



An exploration of the role of alcohol in relation to living situation and significant life events for the homeless population in Merseyside, UK

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EXECUTIVE SUMMARY

Approximately 10% of the population in the UK are estimated to have been homeless at some point in their lifetime (Crisis 2014) and there were 2,744 rough sleepers identified in England in 2014 (Department for Communities and Local Government 2015). Alcohol misuse is both a cause and effect of homelessness (Shelter 2007) and is considered to be a major health risks amongst the homeless (Crisis 2002).

This research used life history interviews and calendars to explore changes in the research participants' alcohol consumption in relation to their living situation and significant life events. Additionally, PhotoVoice activities were used to further explore their everyday lived experiences.

Recovery capital, which is derived from the concept of 'social capital' (Bourdieu and Wacquant 1992; Teachman et al 1997), refers to the quality and quantity of resources that a person can access in order to initiate and sustain recovery from addiction (Granfield and Cloud 2001). In the context of this research, recovery capital has also been applied to the resources needed in order to overcome homelessness as well as addiction to alcohol.

The findings from this research highlight the importance of social capital during significant life events. It was often a lack of social capital that led to homelessness and increased alcohol consumption. Subsequently, in order to overcome alcohol addiction and homelessness, participants need to develop recovery capital. The sample that was recruited for this project was small, and is therefore not representative of the experiences of the homeless population in general. However, the findings from this research do demonstrate how further research is needed in order to further explore the relationships between alcohol consumption, living situation and significant life events.

BACKGROUND

CONTEXT

Limited research with street drinkers suggests that high proportions of rough sleepers are heavy drinkers (Gill et al 1996; Cullen 2005; Russell 2010; Chick and Gill 2015). Research carried out by Jones et al (2015) used a national survey to collect estimates on alcohol consumption within the general population with an additional semi-structured survey to examine alcohol frequency and quantity with 200 homeless people in Liverpool, Leeds and London in 2014. The mean weekly consumption was 39.6 units \pm 7.6 (0.40 l/ethanol) for men and 30.6 \pm 6.7 units (0.31 l/ethanol) for women. Compared with the general population estimate, the homeless sample reported consuming 97.1% (males) and 222.1% (females) more units per week. Over half of respondents were categorised as higher risk drinkers (over 50 and 35 units per week).

SOCIAL CAPITAL AND RECOVERY CAPITAL

This research applies a theoretical framework relating to 'social capital' and 'recovery capital'. Social capital refers to the social resources an individual has, such as peer group and family support (Bourdieu and Wacquant, 1992; Teachman et al, 1997). Recovery capital is originally founded on the concept of social capital. Recovery capital describes the quantity and quality of resources available to an individual to initiate and sustain recovery from addiction (Granfield and Cloud, 2001). Best and Laudet (2010) have suggested that a key element of recovery capital relates to the perceived level of social support available to a person, which may include family, peers, mutual aid groups, local treatment services, suitable housing and employment opportunities. These are all considered important for those in treatment and recovery from addiction because they help to facilitate a sustainable pathway and long term support networks. Low levels of social support have been found to predict relapse in addiction, as individuals are often left unable to cope with circumstances that led to them developing an addiction in the first place (Granfield and Cloud, 2001; Laudet et al, 2008).

For the purposes of this research, the concept of recovery capital is also applied to homelessness. Like addiction, homelessness is often the result of a breakdown in social capital and there are similarities between what can lead a person to becoming homeless and what can lead them to developing an addiction (Padgett et al, 2008). Furthermore, research has demonstrated how the combination of homelessness and substance abuse can create further barriers for those wanting to overcome these circumstances (McQuiston et al 2014; Padgett et al 2008). As recovery capital is concerned with gaining support networks, stable housing, employment and access to relevant services, it is therefore also relevant to homelessness.

RESEARCH AIMS AND OBJECTIVES

This project explores alcohol consumption patterns within a homeless population. It aims to contextualise and understand consumption patterns, and changes to those patterns, among the homeless population. It builds on previous quantitative research (Jones et al 2015) by using in-depth qualitative methods to explore these changes.

Specifically, this research uses 'life history calendars' to identify significant life events and their impact on participants' living situations and/or alcohol consumption. It also explores changes in their alcohol consumption over time. Hopefully, this research will contribute to the wider understanding of homelessness and help to challenge stigma associated with those who are homeless and drink alcohol, and those who consume alcohol on the streets.

METHODS AND SAMPLE

A multi-method approach was adopted ensuring participants had multiple ways to express their experiences. All participants were recruited through a homeless service in Liverpool across two locations. In order to be eligible to take part in the research participants had to be homeless or have previously been homeless, and drink or have previously drunk alcohol. Participants also had to be over the age of 18 years. Staff at the selected services helped the researchers to identify eligible participants. One of the participating locations did allow alcohol consumption on site, which meant that some of the participants had been drinking. In order to be eligible to take part in the research participants had to be able to comprehend what the research involved and why it was being carried out. Again, staff who worked at the service were able to help the research team determine who would be suitable to take part based on their level of intoxication.

The research methods included life history calendar interviews and PhotoVoice.

LIFE HISTORY CALENDAR INTERVIEWS






Semi-structured interviews were carried out with 12 participants. The life history calendar is a structured approach that provides a framework and cues to trigger recall through using significant events (e.g. births, relationships, housing, incarcerations, etc.) to use as reference points to link to changes in alcohol consumption (Porcellato et al 2014; Fikowski et al 2014). Life history calendars are a participatory method that allows participants to co-produce data.

The following sets out the research process for the life history interviews and calendars:

- Semi structured interviews about the participant's current/previous alcohol consumption and their current/previous living situation (see Appendix 1)
- Significant life events were discussed with the participants (see Table 1). Participants also had the opportunity to discuss any additional events that they felt had been significant in their past. Participants were asked how these events related to changes in their alcohol consumption and living situation.
- Life history calendars were co-produced by participants and researchers (see Appendix 2). The calendars went back 20 years, and a blank grid was also available in case any participants wished to go back further. The participant's age was calculated for each year and a list of global and national events were listed for each year to help with recall. Stickers with the significant life events were placed on the calendar (Fig 1). The significant life events were mapped alongside changes to alcohol consumption (abstinent, low, moderate, high) and living situation (stable housing, unstable housing, sleeping rough). These different categories of alcohol consumption/living situation were also included on stickers and placed on the calendar. Examples of completed sections of the calendars are shown in Fig 1.

