VOLUME 1

KEYWORKER AND RESIDENT PERCEPTIONS
OF KEYWORKING RELATIONSHIPS
IN HOSTELS FOR YOUNG HOMELESS PEOPLE

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D.Clin. Psy. 1999

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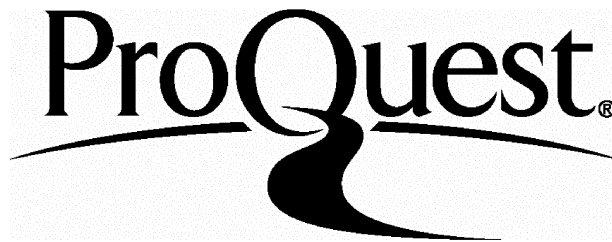
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ABSTRACT

The aim of the present study was to describe the keyworking relationship in hostels for young homeless people from the point of view of both residents and keyworkers. More specifically, it aimed to identify the perceptions of keyworkers and residents in relation to: the role of the keyworker; the aims and functions of keyworking; and the characteristics of a helpful and less helpful keyworking relationship. Semi-structured interviews were conducted with 12 residents and 10 keyworkers. Interpretative Phenomenological Analysis (Smith, 1995, 1997), a qualitative approach, was used to guide both the data collection and the analysis. The findings from the qualitative analysis yielded similar themes from keyworkers and residents in relation to each of the areas being addressed. Key elements perceived to be central to the keyworking relationship include the importance of providing a comfortable non-threatening environment for keyworking, being flexible, and tailoring keyworking to the individual needs of the residents. However, although flexibility was seen to be helpful, the lack of clarity around the role of the keyworker generated stress and anxiety for some keyworkers. Approachability, genuineness, sensitivity, empathy and respect were all seen to be characteristics of a good keyworker. The findings are discussed in the light of current research on youth homelessness and previous research on psychological helping and keyworking in other settings. Some preliminary recommendations for working effectively with young homeless people are made.

ACKNOWLEDGEMENTS

INTRODUCTION

Overview

Homelessness has been a concern to the public and the authorities for many years. The increasing number of young people living on the streets, in squats and in temporary accommodation presents a particularly disturbing picture. Research suggests that many thousands of young people in the United Kingdom are homeless. In London alone, there have been reports of around 6000 homeless youths between 16 and 19 years of age (Randall, 1988). Research has also shown that young homeless people "run a higher risk of encountering every social, emotional and physical problem affecting their age group" than other young people (Bronstein, 1996, p. 129). Yet, despite this situation, effective prevention and intervention strategies for this population are not well developed - a recent overview of current research on homelessness stated that homeless adolescents were one of the least studied groups in the homeless population (Toro, 1999).

Furthermore, although this group of young people experience a wide range of difficulties, they are generally not well linked into statutory services: the voluntary sector is the major provider of services to this client group (NHS Health Advisory Service, 1995). One support resource which many voluntary sector organisations offer to young homeless people is individual time with hostel staff or "keyworkers." However, the precise nature of the keyworker role is not well defined. There have been no published empirical investigations which have examined the client-keyworker relationship in hostels for young homeless people. This study will consider the keyworking

relationship in hostels for young homeless people from the point of view of both staff and clients. More specifically, it aims to identify aspects of the keyworker relationship that are perceived as more and less helpful.

Given that there is no literature which looks specifically at the "keyworker relationship" in this population, the literature review will focus on literature which a) looks at the phenomenon of youth homelessness, and b) examines the helping relationship in other populations. The first section of the literature review "Youth Homelessness," begins by looking at how youth homelessness has been conceptualised in the Western world. It then goes on to consider various factors which have been found to be associated with homelessness in young people. More specifically, it will consider the relationship between homelessness and the following: mental illness; crime; drug and alcohol use; family background; social networks; and the experience of residential care. Each of these variables appear to have some association with youth homelessness, but none fully account for the problem. Hence, several researchers have tried to integrate them into theoretical models of homelessness and these models will be reviewed. The section will end by considering what the implications of the current research findings might be for those working with young homeless people.

The second section of the literature review, "The 'Helping Relationship'" begins by looking at the spectrum of relationships in which some form of psychological help is offered. It has been proposed that all helping relationships have certain elements in common and that the mechanism for

this is what has come to be known as "non-specific factors" or "common factors." The main focus of this section will be on common factors as it seems likely that at least some elements of the processes found to be helpful in other forms of helping relationship will also be instrumental in the formation and development of keyworking relationships. The common factor which has recently received the most empirical attention is that of the therapeutic alliance. Various facets of the therapeutic alliance will be explored: the role of the therapeutic alliance in psychotherapy; client and therapist influences on the alliance; and the role of the therapeutic alliance in other forms of helping relationships. This section will end by looking at the history and development of the keyworker concept.

The introduction will conclude by considering the implications of the literature for the present study. More specifically, it will summarise the main findings, limitations of, and gaps in research relevant to the keyworker-client relationship in hostels for young homeless people. Finally, the aims of the present study will be outlined and the research questions stated.

Youth Homelessness

In the United Kingdom the term "youth homelessness" is generally used to refer to homelessness among young single people between the ages of 16 and 25 (Hutson & Liddiard, 1994). This section will address a number of issues in relation to "youth homelessness" and will pay particular attention to those factors which might impact upon the ability of the young people to develop relationships and the kind of help which may be required by them.

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Although economic factors are undoubtedly important in the cycle of homelessness, they will not be considered in any detail here as the focus of this research is on interpersonal relationships. However, before looking in more detail at the factors associated with youth homelessness, it is necessary to consider the question of definition: although the age range of the population known as "young homeless people" may be uncontentious, the meaning of "homelessness" is not.

Definitions of Homelessness

There is currently no universal definition of homelessness with the result that various studies have used conceptually different criteria to classify the homeless population. For example, Drake, O'Brien and Biebuuck (1982) see the homeless as people who have "no home of their own" whereas Larew (1980) excludes the issue of housing altogether, seeing homelessness as "disaffiliation and detachment from society." This conceptual ambiguity has led some researchers to attempt to derive empirically based definitions of homelessness. Overall, research results point to the conclusion that the homeless are not a homogeneous group.

Several researchers have studied the social and family backgrounds of young homeless people and uncovered a number of subtypes of homeless youth (Athey, 1991; Jones, 1988; Kurtz, Jarvis & Kurtz, 1991). The authors' categories included a number of groups of youths ranging from one time runaways, who return home after one night away, to well functioning young people who leave home in search of better opportunities, to young people

from rejecting and abusive family backgrounds who leave home to escape this. It was also found that one group of the young people had had a history of unsuccessful placements in residential or foster care.

Zide and Cherry (1992) considered the existing classification systems and formulated a slightly different categorisation. This was empirically tested on a group of 250 homeless youth in the USA. Zide and Cherry proposed that three relatively clear types of youth homelessness could be found in the literature:

a) *running-to youth* being made up of the young people who leave home to look for new adventures or better opportunities;

b) *running-from youth* who were more unhappy with their life situations and were inclined to come from dysfunctional family backgrounds; and

c) *thrown-out youth* who were the young people who were most alienated from their families. These young people tended to come from families who had rejected them, sometimes early in their lives. Consequently, the young people had little or no contact with their families. School failure, family dysfunction and community alienation had frequently preceded the young person leaving home.

In addition to these three groups, Zide and Cherry noted that there was a fourth group of young people who did not fall into any of the categories. They called this group the "forsaken group." The forsaken group were a group of young people whose families no longer supported them. Families of origin typically had large numbers of people living in the household and

were on low incomes. The young people in this group felt unloved and unwanted, had higher levels of victimisation than the other groups of runaways, had poor social skills and few peer relationships.

