where researchers think about how their own personal assumptions and values that shape the research (Willig, 2013). I have maintained efforts to exercise reflexivity throughout the research through discussions with my supervisor and colleagues and noting thought processes in a reflective diary. This process involves recognition of contexts that have influenced the formation of the research questions and how these and the research methodology used shape the research outcomes (Willig, 2008). In attempts to be transparent for readers I have outlined my personal views about the research and my ideas about helping to prevent homelessness in the *Methodology* chapter.

4.3.1.2 Epistemological reflexivity: Epistemological reflexivity involves thinking about assumptions underlying the formation of the research such as research question, the design of the research, the methodology used in analyses, and how other approaches might have resulted in other outcomes (Lazard & McAvoy, 2020).

From a critical realist perspective, it is considered inevitable that the research is influenced and shaped by the researcher's and participants interpretations (Roberts, 2014). For instance, at the outset I considered how coming from a clinical psychology background participants and the researcher's position would influence the outcomes relative to for example if I had interviewed people at risk of homelessness or members of the public. Furthermore, there were specific assumptions in the interview schedule questions which may have directed responses of participants. Ways I tried to mitigate this was for example by attempting to be less leading in the interview questions by stating that it wasn't

assumed that CPs have a role in preventing homelessness. I set out to remain critical of the methodology throughout the research process discussing reflections in my research supervision.

4.3.2. Quality Evaluation

A chapter written about critical appraisal of qualitative research advocates for the use of Lincoln and Guba's (1985) quality criteria to establish what studies could be included in a Cochrane systematic review (Hannes, 2011). Lincoln and Guba (1985) contend that credibility, transferability, dependability and confirmability are reviewed for qualitative research to be considered as 'trustworthy'.

Credibility is evaluated by reflecting on the degree to which the presentation of the results represents the views of the participants (Hannes, 2011). This can be achieved through asking the participants to validate the findings (member checking), debriefing with peers, use of verbatim quotes, and analysis of data by another researcher (Hannes, 2011). Credibility was maintained by taking time to establish a thorough comprehension of the participants views. Moreover, the thesis supervisor and colleagues were consulted on the themes and analysis which shaped the final themes.

Transferability is described as the degree to which the findings can apply to real world settings (Hannes, 2011). The research findings cannot claim to be generalisable in the same way empirical studies are evaluated in terms of probability (B. Smith, 2018). Not mentioning generalisability may either undermine the significance of findings or perhaps influence assumptions that findings represent the views the entire profession (B. Smith, 2018). The details of the participants demographics were provided in the Methodology section to consider the contexts to which the findings could be generalisable.

Dependability refers to the degree to which the researcher has taken a rational and responsible approach to the research (Manicas, 2009). This has been maintained through documenting the process keeping a reflective log and detailed discussions of the research process with the thesis supervisor. Confirmability is evaluated by reviewing the impact of the researcher biases on the research process (Hannes, 2011). The Methodology section demonstrates how the quality was maintained which outlines how decisions processes were

made and describes the researcher position.

4.3.3. Research Limitations

Participants were recruited from social media or snowball techniques which raises questions about the type of CPs who might volunteer to be interviewed, for example perhaps they may have more interest or experience in reflecting about social issues. Most participants appeared to be particularly passionate about the research topic however the sample also included participants who seemed less motivated providing a degree of balance.

Another limitation to the study is that due to time constraints I have not been able to follow recommendations on ensuring reliability of coding. Typically, it is recommended that the data is coded by two independent coders (Terry et al., 2017), however themes were reviewed with my supervisor and colleagues. Additionally, there was not time to integrate feedback from participants about the degree to which the research findings represented their views.

Continuous participant involvement can help researchers to be attuned to the needs of populations across the research process (Lyons et al., 2013). Under ideal conditions the research would have ideally been implemented with participant involvement at every stage of the study including the design analysis and considerations for future actions based on findings. It would have strengthened the study to have involved young people and families' voices.