The interviews and the discussions that took place while the calendars were created were digitally recorded. Verbatim transcripts were produced from these recordings.

Figure 1: Examples of completed life history calendars

Age	Year	Spring	Summer	Autumn	Winter	Historical context
42	2011					Royal Wedding - William and Kate  Riots took place in London, Birmingham and Liverpool England cricket team won The Ashes
43	2012					London Olympics 
44	2013					The birth of Prince George (William and Kate's son) Jimmy Savile inquiry Supermarket horsemeat scandal Margaret Thatcher died  The woman who divided a nation
45	2014					Oscar Pistorius trial Scottish independence referendum Joan Rivers died The movie Frozen Robin Williams died  Ebola crisis
46	2015					Earthquake in Nepal Conservative party win general election Ireland legalises same-sex marriage
47	2016					Brexit 


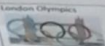



Age	Year	Spring	Summer	Autumn	Winter	Historical context
23	2011					Royal wedding - William and Kate  Boxe took place in London, Birmingham and Liverpool England cricket team won The Ashes London Olympics 
24	2012		Prison		End of relationship	The birth of Prince George (William and Kate's son) Jeremy Savile Inquiry Supermarket horsemeat scandal Margaret Thatcher died  divided a nation
25	2013		Heavy Drinking	Prison		Oscar Pistorius trial Scottish independence referendum Sean Rivers died The movie Frozen Robin Williams died  Ebola crisis
26	2014		Period of illness	Detox/ Rehab		Earthquake in Nepal Conservative party win general election Ireland legalises same-sex marriage
27	2015					Brexit 
28	2016		Heavy Drinking	Homeless	Waiting for Detox/ Rehab	
					Prison	
					Homeless	
					Non Drinking	

Table 1: Significant life events

Life Events
Births
Deaths
Marriages
Secure relationships
Relationship breakdown/divorce
In employment
Unemployment
Prison
In education
Out of education
Period of illness
Hospital stay
Detox/rehab
Other

PHOTOVOICE

Visual methods provide alternative ways to express the context of research participant's experiences. The PhotoVoice method was developed to capture and understand peoples' lived experiences and especially those who are traditionally marginalised (PhotoVoice 2011; Wang et al 1998). Visual methods which incorporate photography have been used in research in the USA, New Zealand and Australia to explore the needs and experiences of the homeless (Bresden et al 2013; Bukowski et al 2011; Dixon et al 2005). The use of photography in research "can help promote reflection and communication about issues that can be difficult to conceptualize and express" (Drew et al. 2010 p1685).

Five participants, recruited in line with the criteria set out at the beginning of this section, took part in a PhotoVoice inspired activity. During the activity participants were asked to take photographs of anything that was important to them in their everyday life. This could include their possessions, or any objects/spaces within the service from which they were recruited. Whilst they were taking the photographs the researchers asked why these objects were important to them and the impacts that they may have on their lived experiences. The discussions were recorded for reference during the analysis.

ETHICAL CONSIDERATIONS

Participants were provided with an information sheet prior to taking part in the life history calendar interviews and the PhotoVoice activity. Separate information sheets were provided for each method. The information sheet was verbally explained by a member of the research team at the time of interview. This provided an opportunity to assess whether the participants were considered to be too intoxicated to provide informed consent. All participants were made aware that they could withdraw at any time and that they did not have to answer any questions that made them feel distressed or uncomfortable. Participants were required to sign a consent form granting permission for the interview/PhotoVoice

activity to be audio recorded and for anonymised quotations to be used in the dissemination of the research.

The research involved asking participants about significant life events, some of which had the potential to cause emotional distress, for example the discussions around deaths, illness and relationship breakdowns. It was, however, important to discuss the implications of these events in order to gain an understanding of their impact on alcohol consumption and living situation. All three of the researchers that carried out interviews had been briefed on safeguarding and researcher safety policy. Male and female researchers were available in case participants had a preference. The interviews were carried out in private rooms within each participating location so that confidentiality was upheld but key workers could be consulted if there were any issues. The participants were made aware that whilst the data collected would be anonymised to uphold confidentiality, if they did say anything that made the researchers concerned about their or another person's safety then their key worker would be informed. The research materials were discussed with the manager of the participating service to ensure that they were suitable.

For the PhotoVoice element of the research there were additional ethical considerations. Firstly, the PhotoVoice exercise was carried out within communal spaces of the homeless service which meant there was a risk that people could be visible in the photographs. The participants were asked (verbally by the researcher and on the information sheet) to avoid including people in their images, and any photographs that were taken where individuals could be identified were used for analysis but not dissemination. The use of photography in research also raises issues around ownership of the images produced. This was overcome by using a second consent form which included details of each image produced by the participant and whether they gave consent for the images to be used in the analysis, written dissemination and public display. Participants were also able to request printed copies of any of the images that they produced.

Permission from the Liverpool John Moores Research Ethics Committee was granted for all stages of this research (reference – 16/CPH/019). Additionally, PhotoVoice (2009) ethical guidelines were consulted and adhered to. Appendices 3 and 4 include consent forms and information sheets for both the life history calendar interviews and PhotoVoice activity.

There was an allowance for a £10 voucher to be given to each research participant. However, following discussions with the service manager it was decided that it would be more appropriate for the vouchers to be used to fund an event that all service users could attend and benefit from. Participants were made aware that they were not receiving an incentive and that vouchers were being provided to the service.

SAMPLE

A total of twelve participants took part in the life history interviews. Three were female and nine were male, mirroring the gender bias found in general

homelessness services. Four participants identified as Eastern European and eight as White British. The age of participants ranged from 28-52 years.

Table 2: Interview participant demographics

Participant Number	Age	Gender	Ethnicity	Living situation
1	38	Male	White British	Renting property,
2	30	Female	White British	Living with partner
3	47	Female	White British	Hostel
4	42	Female	White British	Hostel
5	39	Male	Eastern European (Polish)	Homeless (sleeps rough)
6	50	Male	Eastern European (Latvian)	Homeless
7	27	Male	Eastern European (Polish)	Homeless (sleeps rough)
8	52	Male	White British	Hostel
9	28	Male	White British	Homeless
10	33	Male	Eastern European	Homeless (sleeps rough)
11	52	Male	White British	Hostel/sleeps rough
12	42	Male	White British	Homeless

Five participants took part in the PhotoVoice activity (one female and four male). Of these participants two identified as Eastern European and three identified as White British. These participants were aged between 28 and 52 years.