Most of the research on youth homelessness to date has been carried out in crisis shelters where both one time runaways and more permanently homeless young people reside. This led to some researchers questioning the validity of the research as it was suggested that some sub-groups of homeless youths would differ significantly to others on a number of important variables such as problem severity (Robertson & Greenblatt, 1992). However, recent research indicates that this criticism may not be applicable, at least to some variables. For example, a recent study investigated whether the pathway into homelessness was related to current psychological symptomatology and found no significant differences between the subtypes of homeless youths (MacLean, Embroy & Cauce,1999). The authors suggest that the equally high rates of current distress may be due to the traumatic experience of homelessness.

Explaining Youth Homelessness

Identifying and defining a social problem is only the first step towards resolving it. For it to be understood and acted upon, more detailed research is needed. However, research into homelessness is politically sensitive and would appear, at times, to have been driven by a political agenda. The focus of research into homelessness in general and the opinions of researchers and of society have varied considerably over time. Over the years, homeless

people have been viewed as a deviant group of "social inadequates" rather than people with housing needs (Hamid, Wykes & Stansfeld,1993, p.237). They have alternatively been conceptualised as spiritually weak, alcoholics, criminals and drug addicts. Each of these stereotypes serve to uphold the view that the homeless are somehow responsible for their own plight, a similar stance being reflected in the commonly held belief that "people who are homeless are homeless by choice" (Scott, 1993, p.316). By contrast, some sources have suggested that housing policy, high levels of unemployment and benefit cuts are the primary determinants of homelessness in contemporary society (Malpass, 1986; Randall, McBreaty & Mordecal, 1986; Shelter, 1989). Still others maintain that homelessness is essentially a mental health service problem resulting from community care policies (Bassuk, Rubin & Lambert, 1984). It becomes evident that government and society might favour one explanation over another.

The divergence of opinion on the origins of homelessness has been reflected in responses to the research on homelessness. For example, Hamid et al. (1993) believe that research which focuses on individual level variables such as mental health and behavioural difficulties detracts from the role of socio-economic factors in the cycle of homelessness and as such is unhelpful. On the other hand, Fischer & Breaky (1991) feel it is important to identify such micro level variables in the cycle, not to condemn the homeless, but in order to expose the extent of their difficulties with the ultimate aim of adequate service provision.

Within the literature on youth homelessness, explanations for homelessness can be crudely categorised into "socio-economic" and more "micro-level" explanations. Socio-economic proponents explain youth homelessness by reference to societal structures such as housing policy, the employment market, welfare benefits and demographic changes. Although, by definition, "homelessness" appears to be a housing issue, the homelessness of young people is often described in more personal terms. The "micro-level" approach relates the cause of youth homelessness to characteristics of the young people and those around them. A number of factors fall into this category: mental health; crime; drug and alcohol use; family influences; and the experience of care. This section will review these issues and their link to youth homelessness. However, it will be seen that the relationship between each of these variables and homelessness is not a straightforward one.

Mental Health

There would seem to be a link between homelessness and mental illness. Two separate, yet interrelated, explanations have been offered to account for the relationship. The first explanation considers that pre-existing mental health problems mean that people are vulnerable to becoming homeless. That is, mental illness can reduce a person's ability to care for themselves and live independently. The second explanation suggests that mental health problems in the homeless population develop as a result of the stress of being homeless. The cause and effect issue here is not easy to disentangle and it seems likely that both explanations are valid. It may be that some

people become homeless due to pre-existing difficulties, yet, it is also likely that being homeless could cause or exacerbate mental health problems.

Whatever the explanation for the link between homelessness and mental illness, a relatively large proportion of this population would appear to have some mental health problems. For example, Brandon, Wells, Francis and Ramsay (1980) conducted a study of young homeless people in London and found that 17% of males had had a mental illness serious enough to require hospitalisation. This figure rises when other mental health problems are considered. Shaffer and Caton (1983) conducted a study looking at the incidence of emotional difficulties in 118 young homeless people under the age of 17 in a shelter in New York City. The researchers used a structured diagnostic interview and the Achenbach Child Behaviour Checklist, a self report instrument. It was estimated that between seventy and ninety percent of the young people had some mental health problem, most commonly depression, antisocial behaviour or a combination of these difficulties. In studies looking at adolescents in the general population, the incidence of these problems is between fourteen and twenty percent (Brandenburg, Friedman & Silver, 1990; Kashani, Beck & Hoeper, 1987; Whitaker, Johnson & Shaffer, 1990).

A further study by Feitel, Margaretson, Chamas and Lipman (1992) used structured interviews to look at one hundred and fifty residents of a shelter for young homeless people in New York City. The young people were aged between 13 and 22 with a mean age of 18. It was found that ninety percent

of the young people fulfilled DSM-III-R criteria for at least one emotional or behavioural disorder. The average number of disorders was 3.3 with a range from 0 to 8. Around three quarters of the young people had some kind of depression and around thirty percent of the young people fulfilled the criteria for post traumatic stress disorder. Fifty-nine percent had a conduct disorder, forty-one percent had contemplated suicide and more than a quarter had made at least one suicide attempt. Being physically or sexually abused was strongly associated with suicide attempts in this group of young people. Physical abuse and traumatic experiences were also strongly associated with depression.

Although this study was carried out with one particular section of young people, Feitel et al. (1992) claim that it is possible to generalise these research results to other homeless youths as other studies have found few differences between youths living in shelters and those living on the streets (e.g., Mundy, Robertson & Robertson, 1990). Furthermore, the authors also argue that the results should be considered an underestimate of pathology as some young people dropped out of the study when being asked about their difficult life experiences and eleven percent were not willing to disclose any information about their personal histories.

However, the validity of research looking at the incidence of mental illness in the older homeless population has been questioned. Recent reports have questioned the appropriateness of using conventional psychiatric interviews with this population as "they may measure homeless people's adaption to

their difficult circumstances rather than mental disorders" (Hamid et al.,
1993, p.249). Furthermore, Hamid et al. point out that psychiatric inventories
have been standardised on more domiciled populations and hence may not
accurately reflect the characteristics of the homeless. Whether these
criticisms are equally relevant for the research which has been conducted
with the young homeless is open to question. However, it seems likely these
methodological problems will be less of a threat to the validity of the research
on the young homeless population as some of the young people will be
recently homeless and most will have spent less time on the streets than
their older counterparts.

Crime

A clear link has been found between homelessness and crime. Randall
(1988) found that of the young homeless people in London that he
interviewed, 38 per cent had been either charged with or convicted of a
criminal offence.   In a study of longer term homelessness in the adult
population, 64 per cent of the males and 23 per cent of the females were
found to have a criminal record (Brandon et al., 1980). Once again, there
has been considerable debate about the precise nature of the relationship
between homelessness and crime. It has been suggested that "survival"
offending is the most common cause of offending in the younger population
(Liddiard & Hutson, 1990). That is, young homeless people becoming
involved in petty crime to pay for food or accommodation. Unfortunately,
once the young people have a criminal record their chances of being offered
secure accommodation are further reduced. One third of young people

leaving custody are either homeless or at risk of becoming homeless (Watson, 1988). Again, it can be seen that the problem is cyclical in nature. Homelessness may lead to crime which, in turn, increases the chances of becoming homeless and the chances of re-offending.

Just as the probability of being involved in crime increases with becoming homeless, so too does the risk of being a victim of crime. Whitbeck and Simons (1990) address the issue of victimisation in a study of 100 young homeless people. The authors draw attention to the paradoxical situation that young people often become homeless to avoid victimisation at home, yet the situation which they run to is one in which they are extremely vulnerable. The most common types of victimisation found by Whitbeck and Simons were being threatened with a weapon (43%), being beaten up (41%) and being assaulted with a weapon (30%). Homeless females were particularly at risk of sexual assault (43%) although a large minority of homeless males had also been sexually assaulted (10%).

