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Supply-side review of the UK specialist housing market and why it is failing older people

Andrew Harding, Jonathan Parker, Sarah Hean and Ann Hemingway

Abstract

Purpose – The purpose of this paper is to provide a supply-side review of policies and practices that impact on the shortage of supply in the contemporary specialist housing market for older people in the UK.

Design/methodology/approach – The review is based on a review of academic literature, policy documents, reports and other sources.

Findings – There is a critical conflict between the key social purpose of specialist housing (i.e. living independent of socially provided care) and the values that underpin and ultimately limit the quantity of units in both the social and private sector. In the social sector, government policies prohibit rather than encourage local authorities and housing associations from increasing specialist housing stock. The nature of leasehold tenures in the private sector tends to commodify not only housing stock but also those who use it and therefore acts to instrumentalise housing supply in favour of the profit motive and the focus on the person and her or his needs is largely ignored.

Originality/value – While the shortage of specialist housing is well known, this paper is unique in that it provides a comprehensive and critical supply-side review of the factors that have created such conditions.

Keywords Sheltered housing, Older people, Retirement housing, Extra care housing, Specialist housing, Supply-side review

Paper type General review

Introduction

Vulnerabilities often associated with ageing may challenge an individual’s ability to remain independent. In particular, it is common for the physical characteristics of home environments to become inappropriate, harder to navigate or even hazardous (Blackman, 2005). In the UK a key alternative to mainstream housing for older people, which is championed as safeguarding independence by providing care and support, is specialist housing. The two dominant types of specialist housing in the UK are “sheltered housing” and “extra care housing”. Both facilitate independent living but incorporate different levels of care and support. “Retirement housing” is another popular umbrella term, and the use of this term in recent years extends to housing schemes where minimal care and support is offered (such as some retirement villages).

Given their role in providing care and support in order to maintain independence for those who have some level of care need, sheltered and extra care housing play a central role in the continuum of care in later life (Nocon and Pleace, 1999; Heywood et al., 2001; Croucher et al., 2007; Darton et al., 2008; Pannell et al., 2012). The importance attached to the role of sheltered and extra care housing in government policy has shifted throughout the latter decades of the twentieth century to the present. Promoted in the 1960s and 1970s, as providing a cheaper and more independent alternative to residential care homes, government support for specialist housing reduced in the 1990s as providing care in people’s existing home became a priority under the NHS and Community Care Act 1990 (Nocon and Pleace, 1999; Heywood et al., 2001; Darton and Smith, 2017).
Although government support for specialist housing declined in the 1990s, the initial entry of the private sector during the 1980s led to an over-supply of retirement housing (Oldman, 1990; Balchin and Rhoden, 2002). In late 1980s – early 1990s, Oldman (1990) estimated that there were just over 500,000 specialist housing units in England and Wales. However, recent data indicates that the quantity of retirement housing has remained relatively static (Pannell et al., 2012; Best and Porteus, 2016). Indeed, a shortage of supply relative to demand is now widely noted, even at a government level (Select Committee on Public Services and Demographic Change, 2013) and it has even been calculated that there could be a shortfall in retirement housing of around 160,000 by 2030 and 376,000 by 2050 (International Longevity Centre, 2016).

While there are many underlying reasons that contribute to the current lack of supply of specialist housing, there exists no comprehensive critical review of the reasons behind these issues. This purpose of this paper is to begin to address this gap. First, patterns of tenure and the market share for social and private sectors are outlined in order to provide a portrait of the market that the paper proceeds to critically review.

Current tenure patterns and providers

Around three quarters of specialist housing for older people is for rent and a quarter is for sale. Pannell et al. (2012) observe this is the reverse tenure pattern seen among older people in mainstream housing. In total, 90 per cent of specialist housing is classified as housing with support (sheltered), and 10 per cent as housing and care (extra care). With there being 7.3 million older households, the specialist housing supply amounts to 73 units per 1,000 older households. Housing associations (59 per cent) and local authorities (24 per cent) mostly allocate this accommodation, with a small number held for shared ownership. The private sector offers a smaller quantity (10 per cent), almost exclusively offered for sale on leasehold tenures. The private sector offers “housing with support”, whilst most “housing with care” schemes are located in the social sector (Poole, 2006). Almshouses, charitable/non-profit providers and co-operatives (7 per cent) also offer some specialist accommodation (Pannell et al., 2012).

Building rates and the wider policy climate

Local authorities

Since 2010, the total number of local authority new builds has been around 1,500 per year in England (Perry, 2014). While local authorities build relatively few homes – including specialist retirement housing – they are widely seen as being in a position to increase supply. However, government priorities appear to have curtailed the ability of many local authorities that would be willing to engage in more substantial building programmes (Local Government Association, 2015). Local authority debt is regarded as overall government debt. A key aim of successive governments has been debt reduction and austerity. To this end, the Localism Act 2011 set a cap on local authority borrowing levels for house building (HM Government, 2011). This cap prohibits local authorities from raising sufficient capital for building despite local authorities having an approximately 50 per cent lower gearing ratio than housing associations (Perry, 2014), which means that local authorities have a significantly better debt to equity ratio per dwelling on their balance sheets than housing associations.

During the 1990s and 2000s, many local authorities set up housing associations for the purpose of transferring their housing stock and to stimulate building programmes which they could not do themselves. However, it has now reached the point where local authorities build and manage few properties.

Housing associations

Housing associations use local authority banding systems to allocate housing, although a small number of schemes take direct applications from outside of the local authority system (Firststop, 2013; Age UK, 2016). For those who are considered a low priority for social housing, direct
applications reflect an important means of seeking and accessing alternative housing (Firststop, 2013; Age UK, 2016). However, similar to local authority housing, in recent years housing associations have developed long waiting lists (Age UK, 2016).

Considering their market share exceeds 50 per cent (Pannell et al., 2012), housing associations should represent an important source of new specialist housing builds. Furthermore, housing associations are regarded by some as in a particularly strong position to meet need. As Best and Porteus (2016, p. 7) note in a report for the All Party Parliamentary Group (APPG) on Housing and Care for Older People, housing associations “[…] face reduced risks as they have the flexibility to build retirement housing for sale but to switch to renting the properties if there is a downturn in the market”. However, while it may be attractive to suggest housing associations should be able to meet the need for specialist retirement housing, there are many reasons why housing associations are currently struggling to do so.

First, the sector does not operate like commercial developers and this has ramifications for both how land is accessed, and the quantity and quality of that land. Second, in a similar way to those experienced by local authorities, recent reforms are significantly limiting housing associations’ ability to maintain their original mission, presenting critical problems for the expansion of social housing – including retirement housing.

