
How Do People Who Use Substances Experience Accessing and Living in Homeless Hostels? A Systematic Review

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- **Abstract_** *People experiencing homelessness often use substances. They may face barriers to reducing substance use while living in hostels. The review aimed to synthesise and assess the quality of existing qualitative research to address: How do people who use substances experience accessing and living in homeless hostels? Do hostels support or hinder behavioural change? Eligibility criteria were peer-reviewed, qualitative evidence from adults experiencing homelessness and substance use in the United Kingdom. Seven electronic databases were systematically searched. The Critical Appraisal Skills Programme qualitative checklist was used to assess the risk of bias. Interpretative meta-ethnography was used to synthesise reported findings. Eight reports were identified with 143 participants in total. Data collection was via semi-structured interviews and either thematic or framework analysis was used. Four third-order themes were developed: 1). Living in fear; 2). The power of human connection; 3). The need for emotional safety; and 4). The use of restrictive practices (subthemes: Rules take away choices; Infantilisation). The findings highlight people's need for physical and emotional safety to seek support that can lead to exiting homelessness and recovering from substance use. A lack of safety can perpetuate substance use and, in turn, homelessness. Thus, a core response to alleviate homelessness paradoxically perpetuates the issue for some individuals.*
- **Keywords_** *Homelessness; Hostels; Substance use; Qualitative; Systematic review; United Kingdom*

Background

Homelessness is an increasing problem in England, which has been associated with austerity measures that began in 2009 (Loopstra et al., 2016). For the purpose of the review, the Homelessness Reduction Act (UK Public General Acts, 2017) legal definition of people experiencing homelessness is used: People who have no home in the United Kingdom (UK) or elsewhere. This includes if the person has accommodation available, but it is not reasonable for them to continue to occupy it, for example, it is unaffordable, overcrowded, at risk of violence or domestic abuse, unsafe, in poor condition, or temporary and inadequate accommodation such as refuges or hostels. Recent data from 2022 shows the number of individuals facing homelessness in England is at least 227 000, a large increase from 207 600 in 2018 (Crisis, 2022). However, these statistics are likely to underestimate the accurate scale of the issue as it is unlikely to account for people who are 'hidden homeless' such as street-based sleeping or those who sofa surf (Crisis, 2022). 67% of those assessed as homeless or threatened with homelessness in 2020/21 were single adults and almost entirely single men, followed by single parents with dependent children, adult couples with dependent children, and adult couples without children (Crisis, 2022). Individuals may have long periods of time in and out of homelessness and experience an average of 3.5 interchanging types of homelessness per year, including street-based sleeping, staying in refuges, hostels, emergency accommodation, and accommodation such as sofa surfing (Office for National Statistics, 2023).

The wellbeing of individuals experiencing homelessness is considerably poorer than that of the general population, which can be both a contributing factor to and a consequence of homelessness (Homeless Link, 2022). Given the health inequalities experienced by this marginalised group, it is unsurprising that homelessness is associated with an increased risk of substance use in comparison to housed persons; 45% self-medicate with drugs and/or alcohol to cope with their difficulties (Homeless Link, 2022). This can include coping with previous trauma or being a way to manage the complex emotions of losing their home and access to treatment (Homeless Link, 2022; Carver et al., 2020; Parkes et al., 2021; Omerov et al., 2020). It is also notable that increases in opioid use are associated with austerity (Friebel et al., 2022).

Not all people experiencing homelessness use substances and patterns of substance use amongst people who are homeless are varied and changeable (Neale et al., 2022). However, the intersection of homelessness and substance use is associated with additional barriers, multiple exclusion (Fitzpatrick et al., 2011), and health inequalities (Aldridge et al., 2017). These include a higher rate of drug-related deaths, infections, and multiple morbidities (Advisory Council on the Misuse

of Drugs [ACMD], 2019). Furthermore, stigmatisation and fragmented communication can lead to mistrust in services and exacerbate problems accessing health and social care services for those experiencing homelessness (McNeill et al., 2022). Individuals may also prioritise basic human needs, such as security and housing, over healthcare needs (Omerov et al., 2020).

Although existing systematic reviews emphasise the importance of improving access to healthcare (Omerov et al., 2020; McNeill et al., 2022), they do not focus on housing security. Despite ACMD emphasising the need for services and housing to be tailored to meet the specific needs of substance users who are currently experiencing homelessness, hostels remain the main form of accommodation provision for single people experiencing homelessness (Homeless Link, 2018). Although one of the oldest institutions for serving those experiencing homelessness (Busch-Geertsema and Sahlin, 2007), there is not a set definition of what constitutes a hostel as each hostel varies in entry criteria, size, length of stay, and cost (Shelter, 2023). Hostel provision varies across authorities and geographical areas, with the support provided often determined by available resources and the individuals being accommodated (Keenan et al., 2021). Hostels may be provided by organisations specifically commissioned by local authorities or by private/third sector organisations and private landlords not specifically commissioned and therefore not monitored or assessed for quality: The UK Government acknowledges that the quality of hostels varies 'considerably' and explicitly advises local authorities to be cautious when securing accommodation with non-commissioned providers (Department for Levelling Up, Housing and Communities [DLUHC], 2018).

This review therefore focuses on hostel accommodation, particularly for single adults. For the purpose of the review, hostels in the context of homelessness are defined as short-term, temporary accommodation, usually for up to two years. In the UK, this is typically shared accommodation with shared facilities such as bathrooms and kitchens (Centre for Homelessness Impact, 2022a). This is different to shelters, which are defined as beds provided in a shared space overnight to manage emergencies such as adverse weather conditions or domestic abuse (Centre for Homelessness Impact, 2022b). Other temporary accommodations include refuges and short-term housing tenancies (Shelter, 2024).

The purpose of the Homelessness Reduction Act (UK Public General Acts, 2017) is to place duties on local authorities to prevent homelessness by intervening at earlier stages, and to provide homelessness services to all those affected, and not just those considered 'priority need'. It included: 1) an enhanced prevention duty requiring authorities to work with people threatened with homelessness from 56 days rather than 28, and 2) a new duty to relieve homelessness by supporting households for 56 days to help them secure accommodation (DLUHC, 2018).

Despite its purpose, the Homelessness Reduction Act fails to recognise that many of these individuals also use substances and are thus denied entry into suitable accommodation due to strict regulations banning substances on the premises (Fakhoury et al., 2002). This may leave people more vulnerable and likely to use substances to cope, therefore trapped in a cycle of hopelessness (Gray and Fraser, 2005). Interventions in hostels can be infused with disciplinary and regulatory techniques that may undermine individuals' (re)development of autonomy (Mahoney, 2019). For example, hostels may have rules preventing residents from receiving visitors, imposing curfews, and preventing residents from entering each other's rooms (Homeless Link, 2018).

Current literature in the United States of America (USA) and Canada discusses the importance of housing for those who use substances but recognises the barriers often impeding this, including unaffordable housing costs, prior evictions, long waiting lists, and unsupportive judgemental staff (Bassi et al., 2020; Dashora et al., 2012; Waldbrook, 2013). However, a positive supportive network and friendship help to manage some of these difficulties (Bassi et al., 2020; Dashora et al., 2012).