Drug and Alcohol Use

The relationship between homelessness and drug and alcohol use has also been the subject of debate. There is some evidence to suggest that drug and alcohol use can be as much a consequence of homelessness as a cause. Randall (1988) argues that the media exaggerate the extent to which young homeless people use drink and drugs. In his study, the rates of drug and alcohol use found were similar to those of domiciled adolescents.

Other studies have found that homeless youths have a very high rate of being involved in substance use (Kipke, O'Conner, Palmer & McKenzie, 1995; Kipke, Montgomery, Simon & Iverson, 1997; Unger, Kipke, Simon, Montogmery & Johnson, 1997). Kipke et al. (1997) found that 43 per cent of the homeless youths in their study met the DSM-III criteria for both alcohol abuse disorder and drug abuse disorder, 12 per cent met the criteria for alcohol abuse disorder only and 16 per cent met the criteria for drug abuse disorder only. The seemingly high rate of substance abuse in this population may be linked to other difficulties. Unger et al. (1997) draw attention to the fact that many of the young homeless people also have mental health problems including depression, and hypothesise that the high use of substances in this population may be an attempt to self medicate. This explanation seems plausible given that many young homeless people do not access statutory health services (Boulton, 1993).

Family Background

Research into the family backgrounds of homeless youths has consistently found that the young people frequently come from very disrupted family backgrounds within which they have experienced high levels of abuse and neglect (Kurtz et al., 1991; Van der Ploeg & Scholte, 1997). Farber, Kinast, McCoard and Falkner (1984) found that, of the 199 young people in their study, 75 per cent had been the victims of severe maltreatment in the year prior to running away.

The link between abuse and homelessness is being increasingly accepted. High rates of abuse have been reported by young people in hostels. For example, in one study in Scotland, 17 per cent of the residents had experienced physical or sexual abuse by their parents (Killean, 1988). Another study carried out in hostels in England and Wales found that 40 per cent of female residents reported childhood sexual abuse (Hendessi, 1992). In a recent study in a day centre for homeless young people in New York, 42% reported having been physically abused, 54% reported having been sexually abused and 64% reported being afraid of being hit at home (MacLean et al., 1999).

It would appear that abuse is the precursor of leaving home for many young people. However, the path from abuse to homelessness can occur in more than one way. Disclosure of abuse may lead to the break up of the family and the young person being taken into care or undisclosed abuse may result in the young person leaving home at the earliest possible opportunity. Another group of young people leave home due to other difficulties within the family. Kudfeldt et al. (1992) reported that one in five homeless youths had left home because of family conflicts, while half left home due to severe communication problems with their parents.

Social Networks

The limited research into the social networks and social support systems of homeless young people has indicated that their social networks have often been reduced to very few or even no significant others. In one study almost

twenty percent of the young people reported having no friends at all, while fifty percent had between one and three friends (Van der Ploeg, Gaemers & Hoogendam, 1991). However, when asked how many "real friends" they had, over eighty percent of the young people said they had none. In a survey in one nightshelter in Central London, Randall (1988) found that two thirds of the young people there had no relatives living in London and nearly half had no friends.

Professional Youth Care

The association between leaving care and homelessness is well documented. Estimates suggest that between a quarter and a third of young homeless people will have been in care at some stage in their lives (Hutson & Liddiard, 1991; Randall, 1988). Given that under one percent of young people in the United Kingdom are ever taken into care, the proportion of young homeless people with a care background is enormous (Hutson & Liddiard, 1994). Again, these statistics are open to more than one interpretation. On the one hand, it could be argued that the problematic backgrounds of the young people who find themselves in residential care leave them particularly vulnerable to becoming homeless. On the other hand, it has been suggested that the inadequacies of the care system itself leaves young people unprepared for independent living. Hutson and Liddiard (1994) argue that these two explanations can be combined. They suggest that there may be inadequate support services for young people leaving care, but that these services are only inadequate due to the additional problems of the young people, such as a disrupted childhood.

Not only are many young homeless people likely to have experienced residential care, but some will have experienced multiple and unsuccessful placements (Morrissette & McIntyre, 1989). Van der Ploeg et al. (1991) found that three quarters of the young people they interviewed had lived in residential institutions before becoming homeless and, of these, most had lived in at least two different institutions. Half of the young people had spent at least three years in an institution with 13 per cent of the youths having been in care for more than ten years. A disturbing picture of over half of the young people being sent away not only from home, but from residential care institutions emerged from this study.

In addition to the high proportion of young homeless people who have experienced residential care, another significant percentage will have had contact with other professionals such as social services and youth custody services. Van der Ploeg et al. (1991) found that over half of the young people in their sample had had contact with three or more community based services before becoming homeless. Moreover, the average age at which the young people had first come into contact with professional services was eleven. Hence, by the time young people arrive in hostels, many will have had a history of (often unsuccessful) contact with a number of adults in authority.

Theoretical Models of Homelessness

From the issues discussed in the previous section, it is evident that there are a number of specific factors which have a close association with youth homelessness including a history of family conflict, neglect and abuse; a history of residential care; crime, victimisation and sexual exploitation; and drug, alcohol and psychological problems. It is also clear that the reasons for these associations are open to more than one interpretation. Several researchers have attempted to integrate some of these variables and formulate theoretical models of homelessness. Perhaps not surprisingly, there is no single satisfactory theory which explains youth homelessness. This section will consider two recent theories of youth homelessness: being "pushed out" and "attachment".

Pushed Out

Van der Ploeg et al. (1991) have proposed that homelessness is an escalating process of being pushed out of society. The authors' believe that this process is rooted in the family of the young person. They suggest that at the start of the process, the family of origin is likely to be in crisis and providing an environment which the young person experiences as conflictual, rejecting and abusive. During the time of crisis at home, the young person is likely to display difficult behaviour at school and relationships with teachers and peers suffer. This, in turn, results in the young person feeling alienated from the school environment and may lead to school truancy. Ironically, the truancy frequently results in the young person being permanently excluded from school. The difficult behaviour of the young people also leads to a

reduction in social contacts and social support as contacts at all levels distance themselves from the person. Van der Ploeg et al. hypothesise that the young people begin to feel ever more isolated and powerless to improve their situation. A similar theory is proposed by Hier, Korboot and Schweitzer (1990) who suggest that youth homelessness is due to lack of social bonding with family and peers, which results in the young person not having the usual opportunity to internalise social norms. This, they argue, leaves the young people feeling isolated and unable to function in society.

Attachment

Attachment theory has been used to explain why some young people may become chronically homeless (Stefandis, Pennbridge, MacKenzie & Pottharst, 1992). Stefanidis et al. propose that, in young homeless people, negative schemas formed in childhood may lead to a generalised lack of bonding or attachment to others including society or societal organisation. During the course of healthy development attachment behaviour leads to the development of affectional bonds or attachments. Bowlby (1969,1973,1979) argues that through early relationship experiences individuals form an overall pattern of attachment through internal working models, or dynamic internal representations, which structure and organise their perception of and interpretation of experience with others. These internal representations, or schemas, guide their perception of self and behaviour with others. Individuals such as young homeless people who have experienced rejection are likely to develop negative thoughts about themselves and others.