While competitively bidding for land marks the primary process through which private land developers acquire land, this is less common for housing associations. As housing associations are social providers and do not seek to make significant profits from their tenants, they also have to keep outgoings as low as possible. This has ramifications for how housing associations operate. Housing associations obtain land by being given it by local authorities or by working in partnership with developers. Another source is to procure land cheaply from private developers that would not otherwise be acceptable for residential planning purposes – for example, via section 106 agreements (based on that section of The 1990 Town and Country Planning Act) (Monk et al., 2008).

Not having the “financial muscle” of private developers inhibits the ability of housing associations to purchase land on the open-market. Furthermore, a partial reliance on state grants (which have been in continual decline), and being tied more widely to governmental policies and priorities, present a challenging climate for housing associations in relation to expanding their housing stock. Indeed, as Walker (2014) outlines, some housing associations are inactive and do not build.

While the current position of housing associations is not conducive to substantively expanding their stock, the policies and priorities of central government are also presenting particularly challenging circumstances for housing associations if they are to be a significant source of new build social specialist retirement housing. This is particularly so as the start-up costs of specialist retirement housing can be high (Balchin and Rhoden, 2002).

Recent reform and the demise of the traditional housing association model. The landscape for Housing Associations has changed and continues to change dramatically. Government capital grants in the 1990s made up around 75 per cent of funding including land acquisition and development costs (Wilson et al., 2018). However, as a consequence of austerity, capital grants have been in continual decline and in recent years constitute only around 14 per cent of funding (Cross, 2017; Haigh, 2015; Wiles, 2015). However, even with access to grants, schemes will invariably not breakeven for decades (Parr, 2015).

Access to grants is contingent on political priorities. For example, the Department of Health grants that spearheaded many extra care developments in the sector after 2000 are no longer accessible (Pannell et al., 2012), despite evidence that these forms of supported housing saves NHS resources (Croucher et al., 2007; Darton et al., 2008; Kneale, 2011; Best and Porteus, 2016).

Consequently, there has been a continual shift away from government capital grant funding to revenue-based funding and private borrowing, with all the implications that this has for housing associations’ balance sheets – namely, repaying loans often at high levels of interest (Haigh, 2015). For example, under successive New Labour governments, Housing Associations could expect to receive grants of £30–40,000 per unit (for mainstream dwellings). However, the Coalition Government between 2010 and 2015 made substantial changes. In relation to housing associations, the coalition introduced a new third tier of housing – social (at 60 per cent market rent),
affordable (at 80 per cent market rent) and market rent (100 per cent market rent). Capital grants were also replaced with subsidies, typically around £8–12,000 per unit (Haigh, 2015; Williams and Whitehead, 2015; Housing Association Chief Executive, personal communication).

While initial grants were reduced, future income was to be secured by the guarantee of raising rents by 1 per cent above inflation as measured by the Consumer Price Index. With fewer grants, many housing associations needed to borrow against future income, and subsequently this triggered a rise in building “affordable” housing (with 80 per cent rent levels, as opposed to 60 per cent). These circumstances underpinned many housing association long term funding models, business plans and strategies. This is predicted to equate to a 12 per cent loss in predicted income for housing associations, with one national leading association forecasting a reduction in income of £34 m between 2016 and 2020 (Stonewater, 2016).

Alongside this, it was announced by DCLG (2016) that social landlords were not permitted to increase rents by CPI+1 per cent, but instead were to reduce their rent by 1 per cent annually for the subsequent four years (Wilson, 2016b). With fewer grants, and private finance tending to have been secured against future rental income, reducing rather than increasing rents the ability of housing associations to raise capital for new building programmes is reduced (Haigh, 2015; Darton and Smith, 2017).

Some housing associations have also merged in order to become lower risk to their investors and also to pool resources (Haigh, 2015). Yet, mergers are not always positive solutions, with a merger between two major housing associations failing to complete because of disagreements over future mergers (Brown, 2016).

Current grant levels and the challenges to current funding means that interest on private capital rapidly brings housing associations to their debt ceiling. Some of the more radical suggestions to address this problem have suggested that housing associations should continue to diversify and increase the amount of homes they sell or rent at market rates, thereby increasing revenue streams and reducing dependency on government grants and unsustainable levels of private borrowing (Walker, 2014).

Data from the National Housing Federation outlines how 18 per cent of the 40,124 total homes built by housing associations during 2015–2016 were for market sale or rent. Although comparable data for the previous year is not available, it indicates that building nearly a fifth of their total build for market sale or rent may signify some degree of diversification. However, as others have noted, de-prioritising social housing has a detrimental effect on the common identity and strategically important working relationship between housing associations and local authorities (Heywood, 2015) – and is also detrimental to those who require social housing. This financially challenging climate has also seen some housing associations abandon their original mission to provide affordable social housing and de-register their charitable status to become providers of private housing sold at market rates (Murtha, 2015).

Demonstrating the reach of neoliberal free market ideology, it has been suggested that building “affordable” units is a critical problem. Doing so reduces the return on investment, reduces profitability and in some cases reduces the likelihood of accessing capital from lenders to even build in the first place. On this basis, Ball (2011) argues that in effect “affordable” housing becomes a levy that is a barrier towards adequate supply. Lifting the need to build “affordable”, in theory, would lead to an increase in building rates and would drive down price as normative market practices incentives would be restored.

Welfare reform. Continuing austerity measures, welfare reform, and particularly housing benefit reform, also present additional uncertainties to tenants’ income, and, concomitantly, housing association revenue streams, maintaining existing provision and their abilities to build (Mendoza, 2015). Suggested reforms outline that housing costs (i.e. rent and service charges), previously paid for by Housing Benefit, will be paid under Universal Credit, but only up to one bedroom on the Local Housing Allowance (LHA) rate only. The LHA rate is linked to the private rental market, capped at the 30th percentile and is subject to significant regional variation which are estimated to be greater than the variation of housing costs in supported housing
projects that this would mean, on average, tenants (including sheltered and extra care tenants) will have £68 a week less to pay for care, support staff and service charges, and this would make many current and prospective schemes financially unviable. Indeed, some housing associations have shelved plans to build specialist housing (Buchanan, 2016; Darton and Smith, 2017).

In existing schemes, a key concern is whether reductions and/or uncertainties in income for both residents and providers will provide adequate resources to maintain services. It is noted, however, that there has been a continual decline in services and particularly support staff in recent years. Evidence suggests that reductions in support staff is likely to have a detrimental impact on the community cohesion of developments (Gray, 2014) and loneliness and isolation of residents (Gray, 2017; Gray and Worlledge, 2018) – or many of the characteristics that draws older people to specialist housing.

Housing benefit reform is therefore another factor that is contributing to wider uncertainty within the sector and especially to those seeking specialist accommodation. The unforeseen consequences of policy reform, and pervasive neoliberal market ideology, have created a complex uncertain situation for older people seeking specialist housing and those who currently reside within the sector.

Given the substantive issues the social sector has faced in recent years, for many the private sector constitutes an important option. Yet, the private market for specialist housing in later life also has substantial supply side issues – particularly around transparency and trust, limited reach because of people’s differential incomes.