ANALYSIS

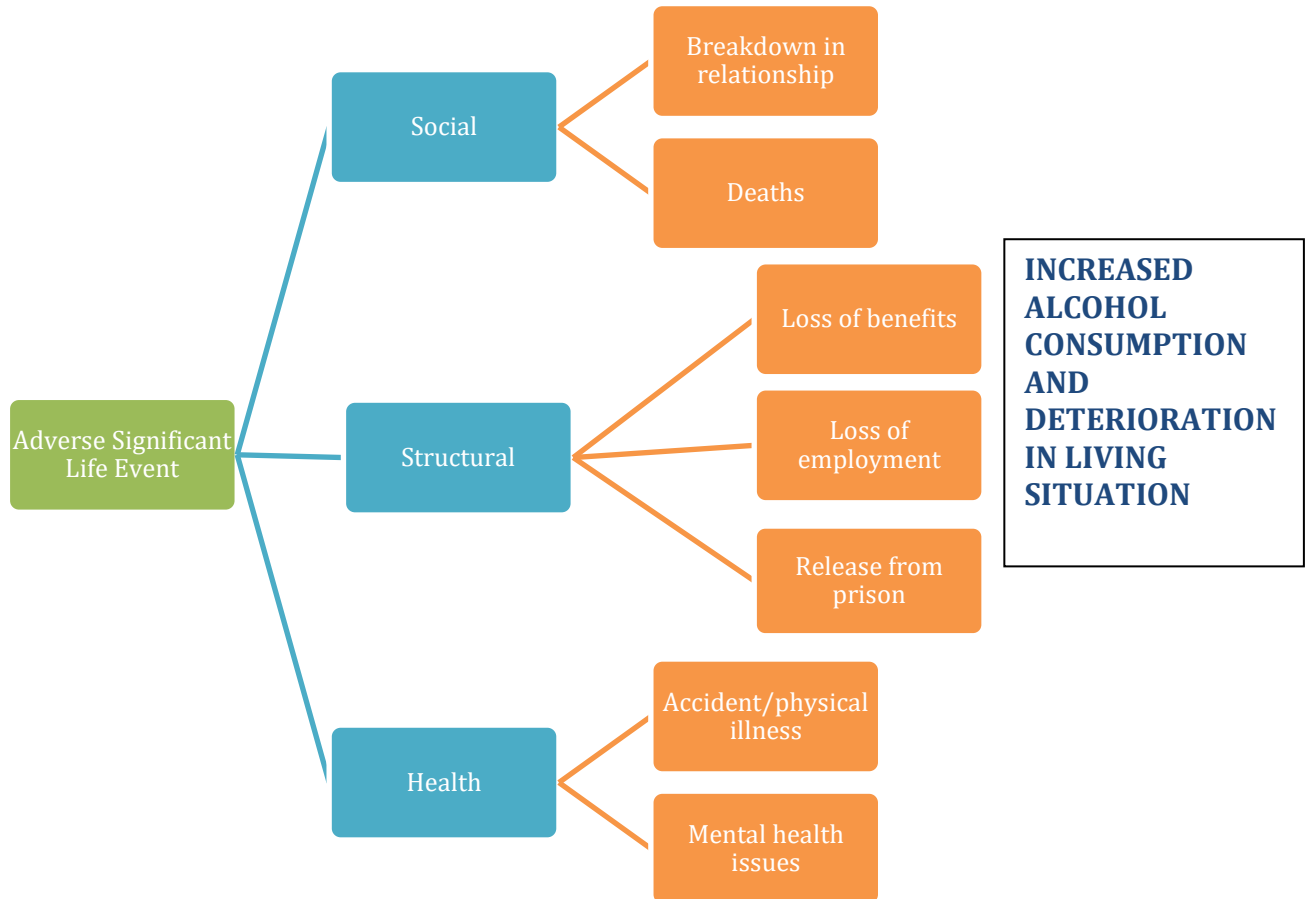
Full verbatim transcripts were made from the interviews. In order to protect confidentiality, any identifiable data was removed and codes were assigned to each participant. For the interviews, a staged thematic analysis was undertaken in QSR NVivo 10 (Burnard, 1991; Burnard et al 2008; Braun and Clarke, 2006; Neale, 2016). This interpretive approach involved the researcher becoming familiar with the data and applying pre-determined (therefore deductive) codes or themes to all of the text. Following this, open coding was undertaken to identify any unexpected themes. These codes were then grouped into categories and emerging themes were identified. Illustrative verbatim quotations are used in the analysis to highlight the main themes. The life history calendars were analysed alongside the interview transcripts.

Basic thematic codes were used to categorise the outputs from the PhotoVoice activities. All of the images produced from these activities were considered alongside the transcript of the conversation that took place between the researcher and participant during the activity. This is important to avoid research bias in relation to the analysis of the photographs (Rose 2013).

FINDINGS

Figure 2 demonstrates the breakdown of adverse significant life events as discussed by participants in relation to increased alcohol consumption and unstable housing/homelessness.

Figure 2: Adverse significant life events



CURRENT ALCOHOL CONSUMPTION

Out of the twelve participants who took part in the life history calendar interviews one had abstained from alcohol for two weeks prior to the interview because they were preparing to go into residential detox. The remaining eleven participants were currently drinking alcohol on a regular basis. It was difficult to elicit the exact quantities of alcohol that participants were drinking as they tended to give an estimate.

There were variations between participants as to whether their alcohol dependence had caused them to become homeless or whether their being homeless has led to them becoming dependent on alcohol. Additionally, not all participants reported being dependent on alcohol but did report consuming high levels of alcohol. High levels were defined by the participants' own perceptions in

relation to their previous alcohol consumption and what they considered to be average.

Addiction was one of the primary reasons participants gave for drinking alcohol. However, not all of the participants had developed an addiction to alcohol and they felt it was important to discuss how this is often a misconception about those who do consume alcohol on the streets.

Boredom, self-medication and using alcohol to cope with anxiety and depression were also discussed.

"I am not bad on the drink like, well it's just like you go out for a pint or a couple of pints you know that is all it is, but I just have it every day to keep me warm on the streets." (Participant 12)

"It's cold, nothing to do, now I am sitting street, I am sleeping in street, not have people, not have anybody to speak to, so what you do?" (Participant 5)

Interestingly, a minority of participants were negative about certain types of alcohol and justified their alcohol consumption on the basis that they did not drink these types of alcohol.