5.3.4. Research Strengths

Manicas (2009) suggests that an enquiry from a critical realist qualitative research aims to potentially provide more explanation of why people hold their beliefs and might modestly highlight power differentials. A strength of the research is that it offers a greater depth of information about UK CPs as there hasn't been a study exploring CPs experiences and ideas about preventing homelessness prior to this. The study has provided some modest insights about power differentials at play in the context of homelessness.

Another strength of the study is that some aspects of the research were influenced by consultations with people working with homeless people and young people. For instance, when I was forming my research topic, I consulted with CPs supporting children and young people to ask about the usefulness of the research

within a clinical context. The CPs shared that they considered the research to be relevant to clinical practice. Furthermore, I shared my research interview schedule with a social worker and someone working for a homeless charity, their feedback was valuable in shaping the final interview schedule as well as in considering the overall context of the study.

Furthermore, some participants provided feedback that the research interviews helped them generate ideas about possible new directions to take in relation to preventing homeless for young people and families.

4.4. Implications from the research

4.4.1. Clinical Implications

Overall, the interviews provided ideas about what might facilitate CPs to help prevent homelessness in CYP and their families. CPs outlined that having a sense of direction about how to support CYP at risk of homeless would make it easier to implement actions. CPs indicated that guidelines and permission from a professional body would be helpful. Furthermore, other facilitators suggested were further training and hearing successful stories from others. CPs indicated that it was important to feel supported by others such as team members or allies outside of the workplace providing encouragement, a space to reflect and opportunities to learn from others. These facilitators are useful to hold in mind in thinking about implementing suggestions from the findings.

4.4.1.1. Working 1:1 with CYP and families: There were some useful ideas shared about how CPs might help to prevent homelessness at an individual level such as working collaboratively and systemically if possible. Of note, some CPs expressed hesitation with being overly focused on supporting CYP at an individual level as this work alone doesn't address the wider social determinants impacting mental health and risks of homelessness (Batterham, 2019; Fitzpatrick et al., 2019).

4.4.1.2. Assessment: The findings indicated that not all CPs are routinely asking about families' social circumstances. However, guidance supports that CPs should carry out comprehensive assessments that include a holistic formulation about physical, psychological, and social contexts for young people (Faulconbridge et al., 2016). It was advised that CPs directly ask service users

about risk factors such as their housing and finances, their support network, impact of disabilities, and if possible, advised that CPs visit their home or ask these questions to professionals who are already supporting service users.

It was indicated from accounts of CPs in the study that families may be concerned to share about their social context for fear of social care involvement, it might be helpful to explain the varied roles of social care workers, deconstructing myths that they might 'take children away' whilst also acknowledging their concerns. Where CPs might not be knowledgeable about to how to best help it was suggested that they are responsive to people's concerns and gain consent to signpost to relevant supports.

Where risk of homelessness is identified CPs can support by signposting to relevant services such as social work, charity organisations and legal supports. CPs shared they are sometimes involved in writing housing support letters and advised to try to follow up with families regarding outcomes of their housing application.

4.4.1.3. Psychological support for CYP and families: The current research findings align with practical guidance on working with CYP and their families which suggest working systemically and collaboratively with CYP and families, acknowledging their resilience (Faulconbridge et al., 2016). CPs should emphasise families and CYP person's strengths and resources in finding solutions and instil hope that changes are possible albeit within the constraints of wider social structures (McClelland, 2013; Faulconbridge et al., 2016; Waldegrave, 2005). CPs shared the view that CPs adapt interventions depending on CYP and families' circumstances. For instance, CYP may choose not to live at home or may have fragmented relationships with their carers. It may be useful to draw on guidance for working with children who are at the edge of care or at high risk of going into care, NICE guidelines provide recommendations such as ensuring that CYP, and their carers are given equal access to interventions for attachment difficulties (National Institute for Health and Care Excellence [NICE], 2015). There are often times where families present in crisis and are not given appropriate supports that might result in children being taken away or restrictive practices towards parents where this could have been possibly

prevented with supports earlier on (Gupta & Blumhardt, 2016).