The attachment theory of homelessness was empirically tested on 60 young homeless people (Stefandis et al., 1992). Psychodynamic theory and Bowlby's (1969,1973,1979) theory of attachment was used to look at the effects of attachment history on homeless youth participating in a rehabilitation programme in a shelter in the United States of America. Participants were drawn from two groups of young people. The first group were seen to be co-operative, followed the rules, observed curfews and were helpful to others. They appeared to be motivated to reintegrate into society. The second group were perceived to be unmotivated, were difficult and disruptive within the shelter, missed appointments and curfews and left the programme prematurely. The study looked at levels of depression, number of previous placements in care, expressed need for attention from caregivers and appropriateness of the young people's responses to emotional situations. The co-operative group was found to have had more positive attachment histories, fewer placements in care, more need for attention from caregivers, more appropriate responses to emotional situations and higher levels of depression than the uncooperative group. In this study, the depression found in the co-operative group was interpreted as feelings of discomfort with their current situation which motivated the young people to change. In contrast, the unmotivated group appeared to deny any negative feelings about their situation.

Despite these recent attempts to understand the problem of youth homelessness within a theoretical framework, Van der Ploeg and Scholte

(1997) acknowledge that the current theories encompass only a small part of the story. They argue that more comprehensive models which cover all risk factors - economic, social and psychological - are needed to understand the phenomenon of youth homelessness and guide the development of effective intervention and prevention strategies. It is also important to point out that homeless people's understanding of and explanation for their homelessness does not always concur with outsider perceptions of "reality". Pollio, McDonald and North (1996) suggest that this could be functional in building or enhancing self esteem and seems an important point to remember when working with people who are homeless. Although there is, as yet, no comprehensive model of youth homelessness, several authors have advocated a number of approaches which they believe may be effective when working with this client group.

Working with homeless youths

It has been seen that many young homeless people have had histories of abuse, neglect, and rejection. With regard to relationships with significant others, many young people have left home due to family conflicts or extreme difficulties in communicating with parents or caregivers (Kudfeldt et al., 1992). Others have experienced multiple and unsuccessful placements within the care system during which time they may have had involvement with one or more of the helping professions (Morrissette & McIntyre, 1989). It seems likely that these previous experiences will have an impact on the young people's expectations of authority figures and the quality of the relationships which they are able to form with them.

In an attempt to ameliorate these past experiences, one author has recommended that hostels hire older staff in order to try to form a surrogate parent relationship with the young people (Stefanidis et al.,1992). However, they do not expand on how this relationship might work. Some more specific techniques for working with homeless young people are recommended by Morrissette and McIntyre (1989). They suggest that the techniques of structural and strategic family therapy could be helpful in working with homeless youths. For example, they advocate that the difficulties of the young people should be positively reframed, presumably in an attempt to give the young people some hope.

Other authors have recommended a multidimensional approach when working with homeless youths and advocated that work should be targeted at a number of different levels (Bronstein, 1996; Payne, 1991). More specifically, Payne suggests that work should be targeted at: changing the environment; looking at personal interactions; using the young people's strengths; not using one particular method of intervention; and using circular rather than linear explanations of events to avoid a situation where the young people feel blamed for their own fate. This approach seems conceptually sensible given the range of problems which the young people are likely to be experiencing. It also seems likely that not all of the interventions will be relevant for every young person or will happen simultaneously. Clearly, it may not be appropriate to address issues of abuse while the young people are still in a precarious environment on the streets. Maslow (1968) proposed

that human needs are hierarchical and that the physiological needs of food, clothing and shelter form the basis of this hierarchy, followed by safety, love and belonging, self-esteem and finally self-actualizing.

Within the adult homeless population, research had identified a number of barriers to service development including: mistrust of service providers and researchers (Rosenthal,1991); population heterogeneity (Hagen,1987); differences between the desires of the clients and the provision offered by the system (North & Smith, 1993). It seems possible, given what is known about the young homeless population, that these barriers may be equally applicable.   It is known that they are not a homogeneous population. Furthermore, given the histories of at least some of the young people, it seems likely that they will be suspicious of services.   Whether what young people want from service providers and what is offered match is not known. It would seem to be important to examine what actually happens in practice in the relationship between young homeless people and those working with them.   Research has been conducted into the processes which happen in other types of professional and paraprofessional helping relationships and it may be that the findings of research in these areas can help to provide a framework for understanding the keyworking relationship.

The Helping Relationship

Until relatively recently, the study of psychological helping has been pursued in a number of areas in virtual isolation to one another. One focus of investigation has been into training and practice in the various helping

professions, particularly psychotherapy. The other has been the study of how untrained people provide psychological help. While much of the research into helping relationships has focused on psychotherapy, it has been estimated that at least 95% of helping interactions take place outside this formal relationship (Cowen, 1982).

This section begins by looking at the spectrum of relationships in which some form of psychological help is offered. It has been proposed that all helping relationships have certain elements in common and that the mechanism for this is what has come to be known as "non-specific factors" or "common factors." The main focus of this section will be on common factors as it seems likely that at least some elements of the processes found to be helpful in other forms of helping relationship will also be instrumental in the formation and development of keyworking relationships. The common factor which has recently received the most empirical attention is that of the therapeutic alliance and this research will be reviewed. This section will end by looking at the history and development of the keyworker concept.

Brammer and MacDonald (1996) classified helping affiliations into various levels - from formal and structured to informal and unstructured. Within these divisions the formal and structured relationships and organised into the following categories:

> a) *professional help* such as that provided by social workers and
>
> mental health professionals;

b) *paraprofessional help* which may be given, for example, by trained

aides in mental health;

c) *volunteers* who are unpaid helpers with training in basic helping

skills in a particular setting.

The informal and unstructured relationships include *friendships, family* and

community relationships which include "ad hoc helping acts to alleviate

danger, suffering or deprivation" (Brammer and MacDonald, 1996, p.15).

It has been proposed that helping is not so categorical as this classification

suggests, but actually falls on a continuum (Pistrang, Barker & Rutter, 1997;

Winefield, 1987). However, the relative effectiveness of different types of

helping (particularly professional and paraprofessional helping) has been the

subject of considerable controversy and debate. Within the research

literature in mental health there has been substantial evidence to suggest

that, at least for problems of mild to moderate severity, paraprofessional

helpers can be as effective as trained therapists (e.g., Hattie, Shapley &

Rogers, 1984; Lambert & Bergin, 1994). This somewhat counter-intuitive

conclusion was first reached by Durlak (1979) in a meta-analysis of 42

studies comparing the relative effectiveness of professionals and

paraprofessionals. Durlak's analysis sparked considerable controversy and

accusations that the studies examined contained methodological

weaknesses which rendered the research findings invalid (Neitzel & Fisher,

1981). The debate has continued since then.

However, a recent review of the major criticisms of studies in this area concludes that "the available evidence shows no overall superiority for professionals over paraprofessionals. Similar results have been obtained across three meta-analyses that included numerous studies and comparisons, and diverse patient groups, treatment approaches and outcome measures" (Faust & Zlotnick, 1995, p. 164). This conclusion suggests that it may not be professional training but something else which leads to the effectiveness of helping relationships. Again, just what that might be has been the subject of much debate.

Common Factors in the Psychotherapeutic Process

In addition to the research considering the relative effectiveness of professionals and paraprofessionals, another body of research has been investigating the relative effectiveness of different types of therapy. However, again, a common conclusion from studies looking at the comparative effectiveness of various types of psychotherapy is that there are few consistent differences in outcome between therapies (e.g., Lambert, Shapiro & Bergin,1986; Smith, Glass & Miller, 1980). Stiles, Shapiro and Elliott (1986) addressed the question of equivalence and discussed various explanations for this finding. Three different possible explanations are hypothesised: 1) that various therapies produce outcomes that are not distinguishable; 2) that participants in different forms of therapy respond in similar ways; and 3) that psychological change is achieved through similar mechanisms or common factors between therapies.