**Private sector**

Some suggest that what is estimated to only be around 25,000 bed spaces, or approximately 10 per cent of the market (Pannell et al., 2012), is an indication that the private market has yet to “take off” (Parr, 2015). A relatively small number of private firms operate in this market place (e.g. McCarthy & Stone and Churchill), and many providers of mainstream housing have not yet entered the specialist housing market, mainly because of cost. Private developers tend to target people with lower levels of physical and health needs, primarily because less capital investment is needed. Therefore, there has been a tendency for private developments not to have on-site services, though some private providers in recent years have marketed extra care schemes. However, many private developments require services and facilities that more central and expensive locations offer. This has an implication for the price of land, and indeed many private providers compete with more mainstream developers (Parr, 2015).

High initial capital outlay also has implications for the intensive and often undesirable models that private organisations promote. However, as wider evidence suggests, the leasehold tenures offered by the private sector often tend to be undesirable, unresponsive and even untrustworthy (Hodgkinson, 2015). As the following sections highlight there is a great deal of evidence to suggest that these concerns have wider foundations.

**Leasehold and fees.** Specialist accommodation available from private providers tends to be offered on a leasehold tenure, which are associated with apartment style accommodation (in England and Wales) where there are shared common areas (such as entrance ways, hallways and stairs), physical structures of the building (walls, roofing and floors) and sometimes facilities (such as laundry rooms and gardens). In properties such as these, the behaviours of residents can have a direct impact on the other residents’ safety, physical and social wellbeing. Consequently, arrangements have developed to address the respective collective rights and responsibilities of owners and management moving into an instrumental management or processing of people (Cole and Robinson, 2000).

While the freeholder owns the plot, leaseholders purchase temporary rights of occupation that usually last for long periods of time. In relation to any communal areas, facilities and physical structures, which are owned by the freeholder, the freeholder usually levies a service charge for maintenance purposes at his discretion. This can mean that leaseholders have little voice or control over the management and maintenance of properties, but are nevertheless liable to reimburse outgoings. In short, residents are technically owners but can experience the relative
powerlessness and rights of being a tenant. Cole and Robinson (2000), reflect the dichotomy of ownership on the one hand but with monthly rents payable to a freeholder on the other (or appointed management agent), describing leaseholders as “owners yet tenants”.

In specialist retirement housing, this situation tends to be exacerbated to the further detriment of leaseholders and the financial gain of freeholders. Freeholders, particularly those in the private sector have also tended to charge what are collectively known as “event fees”. These are the fees that companies who own and manage retirement properties, i.e. the freeholder, include in clauses of lease agreements. For example, clauses often require owners to pay a fee, up to 30 per cent of the resale value, if the owners wish to sell or sublet their home. Other examples of “events” where fees are levied are if a relative or partner moves in, a spouse dies a property is inherited or even a change in occupation (Wilson, 2016a).

Legal investigations around fairness of fees. Older people entering the private retirement housing market commonly tie up equity. Many older households have paid off any mortgage and, on this basis, experience a relatively low cost of living in relation to their outgoings. Yet, in contrast, there is significant variation in on-going costs of living in retirement housing. Examples of on-going costs include maintenance, management and leasehold fees, with the ability to meet such costs negatively impacted on by changes to housing benefit (Age UK, 2012; Pannell and Blood, 2012; National Housing Federation, 2016). In many cases, the extent and nature of these costs will be new, sometimes perceived as hidden, and certainly unwelcomed (Age UK, 2012; Hodgkinson, 2015).

Concerns have been raised about the transparency of costs and clauses in leasehold contracts, including questions of their legality in relation to the Unfair Terms in Consumer Contracts Regulations 1999 (Wilson, 2016a). The Office of Fair Trading investigated these matters between 2009 and 2013 and recommended legislative change. Their report concluded that “[…] legislative reform be considered by expanding the remit of the Leasehold Valuation Tribunal to allow the tribunal to rule on the reasonableness of all transfer fees” (Office of Fair Trading, 2013, p. 63).

While the Office of Fair Trading did not mount a legal challenge based on their recommendations, they did reach an agreement with large providers – such as McCarthy & Stone – to drop some of these fees and replace them with flat fees and agree other changes, thus “[…] mitigating what we consider to be their inherent unfairness” (Office of Fair Trading, 2013, p. 57). However, the report did produce some guidelines. Among the recommendations to increase transparency were limiting any fees to actual final sales values and not using the open-market as the basis for calculating fees (Office of Fair Trading, 2013). The recommendations suggest that the nature of leasehold tends to commodify not only housing stock but also those who use it and therefore acts to instrumentalise housing supply in favour of the profit motive. The focus on the person and her or his needs and voice is largely ignored.

Low transparency and trust limiting growth of the sector. Issues of this nature and the poor reputation of management firms who operate in the leasehold market have even led to some companies rebranding in attempts to dissociate themselves with their previous histories. However, others suggest the role of fees, which have undoubtedly led to feelings of distrust by many, are not the central problem (Hodgkinson, 2015).

In a market-driven system, fees constitute important revenue streams for new builds, and this is seen as particularly important for a market where there is chronic shortage of supply with high start-up costs (Select Committee on Public Services and Demographic Change, 2013). In effect, it is the marketised system that constitutes the problem. However, a further critical problem is that there is a lack of transparency regarding the levying of fees – particularly exit fees – alongside the neoliberal market system itself. These fees tend to be perceived as unwelcome and have a negative impact on the ability of people to manage their finances. A market-oriented solution has been proposed that an exit fee is built into the price an individual pays at the start rather than exiting the property:

[...] the option for purchasers to pay these fees upfront, rather than upon the sale or reassignment of the property, would not reduce an income stream for the developers but it would give another option to potential leaseholders who want to have greater control over their finances. (Hillier, 2016)
However, the Law Commission, following up on the Office for Fair Trading investigation (mentioned above), did not recommend upfront payments in order to aid transparency. Rather, it recommend providing more transparent information around the nature and disclosure of fees and to limit them to periods around sale, sub-letting or change of occupancy (The Law Commission, 2017).

Fairer and less opaque practices in this area reflect the wider desire and need for more transparency in the whole sector (Age UK, 2012). Indeed, such is the extent of the sector’s poor reputation, it is seen as a factor in limiting its growth. Implicit in this proposition is that transparency and more transparent market practices will lead to increases in consumer confidence, and ultimately trust (Hillier, 2016; Galvin, 2016). The underlying market-driven approach is not, however, criticised or challenged. Future debate is needed in this area.