CPs in the study alluded to the impact that social inequalities may have on CYP's identity which is also supported in the literature (Destin, 2019; Little et al., 2008). CPs might support CYP through providing a space for CYP and families to talk about inequalities and facilitate ways of repositioning themselves in society. CPs should consider that it can be possible to offer psychological support either directly or indirectly whilst families are being supported for social needs like housing. Furthermore, CPs should try to find ways that services provide peer support type interventions for CYP which requires consideration about how peer support workers are employed, trained and supervised (Zlotowitz et al., 2016).

The findings support existing knowledge that CPs should see their role as more than providing therapy (BPS, 2019; Faulconbridge et al., 2016). The interviews indicated that supporting CYP at risk of homelessness ought to be a collective effort across disciplines and services in the community such as school and local authority. CPs recognised the value in working as a multiple disciplinary team (MDT). The findings provided ideas about working indirectly such as consulting with other professionals about the psychological aspects of supporting CYP and families. CPs can offer support through providing reflective spaces where staff can reflect on their responses to CYP and families they are supporting.

A paper by L. Smith (2009) offers suggestions about how psychologists might facilitate reflexivity. The have written about how white clinicians can address how the impacts of racism has advantaged them which could be useful to refer to in thinking about the context of class (L. Smith, 2009). Other papers have described how to facilitate critical reflection on class and poverty at doctorate training (Stabb & Reimers, 2013; Woods-Jaeger et al., 2020). However, as some participants have alluded to preventative efforts requires both reflection and action.

Additionally, the findings and guidance suggest that CPs and services work alongside local communities (Faulconbridge et al., 2016). One CP shared an example of how they set up an action-oriented group which involved CPs meeting once monthly inviting members of the community such as local activists, researchers, and legal organisations to share success stories and ideas about

how psychologists can be better supporting needs in the community related to homelessness. This idea would be a useful to share within the profession. Future research might examine whether a group like this would be effective in preventing homelessness for CYP.

4.4.2. Implications for services

The findings suggest services supporting CYP and families should offer mandatory training about safeguarding those at risk of homelessness. Considering that CYP and families at risk are often marginalised (Davis & Williams, 2020; Destin, 2019), it could be suggested that the design of the training be influenced by marginalised voices. It should be considered that managers and supervisors equally attend training to ensure efforts to prevent homelessness are supported from the top down.

There should be more efforts to encourage services working together and with communities to collectively work towards solving issues related to factors impacting risk of homelessness. There are useful guidelines which outline suggestions for working with communities (BPS, 2018b). Some ideas taken from the guidelines are to critically reflect on power differences and aiming to share power more equally, to consider what might sustain long-term working relationships, to establish values and commitments, to have people from diverse communities represented, and to involve communities in designing evaluation frameworks.

4.4.3. Implications at a wider societal level

As demonstrated earlier there is a clear link between CYP and families' wellbeing and their social context such as housing and financial circumstances (Davis & Williams, 2020). CPs talked about being strategic in making connections with people who can implement changes to wider structures which impact marginalised CYP people and families such as housing availability and affordability and income inequality. CPs can influence policy directly and indirectly through interacting with commissioner, politicians, and the media (Harper, 2016). Policy makers need to understand parents often don't have much control over their circumstances that impact their child's development (David et al., 2012), for example as mentioned earlier the impacts of overcrowded housing

on CYP's relationships with their family (Wilson & Barton, 2020a) and peers (Robinson & Reynolds, 2005). At the same time acknowledging parents' strengths in facing and surviving adversity (Davis & Williams, 2020).

The findings indicated the need to accumulate expertise in the area of homelessness prevention for CYP which means becoming familiar with relevant policies and research findings. Furthermore, the findings and guidance indicate that CPs can become more involved in evaluating policies (Faulconbridge et al., 2016). An example of how experts have been able to influence politicians is when academics and non-government organisations were successful in campaigning for the Homeless Reduction Act in the UK to be implemented encouraging more preventative rather than reactionary approaches to homelessness (Downie, 2018). It is important that recommendations given to government for changes to policy also include the need for funding and resources to be provided to local authorities to avoid creating unrealistic expectations on services which has been described to lead to unhelpful gate keeping practices (Downie, 2018). A paper by Nelson (2013) offers useful suggestions in thinking about ways to communicate with politicians in talking about the long- term cost saving benefits of prevention efforts. Furthermore, policy makers should be encouraged to better collaborate with experts by experience (Browne et al., 2020).