The evidence base (e.g., Shulman et al., 2023; Watson et al., 2019) suggests that a supportive relationship between staff and residents is crucial in improving people's experience of accommodations, which emphasises the need for psychologically informed environments (PIE) and trauma informed approaches (TIA). Some evidence relates specifically to the needs of women experiencing homelessness (Bassi et al., 2020; Dashora et al., 2012; Waldbrook, 2013). PIE is a framework developed to guide services to meet the psychological needs of people accessing the services and those working within them (Keats et al., 2012). TIA is an approach that can be incorporated by services to improve staff awareness of trauma and its impact on individuals, with the aim to reduce further impact (Office for Health Improvement and Disparities, 2022). People experiencing homelessness who use substances and receive compassion and non-judgemental support from staff working in substance use services perceived that their substance use treatment was more effective (Carver et al., 2020). However, a systematic review found that due to the competing demands of the role, staff working in homeless settings often lack quality time with residents and struggle with building good quality relationships (Peters et al., 2022).

Importantly, the majority of studies included in existing systematic reviews (Carver et al., 2020; Peters et al., 2022) were mostly conducted in the USA or Canada, where hostels are run with different regulations and where there are differential patterns of drug use and drug-related deaths amongst those experiencing homelessness (Roberts et al., 2023). At the same time, living in hostel accommodation whilst using substances is likely to give rise to similar interpersonal challenges,

regardless of the sociopolitical contexts, given combinations of insecure interpersonal attachment styles (Horácio et al., 2023), mental health difficulties (Shulman et al., 2023), and risks of exploitation (McMordie and Fitzpatrick, 2024). It is therefore important to synthesise literature surrounding people who use substances and access hostels in the UK to better understand specific needs, inform current UK policies and practice, and share any learning with policymakers and service providers in other countries.

Synthesising current evidence can inform a response to concerns that individuals who use drugs whilst homeless are at an increased risk of harm (ACMD, 2019) and that there is a need to improve outcomes for adults experiencing multiple disadvantages, including the combination of homelessness and substance use (DLUHC, 2021). ACMD (2019) recommend the involvement of people experiencing homelessness in the design and delivery of homelessness services. To the authors' knowledge, a qualitative meta-synthesis has not been conducted on how people experiencing homelessness who use substances experience accessing and living in hostels. Synthesising current qualitative research investigating the views of people experiencing homelessness offers a collective perspective to contribute to the design and delivery of services. Qualitative synthesis can contribute to new conceptual understandings of psychological knowledge on an individual and societal level (France et al., 2019).

Review aims

The primary aim of the review is to synthesise and assess the quality of existing qualitative research that explores the views of people who experience homelessness and use substances to answer the question: How do people who use substances experience accessing and living in homeless hostels? The secondary aim is to consider whether hostels support or hinder behavioural change in relation to either homelessness or substance use to answer the question: Do hostels support or hinder behavioural change?

Methodology

Reflexivity

In qualitative research, the position of the reviewers must be acknowledged as their position can inevitably shape what data is extracted and synthesised (Berger, 2015). To ensure good quality research, the review was conducted in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Page et al., 2020) and the eMERGe reporting guidance (France et al., 2019). The primary author is a Trainee Clinical Psychologist with an interest in this area. The

second author is a Consultant Clinical Psychologist working within homelessness and substance use services. To reduce bias, the authors of the current paper had regular reflective discussions around their roles and preconceptions.

Eligibility criteria

Studies were included if they:

- Had participants above the age of 18 years, with co-existing current or previous experience of substance use (including all illicit substances and alcohol) and accessing or living in a homeless hostel
- Were peer-reviewed or examined at Doctoral level studies
- Used qualitative research methods, or mixed methods studies where the qualitative data could be extracted
- Were written in the English language
- Were conducted in the UK

Studies were excluded if they:

- Focused on hotel accommodation, such as the Everyone In scheme (Cromarty, 2021), given this was a temporary scheme during the COVID-19 pandemic and therefore not an accurate representation of the general experience of this population
- Included qualitative data that could not be extracted from the mixed methods studies (after an attempt to contact the first author)
- Were grey literature that was not empirical research, to ensure there was a minimum quality standard (Boland et al., 2017)

Searching

An initial scoping search was conducted to provide an overview of the literature available on the topic area. Based on the scoping search, the most relevant databases for the topic area were searched to identify all relevant articles pertaining to the review aims.

Searches were developed based on the four concepts of the review question: homeless; hostel; experience; and substance use. These were formed from the keywords in relevant pre-identified references and in collaboration with a specialist librarian. Search terms included a combination of free text words and the databases' index terms to help improve the accuracy of the search results.

Seven electronic bibliographic databases (Academic Search Complete, APA PsychInfo, Applied Social Sciences Index and Abstracts, CINAHL Compete, MEDLINE, ProQuest Dissertations and Theses Global, and SOCIndex) were searched between 30/06/2023 and 01/07/2023. There was no limit to the search date and no restrictions on the publication period.

Report selection

Following the systematic search of the literature, all results were exported and managed on Zotero, a referencing management software. Any duplicated reports were automatically removed and further manually checked by the primary author. The primary author screened the title and abstract of each report against the eligibility criteria, to determine relevance to the review aims. For reports that remained of interest, the primary author carefully reviewed full texts to determine eligibility. Due to the flexible nature of qualitative data, it can be expected that more full texts require reading to confidently ascertain eligibility, relative to reviews of quantitative studies (Boland et al., 2017). The rationale for the exclusion of articles was clearly documented.

With the remaining eligible articles, complementary searching activities such as hand searching the reference list and citation chaining were also performed to help find other relevant articles and ensure an appropriate balance of sensitivity and specificity. The search was re-run prior to the final analyses to identify any further eligible articles. All articles that met the eligibility criteria were retained for analysis.

Data extraction

The primary author extracted data for all eligible studies. All relevant data was clearly documented on a standardised Excel spreadsheet. Extracted data included study design, participant characteristics, data collection, data analysis, and key findings.

Quality assessment

In line with the design of all eligible reports, the qualitative studies checklist developed by the Critical Appraisal Skills Programme (CASP) (CASP, 2018) was used to appraise the strengths and limitations and assess the risk of bias of each eligible report. The CASP tool is the most commonly used and user-friendly checklist for qualitative evidence and is recommended by Cochrane and the World Health Organisation (Long et al., 2020). The tool was adapted to include criteria on the inclusion of the type of homelessness, hostel, substance use, service user involvement, and reflexivity. A score of 0 was given if the criterion was not met or not reported, 1 if the criterion was partially met, and 2 if the criterion was fully met. The overall quality score determined the strength of the

contribution to the synthesis, ensuring that no articles were excluded. Both authors independently rated included reports and any discrepancies in rating were resolved through discussion.

Data synthesis

An interpretative meta-ethnography was the most appropriate synthesis (Noblit and Hare, 1988) as the primary aim of the review is not to simply summarise existing findings on people's experiences of accessing and living in hostels, but to interpret beyond the current findings and form a qualitative interpretation, along with the secondary aim of considering whether hostels support or hinder behavioural change in relation to homelessness or substance use. The synthesis followed the seven steps of meta-ethnography developed by Noblit and Hare (1988): Getting started; Defining what is relevant; Reading the studies; Determining how the studies are related by comparing and contrasting themes; Translating the studies into one another using reciprocal and refutational translation to then develop a line of argument to allow for a new qualitative interpretation or theoretical understanding; Synthesising translation; and Expressing the synthesis.