"Stella, or Fosters. Sometimes I will have a Lambrini, but I have never drunk spirits and all them super drinks" (Participant 12)

"I am what they call a professional drinker. I don't drink the shit they drink out there, all that stupid shit, I drink vodka, I buy a lot of vodka Smirnoff" (Participant 11)

This suggests that there can be stigma associated with certain drink choices. The type of alcohol consumed was an important point to some of the participants who were keen to avoid being associated with particular brands as they felt that they had certain stereotypes attached to them.

RELATIONSHIPS AND BREAKDOWN OF RELATIONSHIPS

Several types of relationship were discussed, including relationships with partners, friends, parents, siblings and children. Relationships were seen as an important influence on alcohol consumption and had a significant impact on the participants' living situations. Secure relationships were often mapped alongside abstinence or low levels of alcohol consumption on the life history calendars and were considered to be of vital importance in helping participants to overcome problems associated with alcohol once these had developed.

Several participants identified breaking up with spouses or partners as a catalyst to becoming homeless. This often led to them losing long term, secure housing and also impacted on their mental health. Furthermore, parents meeting new partners also led to a small number of participants becoming homeless as they were no longer able to live with their parent and consequently received less support for their alcohol addiction from that parent. Breakdown in relationships were often mapped alongside increases in alcohol consumption and transitions from stable to unstable housing on the life history calendars.

"[Following a divorce] Yeah she ended up with the flat. I ended up homeless and then started getting into it all [drinking]..." (Participant 12)

Domestic violence was the main factor that led to homelessness for two of the participants. In one case, a male participant described having a restraining order placed on him by members of his family because he had been aggressive towards them. He did not have any accommodation of his own and had been relying on his family for a place to stay. He suggested that his aggression was due to high levels of alcohol consumption and that the majority of his family now refused to talk to him when he was drinking. This participant also described being subject to domestic violence by his brother, which further impacted on his living situation and increased his alcohol consumption.

One female participant also cited domestic violence as the reason she was homeless. She, along with her children, had had to rely on refuges - which contributed to mental health problems, consequently increasing the amount of alcohol she drank.

"I have been in mother and baby unit all through the 6 years, I kept on running away going into the refuges but he kept on finding me all the time, two or three times he broke me nose, broke me ankle, broke me wrist, he bit me...I kept on going to rehab and fucking, what is it called, refuges, to get away from him but he kept on finding me everywhere I went." (Participant 2)

Some participants saw improving relationships as a motivation to stopping drinking.

"The thing that has made me stop drinking at the minute is, not that I have lost my family, but the things that I am doing to my family just abusing them with my mouth. Just my mouth, I haven't physically hurt them but the things that I'm saying and doing it's made me realise that it can't go on like this. I'm so close to losing everyone." (Participant 9)

They hoped that if they could stop drinking, gain the support of their family and friends, and thus increasing their social capital, they would be able to overcome their current living situation.

Friendships were a particularly important theme in the interviews carried out with Eastern European participants, who often viewed drinking alcohol as part of socialising with other rough sleepers. These participants did discuss drinking high levels of alcohol consumption (in terms of their own perception) but stated that they were not addicted to alcohol and were confident that they could stop drinking at any time.

BIRTHS AND CHILDREN

The four participants who discussed having children saw an association between stable relationships with their children, stable housing and reduced alcohol consumption.

“As soon as you have your kids, you have got to look after your kids haven't you? So you just knock that [drinking] on the head, end of, so you have got to go to go earn money got go and feed your kids. (Participant 1)

“Now I never drunk [when they had young children]. That was the best time of me life! It was brilliant!” (Participant 4).

Loss of contact with children contributed to increased drinking for three participants. In the case of two female participants this was because their children had been taken into care. In the case of a male participant it was due to a breakdown in the relationship with their partner who moved away with their children. Two participants no longer had contact with their children and believed that if they could have contact they would be more motivated to maintain a stable tenancy and attend a detox. One participant who did have contact with her children felt they were an important influence and motivation in her day-to-day life, and said she worked hard to maintain a relationship with them.

“No, [my drinking] is down to horrible bastards in my family. Not seen me children because one of me ex-missus moved away with all me 4 kids about 5 or 6 years ago, I haven't seen them since” (Participant 1)

DEATH OF LOVED ONES

Bereavement emerged as a frequent theme in the life history calendar interviews and was often a significant life event that influenced alcohol consumption and living situation. Participants described drinking heavily to deal with the loss, something that was reflected on the life history calendars. Some participants described how a death in the family could lead to the breakdown of relationships with other family members. Bereavement was also associated with mental illness, which could lead to increasing alcohol consumption as a means of coping. It was also associated with loss of employment, which further contributed to homelessness.

"My mum died in 2009 she killed herself, she was an alcoholic and I don't think I grieved properly for her so I think that is why I drink" (Participant 9)

"Because my family start to crash, because my wife father died, and start to no be close to" (Participant 5)

"I had death, death, death in my fucking head all the time, the only way I could cope with it is ... see I turned to drugs then and then the reason why people drink is because it's cheaper" (Participant 8)

EMPLOYMENT, UNEMPLOYMENT AND BENEFITS

The majority of interviewees saw employment as a way of overcoming homelessness and high levels of alcohol consumption. Employment was seen as providing an incentive to stop drinking and was associated with being able to access more secure accommodation. During the life history calendar interviews some participants mapped their previous employment alongside stable housing and low levels of alcohol consumption. Only one participant directly linked the loss of employment to becoming homeless and increasing alcohol consumption.

"I worked there for 6 years and then I lost me job because I got diagnosed with epilepsy, collapsed in the kitchen." (Participant 12)

For the other participants the loss of employment was often a part of accumulating factors that led to them becoming homeless and consuming higher levels of alcohol. Injury and illness could lead to participants not being able to work, in which case alcohol was often used as a form of self-medication.

A number of participants described loss or reduction in benefits as leading to homelessness and, subsequently, increased drinking as a means of coping with the stress this had caused.

"I was living in me nice little flat until universal credit stopped me benefits. Then I got sanctioned, then they stopped me rent..." (Participant 4)

"I got no money coming through, because I changed me address, I got not benefits in the account" (Participant 11)

The Eastern European participants emphasised a strong link between employment, benefits and their alcohol consumption and living situations. Having initially travelled to the UK for work, they explained that because they were not able to claim benefits they were often unable to access accommodation in hostels and would often sleep rough - as a result of which they struggled to find secure employment. They suggested that employment would significantly reduce the amount of alcohol they drank.