The third proposal, that psychological change is achieved through common factors, can be seen in the earlier work of Rogers (1957). However, Rogers believed that the common factors of empathy, warmth and genuineness were the basis of all helping relationships, not exclusively psychotherapy. Frank (1973) also argued that all healing endeavours, not just psychotherapy, operate through common factors. He proposed that four common factors found in psychotherapy are: 1) an emotionally charged confiding relationship with a helper; 2) a healing setting; 3) a rational, conceptual theme, or myth; and 4) a ritual or therapeutic method (Frank, 1973,1982). Nevertheless, it was not until the late 1970's that there was an upsurge of interest into common factors in psychotherapy with a number of authors claiming that the specific techniques of various therapies contribute less to psychotherapy outcome than non-specific or common factors (e.g., Frances, Sweeney & Clarkin, 1985; Lambert, Shapiro & Bergin, 1986).

The working alliance

The hypothesised common factor that has received most empirical attention is that of the therapeutic alliance. The working alliance, or therapeutic alliance, has been found to be a significant factor in the effectiveness of psychotherapy (Luborsky & Aurebach, 1985). It has been defined as "the feeling that both participants have for each other and that they can and will work productively towards a shared goal" (Kokotovic & Tracey, 1990, p.16). Bordin (1979) argued that the concept of the working alliance is applicable to all forms of psychotherapy as all psychotherapies involve some agreement on goals and all require some bonds to be established. Moreover, the

concept of the alliance is much more interactional than Roger's (1957) hypothesis that empathy, genuineness and warmth on the part of the helper were necessary and sufficient for therapeutic change. The alliance is the product of the contribution of both helper and helpee.

Various measures have been developed to measure the quality of the alliance between client and therapist (Luborsky, 1984; Moras & Strupp, 1982). One measure which has been widely used in research studies is the Working Alliance Inventory (WAI, Horvath & Greenberg, 1989) which is based on the theoretical model of the alliance developed by Bordin (1979, 1989). According to this model the alliance has three elements: bonds, goals and tasks. Bonds refer to the personal relationship factors between client and therapist and includes variables such as mutual trust, acceptance and confidence. Goals refer to the mutual agreement on the aims of therapy or outcome. Tasks relate to the process factors in the therapy which, in a well functioning relationship, both parties must see as helpful and relevant.

Client and therapist influences on the alliance

The personal histories of both clients and therapists are likely to have an impact on the formation of an alliance (Horvath & Luborsky, 1993). For example, Gelso and Carter (1985) proposed that the client's ability to form a sound therapeutic alliance is related to their ability to trust others and their ability to form secure attachments. This proposal was supported by the work of Kokotovic and Tracey (1990) who found that the ability of clients to form a working alliance was related to the quality of their past and current

relationships: those who had poor family relationships were less likely to develop strong alliances. Other client factors such as pre-treatment symptom severity have also been investigated but have been found to have little influence on the alliance (see review by Horvath & Luborsky, 1993).

With regard to the qualities of the therapist, there is some empirical support to suggest that a friendly, sympathetic attitude towards the client contributes positively to the formation of the alliance (Kokotovic & Tracey, 1990). Bordin's (1979) model of the alliance hypothesised that empathy and trustworthiness on the part of the therapist were prerequisites for alliance development and research seems to support this hypothesis (Horvath, 1994). However, research also indicates that a sense of collaboration and agreement with the tasks of therapy are closely associated with positive outcome (Horvath & Greenberg, 1989). Hence, successful treatment appears to be the result of both interpersonal and intrapersonal factors.

The working alliance outside of traditional psychotherapy

There has recently been an interest in the role of the therapeutic alliance in other forms of helping relationships. For example, when Goering, Wasylenski and Farkas (1988) considered the alliance between case managers on a rehabilitation programme and clients with severe and persistent mental illness, they concluded that "the relationship between the case manager and the patient may be the most potent therapeutic factor within the programme" (p.275). Case managers are frequently non professionals and undertake a variety of tasks such as assisting the client to access an array of housing,

rehabilitation, treatment and social activities, and offer advocacy and support rather than clinical management or treatment (Solomon, Draine & Delaney,1995). When Goering and Stylianos (1988) asked clients what they perceived to be the most helpful aspects of their relationship with their case manager, the clients identified the importance of having someone who cared about, accepted and understood them.

The Working Alliance Inventory (Horvath & Greenberg, 1989) has been used to measure the strength of the therapeutic alliance between case managers and seriously mentally disabled clients (Solomon et al.,1995). Clients who had a more positive relationship with their case managers were less symptomatic, had a better quality of life and were more satisfied with the overall service they received. Of course, it is possible that clients were satisfied with their case managers because they had experienced some improvement in their symptoms (perhaps due to medication or some other external influence). This alternative explanation is acknowledged by Solomon et al., who suggest that further research into this question is necessary. They also propose that future studies of consumer case management should try to elicit from clients what they see as the benefits of having a case manager and look at variables such as empathy and personal attention.

The social work profession has also emphasised the importance of the quality of the worker-client relationship in the helping process (Hollis, 1970; Perlman, 1979). Perlman (1979) saw the helping relationship as one which had a specific and identified purpose and which used a compassionate,

supportive working alliance in order to fulfil its objectives. Although it has been acknowledged that the worker-client relationship is an important element of social work, there seems to be little research into the nature of the relationship and how it contributes to the helping process. Coady (1993) has argued that the worker-client relationship has been overlooked in social work research and called for empirical investigation into the role of relationship factors in this field. It has been suggested that the Working Alliance Inventory subscales of bonds, goals and tasks are compatible with the approach which social workers take to helping (Poulin & Young, 1997).

Keyworking

One particular form of helping relationship found across health, social services and voluntary sector organisations is that of keyworker-client. The "key worker" role originated in the social work field in the late 1970's. It was adopted as a way to resolve the organisational discontinuities and difficulties between residential and fieldwork staff (Residential Care Association / British Association of Social Work, (RCA/BASW), 1976). The Residential Care Association identified five functions of the keyworker role:

a. establishing and maintaining an appropriate working relationship with the client;

b. drawing up, implementing, monitoring and updating individual care plans;

c. calling reviews after three months;

d. maintaining adequate working records;

e. ensuring appropriate support is in place for the client when leaving

residential care.

Rodway (1979), then regional director of social services, stressed the importance of imparting clear information to clients about the role of the keyworker. Furthermore, he advocated that the clients' perceptions and views about keyworkers should be discussed with them in order to help them to reach some understanding about the meaning of the role. Rodway maintained that the ultimate objective of keyworking should be to improve standards of service to the clients. More specifically, Mallison (1989) suggests that keyworking can empower clients by enabling them to effect choice in decisions about their lives. Furthermore, Mallison and Kelly (1990) stress the potential usefulness of the keyworker role in helping the client to manage the tensions between living in a group environment and having their individual needs met.

However, not all authors are as positive about the role. Shortly after the introduction of the keyworker role by the RCA/BASW, Douglas and Payne (1980) suggested that the concept had at least two major weaknesses. Firstly, they noted that the concept was ambiguous and that the role had been interpreted in a number of different ways. For example, Douglas and Payne found that in one group of homes, keyworkers were the people who co-ordinated care plans and were overseers of organisational issues, whereas, in other homes, keyworkers were the people who were assigned to form a special relationship with the clients. In a third group of homes keyworkers were expected to perform both functions. Secondly, although

Douglas and Payne saw definitional problems as a weakness in the keyworker concept, they proposed that it had a potentially more dangerous flaw in that it had the capacity to encourage and create inflexible roles and relationships in residential services. They argued that what was needed in residential care was more flexibility, not less, and suggested that unless the keyworker role could be shown to help in the provision of more flexible and creative care then it should be abandoned. Some years later, Payne and Douglas (1983) again drew attention to the fact that there seemed to be little agreement within services about what keyworkers should actually do. They questioned whether the keyworker role was meeting the needs of the organisation, the staff or the clients and they argued strongly that keyworking was unlikely to be successful without role clarification, training and ongoing supervision.