During these steps, first-order constructs (participants' interpretation), second-order constructs (authors' interpretations), and third-order constructs (reviewers' interpretations capturing first and second-order themes) were expressed (Schutz, 1972).

Results

Report selection

PRISMA guidelines were followed to record the results of the systematic search strategy (Figure 1) (Page et al., 2020). A total of 1 619 records were retrieved from the database searches, selected down to eight reports that met inclusion criteria. No further reports were identified from hand searching reference lists of included studies or completing a cited reference search of the eligible studies. Eight reports were thus included in the systematic review. Each is given a report number, listed in Table 1, and referred to throughout the results for brevity.

Study characteristics

Table 1 summarises the study characteristics of the included reports. Seven were journal articles (1,2,4-8) and one (3) was a doctoral thesis; all were published between 2008 and 2021. Although the total number of participants appears to be 253, it seems that reports 3 and 4 are focused on the same sample, and that reports 6, 7, and 8 offer differing analyses of data from the same samples. Given this, the total number of participants is 143. Overall, there were significantly more male

participants; 106 males in comparison to 37 females. Reported ages varied; five studies (1,4,5,7,8) reported mean ages which ranged from 37 to 45, one (2) reported the median age which was 33, and two (3,6) reported age ranges which were between 21 and 55. The method of recruitment varied. All studies used interviews to collect qualitative data. To analyse the data, four used thematic analysis (1-3,6) and four used framework (4,5,7,8).

Quality appraisal

The quality appraisal is presented in Table 2. The quality of the reports ranged from the lowest score being 18 (6) and the highest being 26 (3) out of the maximum score of 26. Typically, a higher overall score reflects a better reported quality study. The highest scoring was the doctoral thesis (3), which is not surprising given the different restrictions in word limit in comparison to a journal, and hence the capacity to include greater depth of information. Therefore, the review overrepresents the reports with the highest reported scores (1,3,4,5,7) as they provide a wealth of first-order data. However, a higher quality report does not necessarily mean a better conducted study and, therefore, the poorer quality reports (2,6,8) are included with caution.

All reports included a clear statement of the research aims and used a research design appropriate to address the aims. All described how data was collected, the form of data, and the data was appropriate to the aims of the research. All reported the type of homelessness and hostels, however, some were more brief in their description of the hostel (2,6,7,8). All but one (1) reported the type of substance/s used. Interestingly, only the doctoral thesis (3) reported the researcher's epistemological position and considered the researcher's role and the relationship between the researcher and the participants. Only one published report (8) explicitly considered the researchers' role. This is surprising given the importance credible qualitative research places on researchers viewing their research with an epistemological stance and considering reflexivity and their own bias throughout the research process. Furthermore, only two involved service users in designing the study (1,3). Common weaknesses across the studies included a lack of service user involvement, explicitly reporting researchers' epistemological position, and the role of the researcher and their potential for bias. All reported how ethical approval was sought. All included participant quotes to support the findings, but one (1) did not provide any contradictory accounts of data and two only briefly mentioned this (4,6), suggestive of potential bias in the results presented. All reported a statement of findings, although some were more explicit in naming this (1,4,5,7,8). All studies discussed how their research contributed to existing knowledge and literature.

Figure 1. PRISMA flow diagram evidencing identification, screening, and inclusion of included studies

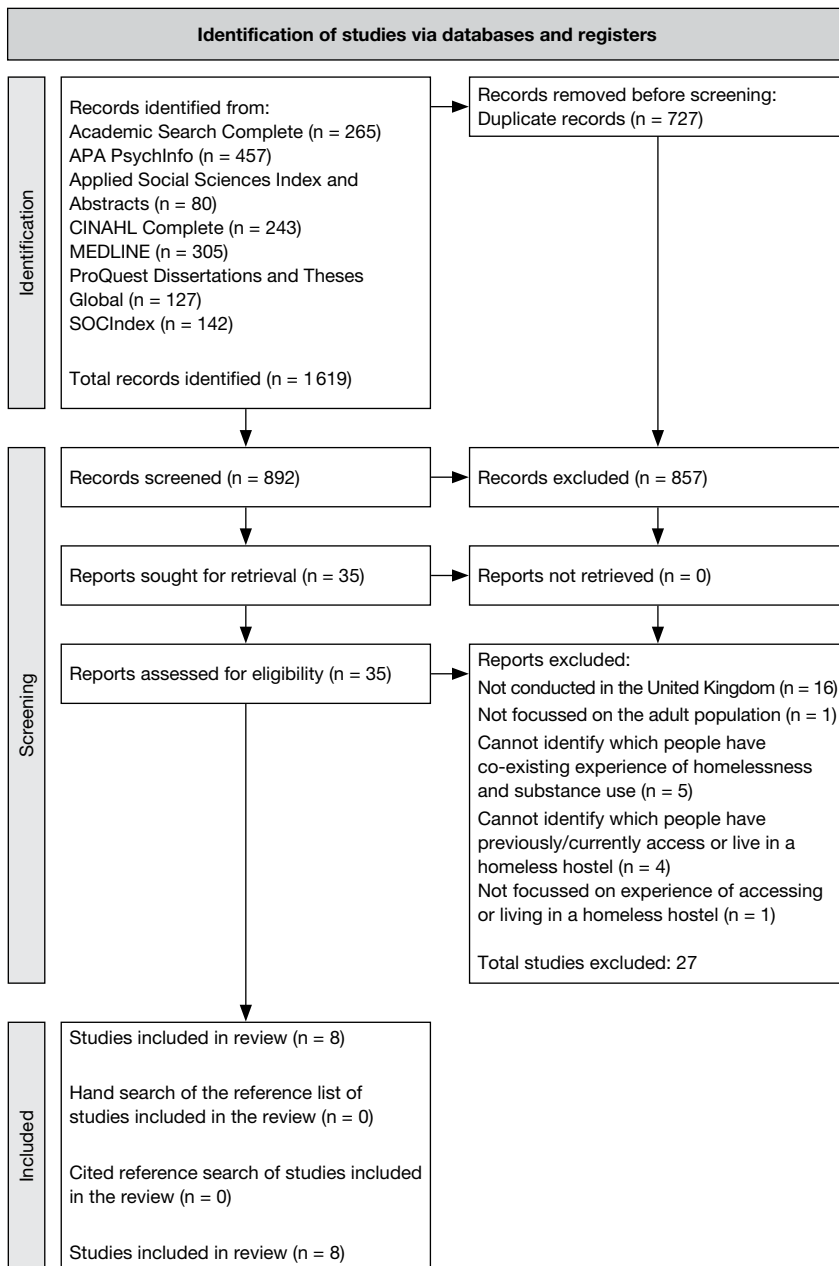


Table 1. Characteristics of studies included for review (n = 8)

Assigned Report Number	Authors [year], location	Aims	Qualitative data collection method	Sample	Recruitment	Data analysis method	Key findings
1	Armstrong et al. [2021], London, Kent, UK	To explore the support that hostel residents receive from hostel staff To explore residents' views on what may improve health and social care access for the residents at the hostel	Semi-structured interviews	15 people who were residents at one of the six hostels; 11 male, four female; mean age = 45.7	Residents at the hostel were approached by hostel staff	Thematic analysis	Stigma from external services led to receiving poor quality support. There was pressure to move on from the hostel despite being unwell. Staff provided positive support. Staff worked with an incomplete formulation which impacted the level of trust residents had in staff. Lack of in-reach services within the hostels.
2	Briggs et al. [2009], London, Bristol, UK	To explore the views of current injectors of heroin and crack on speedball injection (combination of heroin and crack in a single injection) and its association with health risks	Interviews	45 people who had injected heroin and crack within four weeks prior to the interview and who were or recently had experienced unstable housing; 34 male, 11 female; median age = 33	Through drug user networks in London and Bristol, and through a community-based drug service in Bristol	Thematic analysis	The risk of injecting in the public environment. The hostel viewed as a stable environment. The hostel viewed as a risk environment.