"I don't know what you do if you are going to get job, how you are going to get a job? How you will sleep? How you transport? Where will you put your bag? You know this is problem."(Participant 5)

"I was in hostel, I broke my ankle in 5 places, ankle, shoulder, I was in hospital 4 weeks, and 4 weeks rehabilitation centre after I am going back to hostel and 'no you don't have more hostel, you don't have more benefits, go to street' on this (gestures to leg) this plaster, very nice!" (Participant 6)

One participant with a criminal record described struggling to get a job that did not require a criminal record check. He was most likely to find kitchen work, but this also meant he was often around alcohol. He believed that stable employment would enable him to have enough security to hold a tenancy and significantly reduce his alcohol consumption but was concerned that the issue of requiring a criminal record check would continue to be a problem.

PRISON

Participants who had been to prison said it provided them with an opportunity to complete a monitored detox. However, once they were released they did struggle to maintain abstinence from alcohol and heavy levels of alcohol consumption were mapped alongside release from prison. This was because, upon release, they did not have a secure support network in place resulting in a cycle of involvement in the activities that had resulted in them going to prison previously.

"Sometimes I felt sad to leave prison because I knew what I was coming back to, that's quite important really a lot of people do that, you know what's coming. I mean I get out and I been as clear as but, I walk down the road, the first offy [off-licence] I come to, you start on that [alcohol]" (Participant 8)

ILLNESS (MENTAL AND PHYSICAL)

Long-term periods of physical and mental illness were often mapped alongside increases in alcohol consumption and unstable housing on the life history calendars. Short-term periods of illness and accidents coupled with another significant life event (such as loss of employment or relationship breakdown) were also associated with increased alcohol consumption.

Illness and injury were discussed by the majority of the participants. Three had been involved in accidents that contributed to the loss of both job and home. Two of these discussed self-medicating with high quantities of alcohol in order to cope with the pain and emotional trauma caused by their accident. Another developed epilepsy, which led to becoming unemployed.

Mental illness, particularly anxiety and depression, was a common theme throughout the life history interviews. Alcohol was used by many of the participants in order to cope with mental health problems and a minority also felt that their drinking further aggravated these problems. In some cases, mental health problems developed because of a significant life event, such as death or a breakdown in a relationship. For other participants mental health had been an ongoing issue throughout their lives, but was further exacerbated by significant life events.

*“I’d say I have a bit of a low self-esteem at the moment so I drink and that makes me more confident to go and speak to people and the anxiety as well. Because my anxiety goes but the next day when I’ve got the hangover the anxiety is ten times worse so then I carry on drinking.”
(Participant 9)*

DETOX AND REHABILITATION

Several of the participants discussed completing alcohol detoxifications and attending rehabilitation programmes. While all of the participants had resumed drinking high levels of alcohol, the experience made some participants hopeful for the future, believing that, if their circumstances changed and became more stable, they would be able to successfully complete a detox/rehabilitation programme and maintain abstinence or low levels of alcohol use in the future. Other participants, however, did not feel they would be able to successfully complete a detox because they recognised that, upon completion, they would not have the social networks in place to provide them with the support that they would need to maintain recovery.

“I have done them all [detox], all the hospital ones, I have done them all. They are, it’s just a stop gap” (Participant 8)

“I suppose it [rehab] is [helpful] because they give you medication, give you Librium, they check you three times a day when they give you the Librium and check you’re alright and you’re not going to start having fits so yeah I’d say it does help.” (Participant 9)

PHOTOVOICE

The PhotoVoice activity was less structured than the interviews. This was to allow participants more autonomy in the data they produced. Consequently, there was less of a direct focus on alcohol consumption and more on the participants' everyday lived experiences.

Only one participant took a photograph of alcohol. Other participants discussed how distractions were important and helped them to reduce the amount of alcohol they were consuming, for example games were provided by the services.



"A lot of people in here get frustrated...I get bored, if I play a game I drink less"

One of the participants reflected upon his issues with depression and alcohol during the PhotoVoice activity:



"When you're fucked up in the head with alcohol, it's important to still see nice things"

The majority of the photographs taken by participants reflected what was important to them in their day-to-day lives. While the photographs are not directly related to alcohol consumption, they reflected experiences and needs that were, in part, a result of their drinking. Photograph three demonstrates the importance of maintaining relationships, highlighting the need for social capital.



"My phone bank, it charges my phone in an emergency. I've got eight of these, when you've been on the streets that's what you have to do...if my children need to ring"

Additionally, there were some photographs that expressed the stigma of homelessness, depicting objects which participants felt helped them overcome negative stereotypes.



“Just because I sleep rough doesn't mean I have to be dirty”



“Being able to use a toilet so you don't have to go in the street”

The PhotoVoice activity reflected many of the themes that emerged from the interviews. The participants tended to focus on their experiences of being homeless, with only a small number of photographs directly reflecting on alcohol consumption. Many of the photographs illustrated the role of social and recovery capital: highlighting barriers that participants' faced such as coping with boredom, maintaining relationships and overcoming stigma.

DISCUSSION

A common theme throughout the interviews was the combination of adverse significant life events, coupled with a lack of social capital (such as family and friends that were able to help), leading to homelessness and heavy drinking. A further theme was the use of alcohol as a coping mechanism during distressing life events - something that often exacerbated the negative outcomes of these events.

The life history calendars show that periods of instability are often centred on a significant life event, such as the breakdown of a relationship or loss of

employment. Among our participants, these periods of instability were often coupled with other significant life events, for example development of mental health problems. Periods of stability, such as being in secure relationships or employment, were often mapped alongside stable housing and abstinence or reduced drinking.

The life event calendars demonstrate that an initial significant life event is often the catalyst for periods of instability, which can lead to unstable housing (but not necessarily homelessness or rough sleeping) and increased alcohol consumption. Subsequent adverse life events can lead to an escalation of problems that results in both homelessness and drastically increased drinking. Harding and Irving (2014) highlight the importance of support networks and social capital in avoiding problem escalation and the need for appropriate support to deal with negative significant life events.