Reform and moves towards “commonhold”. Another cause of dispute in relation to leasehold is owners’ lack of control over communal charges and their precariousness (Standing, 2011). These charges refer to the on-going costs of maintenance and general upkeep of properties, including the provision of support staff. Similar to poor transparency around “event fees”, many freeholders of specialist older people’s housing use companies in which they have a financial interest, and use them to elicit more money from the leaseholders (Hodgkinson, 2015). Such exploitative practices in relation to leasehold are not new, of course, and historically there have been strong criticisms of leasehold and many unsuccessful attempts at enfranchisement reform dating back to the 1880s. In recent decades in the UK there have been some attempt to move towards collective enfranchisement – or reforms akin to legislation in the USA and France where statutory systems safeguard the individual interest of owners (leaseholders), where co-operative and common management schemes have a statutory footing (Cole and Robinson, 2000).

The Leasehold Reform, Housing and Urban Development Act 1993 made provision for leaseholders to exercise the right to purchase the freehold, subject to agreement of all participating tenants. However, the changes made to the Bill through its parliamentary journey were heavily influenced by the interests of existing capital and landowners (i.e. freeholders) and costs of collective enfranchisement were raised – in effect making the pursuit of collective enfranchisement unlikely and subsequently rarely exercised (Cole and Robinson, 2000).

As an alternative to purchasing the freehold, since 2002 leaseholders do have the option of effectively taking over the “right to manage”. If more than 50 per cent of leaseholders in a development agree they can, under The Commonhold and Leasehold Reform Act 2002, create a company whose members can make their own decisions about management, upkeep of properties, insurance, repairs and service charges (DCLG, 2005). The legislation introduced a new type of legal estate known as “commonhold”.

While currently only a small number of properties have them, commonhold tenures have been suggested as a desirable alternative to leasehold in the retirement housing sector (Age UK, 2012) and there has even been some debate in Parliament whether to outlaw leasehold and substitute it with commonhold (Fitzpatrick and Blackman-Woods, 2015). However, while no data exists to our knowledge on the uptake of commonhold or the “right to manage” in specialist housing, whether this is realistic or even desirable for older people (some of whom may have health or care needs) is questionable.

With leasehold still featuring many of its feudal characteristics, questions asked by Cole and Robinson (2000, p. 611) nearly two decades ago remain largely unanswered: “It remains to be seen whether the distribution of rights and responsibilities in the leasehold sector can be reformed, to be more closely aligned with common practice for flat ownership and management […]”.

Unresolved tensions

There is a critical conflict between the key social purpose of specialist housing (i.e. living independent of socially provided care) and the values that underpin provision and ultimately limit the quantity of units in both the social and private sector.

In the social sector, which accounts for around three-quarters of specialist housing, government priorities currently act as significant barriers to the building of new housing stock. On the other
hand, the private sector has reduced the individual older person to a commodified actor who is attracted for economic purposes and not served according to needs. The insecure and uncertain aspects of the individual’s financial state, entitlement to benefits and vulnerability to a precarious future drives a further wedge into a system that preys upon such insecurities for its core driver, whether that be balancing the books, value-for-money or profit.

Conclusion

As this supply-side review has presented, the specialist housing market has an array of issues that does not support its central purpose to allow older people to remain independent. The structural and philosophical approach to housing provision remains embedded within a market-driven culture that puts business above individual need.

Increases in supply along with more transparent, fairer and responsive market practices would, in theory, lead to increases in engagement, confidence, trust and ultimately growth. Doing so will require substantial levels of economic and, importantly, political and social capital beyond existing resource levels. Yet, it is not as straightforward as suggesting more quantity will lead to a market that is more accessible. Schemes need to reflect what existing evidence suggest residents’ desire — independence, security, peace of mind, continuity of support/care, neighbourly and social atmospheres, transparent contracts and not having to take responsibility for repairs and maintenance (Callaghan, 2008; Croucher et al., 2006; National Housing Federation, 2010).

While this paper has focussed on the supply side dynamics of the specialist housing market, it will be followed up with research documenting the demand-side — older people’s experiences of engaging with this market — in the form of a realist evaluation of a housing options service for older people considering specialist housing (Harding et al., 2018).

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Keyworkers’ experiences and perceptions of using psychological approaches with people experiencing homelessness

Josephine Benson and Michael Brennan

Abstract
Purpose – The purpose of this paper is to explore keyworkers’ experience and perceptions working with people experiencing homelessness and the use of psychologically informed approaches in an Irish context.
Design/methodology/approach – In this paper a qualitative descriptive methodology was employed and face-to-face in-depth semi-structured interviews were conducted. Data collected were analysed using a thematic framework and transcribed by the researcher.
Findings – It was the view of the keyworkers psychological approaches allowed them greater understanding of psychological trauma and its effects promotes safe physical and emotional environments builds rapport between staff and clients and enables keyworkers to work more effectively with people with complex needs. There was also convincing evidence staff are quite receptive to training.
Originality/value – Given there is no research exploring the use of psychologically informed approaches in homelessness service settings, this study researched an area that has not yet been explored in Ireland. This qualitative descriptive research provides a platform from which further research can be conducted. It is hoped that highlighting the psychological issues of homeless people, the data obtained will help improve Irish homeless services, and the findings extracted beneficial in terms of future service developments, professional training and education.
Keywords Psychologically informed environments, Substance abuse, Mental health, Homelessness, Trauma, Psychological approaches

Paper type Research paper

Introduction
Although pathways to homelessness are multifaceted the answer to homelessness has primarily been seen as a social one. Accordingly, homelessness strategies in Ireland have largely focused on social solutions to combat homelessness (Department of Housing, 2002; Department of the Environment, Heritage & Local Government, 2008) via increasing access to rapid rehousing. Homelessness strategies focus has largely been on eliminating the need to sleep rough and ending long-term occupation in emergency hostels through the provision of long-term accommodation. Despite this, homelessness remains a serious and growing concern. Research has also focused on the social issues related to homelessness (Cockersell, 2011). More recently, however, there has been an increasing interest in the health dimension of homelessness; specifically, mental health.

There is a growing body of research that illustrates mental health issues such as psychological distress and trauma histories play a central and significant role in precipitating and/or perpetuating homelessness (Patterson et al., 2014; Multiple Exclusion Homelessness Report in the UK, 2011; Van De Bree et al., 2009; Mimi et al., 2010).
Over the last decade, a number of studies have found a close association between psychological trauma in childhood and homelessness (MERH, 2011; Coates and McKenzie-Mohr’s, 2010; Bonner et al., 2009). Bonner et al.’s (2009) survey of 967 people experiencing homelessness found that 61 per cent of the participants had suffered childhood adversity (e.g. physical neglect,
emotional and/or sexual abuse). Building on this Coates and McKenzie-Mohr’s (2010) study regarding the presence of trauma among 102 homeless youths found that 61 per cent had experienced physical abuse within the family, while almost 50 per cent had been assaulted with a weapon; a third had been sexually abused, and almost one quarter had been raped. Likewise, the Multiple Exclusion Homelessness Report (2011) conducted in the UK between 2009 and 2011 involving 1,286 people experiencing homelessness found traumatic childhood experiences were a commonly reported factor in pathways into homelessness.