Despite the conceptual ambiguity of the keyworker role, keyworking has been affirmed and adopted by various bodies within Social Services, the NHS and the voluntary sector (Dant, Carley, Gearing & Johnson,1989; Dant & Gearing, 1990; Department of Health/ Social Services Inspectorate, 1989; Wagner, 1988). The Barclay Report (Barclay, 1982) into the nature of social work roles and tasks gave unmitigated support to the keyworker role. However, it was not made clear which of the interpretations of the role they were giving support to. A later independent review of residential care by Wagner (1988) also endorsed the use of keyworkers, but again did not make specific recommendations about how the role should be understood or developed. More recently, Bland (1997) examined the contribution of the

keyworker role to standards of good practice in residential homes for older people. She concluded that, on the whole, the concept of keyworking was not well understood or developed, and tended to contribute to the power of the staff more than to the well-being of the residents.

Implications of the literature and rationale for the present study

Studies of homelessness which deal with statistical trends are relatively common. Yet, such studies tell us little about the impact of being homeless on individuals. Moore, Canter, Stockley and Drake (1995) draw attention to the rarity of psychological studies of homelessness that focus on the experiences of individuals and have called for an understanding of homelessness at the level of the individual in their social context. Where research does exist on homelessness and social relationships, the focus has mainly been on identifying support resources, rather than exploring what type of support is received by the homeless and how they themselves perceive that support.

It is evident that the young homeless population is a heterogeneous group. Overall, research findings have consistently shown that young homeless people experience a wide range of problems. Exactly how these problems inter-relate with one another is not known as much of the work which has been carried out with this client group is largely atheoretical. Although some models for understanding youth homelessness have been proposed, they offer only a partial understanding of the problem. Consequently, although several authors have suggested techniques which may be useful while

working with young homeless people, there does not appear to be an accepted framework, based on empirical research, for working with this client group.

Studies which have been carried out within the helping relationship literature may assist in providing a framework for understanding the keyworking relationship. In particular, outcome research which has shown few consistent differences between therapies, has led some authors to suggest that non-specific or common factors are an important element of the relationship. Exactly what these non-specific factors are is not clear, but several theorists have made a number of propositions. For example, Rogers (1957) has proposed that empathy, warmth and genuineness are necessary and sufficient for therapeutic change. However, research on the therapeutic alliance has hypothesised that the effectiveness of the helping relationship is much more dynamic than this and requires the contribution of both helper and helpee (Bordin, 1979). Recent research into the worker-client relationship outside of formal therapy, has also suggested that the quality of the alliance may be a key factor in forming an effective relationship (Solomon et al., 1995).

Within the field of social work, the question of how relationship factors contribute to the helping relationship seems to have been overlooked, leading some authors to call for empirical investigation into this area (Coady, 1993). The keyworker relationship is one worker-client relationship which originated in the field of social work and has been adopted by other bodies

as an effective way of delivering services. However, the precise nature of the keyworker role is not well defined. In some cases, it would appear to be a worker who provides practical support, in others, emotional support and yet others, a combination of the two (Douglas & Payne, 1990). Research is needed to clarify what happens in the keyworking relationship, in order to see what keyworkers actually do and how their help is received.

The aim of the present study was to describe the keyworking relationship in hostels for young homeless people from the point of view of both staff and clients. More specifically, it was to identify particular aspects of the keyworker relationship that are perceived as more and less helpful. Ultimately, these descriptions could be used to inform some preliminary recommendations for staff training in keyworking. In order to do this staff and clients were interviewed (using a semi-structured interview format) about their views on and experiences of keyworking. The interviews were tape recorded, transcribed verbatim and analysed using Interpretative Phenomenological Analysis (Smith, 1995, 1997), a qualitative approach.

Rationale for research methodology

Recent psychological theories have hypothesised that homelessness is a consequence of person-environment interactions. Moore et al. (1995) argue that this perspective emphasises the centrality of the individual's view of the world and "rather than blaming the individual, this approach seeks to take account of him and her" (p.10). Within this framework, phenomenological methods of enquiry would seem to be particularly appropriate.

Phenomenology is "the study of the possible appearance, forms, and structures of human experiences" (Barker, Pistrang & Elliott, 1994, p. 74). For phenomenologists, the aim of science is understanding. From the phenomenological perspective, each person's perspective has its own validity. Hence, multiple perspectives of a phenomenon are viewed as important and informative.

Patton (1990) has listed several situations for which qualitative methodology would seem to be well suited. These situations include: a) new fields of study where there are few definitive hypotheses and little is known about the phenomenon; b) process evaluation, as processes are dynamic and participants' perceptions are a key consideration in this situation; and c) to add depth or detail to quantitative studies. Little is known about the relationship between young homeless people and hostel staff. Moreover, the relationship between two people is a dynamic process which is well suited to investigation by qualitative methodology.

Research Questions

The main research question was:

How do keyworkers and residents experience the keyworking relationship?

The following three subsidiary questions relate to more specific aspects of the main question.

How do keyworkers and residents perceive:

1) the role of the keyworker?

2) the aims and functions of keyworking?

3) the characteristics of a helpful and less helpful keyworking

relationship?

METHOD

Overview

Semi-structured interviews were conducted with 12 young homeless people resident in hostels ("residents") and 10 hostel staff ("keyworkers"). The interviews focused on resident and staff perceptions of the keyworking relationship. An approach known as Interpretative Phenomenological Analysis (Smith, 1995, 1997) was used to guide both the data collection and analysis. This chapter begins with an outline of the setting and recruitment process for the study. The procedure and measures are then described. Finally, the Interpretative Phenomenological Analytic (IPA) approach to qualitative research is summarised.

Research Setting

The study took place within two hostels for young homeless people. The voluntary sector organisation which administers the hostels is an established registered charity working with young homeless people. The organisation runs a number of nightshelters and hostels, the majority of which are in Inner London. The provision provided by the organisation is targeted at "vulnerable and disadvantaged" homeless 16 to 25 year olds.

One hostel (hostel A) had 9 residents and 4 staff. Residents were able to stay up to six months in this hostel. The second hostel (hostel B) had 15 residents and 6 staff. Residents could stay for up to a year in hostel B. Both hostels aimed to provide "medium support" for the residents and a requirement of staying in either of these hostels was that the young person

had regular meetings with their "keyworker." The hostels did not have any

written policies on the role of the keyworker.

Ethical committee approval for the study was given by the joint UCL/UCLH

Ethics Committee in April 1998 (See Appendix I).

Recruitment Procedure

The research was initially discussed with the Chief Executive of the

organisation, in order to clarify both the interests of the researcher and the

interests of the organisation. Hence, the study was planned with both of

these in mind. Individual managers of two hostels managed by the

organisation were approached by the researcher and invited to participate in

the study. Both managers were interested in the study and invited the

researcher to their respective staff meetings to explain the research to the

staff team. The study was explained in depth at the staff meeting and staff

were given the opportunity to voice any concerns which they had. They

were also asked for their opinions on the best way to invite the residents to

participate. As hostel A had regular residents meetings, it was suggested

that the researcher attend this meeting to introduce the study to the

residents. Hostel B did not have residents meetings. Hence, the hostel

manager explained the study to each of the residents individually and gave

them an information sheet about the study (see Appendix II for copy). The

researcher went to both hostels on a regular basis between August 1998 and

March 1999. Hostel staff informed the residents who had agreed to

participate in the study of the times of these visits.

Participants

<u>Residents</u>

The inclusion criteria for the study were that residents must have been in the hostel for at least one month and been having regular meetings with the same keyworker during this time. In order to participate fully in the interview process, participants also had to be fluent in English. Residents deemed by hostel staff to be too disturbed to participate were excluded from the study.