The life history calendar interviews demonstrate how social capital was lost by participants, something associated with difficulty coping and lack of resilience. Often this was due to an accumulation of problems alongside the loss of support networks. Among those who described themselves as addicted to alcohol, loss of social capital was the main reason why they felt unable to overcome their dependence. Kemp et al (2006) have shown that events leading to loss of relationships (and therefore social capital and subsequent support networks) can increase the likelihood of homelessness. Our research supports this observation, as loss or breakdown of relationships was often contributing factors in participants becoming homeless. Physical (such as safe and secure housing) and economic capital (such as money and employment) also became less important to the participants, as these increased in value and meaning when they were related to social capital.

The PhotoVoice activity further reflected the importance of recovery capital. Photographs included many images of objects that could act as distractions from drinking, maintaining contact with family and overcoming some of the stigma that is often associated with being homeless. Stigma creates social distance (Phillips 2015), which in turn creates further barriers to the development of recovery capital. Stigma also impacted on the potential for resilience to be developed because it created further barriers for participants to overcome.

The lack of recovery capital left participants feeling unable to change their current situation. Bereavement, in particular (and especially the death of parents), led to loss of social support, further breakdowns in family relationships and loss of stable housing. This reflects the claim by Munoz et al (2005) that bereavement is a significant contributory factor in homelessness. The loss of other types of relationship was also important. Those who had access to their children felt stable around their family, while those who had lost access felt they would be unable to regain this stability. Furthermore, while employment was recognised as a way of gaining stable housing, participants noted it was difficult to gain employment while homeless. This was particularly relevant for Eastern European participants who were also unable to gain benefits and therefore struggled to access hostel accommodation.

Alcohol dependent participants recognised that homelessness made it difficult to overcome their addiction. This is reflected in wider academic literature (e.g. Velasquez 2000; McQuiston 2014) that highlights the additional needs of the homeless population, often linked to factors associated with recovery capital. Some periods of stable housing were noted on participants' life history calendars in between periods of homelessness, but lack of recovery capital meant they were unable to sustain this.

IMPLICATIONS AND CONCLUSIONS

REFLECTION ON METHODS

Our research methods were successful in eliciting information about the impact of significant life events on participants' alcohol consumption and living situations. Many of the participants said they enjoyed the visual aspects of the project and those that took part in the PhotoVoice activity enjoyed taking the photographs.

The life history calendars embedded within the semi-structured interviews were a useful aid, especially for participants who struggled with recall and had chaotic lifestyles. Working out the participants' age appeared to aid recall of time periods more than the global/national events; however, participants did often refer to these events to help identify when occurrences in their own lives took place.

For the purposes of this research participants were asked about their own perceptions of their alcohol consumption. We used their current alcohol consumption, determined at the start of the interview, as a baseline to compare with past consumption. Relating past alcohol consumption to significant life events and changes in the participants living situation helped to aid recall. Previous research into alcohol consumption within the homeless population has demonstrated how it can be difficult to obtain an accurate measure of consumption (Jones et al 2015). Therefore, a recommendation from this project is that future research makes use of similar methods to help develop more accurate means of measuring historical alcohol consumption within this population.

The PhotoVoice activity worked well and produced meaningful data that can be used outside of an academic setting. One of the aims of this research was to explore ways to engage the homeless population in research and produce outputs that can help to challenge the stigma that is often associated with those that are homeless and drink alcohol. The participants stated that they enjoyed creating the images and were happy for them to be used in dissemination, including displays at public events. This research, along with previous PhotoVoice projects with the homeless (e.g. Bredesen et al 2013; Bukowski et al 2011; Dixon et al 2005), demonstrates the importance of co-producing research and using empowering methods with vulnerable groups to ensure that their voices shape the research narrative. We recommend that research with marginalised populations involves a strong co-production element, including exploring the use of visual methods such as (but not limited to) PhotoVoice.

IMPLICATIONS OF RESEARCH

This research has highlighted the significance of social capital with regards to homelessness, reaffirming the findings of previous research on the protective effects and impact of social capital in other contexts (e.g. McKenzie et al 2002; Alemedom 2005). Having adequate social capital and support during times of crisis means it is more likely that adverse consequences will be overcome. For services, our findings demonstrate the importance of identifying individuals with low social capital during crisis periods to aid access to sources of support that can help with coping. Many of the events discussed in the interviews are not uncommon for the general population, but in many cases, it is a lack of social capital that can lead to circumstances spiralling out of control.

Recovery capital was also important for participants who were addicted to alcohol. While many had previously attended detox and rehab programmes, they felt that lack of resources and social support (i.e. recovery capital) meant they were unsuccessful in sustaining recovery. With greater support they may have a better chance of successfully overcoming addiction. Furthermore, the principle of recovery capital can also be applied to homelessness, as many of the factors that contribute to overcoming addiction, such as positive social networks and increased feelings of self-worth, can also help in overcoming homelessness. Harding and Irving (2014) point out that alcohol abuse is often caused by homelessness - as opposed to being a factor that leads to homelessness. Our participants felt that high levels of alcohol consumption were not the primary reason for them becoming homeless. Rather, dependence on alcohol and/or high levels of consumption were often used as a coping mechanism in order to help them deal with other adverse life events, which collectively led to homelessness.

This research also highlights the importance of resilience in preventing relapse. Many of the adverse events described are common within the general population (for example divorce, relationship breakdown, illness and unemployment). However, in the case of these participants, a combination of low resilience and social capital has exacerbated the problems. For example, participants who experienced illness or breakdown in relationships often found it difficult to cope with other adverse life events which subsequently occurred and may have been avoided if they had developed coping strategies or had additional social support.

CONCLUSION

The importance of social capital and recovery capital emerged as a clear theme in this research, and by focussing on the life - and lived - experiences of participants, this research highlights novel ways in which potential sources of social and recovery capital can be better identified. The identification and development of sources for social capital, and the creation of environments that promote recovery capital, is key in developing motivation and providing effective support.

Sustainable social and recovery capital can both support short-term recovery and help with developing the resilience needed to face adverse life events in the future.

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APPENDIX 1 – Interview Schedule

Life History Calendar Interviews

Introduction

Age

Gender

Ethnicity

Alcohol Consumption

Do you drink alcohol?

(If so) How often do you drink?

What type of alcohol do you drink? How much do you tend to drink?

How long have you been drinking this amount? Has your level of drinking changed? (If so) Why do you think it has changed?

Do you take any other substances? (If so) How do they affect your drinking?

(If they do not drink alcohol) Did you used to drink alcohol? When did you stop?

When you used to drink how often would you drink? What would you drink/how much?

Has your drinking alcohol caused you any problems? (e.g. trouble with police, health, employment, housing, etc.).