Not all people who become homeless suffer childhood trauma. The recent increase in homelessness in Ireland has been attributed to the post 2008 economic downward, upsurge of migrants (Pleace, 2010) and lack of social housing (Housing Agency, 2014). However, once homeless whatever the cause people experience a lack of security, stability, community and access to social networks (Hopper et al., 2010; Collins and Phillips, 2003). They are marginalised, stigmatised and isolated within the wider society and are concurrently exposed to dangerous situations (e.g. violent attacks, sexual assaults, rape and so forth). This increases the risk of victimisation or re-victimisation (Hopper et al., 2010; Collins and Phillips, 2003) and can further expand, deepen and complicate existing psychological distress (McCabe and O’Connor, 2016).

Unfortunately, homeless people do not always receive the psychological help needed. For many, “it becomes a revolving door” of hostels and streets for many years (Cockersell, 2011).

Background

The impact of trauma can be distressing and long lasting. Prolonged and sustained traumatic experiences can be defined as complex trauma. Complex trauma refers to psychological and emotional issues that can have devastating effects on a person’s thoughts, feelings, behaviour and self-image (Thompson et al., 2013). Effects include emotional dysregulation, including difficulty with modulation of anger. Self-destructiveness in the form of addiction and self-harming. An impaired self-concept, disorganised attachments and an irrational unstable sense of self resulting in a general distrust of self and others (Courtois and Ford, 2009; Wilson, 2004). People affected by complex trauma can view themselves as bad, deserving of mistreatment and unworthy of acceptance and love (Courtois and Ford, 2013). The emotional impact of traumatisation can result in people having low self-esteem, lack of self-belief and demotivation, thus, heightening feelings of hopelessness, helplessness and worthlessness. This type of emotional framework can make it difficult for people to bring about or believe they deserve positive change in their lives (National Mental Health Development Unit, 2010). These problems can be intensified by alcohol and drug issues which can cause people to be repeatedly evicted from services or make maintaining accommodation difficult. Hence, perpetuating the cycle of homelessness (Keats et al., 2012; Maguire et al., 2009a, b).

However, with increasing recognition of the prevalence of traumatic stress experienced among people who are homeless, awareness of the importance of implementing psychologically informed environments (henceforth PIEs) into homelessness services is growing (Keats et al., 2012; Hopper et al., 2010). The concept of PIE was developed by Johnson and Haigh in 2010 as part of the Royal College of Psychiatrists initiative “Enabling Environments”. A PIE is best understood as a place or a service in which the overall approach and daily running have been intentionally designed to consider the psychological and emotional needs of service users. It arose out of the need to recognise and to work with levels of psychological trauma that goes with and often precedes homelessness (Johnson and Haigh, 2012). PIEs are specifically informed environments where staff are trained to develop an increased psychological understanding of the work they do. This knowledge allows them to produce an enhanced safe and supportive environment, which can enable the development of clients. There is no single right psychological approach to addressing someone’s emotional and psychological needs and organisations may decide to use more than one approach (National Mental Health Development Unit, 2010). Creating PIEs can deliver better outcomes for people who have learnt maladaptive coping strategies that effect their ability to establish and maintain healthy relationships and stable accommodation (Keats et al., 2012). It can increase effective working with complex groups and decrease negative beliefs about homeless people (Edwards, 2012; Maguire et al., 2009a, b).
It has been well documented in the UK that implementing psychological approaches can increase recovery outcomes for homeless people (National Mental Health Development Unit, 2010). Studies have shown decreases in mental health issues, substance misuse, aggressive behaviours and improvements in clients functioning and maintaining accommodation (Blackburn, 2012; Cockersell, 2011; Maguire et al., 2009a, b). In the USA, the implementation of Trauma Informed Care (an analogous form of practice PIE) within homelessness services has also proved to lead to better outcomes than in homelessness services where psychological approaches are not used (Hopper et al., 2010).

Aim and objectives

Aim

The overall aim of this paper is to explore keyworkers’ experiences and perceptions of implementing psychologically informed approaches with people experiencing homelessness. The aim of this research was to be able to gain knowledge of the host organisation’s experiences with psychologically informed approaches within homelessness services within an Irish context. The research was conducted within a charitable homelessness organisation working within the Greater Dublin area. The research was carried out as part fulfilment of a post-graduate course, therefore, no funding was received. The host organisation provides a range of services including emergency accommodation, medium/high supportive housing, outreach and treatments services. At the time of this study, the host organisation was piloting PIE in three projects (supportive housing and an emergency hostel). Three of the participants came from two different supportive housing projects and one from an emergency hostel. The two remaining participants came from a project that technically was not under a PIE pilot but met the inclusion criteria. Due to the nature of their service “recovery” it was very much psychologically informed. Both participants received training through their work and through personal career development.

Inclusion criteria. All participants must have 12 months or more experience of working with people experiencing homelessness. All participants must be trained in and use psychological approaches in the work they do. Participation must be voluntary. All of the research participants were trained to be psychologically aware and to use basic counselling. The chosen psychological approach implemented by the host organisation was motivational interviewing. All participants assured participation was voluntary.

Objectives

This research set out to achieve four objectives: to understand keyworkers’ experience of working with homeless people, to explore keyworkers’ experience of using psychological approaches with people experiencing homelessness, to investigate keyworkers’ perceptions of how effective/ineffective they consider implementing psychologically informed approaches in homelessness services settings, and to identify gaps in training/skills/education.

Methodology

Method

A qualitative descriptive approach was considered most relevant in undertaking this research as it allowed greater ability to gain an understanding of keyworkers’ experiences of working with people affected by homelessness. This study is underpinned by the interpretivist paradigm. It utilised a qualitative descriptive approach. This approach is based on the principle that social reality is contextual, constructed by human beings and occurs in a natural setting. This method facilitates the acquisition of people’s lived experiences which can be interpreted and given meaning (Parahoo, 2006). Therefore, the qualitative approach was deemed most appropriate to explore and describe this groups experiences of working with people experiencing homelessness using psychologically informed approaches.
Purposeful sampling was employed to identify potential participants. Participant were recruited from various projects (i.e. emergency hostel, recovery and supportive housing) operated by the host organisation. Letters of invitations were sent to ten people within the organisation who met the inclusion criteria. Eight people responded. However, two participants were unavailable at the time of interviewing. Interviews were conducted at participant’s workplace, where they felt comfortable and was convenient for them. All participants were full-time female employees aged between 27 and 42 years. Participants had a minimum of 5 years and maximum of 13 years’ (the average = 10 yrs) work experience in two or more projects within the homelessness service. All participants were college educated.