CPs felt that the profession could be better supported by a professional body taking a firmer position on social inequalities, being better organised, and faster to respond to concerns. There is some evidence that professional bodies have taken a firmer position on social inequalities based on a briefing paper on poverty they published (BPS, 2020c). Based on the interviews it appears that it could be helpful to have more opportunities for CPs provide feedback to professional bodies.

4.4.4. Implications for training

Doctorate training courses should incorporate social determinants of mental health into lectures providing a context on homeless prevention, relevant research, statistics, and definitions of homelessness. The BPS accreditation criteria already contends that trainees should gain awareness and skills to attend to client's social context (BPS, 2019). In practice this could be better facilitated in

lectures and on placement to encourage students to practice reflexivity about the impact of their personal and professional positions in recreating marginalisation and to move them towards ideas about potential collective actions. Whilst written in a USA context, Stabb and Reimers (2013) offer useful advice about how to facilitate these discussions. They explain that it's not enough to be educated about class and poverty but that facilitators needed to be able to skilfully attend to differences that arise for trainees. Some relevant skills mentioned were being able to name high emotions and sitting with feelings such as guilt and anger, disclosing facilitators own limitations, and modelling reflexivity by sharing their own critical reflections (Stabb & Reimers, 2013). The paper explained that poor facilitation leaves trainees responding among themselves without any input from the facilitator (Stabb & Reimers, 2013).

Similar to suggestions from CPs in this study, there are papers which outline ways trainees are given opportunities to develop their skills in working to address wider structural inequalities (Browne et al., 2020; Peacock-Brennan et al., 2018; Woods-Jaeger et al., 2020). For instance, the papers suggest offering leadership placements on training and providing opportunities to learn about shaping policy. The paper by Peacock-Brennan and colleagues (2018) elaborates on what trainees should learn to know about policies and provides useful practice reflections such as having two trainees on leadership placements together to offer mutual support.

As supervisors are highly influential in training clinical psychologist trainees it would be impactful for courses to provide training to supervisors on ways they can facilitate conversations with trainees to think about and address inequalities with service users. One paper advises that supervisors critically examine feelings of helplessness in trainees, actively listening, and encouraging discussions in supervision as supervisees may be hesitant to share these (L. Smith, 2009).

4.4.5. Future research

The study explored the views of CPs working with CYP across different settings on what they think they can do to support those at risk of homelessness, barriers, and facilitators to this, and how they might identify risk of homelessness. The research indicated that CPs are not necessarily thinking about ways they can

support CYP at risk of homelessness or routinely safeguarding those in poor living conditions. Future research in the form of a quantitative survey asking about whether this is their routine practice might provide a broader context about the profession.

The interviews outlined ideas about how CPs can help to prevent homelessness. It would be helpful to have future research investigating the effectiveness of some of these interventions on preventing risks of homelessness for CYP. In addition to this it would be helpful to have studies which examine the effectiveness of interventions to improve CP's prevention practices considering that some people outlined that this wasn't a routine part of their work. Furthermore, future research that engages with CYP and families to explore what they find helpful and getting their feedback on the current findings would be a good next step. Future studies could adopt participatory action research to elevate marginalised voices and potentially have a greater impact in the application of findings (L. Smith et al., 2018).

Another useful piece of research would be to hear from stakeholders like commissioners to understand their views and responsibilities related to preventing homelessness and to find out ways to best engage with commissioners. There has been some guidance published (McLachlan et al., 2019) about expected commitments from commissioners related to supporting people who are currently homeless however there doesn't appear to be anything published on preventative measures for homelessness.

4.5. Conclusions

This was the first known study to explore CPs views and experiences of homelessness prevention for CYP and families. There were some overlapping ideas as well as a diversity of responses about what participants identified as the role of CPs in identifying risk and preventing homelessness. Many CPs in the study hadn't considered the idea of preventing homelessness for those at risk of becoming homeless, other than interventions for those who are already homeless.