3	Irving [2008], Newcastle-upon-Tyne, UK	To explore the impact of living in private hostel accommodation on residents' human functioning	Semi-structured interviews	13 people who were or recently were residents at private hostel accommodation; 11 male, two female; age range = 25-55	Through local authority housing options team, fairer housing unit and regulatory services, homelessness charities, crisis-support services, criminal justice agencies and welfare, employment, and general advice services	Thematic analysis	Residents' reasons for accessing hostels. The impact of the condition of the property on residents' views of their life, bodily health (drugs and alcohol), bodily integrity, senses, imagination and thoughts, emotions, practical reason, and control over one's environment
4	Neale and Brown [2016], UK	To explore hostel residents' relationships to inform social network-focused therapeutic interventions	Semi-structured interviews	30 people who were residents at one of the three hostels and self-reported drinking and or/drug problems; 21 male, nine female; mean age = 38 ¹	Reviewed bed lists and randomly selected individuals to approach, tried to ensure a mix of gender and different ethnic groups	Framework	Important characteristics of friendships were trust, honesty, and loyalty. Family-like friends were less likely to drink or use drugs. Other homeless friends and drug treatment friends supported each other.
5	Neale and Stevenson [2015], UK	To explore hostel residents' relationships in relation to their social and recovery capital	Semi-structured interviews	30 people who were residents at one of the three hostels and self-reported drinking and or/drug problems; 21 male, nine female; mean age = 38	Reviewed bed lists and randomly selected individuals to approach, tried to ensure a mix of gender and different ethnic groups	Framework	Relationships with family. Positive and negative relationships with staff and other hostel residents. Organisational issues such as the no-visitor policy made it difficult to maintain relationships with people in the community.

¹ Sample the same as study 5.

6	<p>Nettleton et al. [2012], South England, UK</p> <p>To explore homeless drug users' use of emergency hostels</p> <p>To explore what strategies help and/or hinder sleep in hostels</p>	Interviews	<p>40 people who were residents at hostels and self-reported drug use;</p> <p>29 male, 11 female;</p> <p>age range = 21-54²</p>	<p>Through Big Issue vendors, homeless day centres, harm reduction centres, satellite services, word of mouth, street and service user groups, and posters advertised</p>	Thematic analysis	<p>Hostels were not viewed as preferable to the streets. Drug-related activities, other residents, noise, and lack of privacy can prevent sleep.</p>
7	<p>Stevenson [2014], South Central England, UK</p> <p>To explore hostel residents' views on their social needs</p> <p>To explore hostel residents' views on their relationship with hostel staff</p>	Semi-structured interviews	<p>40 people who were or in the past six months were residents at one of 56 emergency hostels and self-reported drug use;</p> <p>29 male, 11 female;</p> <p>mean age = 37</p>	<p>Through Big Issue vendors, homeless day centres, harm reduction centres, satellite drug and housing services, word of mouth, the street, and service user groups</p>	Framework	<p>Positive and negative relationships with staff. Poor treatment from staff such as disrespect, feeling unheard, stigmatised, and unprofessional treatment. High resident turnover rate due to eviction. Lack of autonomy and privacy. Treatment of infantilisation.</p>
8	<p>Stevenson and Neale [2012], South Central England, UK</p> <p>To explore hostel residents' views on intimate relationships</p>	Semi-structured interviews	<p>40 people who were or in the past six months were residents at emergency hostels and self-reported drug use;</p> <p>29 male, 11 female;</p> <p>mean age = 37</p>	<p>Through Big Issue vendors, homeless day centres, harm reduction centres, satellite drug and housing services, word of mouth, the street, and service user groups</p>	Framework	<p>Organisational issues such as the no-visitor policy which made intimacy difficult. Lack of control over one's environment. Enforced separation due to hostel policies but the commitment and desire to be together. The benefit of relationships for support with reducing drug use. Relationship problems and risks.</p>

² Sample appears to be the same as the sample in study 7 and 8.

Table 2. Quality appraisal adapted from the Critical Appraisal Skills Programme (CASP) qualitative studies checklist

	Report Number							
	1	2	3	4	5	6	7	8
Quality criteria								
A clear statement of aims	2	2	2	2	2	1	2	2
Qualitative methodology appropriate to explore subjective experiences	2	2	2	2	2	2	2	2
Research design appropriate to address the aims	2	2	2	2	2	1	2	2
Recruitment strategy appropriate to the aims	1	2	2	1	1	2	2	1
Data collected in a way that addressed the research issue	2	2	2	2	2	1	2	1
Ethical issues taken into consideration	2	1	2	2	2	2	2	2
Data analysis sufficiently rigorous	2	2	2	2	2	1	2	2
Clear statement of findings	2	1	2	2	2	1	2	2
Value of the research	2	2	2	2	2	2	2	2
Type of homelessness stated	2	2	2	2	2	2	2	2
Type of hostel stated	2	1	2	2	2	1	1	1
Type of substance use stated	0	2	2	2	2	2	2	2
Service user involvement in designing the study	2	0	2	0	0	0	0	0
Total	23	21	26	23	23	18	23	21

0 (Criterion not met or not reported).

1 (Criterion partially met).

2 (Criterion fully met).

Higher overall score = A better reported quality report.

Results of Synthesis

Four third-order themes were developed: 1) Living in fear; 2) The power of human connection; 3) The need for emotional safety; and 4) The use of restrictive practices. Table 3 details the third-order themes and their relevant subthemes, and highlights which studies contributed to which theme. Third-order themes are presented with supporting participants' quotes (first-order themes). Third-order themes were developed using first and second-order themes. Reciprocal translation found many studies had similar themes across the studies. However, refutational translation found contradictory accounts within and between studies.

Table 3. Cross-comparison of studies (group findings)

	Report Number							
	1	2	3	4	5	6	7	8
Third order theme								
Subtheme								
<i>Living in fear</i>		*	*		*	*		*
<i>The power of human connection</i>		*	*	*	*			*
<i>The need for emotional safety</i>	*		*		*		*	
<i>The use of restrictive practices</i>								
Rules take away choices	*		*		*	*	*	*
Infantilisation			*		*		*	*

* The reports that contributed to each third order theme.

Living in fear

Participants across four studies described living in fear in hostels, particularly concerning physical safety (2,3,5,6). This included the fear of being stolen from by other residents for drugs, money, and food (2,3) and some viewed sleep as “risky” (6, p.323) and felt on edge within the hostel. There were some examples of direct threats to safety, for example,

I was sleeping and he [resident] came in drunk and was kicking my door going “I am going to kill all your family” (5, p.481).