The data were collected using one to one semi-structured interviews. This allowed for consistent and accurate information relevant to the study, while simultaneously allowing the participants to answer freely. The interviews were conducted by the main researcher, audio-taped and transcribed verbatim. The interview guide used for this process was developed by the researcher following a comprehensive review of the literature and policy documents on this topic. The same questions were consistently asked of each participant. No questions were left unanswered.

The interview schedule addressed the following questions:

- participant’s demographics;
- experience of working with people experiencing homelessness/mental health issues;
- experience of working with individuals who have/are experiencing trauma;
- what psychological approaches do you use;
- in your opinion how effective/ineffective do you consider them to be; and
- can you identify gaps/education/training that would help you work more effectively.

Ethical consideration

Before commencing the research, ethical approval was granted by ethics committees, the researcher’s academic institution as well as the host organisation. Written informed consent was sought and obtained from each participant prior to participation in this study. Each participant was assured confidentiality and that no identifiable information would be published.

Data analyses

Newell and Burnard’s (2011) thematic framework was used to analyse the data gathered. This framework was selected to ensure a thorough approach was applied and that an accurate account of the information gathered was presented. Words and phrases were highlighted to capture all relevant content. Data were placed into categories as trends were apparent. The researcher returned to the transcript with the template of categories. Categories were then grouped together to create higher codes. This constant comparative process continued throughout the data analysis process until a number of major categories that accounts for the data were developed. The organised data formed the material from which the report is written. Creditability was ensured through a process of “respondent validation”. Participants were asked to read a description of the themes which were derived from the analysis process. Lincoln and Guba consider this as the single most important provision that can be made to strengthen a study’s credibility (Lincoln and Guba, 1985). All participants agreed that the identified themes were accurate accounts of the information provided during their interview. The four identified themes were keyworkers’ experience of working with homeless people, psychological approaches/awareness, attitudes and perceptions and training and education.

Findings

The findings section is presented under four main themes derived from the analysis process, as outlined above.
Keyworkers’ experience of working with people who are homelessness

All keyworkers experienced a high occurrence of mental health problems among this group of people:


“major mental health disorders […] diagnosed and undiagnosed […] lot of PTSD […]” [P1].

“Trauma is a huge issue for probably everybody that comes through here […] childhood trauma is huge […] and the trauma of homelessness itself” [P3].

All keyworkers provided abundant accounts of trauma suffered by individuals prior to and once homeless. Keyworkers referred to trauma or trauma-related issues experienced amongst clients as being very prevalent. For example, before becoming homeless keyworkers reported clients experienced sexual and physical abuse, neglect, loss and abandonment:

“80-90% were sexually abused […] families that are very dysfunctional […] parenting was absent or neglectful” [P3].

Once homeless keyworkers stated that clients were victimised or re-victimised further compounding trauma. Keyworkers reported sexual and violent attacks, rape, living in fear, witnessing death:

“partners dying in front of them […] children taken from them” [P5].

“people expressing themselves negatively, screaming, violence, rape” serious ongoing trauma […]” [P6].

All keyworkers referred to the negative impact of homelessness and trauma experienced by clients on their mental health. Keyworkers reported negative effects, such as depression, anxiety, panic attacks, stress, flashbacks, self-harm, suicide ideations/attempts and paranoia. High levels of low self-esteem/self-belief and lack of motivation were commonly reported:

“There is a lack of sense of belonging […] lack of identity/self-worth/self-esteem and they feel they’re not respected by society” [P3].

They feel worthless and unworthy […]:

“she’d think she is worthless […] and obviously she couldn’t maintain her accommodation because the way she sees it, she doesn’t deserve it” [P1].

One participant described trauma as effecting client’s ability to understand or regulate emotions:

“ […] understanding their emotions, clients would say they feel confused, they can’t identify how their feeling or regulate their emotions effectively […] and that’s a scary place” [P2].

And stated that:

“this could quite often lead to relapse because they just want to block this out” [P2].

Others commented that clients get stuck in the trauma inhibiting their emotional intelligence:

“We find that the clients have not developed, you know past a young age […]” [P3];

“The majority of our clients’ have childlike behaviours […]” [P5].

Furthermore, all keyworkers identified feelings that hinder clients’ ability to carry out day-to-day tasks. Among these are anger, shame, hopelessness, helplessness and worthlessness. Other behaviours exhibited and experienced by keyworkers were aggression, bullying and anti-social and risky behaviours. Keyworkers reported substance abuse and self-harming as harmful coping mechanisms adopted by clients to deal with the impact of trauma and living on the streets.

Psychological approaches

Keyworkers in this study received onsite training to use psychological approaches in the form of basic counselling skills, such as motivational interviewing techniques and reflective practices. Training in psychological approaches led to changes in the way in which they worked and interacted with clients. Keyworkers reported learning skills such as active listening, empathy, probing, open questioning and mirroring very beneficial in their work with clients. For example:

“ […] I was with somebody yesterday, he was bringing a problem but what he really wanted was to be understood. Practising empathy really helped […] I could see by the end of the session he had actually come to a decision himself about what he was going to do” [P3].
“Listening and mirroring back […] making sure you understand […] because clients are used to people not listening, but if you mirror back what was said they know they were heard and understood […]” [P4].

Furthermore, keyworkers reported that using psychological informed approaches helps motivate clients:

“Before clients would say I don’t want to stop drinking but after working with them using these techniques they now say, I am prepared to consider change” [P1].

This participant also reported that clients who did not engage in sessions prior to them using these techniques are now engaging more readily:

“I now have brilliant session with those who didn’t engage” [P1].

Keyworkers believe that this is a direct result of using motivational interviewing techniques. There was a belief among keyworkers that this approach can serve to empower clients:

“because you are telling them what to do it’s coming from them” [P4].

“[…] you are talking about them” what do they want to do? what do they want to change [P1].

This also has a positive result for keyworkers. Keyworkers reflected on how they felt empowered to engage with clients and develop a rapport rather than just manage behaviour as had previously been the case:

“how we approach things now. If someone becomes aggressive how we handle that. We take a step back and say let’s talk about this […] talking to them […] letting them open up about it […] Discussing losing their temper, they’re definitely able to control their anger a lot more” [P5].

Psychological awareness

Following training keyworkers reported that they have greater awareness of the effect of trauma. Keyworkers are more understanding that clients maybe experiencing a “trauma response” as opposed to just “acting out”, for example:

“[…] it could be because the door slammed behind reminded them of a time there was a lot of noise […] Or their father may have hit them and they are thinking that” [P1].

Keyworkers stated that having this knowledge they are now mindful of possible triggers to negative behaviours. They reported that they will now sit down rather than stand over a person, speak in a softer voice, be mindful of how they position themselves or how they close a door behind them and not to jangle their keys. “As many clients come from prison services and were not prison wardens” [P5]. Otherwise:

“We can trigger fear […] “upset or annoy clients and possibly retrigger past traumatic events” [P1].