Housing/Living situation

What is your current living situation?

Have you lived in a hostel in the last year? How long? How often?

Have you slept rough in the last year? How long? How often?



How has your living situation changed throughout your life?


(If homeless) How long have you been homeless for? How did you become homeless?

(If previously homeless) How long were you homeless for? How did that change?

Has your alcohol consumption ever affected your living situation? How?


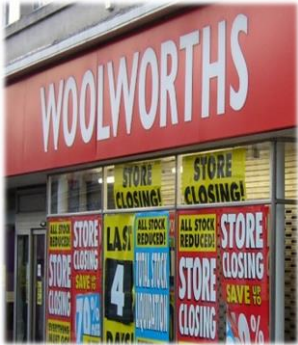

APPENDIX 2 – Life History Calendar

Age	Year	Spring	Summer	Autumn	Winter	Historical context	Image
	1995					Everton win FA Cup	
	1996					Dunblane shooting BSE ('mad cow disease') crisis in UK	
	1997					Labour wins general election Princess Diana dies	
	1998					Bill Clinton denies he had "sexual relations" with Monica Lewinsky Good Friday Agreement signed Justin Fashanu died	

1999					<p>Euro launched</p> <p>Harold Shipman murders exposed</p> <p>Jill Dando murdered</p>	
2000					<p>New millennium</p> <p>Millenium Dome opened</p> <p>Olympics in Sydney</p>	
2001					<p>Foot and Mouth Disease in UK</p> <p>9/11 terrorist attack</p> <p>Liverpool FC won FA Cup</p>	
2002					<p>Queen Mother died</p> <p>Golden Jubilee of Elizabeth II</p> <p>Princess Margaret died</p> <p>Commonwealth Games in Manchester</p>	
2003					<p>Saddam Hussein, former President of Iraq, is captured</p>	

					<p>UK troops join Iraq war</p> <p>Liverpool FC won Worthington Cup</p> <p>Arnold Schwarzenegger elected governor of California</p>	
	2004				<p>Indian Ocean tsunami on 26 December 2004</p> <p>Fox hunting is outlawed</p> <p>Rafael Benitez became new manager of Liverpool FC</p> <p>Olympics in Athens</p>	
	2005				<p>Tony Blair elected for 3rd term</p> <p>Marriage of Charles and Camilla</p> <p>Lance Armstrong wins a record seventh straight Tours de France</p> <p>London Bombings</p> <p>England cricket team won The Ashes</p>	 

						<p>Live 8 concert</p> <p>Liverpool FC won UEFA Champions League final</p>	
	2006					<p>Saddam Hussein is charged and sentenced to death by hanging</p> <p>Whale trapped in the Thames in London</p> <p>Steve Irwin dies after being stung by stingray</p> <p>Richard Hammond suffered significant brain injury after crashing jet powered car</p>	
	2007					<p>Gordon Brown becomes Prime Minister</p> <p>West Tower built</p> <p>Rhys Jones murdered in Croxteth, Liverpool</p> <p>Smoking ban introduced in England and Wales</p> <p>Foot and</p>	

					Mouth outbreak in UK	
	2008				<p>2008 Olympics in Beijing</p> <p>Liverpool City designated an European Capital of Culture.</p> <p>Echo Arena Liverpool, BT Convention Centre, and Liverpool One open</p>	
	2009				<p>Michael Jackson dies</p> <p>Barack Obama becomes President</p> <p>Woolworths closed</p> <p>Swine flu crisis</p>	
	2010				<p>Ash cloud, volcano (April)</p> <p>Rafael Benitez resigned as Liverpool FC manager</p> <p>General election – Coalition government formed</p>	

2011					<p>The Riots in London (August) Royal Wedding – William and Kate 2011 – Museum of Liverpool opens Riots took place in London, Birmingham and Liverpool</p> <p>England cricket team won The Ashes</p>	
2012					London Olympics	
2013					<p>Boston Marathon Bombings The birth of Prince George (William and Kate's son) Jimmy Savile The Tesco, Aldi, Lidl horsemeat scandal Margret Thatcher dies</p>	
2014					Oscar Pistorius trial Scottish	

					<p>independence referendum</p> <p>Joan Rivers dies</p> <p>The movie Frozen</p> <p>Robin Williams dies</p> <p>Ebola crisis</p>	
	2015				<p>Germanwings crash</p> <p>Earthquake in Nepal</p> <p>Prime Minister David Cameron and Tories with second 5-year long term</p> <p>Ireland legalises same-sex marriage</p>	
	2016				<p>Brexit</p>	

APPENDIX 3 – Participant Information Sheets and Consent Forms for Life History Calendar Interviews

Participant Information Sheet - Interviews

An exploration of the role of alcohol in the life experiences of the homeless in Merseyside, UK

Dr Kim Ross-Houle

You are being invited to take part in a research study. Before you decide whether to take part it is important that you understand why the research is being done and what it involves. Please take time to read the following information. Ask us if there is anything that is not clear or if you would like more information.

1. What is the purpose of the study?

This project is being carried out by research staff at the Centre for Public Health, Liverpool John Moores University. We would like to gain an understanding of the experiences of those that are homeless in Merseyside. We are interested in how alcohol consumption can affect the homeless and how levels of alcohol consumption may have changed throughout your life.

2. Do I have to take part?

Participation is **voluntary** and it is up to you to decide whether or not to take part. If you do take part you will be given this information sheet and asked to sign a consent form. You are still free to withdraw at any time and without giving a reason. A decision to withdraw will not affect your rights to any help from services that you receive.

3. What will happen to me if I take part?

If you agree to take part you will be asked to take part in an interview with a researcher from Liverpool John Moores University. This should last around 1 hour and you will be asked questions about:

- Your alcohol consumption
- Your experiences of being homeless
- Past events that may have affected your alcohol consumption

You do not have to answer any questions that may make you feel uncomfortable. If you do not want to answer a question then please let the researcher know.

If it is okay with you we will tape record the interview. This will be stored securely and only the research team will have access to it.