Additional indirect threats to safety were suggested. For example, having food stolen by other residents was said to contribute to deterioration in physical health; however, no participant quotations were provided (3). Overall, the authors infer that people living in hostels often do not have their basic needs of safety, food, and sleep met, and therefore, may not have adequate resources to begin their recovery process.

An exception to the majority of findings was that some people expressed gratitude for basic necessities within hostels, despite their poor physical conditions (3,6). Although from a poorer quality report, one participant compared the hostel to “heaven” (6, p.324). Another report (2) stated hostels provided safety for drug users to take drugs without the worry of time and space. One can assume that this provided a sense of control for substance users and allowed individuals to relax, rather than be concerned, for example,

If you are outside or homeless you are more manic. It is more dangerous. You miss [the vein] and you are paranoid, you are vulnerable, you are open... if you have a place, then you can have a good gouch... chill out. It’s madness... you can relax because you know nothing is going to happen to you. (2, p.441)

However, this raises the author's concern of whether hostels are implicitly perpetuating drug use for some individuals. On the other hand, three reports discussed the possibility that people prefer to sleep on the streets rather than in hostels as people perceived hostels as more dangerous than public environments (2,3,5).

I'd actually rather sleep on the streets than stay in a hostel... That's scary isn't it? The one way out [hostel] and you'd rather not choose it! The one way to move up in the world and you'd rather not go for it because it's worse than the options you've got already. (2, p.444)

Thus, it seems plausible to assume hostels offer a safe haven for some people, which may increase their drug use through creating more permissive environments. Most, however, seem to experience a high level of threat and vulnerability within hostels that inhibits recovery.

The power of human connection

Participants emphasised the power of human connection, particularly around the need to belong to a community with others who were in a similar position (2-5,8). People craved friendships with qualities such as good company, sharing things, and having daily contact, implying experiences of loneliness and the importance of acceptance and support within hostels (2-5). Residents did not have many belongings to share and often resorted to sharing drugs, which residents stated was a way to increase common interests and acceptance by others (2-5). However, people who were not previously taking drugs stated this encouraged them to then transition into drug use (2). Other residents (3) replaced drug use with alcohol, stating this was a way to cope with difficult emotions and low self-esteem, despite knowing the damage it caused to their physical and emotional wellbeing. It is suggestive that individuals who are lonely have fewer resources to rely on and crave more social connectedness, which is often achieved through shared substance use.

You haven't got enough [money] for a drink, but I have!... You need drink, you need drugs, you know what I mean, it's a big circle. They could all sit round this table, quite merrily, 24 hours a day. (3, p.184)

In opposition to this, some residents (4) shared that they preferred to not have friends who did drugs as it tempted them to drink, use drugs, or commit crimes which caused additional stress, whilst others prioritised romantic relationships (5,6) and expressed this was to gain human connection.

The need for emotional safety

Emotional safety was a key theme across four reports (1,3,5,7), particularly around residents' relationships with hostel staff. Residents reported unprofessionalism from staff was associated with not feeling like a priority and feeling unheard, which

negatively influenced the level of trust in staff and themselves (1,7). One report emphasised the importance of staff creating psychologically informed environments to help rebuild trust, in turn helping individuals to establish connections with others and improve their ability to seek support from services (1). Gestures such as staff listening to residents and treating them like 'humans' were connected to feelings of social inclusion that helped build trust in themselves and others, in turn leading to approaching recovery optimistically (1,7). However, two reports emphasised large caseloads and organisational pressures were barriers to staff building trusting relationships (1,7).

The staff didn't, I don't think they didn't care, I just don't think they had the time to give the individual care that people needed, and the only time you ever got spoken to was if there was a crisis, you know, if you wanted to talk to your key worker you pretty much had to cut yourself up (7, p.137)

The use of restrictive practices

Rules take away choices

Reciprocal translation in all but two studies (2,4) identified people experienced difficulties with organisational rules, which led to participants feeling like they had no autonomy in the hostel. In one report (1), participants were found to be constantly living in fear of being evicted despite being unwell. Although this highlights the pressure placed on staff by commissioners to move people on after their agreed tenancy period, some hostels appeared to have more flexible management procedures, for example, "The manager here [hostel] took me back in because I wasn't that well, even though she knew I should have gone" (5, p.479). The same hostel had a 'no intoxication' policy, although most residents were understanding of this and shared that it meant "trouble generally stayed outside the building" (5, p.480).

However, difficulties arose when residents viewed organisational rules as depriving people of their basic human rights. For example, one participant shared that although room checks were mandatory, they were done spontaneously and without consent (7). Two of the highest quality reports (3,5) and one of the weaker quality reports (8) included participants' views on the 'no visitor' policy. If the policy was explained, people were generally understanding (3). However, when rules were forced upon people (3,8), residents stated they felt trapped and lacked social connectedness which hindered recovery. This suggests that it is not the rules themselves that are the issue, but the manner in which they are implemented.

I'm a 34-year-old man... I should be allowed to have visitors whenever and however I want, and as many as I want, like anyone else in the house... I should have power over my own space... I mean I'm an adult... People leave hostels because of that (42, p.239)

Infantilisation

Connected to rules, four studies (3,5,7,8) shared that the lack of autonomy in hostels made people experiencing homelessness feel like they were being “treated like a child” (7, p.137). The lack of ownership within their care exacerbated feelings of frustration (7) and hopelessness (3). Overall, because residents felt reliant on others (3), it can be inferred that this reduced people’s sense of control over their lives and recovery.

I’m too independent to be in a hostel, prefer to do my own cooking and everything, and just not have people, staff try and treat you like a kid... because they’ve got the authority to stand there and tell you what to do (7, p.137)

Line of argument synthesis

The synthesis indicates that, for the majority of people, living in hostels is associated with not having their basic needs met and a sense of fear, both of which are likely to hinder recovery. In some cases, the fear of threat within hostels was so pervasive that sleeping on the streets felt safer. In contrast, hostels provided some people with safer environments in which they could use drugs, thus hindering recovery. Drug use was further perpetuated by a need for connection, belonging, and community, which was most easily accessed through shared drug use. Although there is a desire for staff to create emotional safety, there are organisational barriers to this, including workload pressures on staff and the implementation of rules in ways that were experienced as undermining autonomy, control, and connection with others. The contexts of hostels thus appear to limit the potential for behavioural change that can support recovery from substance use and homelessness.

Discussion

The aims of the review were to synthesise and assess the quality of qualitative research that can aid understanding of how people who use substances experience accessing and living in homeless hostels, and whether hostels support or hinder behavioural change in relation to either homelessness or substance use. The evidence overall appears to suggest that hostels hinder behavioural change, but through different processes for different individuals; for some through fear and lack of emotional safety; for others because drug use offers a source of connection and belonging in an environment in which drug use feels safer than on the streets. Such findings must, however, be interpreted with caution.

The evidence base is currently limited, with just five studies represented across eight reports. One study data (4) only contributed to one third-order theme and one study (6) was of poorer quality; therefore, these studies contributed less to the synthesis. It is also notable that two studies predate the introduction of austerity, and five reports were reported mid-way through austerity measures. Given austerity has been associated with increased homelessness (Loopstra et al., 2016) and opioid use (Friebel et al., 2022), the experience of hostels may have further changed since the studies were conducted. Alongside the potential negative impacts of austerity, there has been growing awareness of trauma informed approaches in homelessness services since Hopper et al.'s (2010) seminal paper. This may also have influenced the experience of hostels.