CPs identified different factors that interact that may impact CYP's risk of becoming homeless. There was a variation in what risk factors were identified

and some participants expressed problems with placing too much responsibility on individual factors rather than also holding society to account. Generally, participants saw a role in assessing for risk of homelessness but not all participants were doing this routinely. Participants identified a varied approach to assessing for risk of homelessness which appeared to partially depend on the resources within their service (e.g. availability of a social worker) or the type of service CPs were working in (e.g. within a hospital environment).

Participants in the study suggested varied interventions as to how they think CPs can help prevent homelessness for CYP. Participants indicated that interventions were needed across various systems that influence CYP; not only 1:1 work or improving caregiver/child relationships and housing circumstances but also campaigning at a societal level (e.g. improving housing affordability and inequalities within society). Whilst all CPs saw a potential role in interventions at a wider societal level, not all agreed that it was their role and one participant was particularly honest about not being interested in this work.

Many CPs considered the context of how power related to preventing homelessness. Several participants shared that it can be important to acknowledge powerlessness that they may feel, as well as their colleagues, and most importantly the feelings of CYP and families. Some CPs described a role in using their relative power to advocate for CYP in their 1:1 work such as writing supportive letters for housing applications but also at a wider level such as informing policy. Furthermore, some mentioned that CPs could be strategic in influencing those who have the power to make changes such as politicians, the media, and policy makers.

Another aspect that was emphasised by the participants was highlighting strengths and resources of CYP, colleagues, and communities. Several CPs shared that CPs ought to work collaboratively with CYP, communities, colleagues and various services, in finding solutions to homeless prevention such as facilitating peer support or consulting and connecting with organisations in the community that have already established ideas and actions towards preventing homelessness.

Some CPs talked in more detail about individual or systemic work with CYP.

Within the context of working with CYP and their caregiver network, a few CPs shared ideas about re-establishing or building relationships and a sense of belonging between family members. It was mentioned that at times it may not be possible to do this systemic work. It is also important to note that not all families who may be at risk of homelessness may need support with their relationships for example a family may feel a sense of belonging and have a strong bond but be struggling financially.

Where participants talked about providing therapy for CYP, they described that therapy and therapeutic responses might need to be adapted to suit CYP such as considering the location and approach to therapy. A couple of participants mentioned street therapy or described that CPs adapt their intervention to attune to the reality of CYP. Several participants mentioned that it is important to acknowledge and adapt to a person's social circumstances so that individuals do not feel they are to blame for wider inequalities and that interventions suggested are not inappropriate to their environment.

CPs identified potential barriers and facilitators that impact the degree they felt they could support the prevention of homelessness for CYP and families. CPs shared personal and professional experiences that they considered to impact homeless prevention for CYP. CPs in the study expressed that having support from others and direction (from within or outside work, training, and hearing successful stories) are all important facilitators. Some participants spoke about differences within the CP profession in how they work and view themselves as a psychologist. This appeared to influence the interventions suggested. It seemed also important to acknowledge the value of the diverse ways psychologists work.

Overall, the findings support that CPs have a role in addressing the prevention of homelessness in CYP and families. The interviews indicated that more can be done to support CPs in implementing interventions that address factors impacting risk of homelessness. CPs in the study provided varied ideas about what they consider the role of CPs in preventing homelessness which ranged from assessment of risk and signposting to relevant services, providing individual or systemic interventions, advocating for CYP, and influencing systems at a societal level. It was suggested by some that CPs hold in their awareness the relative positions of power that stakeholders, CPs, colleagues, and CYP occupy and that

they work in a strategical way to influencing change such as interacting with policy makers or the media. The study supports that CPs recognise strengths and resources of others and work collaboratively with CYP, services, and communities in facilitating interventions to help prevent homelessness. It could be helpful that CPs and other professionals are provided with more training and learning opportunities in services and on doctorate courses. Further research investigating what facilitates homeless prevention in CYP and researching types of interventions that are most helpful and effective from various perspectives (e.g. CYP, other professionals, and the wider CP profession) could provide greater clarity and build on the current findings.