4. Are there any risks / benefits involved?

There are no foreseen risks involved in taking part in this research. The information we get during the research will help increase the understanding of the experiences of those who are homeless and their alcohol consumption. While it is unlikely that there will be any direct benefits to you, we will be feeding back the results of the research to services that help those that are homeless. **Following the interview, should you require any support or advice, please contact the Whitechapel Centre on 0151 207 7617 or the Samaritans on 08457 90 90 90.**

5. Will my taking part in the study be kept confidential?

All the information you give us will be **strictly confidential**. This means that your answers are private between you and us. We may use some quotes from your interview in the report and other publications/presentations but we will not include your name or any other information that could identify you. **However, should you suggest, imply or state that you will act in a manner that will cause harm to yourself or others, that someone else is harming you/others or that you or someone you know is involved in specific serious criminal activities (i.e. acts of terrorism, offences against children) then the researcher will have to let your key worker know.**

This study has received ethical approval from LJMU's Research Ethics Committee (16/CPH/019)

Researcher contact details: Kim Ross-Houle K.M.Ross@ljmu.ac.uk 0151 231 4327

If you any concerns regarding your involvement in this research, please discuss these with the researcher in the first instance. If you wish to make a complaint, please contact researchethics@ljmu.ac.uk and your communication will be re-directed to an independent person as appropriate

Participant Consent Form - Interviews

An exploration of the role of alcohol in the life experiences of the homeless population in Merseyside, UK

Dr Kim Ross-Houle

1. I confirm that I have understood the information provided for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason.

3. I understand that any personal information collected during the study will be anonymised and remain confidential

4. I understand that the interview will be audio recorded and I am happy to proceed

5. I understand that parts of our conversation may be used verbatim in future publications or presentations but that such quotes will be anonymised.

6. I agree to take part in the above study

Name of Participant

Date

Signature

Name of Researcher

Date

Signature

APPENDIX 4 – Participant Information Sheet and Consent Forms for PhotoVoice Activity

Participant Information Sheet - PhotoVoice

An exploration of the role of alcohol in the life experiences of the homeless in Merseyside, UK

Dr Kim Ross-Houle

You are being invited to take part in a research study. Before you decide whether to take part it is important that you understand why the research is being done and what it involves. Please take time to read the following information. Ask us if there is anything that is not clear or if you would like more information.

6. What is the purpose of the study?

This project is being carried out by research staff at the Centre for Public Health, Liverpool John Moores University. We would like to gain an understanding of the experiences of those that are homeless in Merseyside. We are interested in how alcohol consumption can affect the homeless and how levels of alcohol consumption may have changed throughout your life.

7. Do I have to take part?

Participation is **voluntary** and it is up to you to decide whether or not to take part. If you do take part you will be given this information sheet and asked to sign a consent form. You are still free to withdraw at any time and without giving a reason. A decision to withdraw will not affect your rights to any help from services that you receive.

8. What will happen to me if I take part?

If you agree to take part you will be asked to produce some photographs (around 3-5) that you feel reflect your life and your alcohol consumption. We would prefer it if you didn't take photographs of people. If anybody does end up in the photographs by accident, and they could be identified from the photograph, then we will be able to use the photograph in the analysis by describing it, but we will not be able to print the image in the report or use it in any other publications or presentations.

Following this, we will ask you to take part in an interview where you and the researcher will look at the photographs and discuss the meaning behind them. During the interview we will ask if it's ok with you for us to use your images in our analysis and in the report and other publications/presentations. If you do not want us to use the image then we will delete it.

If it is okay with you we will tape record the interview. This will be stored securely and only the research team will have access to it.

If you would like a printed copy of any of the photographs then please let the researcher know and they will arrange this.

9. Are there any risks / benefits involved?

There are no foreseen risks involved in taking part in this research. You will receive a £10 shopping voucher for taking part. The information we get during the research will help increase the understanding of the experiences of those who are homeless and their alcohol consumption. While it is unlikely that there will be any direct benefits to you, we will be feeding back the results of the research to services that help those that

are homeless. **Following the interview, should you require any support or advice, please contact the Whitechapel Centre 0151 207 7617 or the Samaritans on 08457 90 90 90.**

10. Will my taking part in the study be kept confidential?

All the information you give us will be **strictly confidential**. This means that your answers are private between you and us. We may use some quotes from your interview and some of the photographs in the report and other publications/presentations but we will not include your name or any other information that could identify you. If you do not want a photograph to be printed in the report or used in other publications or presentations then please let the researcher know. **Should you suggest, imply or state that you will act in a manner that will cause harm to yourself or others, that someone else is harming you/others or that you or someone you know is involved in specific serious criminal activities (i.e. acts of terrorism, offences against children) then the researcher will have to let your key worker know.**

This study has received ethical approval from LJMU's Research Ethics Committee (*insert REC reference number and date of approval*)

Researcher contact details: Kim Ross-Houle K.M.Ross@ljmu.ac.uk 0151 231 4327

If you any concerns regarding your involvement in this research, please discuss these with the researcher in the first instance. If you wish to make a complaint, please contact researchethics@ljmu.ac.uk and your communication will be re-directed to an independent person as appropriate

Participant Consent Form - Photographs

An exploration of the role of alcohol in the life experiences of the homeless population in Merseyside, UK

Dr Kim Ross-Houle

1. I confirm that I have understood the information provided for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time.

3. I understand that any personal information collected during the study will be anonymised and remain confidential.

4. I understand that the interview will be audio recorded and I am happy to proceed.

5. I understand that parts of our conversation may be used verbatim in future publications or presentations but that such quotes will be anonymised.

6. I understand that the images that I produce will be used to inform the analysis of the research and may be used in the dissemination. I understand that I have the opportunity to inform the researcher if I want certain images to be excluded for either of these purposes.

7. I agree to take part in the above study.

Name of Participant

Date

Signature

Name of Researcher

Date

Signature

Participant Consent Form – Image Release

An exploration of the role of alcohol in the life experiences of the homeless population in Merseyside, UK

Dr Kim Ross-Houle

I am taking part in the project ‘An exploration of the role of alcohol in the life experiences of the homeless population in Merseyside, UK’, I will produce photographs and will discuss/explain their relevance. I give permission for the researchers from Liverpool John Moores University to keep copies of these images and for the following images and agreed quotes to be used as detailed below:

- In the research analysis
- In the research report and other written publications
- In a public exhibition

Image	Can be used in analysis (Y/N)	Can be used in report/publications (Y/N)	Can be used in public exhibition (Y/N)

I would like the research team at Liverpool John Moores University to provide me with printed copies of the following images

I understand that while the research team will only use my images in line with its ethical standards, it is possible that photos that are made public through publications or the exhibition could be copied and used by others, and that the research team at Liverpool John Moores University cannot be held responsible for this.

Name of Participant Date Signature

Name of Researcher Date Signature