Implementing a PIE brought significant changes to work practise. Keyworkers reported changes to work procedures and organisational rules. One keyworker stated that they are less caught up in the “very rigid” structured care plan of “work, education and training”. They now acknowledge that there is more to clients gaining independence or managing themselves:

“It’s seeing there can be a bit of craic in the day, creating an environment an atmosphere […]” [P6].

“[…] you can see they are enjoying the pleasantries of life and that people can be pleasant to them” [P5].

Keyworkers reported prior to implementing a PIE a person behaving inappropriately or breaking rules received a warning, or they were evicted from the service:

“Clients were very reactive to this as rejection is something they have experienced all their lives and punishment for misbehaving or disobeying rules” [P1].

However, since gaining an awareness of underlying psychological issues clients are now afforded the space to acknowledge their emotions. Keyworkers referred to the importance of sitting and talking with clients to understand “where the client is at” and the “reason behind their behaviour” [P1, P5, P6]. They reported that clients really appreciate this and that it has greatly improved the overall atmosphere and “reduced the number of warnings given” [P1].
**Staff attitudes and perceptions**

There was general consensus among keyworkers that “a PIE works”. All keyworkers spoke positively and enthusiastically about the approaches implemented. Keyworkers reported training under and working from the same framework as very beneficial in terms of being regular and consistent in how they work. This meant acknowledging clients’ psychological needs and reducing the element of risk:

“I think it really helps having a framework from which staff are understanding and acknowledging of trauma” [P3].

“Working with people who have many things going on in their lives they need consistency. Staff doing the same thing […] the same way we talk with clients. We come from different experiences and backgrounds but at least we all have the same base line to act and work from […] which I think is very useful” [P1].

It was keyworkers belief that a PIE helps enhance positive outcomes:

“When you understand what’s behind their behaviour. It helps you to work with the person” [P3].

“adding psychological approaches has helped with what was already been done in helping clients move forward” [P6].

Keyworkers believed training received through piloting a PIE, particularly motivational interviewing, should be rolled out across the organisation and not just for frontline workers but from the management down.

**Training and education**

Keyworkers were happy with the information and training they received. However, keyworkers believed they need:

“to be more informed of the impact of trauma on a developing brain […] […] It’s so important for anyone in the field of homelessness […] to understand trauma, and what it does and how you heal from trauma” [P2].

Keyworkers expressed the need for training to be expanded to include cognitive behavioural therapy and training in post-traumatic-stress disorder to assist them further in their work with people who have experienced or are experiencing trauma.

Mindfulness specific training and emotional regulation skills were also identified as being important in working in a psychological informed way: “As clients often talk about feeling overwhelmed by their past traumatic experiences” [P3].

Keyworkers argued that:

“training on trauma and understanding the effect of it is not something that is formally part of the training in homelessness services” [P3] and suggested “psychological interventions and training in trauma should be part of standard in-service training” [P3].

Training and knowledge in mental health issues were also strongly echoed by all keyworkers as mental health issues are prevalent:

“80% of our clients are diagnosed with a mental health problem, we need training to be aware […]” [P8].

Keyworkers believe this to be as important as first aid and crisis intervention training:

“We get first aid or physical, but we don’t get any mental health first aid and we need that” [P1].

Furthermore, keyworkers believed that ongoing training and education will increase confidence:

“We need good strong concise training […] we have a lot of the skills. […] I think more training in mental health and understanding behaviours. I have picked up bits over the years, but I am still not happy that I have got to a place of confidence […]” [P6].

**Discussion**

It is evident from this study’s findings and literature review that most people experience trauma prior to becoming homeless or once homeless. Trauma experienced in childhood and adolescence has a continuing impact on the quality of one’s life (Corso et al., 2008)
and interferes with an individual’s emotional, psychological and social wellbeing. As should be clear from this study people who engage with homelessness services present with a broad range of emotional, psychological, emotional and mental health issues. For example, it was found that clients in this service suffered anxiety, depression and difficulties relating to trust, self-esteem and self-belief. They can present de-motivated or chaotic, display anti-social and/or aggressive behaviour, and exhibit behavioural patterns, such as self-harm/neglect. These findings are consistent with other national and international studies (Dublin Simon, 2014; St Mungo’s, 2009; Taylor and Sharpe, 2008; Philippot et al., 2007; Collins and Phillips, 2003) which when taken together highlight high rates of mental ill-health among people affected by homelessness.

Another common behaviour experienced by keyworkers in this study involved significant substance abuse. This is consistent with Campbell (2010) and Huckstorm et al.’s (2004) findings that people who experience trauma-related stress are likely to use drugs and alcohol as a coping mechanism. Keyworkers in this study believe that these effects have negative consequences. Aggressive, anti-social behaviour and self-medicating can make accessing mental health services and finding and maintaining accommodation difficult (Keats et al., 2012). Likewise, Dwyer et al. (2014) and Warnes and Crane (2006) found that people experiencing homelessness are excluded from services or temporary accommodation, and entitlements to housing are limited or removed due to anti-social behaviour. Exclusion or evictions due to problematic behaviour are likely to seriously restrict future chances in accessing more permanent accommodation (Phelan and Norris, 2008). Hence, prolonging the cycle of homelessness.

**Psychological approaches/awareness**

Results from this study illustrate how implementing psychological approaches can enable clients to take positive steps towards managing their wellbeing. This study showed that adopting approaches such as motivational interviewing techniques and reflective listening can help staff build empathy, facilitate change talk and produce positive behaviour change in clients. Motivational interviewing can encourage intrinsic motivation by exploring and resolving ambivalence. The result of this is that clients appear more willing to engage. Keyworkers in this study attributed this to the overarching concern in PIE with putting clients at the centre and listening to, “what they want to do/change”. Moreover, using psychological approaches staff were less caught up in trying to fix or resolve client’s issues. Keyworkers now support clients in making their own decisions and finding resolutions to their own problems.

Ongoing support is recognised as an important feature of promoting autonomy and independence in the management of long term. Supportive measures are consistent with the Assisted Decision-Making (Capacity) Bill 2013. This Bill was set up in Ireland to provide a statutory framework for individuals to be assisted and supported in making decisions about their welfare, property and affairs. Supported decision making increases people’s confidence and the extent to which they feel in control of their lives (Health Information & Quality Authority, 2016). This is in accordance with the World Health Organisation’s Mental Health Action Plan (2013–2020), who also advocate for the promotion of personal autonomy, listening and responding to individuals’ understanding of their condition and what helps them to recover (The World Health Organisation, 2013).