The findings are not surprising when interpreted in light of the existing literature. The current review found that hostel residents did not find their basic needs were met, which is likely to lead people to first prioritise basic human needs such as housing and security, before they are able to consider healthcare needs such as substance use (Omerov et al., 2020). One theoretical explanation is that when individuals feel unsafe, they are in a state of hyperarousal, feeling more anxious and hypervigilant, and, therefore, focus on survival instincts (Siegel, 1999). Given the connection between trauma and homelessness, hostel residents are likely to feel under threat more readily (Goodman et al., 1991), but there was also evidence of direct threats to safety within hostels. When people are under threat and feel unsafe, they are more likely to engage in self-destructive behaviours, such as substance use (Ogden et al., 2006). Individuals need to feel safe to be able to function effectively (Ogden et al., 2006) and it is also difficult for people to engage in recovery from substance use without safety in their housing (ACMD, 2019). Data within this review suggest hostels do not provide such physical safety and therefore likely hinder the behavioural change that can support recovery from substance use. It also suggests practice within the hostels included in studies was not in keeping with trauma informed approaches, which emphasises the need for physical and emotional safety (Hopper et al., 2010).

There are some inherent challenges for hostels in attempting to create safety for residents, given the likely need for rules to be able to do so. There is a risk that hostels become sites of discipline and regulation (Mahoney, 2019), which undermine autonomy, control, and connection with others. However, the findings indicate that explanation of policies and choice in care leads to increased acceptance of the rules. Rules are a core component of the psychologically informed environments framework and the way in which they are implemented, with psychological awareness, is vital to consider. This can also support recovery, as existing research shows when people experiencing homelessness are given choice, they perceive treatment for substance use as more effective (Carver et al., 2020). The review

provides further support for the adoption of trauma informed approaches, which emphasise the need for choice, control, and autonomy (Hopper et al., 2010). This is in agreement with the Changing Futures Programme who advise services to be more flexible and adopt trauma informed approaches (DLUHC, 2021). It may be that more detailed research attention is needed focusing on processes through which hostel rules or policies are developed and implemented.

Whilst considering how to make hostels safer is one response to the findings of this review, another is to fundamentally reconsider continuing to collectively house individuals who are using substances or vulnerable to substance use. The congregate model refers to an arrangement in which people have a private room but communal facilities. Although there are obvious financial drivers to this, and potentially some social benefits in terms of people experiencing connection and belonging, it seems evident that for most individuals it hinders behavioural change in line with recovery. This may be a false economy, costly to both the individual and society. The findings of this review are consistent with Neale et al.'s (2022) assertion that, instrumental to enabling people to reduce substance use is the combined provision of unconditional shelter and basic amenities, together with pharmacological and psychosocial interventions, in a safe space where it is possible to avoid substances and other people using them.

The creation of emotional safety is also challenged by workforce issues. Unsupportive staff have been shown to be a barrier to gaining housing (Bassi et al., 2020; Dashora et al., 2012; Waldbrook et al., 2013). However, such unsupportiveness may result from challenges such as pressures from commissioners, high staff turnover rates, staff shortages, and burnout (Peters et al., 2022). Such conditions are likely to lead to create environments that are hostile to the aims of recovery and offer punitive responses and increased authoritarianism (Bloom, 2010). This is likely to give rise to the experiences found in the current review of restrictive practice and infantilisation, which not only hinder recovery, but may exacerbate substance use to cope with consequent emotional distress (Omerov et al., 2020).

It should be acknowledged that there were differences in experiences reported within and between studies. It is unfortunate that only two studies (Armstrong et al., 2021; Irving, 2018) incorporated service user involvement in designing the study. Since most of the studies were conducted, ACMD (2019) has recommended the inclusion of service users in the design and delivery of services. Should service providers follow this recommendation, it is possible that services will evolve in ways that address the need for safety and connection and move away from restrictive or infantilising practices. Involvement should consider issues of diversity and inclusion, for example, gender-specific issues (Single Homeless Project, 2023).

There are some limitations to this review and the reports included within it. These include the lack of discussion by researchers of their role and the potential for bias. However, most studies were of a similar quality and findings were mostly consistent across the different studies, with each theme showing up in at least half of the studies. The current authors also acknowledge a bias toward psychologically- and trauma-informed approaches that may influence the findings. However, care was taken to synthesise all report findings and not be selective. This review established methodological rigour by following PRISMA guidelines (Page et al., 2020) and the eMERGe reporting guidance (France et al., 2019).

Due to the differences in each study, such as the definition of homelessness used, the individual hostel regulations, and the overrepresentation of male residents, care should be taken when translating these results of the review. It is also noted that the specific UK socio-political context might have influenced people's experiences of living in hostels whilst using substances. However, the findings focus on the psychological experiences of fear, connection, and safety. These are likely to be shared human responses and needs when navigating homelessness and substance use. It is therefore hoped that the findings resonate outside the UK and can inform policy and practice.

To the best of our knowledge, this is the first review focussing on the voice of people experiencing homelessness in relation to hostel accommodation, substance use, and behaviour change. The review found that to best support people in hostels in recovery, physical and emotional safety is paramount. Therefore, this review recommends services carefully consider how to promote the recovery of people using substances whilst housed collectively with others using substances. This would include consideration of how to tailor psychologically informed environments and adopting trauma informed approaches based on the findings of this review. While the importance of relational support on the recovery process would be key to this, there also needs to be specific consideration of how 'rules' are introduced and implemented to develop environments that offer both safety and the potential to experience belonging without substance use being central to that experience.

There is some evidence that services can move toward psychologically informed awareness within limited resources (Buckley and Tickle, 2023). However, it is likely that consistent safety and support for recovery can only be optimally achieved if wider social systems support commissioning that allows for increased staff support and retention. Future research could consider the cost-effectiveness of investment in services to promote more rapid recovery from substance use and homelessness. This might include investment into hostels or, more radically, alternatives to hostel

provision altogether, such as more widespread implementation of Housing First approaches (Baxter et al., 2019) for those experiencing both homelessness and substance use, or alternatives not yet considered.

Conclusions

The review found that the current qualitative evidence suggests hostel residents largely find hostels to hinder recovery from substance use and homelessness. This supports a move away from shared accommodation models. Recovery could be better supported through active work toward creating environments in which people can experience emotional and physical safety and connection to others that does not revolve around substance use. Work is required to implement rules without authoritarian and restrictive approaches, which is likely to be achieved only through attention to the needs of staff as well as residents.

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Registration

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› References

Advisory Council on the Misuse of Drugs (2019) *Report into Homelessness and Drug Misuse Published. Drug Misuse and Dependency*. Available at: <https://www.gov.uk/government/news/report-into-homelessness-and-drug-misuse-published--2>.

Aldridge, R.W., Story, A., Hwang, S.W., Nordentoft, M., Luchenski, S.A. Hartwell, G., Tweed, E.J., Lewer, D., Katikireddi, S.V., and Hayward, A.C. (2017) Morbidity and Mortality in Homeless Individuals, Prisoners, Sex Workers, and Individuals in High-Income Countries: A Systematic Review and Meta-Analysis, *The Lancet* 391(10117) pp.241-250.