Forty-five residents were invited to take part in the study. Twenty-one agreed, but, of these, 5 did not turn up to the interview and 4 had left the hostel before the researcher was able to set up an interview. Reasons for refusal included being "too busy", "not wanting anyone to know my business", "not wanting to be taped", "not being paid for it" and "not getting anything out of it." Twelve residents participated in the study. Of these, 5 were male (median age 18 years, range 17 -23 years) and 7 were female (median age 17 years, range 16 - 20 years).

Ethnic origin of the residents is shown in Table 1. The mean length of time which residents had been in the hostel was 12 weeks (range 4 - 32 weeks, SD 8.4). Half of the residents had been in care, and ten out of the 12 had previous experiences of keywork.

Table 1. Ethnic origin of residents

Ethnic Origin	Frequency
White UK	6 (50%)
Black UK	2 (17%)
Black African	1 (8%)
Black Caribbean	1 (8%)
Black European	1 (8%)
White European	1 (8%)

Keyworkers

Inclusion criteria for the study were that staff were fluent in English, had been working in the hostel for at least three months and keyworking the same resident on a regular basis for at least one month. Twelve staff were working in the hostels during the course of the study. Two of these were not invited to participate as they had been working in the hostel for less than 3 months. The staff who were invited to participate all agreed. Ten staff took part in the study. Of these, 6 were female (median age 24.5 years, range 19 - 40 years) and 4 were male (median age 42.5 years, range 19 - 52 years).

Ethnic origin of the keyworkers is shown in Table 2. With regard to education, five staff had degrees, two had "A" levels and 2 had "O" levels. Training relevant to keyworking is shown in Table 3. Only one of the keyworkers had had any specific training in keyworking, half of the keyworkers had some training in related areas, and three of the keyworkers had no relevant training. The mean length of time which staff had been working in the hostel was 11.3 months (range 5 - 24 months, SD 6.4) and the

mean length of time which staff had been working with young homeless

people was 31 months (range 5 months to 12 years, SD 41.1).

Table 2. Ethnic origin of keyworkers

Ethnic Origin	Frequency
White UK	7 (70%)
Black Caribbean	1 (10%)
Black Polynesian	1 (10%)
White Other	1 (10%)

Table 3. Training relevant to keyworking

Relevant Training	Frequency
None	3 (30%)
"In house training" (one or two days)	2 (20%)
Workshop on keyworking (two days)	1 (10%)
Counselling skills course (up to one week)	2 (20%)
Certificate in counselling	1 (10%)
Diploma in youth work	1 (10%)

Procedure

Following the researcher's initial visits to the hostels, staff and resident volunteers were approached individually to arrange suitable times for interview. All interviews were carried out in a private room in the hostels. Immediately prior to the interviews participants were reminded about the requirements of the study and given the opportunity to ask any further questions they might have. If they still wished to participate they were given the informed consent form to sign (see Appendix III for copy).

Semi-structured interviews, which lasted between thirty minutes and one hour, were then conducted. The interviews were tape recorded. A number of questionnaires were administered following the interview. These took between ten and fifteen minutes to complete. Two of the residents had literacy problems. The researcher read the instructions and items to these participants and recorded their responses.

At the end of the interviews all volunteers were thanked for their participation and given the opportunity to ask the researcher any outstanding questions which they may have had. All volunteers were given a number so that no names appeared on any of the data collected and the only means of identification was by that number. All audiotapes were also given an identification number and matched with the questionnaires by means of that number. Where participants did use names on the tapes, these were omitted from the transcripts. Volunteer consent forms were kept separately from the data as these had volunteers' names printed on them.

Measures

<u>Semi-structured Interview</u>

The semi-structured interview procedure followed that described by Smith (1995). An interview protocol which outlined areas of interest to be discussed was developed. While the aim was to allow participants to describe their own experiences of keyworking, the interview had several pre-determined domains which were developed both from the literature and a pilot study. The pilot study included interviews with keyworkers, discussions with hostel managers, informal discussions with residents, and discussions at staff meetings in the two hostels which participated in the final study (see Appendix IV for a copy of the final interview protocol).

The questions all related to how residents and staff saw their keyworking relationships and covered four main domains. Both keyworkers and residents were asked about a) structural aspects of the relationship, b) aims and functions of keyworking and c) features of the relationship. Keyworkers were also asked about their perceptions of the role of the keyworker. While the questions provided a framework for the interview, the structure of the interview was not intended to be prescriptive and was flexible in order to explore the issues being raised by the participants. Furthermore, while an attempt was made to set biases aside, it is important to point out that the researcher (and research supervisor) come from a client-centred perspective. This is likely to have had an impact upon the way in which questions were asked at all stages of the research and in the analytic process.

Keyworkers were asked to describe their relationship with one particular resident for whom they were keyworker, in order to ensure that the interview data were detailed and focused, rather than general. In the six cases where the researcher had interviewed a resident who the keyworker was seeing, the keyworker was asked to respond to the interview questions in relation to that resident. Three of the four remaining keyworkers currently only had one resident who they had been working with for more than one month. The remaining keyworker was working with two residents and was asked to discuss the resident with whom they had the relationship which was most typical of their experience of keyworking.

Working Alliance Inventory (Tracey and Kokotovic, 1989)

This self-report instrument is a short form of Horvath and Greenberg's (1989) Working Alliance Inventory. Used for measuring the quality of the alliance between clients and therapists, it is based on Bordin's (1979) pantheoretical tripartite (bonds, goals and tasks) conceptualisation of the alliance. Given the indications from the existing literature it was thought that the working alliance may be indicative of the quality of the keyworking relationships. Hence, the WAI-S was used to give an overall indication of the conceptualisation of the alliance between residents and keyworkers in the hostels. The WAI-S has 12 items (4 items assessing each of the bond, goal and task dimensions) with parallel forms for therapists and clients. For the purposes of the present study, the term "keyworker" was substituted for the word "therapist" which was on the original questionnaire. Residents and staff completed parallel

versions of the scale. Items are responded to on a seven-point Likert scale, where the lowest polarity is labelled "never" and the highest polarity is rated "always." Total working alliance scores range from 12 to 84. The scale includes positively and negatively worded items to prevent participants forming a response set. Items include statements such as "I believe that my keyworker likes me" and "My keyworker and I seem to have different ideas on what my problems are." The scale has been demonstrated to have good reliability and validity when used with patient-therapist dyads. Alpha coefficients for the WAI-S total scores for a sample of 124 client-therapist pairings were .98 for client ratings and .95 for therapist ratings (Tracey & Kokotovic, 1989).

Brief Symptom Inventory (Deragotis, 1983)

Resident participants completed the Brief Symptom Inventory (BSI), which is a self-report questionnaire asking about psychological symptoms and complaints. This inventory was used to provide some contextual information about the residents. The 53 items comprise symptoms and complaints commonly found in medical and psychiatric patients, e.g., "feeling fearful" and "thoughts of death or dying." Participants are required to rate on a five point scale, ranging from 0 (not at all) to 4 (extremely), how much they were distressed in the past week by each symptom. There are nine "primary symptom dimensions" within the questionnaire: somatisation, depression, interpersonal sensitivity, anxiety, phobic anxiety, paranoid ideation, obsessive-compulsiveness, hostility and a dimension which includes statements regarding symptoms found in many medical or psychiatric

conditions (e.g., problems eating and sleeping). Three global index scores can be computed from the inventory: a) the Global Severity Index (GSI) represents overall level of distress and is computed by dividing the sum of values for all items endorsed by the total number of responses; b) the Positive Symptom Total (PST) is the sum of the number of symptoms reported for any given level of distress and is derived by counting the number of items endorsed with a positive (nonzero) response; and c) the Positive Symptom Distress Index (PSDI) represents the average level of distress and is calculated by dividing the sum of item values by the PST.