Findings showed that homeless people who have difficulty managing emotions and behaviour can be extremely impulsive or aggressive. Training keyworkers was found to be effective in helping them understand client’s behaviour, therefore, addressing underlying issues. The skills acquired from the training received helped keyworkers defuse potential conflicts. Keyworkers felt better equipped to deal with challenging situations. These findings echo the work of Edwards (2012), Cockersell (2011), Maguire (2012) and Maguire et al. (2009a, b) who found that staff feel more confident in dealing with certain behaviours once trained in psychological approaches. Edward’s (2012) study found training in CBT was well received by staff and ensured a consistent team approach to their attitude with tenants. It gave them a better understanding of trauma and its impact on people’s lives and mental health issues. Maguire et al. (2009a, b) also found staff trained to use specific CBT skills a useful tool for front-line homelessness workers. He found
training useful in increasing perceptions of effective working with this complex group and decreasing negative beliefs about homeless people.

The study findings further demonstrated how implementing a PIE proved helpful in bringing about a relative change in work practice and change to organisational rules. Before the implementation of PIE, bad behaviour or breaking rules were managed by a more punitive approach where clients were given warnings or excluded from the service. In recent years, “conditional enforcement” has increased in tendency in support services, reflecting an escalation in expectation that homeless people “engage” and/or change aspects of the way they live or their behaviour (Whiteford, 2010). Stakeholders who resist the use of these dominant approaches usually understand that the difficult circumstances of vulnerable people may be worsened. They believe such approaches disregard the “therapeutic” conditions required for people to recover from addiction and serious trauma (Murray and Johnsen, 2011).

Since implementing a PIE clients who behave badly or disobey rules are afforded time to “cool down and talk”. This allows keyworkers to consider the reason behind the behaviour. Understanding that clients may not be “acting up” but there may be an underlying cause makes their work more tolerable. Keyworkers believe that staff working with people experiencing homelessness who lack this knowledge and awareness often misinterpret clients’ behaviour. They argued that taking time to explore the root cause of behaviour increases positive outcomes through the deployment of respectful and non-threatening communication. Adopting a non-threatening approach has helped reduce the number of cautions issued, subsequently reducing the number of evictions and/or rejections from services. Moreover, this new way of working instills a sense of physical and emotional safety for all and has a positive impact on client’s morale. It helps avoid confrontations, encourages helpful relationships between staff and clients and promotes inclusion rather than exclusion.

People who are traumatised often feel unsafe. They can struggle with upsetting emotions and memories that remain suppressed. A key aspect of recovery for people who have/or are experiencing trauma is to establish a sense of safety for self in relation to threat or fear. This can refer to both a place of safety or being supported to feel physically safe (Foa et al., 2009). Implementing a PIE helps build physical and emotional safety for service users. Training keyworkers increases awareness and sensitivity to trauma-related issues. Keyworkers avoid potential triggers that can reactivate unpleasant emotions or unwanted memories or images that may cause distress. This finding is endorsed by Keats et al. (2012) who reported situations that leave people feeling helpless, fearful or out of control remind them of their past traumatic experience and can leave them feeling re-traumatised. To avoid ongoing trauma a consistent emotionally and physically safe environment is a crucial, useful and supportive intervention (Collins and Phillips, 2003).

**Attitudes and perceptions**

It was clear that keyworkers showed positive attitudes towards the implementation of psychologically informed approaches to their work with homeless people. Keyworkers believed using psychological approaches “adds” to the work they already do in helping clients move to recovery. Positive attitudes were associated with less disciplinary, more positive management approaches and “talking” type responses. Keyworkers trained under and working from the same psychological framework found it very useful in terms of having consistency with clients and having the same point of reference of understanding for staff. Similarly, Edwards (2012) and Keats et al. (2012) stated that changes to the way in which keyworkers interact with clients will influence their work, and they find it useful to develop a psychologically consistent approach to maximise positive outcomes for their clients.

**Training and education**

Information and training received taught staff basic understanding of psychological trauma and its effects. It increased keyworkers knowledge and awareness of trauma, its association with homelessness and its impact on an individual. Having this knowledge, keyworkers felt more
equipped and coped better with people experiencing trauma. Notwithstanding this, keyworkers highlighted a lack of knowledge in terms of understanding the effect trauma has on a developing brain and the physiology of the body. Keyworkers believed that having this knowledge would allow greater understanding of behaviour displayed and client reactions. Collins and Phillips (2003) argued that staff working with homeless people require a good understanding of issues, symptoms and impact of trauma in order to be effective practitioners. Knowing the physiology of this process helps explain what can appear to be chaotic or unpredictable behaviour displayed by clients. Additionally, The Good Guide (2012) set up to help service providers and commissioners in Ireland develop services to address identified emotional and psychological issues amongst homeless people states educating staff about traumatic stress and its effect is crucial. As traumatised people develop survival skills to manage past feelings which if not understood can be viewed negatively, stigma, discrimination and lack of awareness and understanding amongst staff can block access to services.

As noted earlier, trauma is not the only psychiatric mental health problem amongst this group of people. Keyworkers reported mental health issues from depression and anxiety to more severe mental health conditions, such as schizophrenia and psychosis. However, lack of education in mental health problems was cited as one of the main challenges for keyworkers in this study. Keyworkers expressed the view that knowledge and awareness of mental health issues would radically improve their work practise. This finding is emphasised by Randall et al. (2007) and the St Mungo’s (2009) who agree that frontline staff need be trained in mental health awareness so they can identify the symptoms of mental health problems given the extremely high frequency of mental health needs among homeless people. This would be of substantial help in guaranteeing people access proper services before reaching crisis point. Staff need to be aware that even if clients do not have a formal diagnosis of mental ill health they are likely to experience poor emotional wellbeing that effects their chance of making their lives better (St Mungo’s, 2009).

Conclusion

The longer people remain homeless and are subject to traumatic experiences and events then the more unlikely it is that they will be able to make a clear exit from homelessness (Scutella et al., 2013; Morrell-Bella Health Systems Research Unit et al., 2009). Successive homelessness strategies have been slow to address this issue. Ireland’s current policy to combat homelessness is largely based on the rapid provision of secure housing (Department of the Environment, Community and Local Government, 2013). Unfortunately, this tactic has, thus, far failed to adequately address the emotional and psychological wellbeing of homeless people. This situation means that it is incumbent upon homelessness organisations to cease the opportunity and reach out to homeless people experiencing trauma who otherwise might be overlooked or ignored. (National Mental Health Development Unit, 2010; Hopper et al., 2010).

In short, it is clear from the above findings together with the wider research literature that trauma and homelessness are intertwined. Developing support services that acknowledges the emotional and psychological needs of homeless people affected by trauma-related issues is likely to reduce the traumatic impact of homelessness upon an individual’s wellbeing. Training staff in psychologically informed approaches can contribute to more effective working with homeless people while simultaneously helping to promote positive outcomes for people who may have been very affected by the combination of trauma and homelessness. Homelessness services who lack a basic knowledge of trauma will not have a context for understanding trauma-based reactions (Hopper et al., 2010). Therefore, psychologically informed practice should be a priority as positive PIEs are vital when working with people experiencing homelessness.

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