Armstrong, M., Shulman, C., Hudson, B., Stone, P., and Hewett, N. (2021) Barriers and Facilitators to Accessing Health and Social Care Services for People Living in Homeless Hostels: A Qualitative Study of the Experiences of Hostel Staff and Residents in UK Hostels, *BMJ Open* 11(10) pp.1-9.

Bassi, A., Sylvestre, J., and Kerman, N. (2020) Finding Home: Community Integration Experiences of Formerly Homeless Women with Problematic Substance Use in Housing First, *Journal of Community Psychology* 48(7) pp.2375-2390.

Baxter, A.J., Tweed, E.J., Katikireddi, S.V., and Thomson, H. (2019) Effects of Housing First Approaches on Health and Well-Being of Adults Who Are Homeless or At Risk of Homelessness: Systematic Review and Meta-Analysis of Randomised Controlled Trials, *Epidemiology and Community Health* 73(5) pp.1-9.

Berger, R. (2015) Now I See It, Now I Don't: Researcher's Position and Reflexivity in Qualitative Research, *Qualitative Research* 15(2) pp.219-234.

Bloom, S.L. (2010) Trauma-Organised Systems and Parallel Processes, in: N. Tehrani (Ed.) *Managing Trauma in the Workplace: Supporting Workers and Organisations*, pp.139-153. (Oxfordshire, UK: Routledge).

Boland, A., Cherry, G.M., and Dickson R. (2017) *Doing a Systematic Review: A Student's Guide (2nd Ed)* (California: SAGE Publications).

Briggs, D., Rhodes, T., Marks, D., Kimber, J., Holloway, G., and Jones, S. (2009) Injecting Drug Use and Unstable Housing: Scope for Structural Interventions in Harm Reduction, *Drugs Educ Prev Policy* 16(5) pp.436-450.

Buckley, S. and Tickle, A. (2023) Implementing Psychologically Informed Environments in Homelessness Services: A Qualitative Exploration of Staff Teams' Self-Assessments, *Housing, Care and Support* 26(1) pp.1-17.

Busch-Geertsema, V. and Sahlin, I. (2007) The Role of Hostels and Temporary Accommodation, *European Journal of Homelessness* 1(1) pp.67-93.

Carver, H., Ring, N., Miler, J., and Parkes, T. (2020) What Constitutes Effective Problematic Substance Use Treatment from the Perspective of People Who Are Homeless? A Systematic Review and Meta-Ethnography, *Harm Reduction Journal* 17(1) pp.1-22.

Centre for Homelessness Impact (2022a) *Hostels*. Available at: <https://www.homelessnessimpact.org/intervention/hostels>.

Centre for Homelessness Impact (2022b) *Shelters*. Available at: <https://www.homelessnessimpact.org/intervention/shelters>.

Crisis (2022) *The Homelessness Monitor: England 2022*. Available at: https://www.crisis.org.uk/media/246994/the-homelessness-monitor-england-2022_report.pdf.

Critical Appraisal Skills Programme (2018) *CASP Qualitative Studies Checklist*. Available at: <https://casp-uk.net/images/checklist/documents/CASP-Qualitative-Studies-Checklist/CASP-Qualitative-Checklist-2018.pdf>.

Cromarty, H. (2021) *Coronavirus: Support for Rough Sleepers (England)*. House of Commons. Available at: <https://commonslibrary.parliament.uk/research-briefings/cbp-9057/>.

Dashora, P., Slesnick, N., and Erdem, G. (2012) Understand My Side, My Situation, and My Story: Insights into the Service Needs Among Substance-Abusing Homeless Mothers, *Journal of Community Psychology* 40(8) pp.938-950.

Department for Levelling Up, Housing and Communities, Ministry of Housing, Communities and Local Government (2018) *Homelessness Code of Guidance for Local Authorities*. Available at: <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/overview-of-the-homelessness-legislation>.

Department for Levelling Up, Housing and Communities, Ministry of Housing, Communities and Local Government (2021) *Changing Futures*. Available at: <https://www.gov.uk/government/collections/changing-futures>

Fakhoury, W.K.H., Murray, A., Shepherd, G., and Priebe, S. (2002) Research in Supported Housing, *Social Psychiatry and Psychiatric Epidemiology* 37(7) pp.301-315.

Fitzpatrick, S., Johnsen, S., and White M. (2011) Multiple Exclusion Homelessness in the UK: Key Patterns and Intersections, *Social Policy and Society* 10(4) pp.501-512.

France, E.F., Cunningham, M., Ring, N., Uny, I., Duncan, E.A.S., Jepson, R.G., Maxwell, M., Roberts, R.J., Turley, R.L., Booth, A., Britten, N., Flemming, K., Gallagher, I., Garside, R., Hannes, K., Lewin, S., Noblit, G.W., Pope, C., Thomas, J., Vanstone, M., Higginbottom, G.M.A., and Noyes, J. (2019) Improving Reporting of Meta-Ethnography: The Emerge Reporting Guidance, *BMC Medical Research Methodology* 19(1) pp.1-13.

Friebel, R., Yoo, K.J, and Maynou, L. (2022) Opioid Abuse and Austerity: Evidence on Health Service Use and Mortality in England, *Social Science and Medicine*, 298(114511).

Gray, P. and Fraser, P. (2005) Housing and Heroin Use: The Role of Floating Support, *Drugs: Education, Prevention and Policy* 12(4) pp.269-278.

Goodman, L.A., Saxe L., and Harvey, M. (1991) Homelessness as Psychological Trauma: Broadening Perspectives, *American Psychologist* 46(11) pp.1219-1225.

Homeless Link (2018) *The Future Hostel. The Role of Hostels in Helping to End Homelessness*. Available at: <https://homeless.org.uk/knowledge-hub/supported-housing-and-hostels/>.

Homeless Link (2022) *The Unhealthy State of Homelessness 2022*. Available at: <https://homeless.org.uk/knowledge-hub/unhealthy-state-of-homelessness-2022-findings-from-the-homeless-health-needs-audit/>.

UK Public General Acts (2017) *Homelessness Reduction Act 2017*. Available at: <https://www.legislation.gov.uk/ukpga/2017/13/section/5>. [Accessed: 01 August 2023].

Hopper, E.K., Bassuk, E.L., and Oliver, J. (2010) Shelter from the Storm: Trauma-Informed Care in Homelessness Service Settings, *The Open Health Services and Policy Journal* 3 pp.80-100.

Horácio, A., Bento, A., and Marques, J. (2023) Personality and Attachment in the Homeless: A Systematic Review, *International Journal of Social Psychiatry* 69(6) pp.1312-1326.

Irving, A. (2018) *Homelessness Pathways and Capabilities: A Study of the Lived Experiences of the Hidden Homeless in Private Hostels in Newcastle-Upon-Tyne* [PhD] (PQDT – Global. [England]: University of Northumbria at Newcastle [United Kingdom]). Available at: <https://proxy.library.lincoln.ac.uk/dissertations-theses/homelessness-pathways-capabilities-study-lived/docview/2425883755/se-2?accountid=16461>.

Keats, H., Maguire, N., Johnson, R., and Cockersall, P. (2012) *Good Practice Guide – Psychologically Informed Services for Homeless People. Pathway*. Available at: <https://www.pathway.org.uk/publication/good-practice-guide-psychologically-informed-services-for-homeless-people/>.