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APPENDIX A: Interview Schedule

Interview Schedule

Introduction: As part of this interview we will discuss your views and experiences as a clinical psychologist working in child and family services. There are no right or wrong answers; your honest views and experiences are highly valued, and it is hoped that they will contribute to developing better knowledge and practices to prevent homelessness.

1. What do you consider to be factors that might increase risk of homelessness for children and families?
    - What influences your views?

2. What, if at all, do you see as your role in preventing homelessness for children and families?
    - What influences your views on the role of Clinical Psychologists in preventing homelessness for children and families?

3. How would you know if risk of homelessness was an issue? What would you be looking for? How might you go about assessing this?

4. Are there things that you are currently doing/have done to help prevent homelessness for children and families?
    - What enables you to do that?
    - What makes this harder for you?

5. As a profession, what do you think clinical psychologists can do to help prevent homelessness for children and families within the UK?

6. What do you perceive might make it harder for clinical psychologists to prevent homelessness for children and families?

7. What do you think might enable clinical psychologists to support children and families at risk of homelessness?

8. Are there any other things that you expected me to ask that I have not asked about? Or are there other things that you feel important to mention that I have not asked about?

APPENDIX B: Invitation letter

PARTICIPANT INVITATION LETTER

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 Clinical Psychology. As part of my studies I am conducting the research you are being invited to participate in.

What is the research?

I am conducting research into the ways in which clinical psychologists can help prevent future homelessness. The study involves interviewing clinical psychologists about their views and experiences of preventing homelessness when working with children, young people and families, which could help to inform training and practice guidance.

My research has been approved by the School of Psychology Research Ethics Committee. This means that my research follows the standard of research ethics set by the British Psychological Society.

Why have you been asked to participate?

I am looking to involve clinical psychologists who have experience of working with children and families in London and the greater London area.

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 of working with children and families, particularly focusing on your views and experiences of preventing homelessness. You will be asked questions in a semi structured format. There are no right or wrong answers; this is just an opportunity to discuss your own personal experiences and views. Participation is expected to take a maximum of 75 minutes, which includes time to discuss consent and any questions you

may have about participating. The interview is expected to last 60 mins. Interviews will take place over 'Microsoft Teams'. The interviews will be recorded and transcribed.

I will not be able to pay you for participating in my research, but your participation would be very valuable in helping to develop knowledge and understanding of my research topic.

Your taking part will be safe and confidential

Your privacy and safety will be respected at all times.

- Participants will not be identified by the data collected, or any written material resulting from the data collected, or in any write-up of the research.
- Participants do not have to answer all questions asked of them and can stop their participation at any time.

What will happen to the information that you provide?

- **Audio recordings will be transcribed by the principal investigator. Recordings will be stored securely on the UEL OneDrive cloud service. All working data will be backed up daily to an encrypted external hard drive stored in a locked cabinet.**
- **Recordings will be pseudonymised when transcribed and the original recordings will then be deleted.**
- **The researcher, supervisors and examiners will have access to anonymised transcripts. Only the researcher will have access to the recorded files.**
- **Anonymised transcripts and electronic copies of consent forms will be kept until the thesis has been examined and passed. On successful completion, all personal data will be erased. Anonymised transcripts will be kept for 5 years for publication purposes. After that point, they will be deleted.**

What if you want to withdraw?

You are free to withdraw from the research study at any time without explanation, disadvantage or consequence. You may also request to withdraw your data after you have participated 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.

My contact details are Roisin Curtin, email:

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

Email: l.farquharson@uel.ac.uk

or Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London E15 4LZ(Email: t.lomas@uel.ac.uk)

APPENDIX C: Consent form

UNIVERSITY OF EAST LONDON

Consent to participate in a research study titled 'Preventing homelessness: Exploring how clinical psychologists can support young people and families.'