Keenan, C., Miller, S., Hanratty, J., Pigott, T., Hamilton, J., Coughlan, C., Mackie, P., Fitzpatrick, S., and Cowman, J. (2021) Accommodation Based Interventions for Individuals Experiencing, or At Risk of Experiencing, Homelessness, *Campbell Systematic Reviews* 17(2) pp.1-93.

Long, H.A., French, D.P., Brooks, J.M. (2020) Optimising the Value of the Critical Appraisal Skills Programme (CASP) Tool for Quality Appraisal in Qualitative Evidence Synthesis, *Research Methods in Medicine and Health Sciences* 1(1) pp.31-42.

Loopstra, R., Reeves, A., Barr, B., Taylor-Robinson, D., McKee, M., Stuckler, D. (2016) The Impact of Economic Downturns and Budget Cuts on Homelessness Claim Rates Across 323 Local Authorities in England, 2004-12, *Journal of Public Health* 38(3) pp.417-425.

Mahoney, I. (2019) Considering the Legitimacy of Homeless Hostels as Sites of Discipline and Regulation, *International Journal of Sociology and Social Policy* 39(3/4) pp.250-263.

McMordie, L. and Fitzpatrick, S. (2024) Controlling Homeless Populations? The Case of Congregate Hostels and Shelters, in: G. Johnson, D. Culhane, S.Fitzpatrick, S. Metraux, and E. O’Sullivan (Eds.) *Research Handbook on Homelessness*, pp.177-188. (Edward Elgar Publishing eBooks).

McNeill, S, O’Donovan, D, and Hart, N. (2022) Access to Healthcare for People Experiencing Homelessness in the UK and Ireland: A Scoping Review, *BMC Health Services Research* 22(1) pp.910-923.

Neale, J., Parkin, S., Hermann, L., Metrebian, N., Roberts, E., Robson, D., and Strang, J. (2022) Substance Use and Homelessness: A Longitudinal Interview Study Conducted During COVID-19 with Implications for Policy and Practice, *International Journal of Drug Policy* 108(103818) pp.1-10.

- Neale, J. and Brown, C. (2016) 'We Are Always in Some Form of Contact': Friendships Among Homeless Drug and Alcohol Users Living in Hostels, *Health Soc Care Community* 24(5) pp.557-566.
- Neale, J. and Stevenson, C. (2015) Social and Recovery Capital Amongst Homeless Hostel Residents Who Use Drugs and Alcohol, *International Journal Drug Policy* 26(5) pp.475-483.
- Nettleton, S., Neale, J., and Stevenson, C. (2012) Sleeping at the Margins: A Qualitative Study of Homeless Drug Users Who Stay in Emergency Hostels and Shelters, *Crit Public Health* 22(3) pp.319-328.
- Noblit, G. and Hare, R. (1998) *Meta-Ethnography: Synthesizing Qualitative Studies* (California: SAGE Publications).
- Office for Health Improvement and Disparities (2022) *Working Definition of Trauma-Informed Practice*. Available at: <https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice>.
- Office for National Statistics (2023) "Hidden" Homelessness in the UK: Evidence Review. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/articles/hiddenhomelessnessintheukevidencereview/2023-03-29>.
- Ogden, P., Minton, K., and Pain, C. (2006) *Trauma and the Body: A Sensorimotor Approach to Psychotherapy (1st ed)* (New York City: WW Norton and Company).
- Omerov, P., Craftman, Å.G., Mattsson, E., and Klarare, A. (2020) Homeless Persons' Experiences of Health and Social Care: A Systematic Integrative Review, *Health and Social Care in the Community* 28(1) pp.1-11.
- Page, M.J., McKenzie, J.E., Bossuyt, P.M., Boutron, I., Hoffmann, T.C., Mulrow, C.D., Shamseer, L., Tetzlaff, J.M., Akl, E.A., Brennan, S.E., Chou, R., Glanville, J., Grimshaw, J.M., Hróbjartsson, A., Lalu, M.M., Li, T., Loder, E.W., Mayo-Wilson, E., McDonald, S., McGuinness, L.A., Stewart, L.A., Thomas, J., Tricco, A.C., Welch, V.A., Whiting, P., and Moher, D. (2020) The PRISMA 2020 Statement: An Updated Guideline for Reporting Systematic Reviews, *BMJ* 372(71) pp.71-79.
- Parkes, T., Carver, H., Masterton, W., Falzon, D., Dumbrell, J., Grant, S., and Wilson, I. (2021) "You Know, We Can Change the Services to Suit the Circumstances of What is Happening in the World": A Rapid Case Study of the COVID-19 Response Across City Centre Homelessness and Health Services in Edinburgh, Scotland, *Harm Reduction Journal* 18(1) pp.1-18.

- Peters, L., Hobson, C.W., and Samuel V. (2022) A Systematic Review and Meta Synthesis of Qualitative Studies That Investigate the Emotional Experiences of Staff Working in Homeless Settings, *Health and Social Care in the Community* 30(1) pp.58-72.
- Roberts, E., Copeland, C., Humphreys, K., and Shover, C.L. (2023) Drug-Related Deaths Among Housed and Homeless Individuals in the UK and the USA: Comparative Retrospective Cohort Study, *The British Journal of Psychiatry* 223(6) pp.562-568.
- Schutz, A. (1972) *The Phenomenology of the Social World* (Evanston: Northwestern University Press).
- Shelter (2023) *Hostels and Night Shelters* (UK: Shelter). Available at: https://england.shelter.org.uk/professional_resources/legal/housing_options/accommodation_options_in_an_emergency/hostels_and_nightshelters.
- Shelter (2024) *Temporary Housing When Homeless*. (UK: Shelter). Available at: https://england.shelter.org.uk/housing_advice/homelessness/temporary_housing_when_homeless.
- Shulman, C., Nadicksbernd, J., Nguyen, T., Fantoni E., Lally, J., Bawden, M., and Hudson, B. (2023) People Living in Homeless Hostels: A Survey of Health and Care Needs, *Clinical Medicine* 23(4) pp.387-394.
- Siegel, D.J. (1999) *The Developing Mind: Toward a Neurobiology of Interpersonal Experience* (New York City: Guilford Press).
- Single Homeless Project (2023) *What is the Experience of Homelessness Like for Women?* Available at: <https://www.shp.org.uk/what-is-the-experience-of-homelessness-like-for-women>.
- Stevenson, C.A. (2014) Qualitative Exploration of Relations and Interactions Between People Who Are Homeless and Use Drugs and Staff in Homeless Hostel Accommodation, *Journal of Substance Use* 19(1) pp.134-140.
- Stevenson, C. and Neale, J. (2012) 'We Did More Rough Sleeping Just to Be Together' – Homeless Drug Users' Romantic Relationships in Hostel Accommodation, *Drugs Educ Prev Policy* 19(3) pp.234-243.
- Waldbrook, N. (2013) Formerly Homeless, Older Women's Experiences with Health, Housing, and Aging, *Journal of Women and Aging* 25(4) pp.337-357.
- Watson, C., Nolte, L., and Brown, R. (2019) Building Connection Against the Odds: Project Workers Relationships with People Experiencing Homelessness, *Housing, Care and Support* 22(2) pp.129-140.