I have the 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 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 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 D: UEL Ethics Approval

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: Cynthia Fu

SUPERVISOR: **Lorna Farquharson**

STUDENT: Roisin Curtin

Course: Professional Doctorate in Clinical Psychology

Title of proposed study: Preventing homelessness: Exploring how clinical psychologists can support young people and families

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)

1

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

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:

☐ HIGH

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.

☐ MEDIUM (Please approve but with appropriate recommendations)

☐ LOW

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

Reviewer *(Typed name to act as signature)*: *Cynthia Fu*

Date: 22/06/20

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

APPENDIX E: Transcription Conventions

Adapted from Banister et al. (1994):

Minor changes were made to make quotes more readable

Repeated or filler words such as ‘kind of’ were removed to improve clarity of quotes.

Conventions included to presenting quotes:

... deleted sections or words

(text) addition of words for clarification

APPENDIX F: Coded Transcript

	INITIAL CODES
INTERVIEWER: yeah, that totally..that makes sense and It's really well articulated in how you're describing about feeling powerless if the funding isn't there or an and you're talking about the relationships with other providers and funding and thinking about how they kind of interact…	
PARTICIPANT: mmm	
INTERVIEWER: ……housing, and mental health, and what would you, uh, if at all see as your role in an preventing homelessness for children and families and young people?	Working at different levels
PARTICIPANT: Yeah, I think ahh so there's different levels to the role, I think on a kind of individual or family level. It's about, you know, doing a good assessment, comprehensive assessment of families' needs taking into account all factors that are influencing their mental health, including housing, but also thinking about homelessness as a risk factor. So having that in mind, you know at the point of assessment and thinking about the factors that might be influencing that and trying to you know work on that what you can on an individual level. So if it is about, you know the relationship between you know the family members..for instance, thinking about what is possible in the work that you're doing, but also I guess then then the second layer is thinking about linking in services or the services that are already linked in with the family,	Assessment with families Improving relationships Linking in with services

making sure that you're communicating the work that you're doing in a helpful way an highlighting those risk factors..em, in terms of preventing homelessness.

Advocating e.g. writing letters, signposting.

Yeah, and then on another level, I would say on the.. on a further level. It's about advocating.. advocating for the family. So thinking about… can can you make… you know…Can you write letters to help with housing bids? Can you link families in with additional services that are available in the area that you're aware of that might help you know with those other things that are outside of the remit of the work that you're doing. emm to sort of holistically support the family. Yeah, that's what in a nutshell, I guess that's what I would think about in terms of our involvement.

Supporting families holistically

INTERVIEWER: Yeah, so you're saying comprehensive assessment, thinking about the risk factors and em..thinking about the relationships between family members and communicating those with other people. And kind of thinking about advocating and sending letters

PARTICIPANT: Sorry. Yeah, so I was thinking also kind of on a. On a wider Level, I think as a um psychologists as a profession, you know? Yeah, things thinking about things like open letters, you know when there is a housing crisis and when there is…when we're seeing on a wider level that this is impacting, you know the families that were working with and the well-being, and mental health and families in the communities i… think it's about thinking about, kind of mobilizing on a wider level in terms of writing open letters or thinking about. Emm Yeah I guess political acts that that are

Advocating at a wider level – e.g. writing open letters

possible or could be possible?

INTERVIEWER: And um, again what sort of influenced your thinking around this..you just kind of mentioned about kind of some other things that you think are part of your role..

PARTICIPANT: That's a really good question, I think. I think I come from a uh, kind of probably more socialist sort of background in terms of my upbringing, and have always been motivated to.. to contribute and be part of positive change for.. for members of my community, and I guess I chose or, you know, I went down the line of clinical psychology as a way of doing that and I think.. I feel that you know we do work on an individual level. We are trained to work with individuals, but our duty of care. Emm and actually our power that we possess in our position…. I feel that there's a greater responsibility for us to yeah to, to advocate for you, know, members of our family who are marginalized and you know most of the people we work with are.

Personal upbringing

Power as psychologists – responsibility to advocate

But you know, people that are homeless, families that are homeless are you know,.. are amongst the most vulnerable in our society and emmm… Yeah, I guess I feel so. I feel on a kind of ethical moral level that I feel very driven and passionate about. being part of and contributing. But I also I also you know, I think that… I think that being part of the NHS is a political is a political thing. We are part of. It is. And. Ah, organization we are influenced by the, you know the current politics are at play and therefore an that can feel quite powerless, especially when we've had years of continued cuts and. You

Narrative of homeless as vulnerable

Motivated by Ethics and morality to contribute

Being part of the nhs is political

Oppressive wider power structures

know, we see the impact of that directly with the clients that we see, but I also think that with that powerlessness, there's also…there's also an opportunity to.. to.. to feed into and to feed into and kind of….What's the word? Sort of create and kind of what the possibilities for change really, I think, um. and I.. I.. think it's it's easy sometimes to feel hopeless and like it's a big, big issue that we don't really think we can influence. But I think actually from sometimes working from the ground up and sharing stories of families that we work with and the impact of homelessness that that if it can actually get said in the right way and be heard in the right way it can actually be very influential.

Holding hope – possibilities for change even in powerlessness

Relative power

Increasing understanding

e.g. share stories of families, help others to understand the impact.

INTERVIEWER: I'm interested to hear in what you were saying about powerlessness, feeling powerlessness as an opportunity, and kind of..also what you said about emm saying things in the right way. Could you tell me more about that?

PARTICIPANT: Yeah, powerlessness. Opportunity I guess. I guess because change does happen, um in…in the places that we least expect, and I think that it's easy to feel overwhelmed

Belief that change can happen in the places we least expect

INTERVIEWER: yeah

PARTICIPANT: and that that stops, freezes us and makes us feel that we can't do anything but I guess I hold on to hope that actually we are in quite good positions. We hold as clinical psychologist we hold, you know fairly powerful positions within the NHS system and we also.. we also hold

Impacts of powerlessness – fear responses

knowledge of families that… that is different to other professionals that I think that that our skills around assessment and formulation, not just on an individual level, but on a systemic level, put us in a good position to be able to join the dots em for other professionals and to advocate for the impact that things like homelessness has on families and on children and their futures . So I think that I think I do feel hopeful, although I also do feel you know powerless and. Yeah, sometimes…… what was the second part of your question?

Powerful positions

INTERVIEWER: it was… you were saying about the way you tell people's stories you didn't use that word exactly like how you phrase things about what people's life experiences are. Yeah, how that can emm make a difference. I think that's along the lines of what you said.

PARTICIPANT: yeah, I guess it's about, um, about opportunities. So thinking about where in the system you can… you can have influence? So is it when you're sitting, you know. So one of part of my role is sitting round a multi-agency team meetings. I do one a month so we talk about families in the community, yeah, so em you know, different professionals get round table thinking about these positions. So is it you know, is it in those meetings where you can make influence and you can think about homelessness for that individual family… Or is it about talking on a on a wider level to thinking about talking to commissioners and thinking about ways in which we can link up with housing or work with housing? Or is it thinking about again like an open letter to government or an open letter to counsel around this? You know so?

Looking for opportunities to influence the system

e.g multi agency team meetings or talking to commissioners

It's thinking about where in the system can we influence an.

INTERVIEWER: Yeah, that makes sense and I was wondering when you spoke about feeling hopeful, Ann. I was just curious myself as to what gives you that energy or hope in the difficulty that is kind of, can sometimes feel powerless. What helps you to feel that way?

Doing the job of a clinical psychologist involves holding onto hope

PARTICIPANT: Uh ohh, I think.. I think doing the job of a clinical psychologist requires holding on to hope.

INTERVIEWER: Yeah,

PARTICIPANT:…for families because we're often working with families in their darkest moments where hope has left. And so I think that through you know, through my experience in my training, in this role, I think, yeah, I think that is a really, really important thing that we bring an I don't. I think it's I think where does it come from? I guess it comes from knowing that that change is possible and that yeah, that positive trend is possible for families and motivates me to.. to hold on to that hope. And as I said to be involved in and contribute to that change….

Holding onto hope for families that are hopeless

Hope comes from knowing that change is possible