Deragotis (1983) reports very good reliability for all nine symptom dimensions. Alpha coefficients range from .71 on the psychoticism dimension to .85 on depression. Test-retest reliability of the three global indices is .90 for the GSI, .80 for the PST, and .87 for the PSDI. The BSI correlates highly with the SCL-90-R. Correlations between like symptom dimensions on the SCL-90-R and the BSI range from .92 to .99. There is also high convergence between the BSI and the clinical scales of the MMPI.

Analysis of qualitative data

Verbatim transcripts of the audiotaped interviews were made (see Appendix V for a copy of a resident and a keyworker interview transcript). The data from the transcripts of the residents and keyworkers were analysed separately using Interpretative Phenomenological Analysis (IPA). IPA aims to allow participants to tell their own story in their own words about the topic under investigation (Smith, Osborn & Flowers, 1997). However, it also acknowledges that the research process is a dynamic one, which is, to some

extent, influenced by the interests of the researcher. The analytic process

followed a number of steps:

1. Transcripts of the interviews were read several times. Notes were made

in the left hand margin about anything which appeared to be significant to the

keyworking relationship. The example below shows how this was done with

an excerpt from the transcript of an interview one keyworker (K), here

describing her perceptions of the role of the keyworker:

	I. Is there a similarity between keyworking relationships and other kinds of relationships that you've experienced?
A bit of everything Not counsellor or social worker	K. I think in a way it's a bit of everything. Obviously you're not in a capacity as a social worker or a counsellor. You're not claiming to be a specific kind of person and you're going to take on loads of
Sounding board Offering advice Being there	responsibilities. I think what it is is just somebody who's there as a sound board to offer them advice and be there for them. So depending on that person they
Dependent on individual	may be someone who's looking for a parent child relationship, they might be needing that kind of support or they might be needing careers advice so it's a lot of different kind of things. I think one of the main things I've sussed out in
Putting the responsibility back onto the young person.	doing this work is that at the end of the day it isn't really my responsibility in my capacity as a keyworker. It's putting the responsibility back on them. It's trying to
Help them help themselves	help them to help themselves. I think that's good. It's not like you're being a
Not trained counsellor Very informal - a lot about listening	trained counsellor or whatever. It's very informal. It's actually a lot about listening...

2. The right hand margin was used to note emerging theme titles. From the

account of this keyworker the following themes were noted:

I. Is there a similarity between keyworking relationships and other kinds of relationships that you've experienced?

K. I think in a way it's a bit of everything. Obviously you're not in a capacity as a social worker or a counsellor. You're not claiming to be a specific kind of person and you're going to take on loads of responsibilities. I think what it is is just somebody who's there as a sound board to offer them advice and be there for them. So depending on that person they may be someone who's looking for a parent child relationship, they might be needing that kind of support or they might be needing careers advice so it's a lot of different kind of things. I think one of the main things I've sussed out in doing this work is that at the end of the day it isn't really my responsibility in my capacity as a keyworker. It's putting the responsibility back on them. It's trying to help them to help themselves. I think that's good. It's not like you're being a trained counsellor or whatever. It's very informal. It's actually a lot about listening...

Being everything - keyworker role

Variability in role

Advice - aim of keyworking
Being there - keyworker role
Flexibility of role

Keyworking being resident focused

Limitations of the keyworker role

? Structural aspect - informal
? Emotional support

3. This process was repeated for each transcript. An attempt was made to read each interview with an open mind. However, due to the sequential nature of this stage of the analysis, certain areas of the data, which had been present in earlier transcripts, had already been brought to the attention of the researcher. Hence, the researcher may have been "primed" to certain aspects of the data.

4. When all of the texts had been read and the themes noted, the texts were all reread and any emergent themes identified and organised tentatively into

clusters. An example of three of the clusters which were generated from the

keyworker transcripts is shown below:

Limitations of the Role
* Uncertainty
* Can't help completely
* Limited experience to deal with "psychological issues"

Personal Relationship vs. Personal Role
* Getting involved vs. Distance
* Flexibility
* Parent vs. friend

Characteristics of the residents affecting the relationship
* Age
* Degree of Independence
* Personal history
* Interpersonal manner of the residents

The aim was to look for clusters of themes which reflected shared aspects of

the keyworking experience for a number of participants within each group.

When the clusters of themes had been identified, the data was re-examined

to identify any other statements which could be included in the clusters.

5. Attention was then turned from the texts to the clusters of themes

themselves. The themes and clusters were examined and the inter-

relationship between them considered. The clusters which were inter-related

were grouped together into a smaller number of domains.

6. The final stage was to translate the analytic themes into a narrative

account. Within each of the domains the shared themes were organised to

try to make consistent and meaningful statements about the participants'

own experience which was rooted in their own words. Hence, the analysis

generated themes based on the participants' experience, (which is consistent

with the phenomenological tradition), rather than on pre-conceived hypotheses about the topic.

As a check on the analysis in the present study, several transcripts were coded independently by a second researcher experienced in qualitative analysis (the research supervisor). After this, the two researchers discussed their readings of these interviews and came to a consensus on the theme categories before analysis proceeded further. Several additional transcripts, which included the first researcher's notations of the themes, were also audited by the second researcher and discussed in order to arrive at a consensus on key themes. As a further check on the analysis, two more transcripts were coded independently and discussed with a third researcher familiar with the IPA method. At the later stages of the analysis, the emergent analytic account was also discussed with the second researcher.

RESULTS

Overview

The results will be presented in three main sections. The first section will

report the data from the questionnaires and will present a profile of the

characteristics of the residents in order to set the qualitative data in some

context. Analyses from the semi-structured interviews are presented in the

following two sections: keyworkers' perceptions of the keyworking

relationship and residents' perceptions of the keyworking relationship.

Contextual Information

Brief Symptom Inventory (Residents)

The Global Severity Index (GSI), Positive Symptom Total (PST) and Positive

Symptom Distress Index (PSDI) from the Brief Symptom Inventory are

shown in Table 4. The norms for non-patient adolescents are also shown.

Table 4. Means, standard deviations and ranges for Brief Symptom Inventory Scales of residents and non-patient adolescent norms.

Scale	Residents		Non-patient adolescent norms	
	Mean (N=12)	S.D.	Mean	S.D.
GSI[a]	1.26	.51	.83	.59
PST[b]	28.2	10.4	24.8	12.5
PSDI[c]	2.34	.71	1.7	.56

[a] The GSI is calculated by dividing the sum of all items endorsed by the total number of responses; possible scores range from 0-4.
[b] The PST is the number of items endorsed with a non-zero response; possible scores range from 0-53.
[c] The PSDI is calculated by dividing the sum of item values by the PST.

The GSI, PST and PSDI for the residents were all higher than the non-patient norms for adolescents. The scores indicate that the residents were experiencing relatively high a) overall levels of distress (GSI), b) number of symptoms for any given level of distress (PST), and c) average levels of distress (PSDI).

A number of individual items which might impact upon the keyworking relationship were noted. Eleven out of the twelve residents (92%) endorsed item 51 "feeling that other people will take advantage of you if you let them." Furthermore, of these, eight reported feeling this moderately or extremely. (Item 51 was endorsed by 47% of non-patient adolescents in the normative sample.) Item 44, "never feeling close to another person" was endorsed by 75% of the residents (norm = 28%). Three quarters of the residents endorsed "feeling lonely even when with other people" (norm = 39.5%) and 58% reported feeling hopeless about the future (norm = 31.8%).

Woking Alliance Inventory (WAI) data for keyworkers and residents.

Mean scores and standard deviations for the four WAI scores of keyworkers and residents are shown in Table 5. Working alliance scores for both keyworkers and residents indicate that both perceive they have a relatively good overall working alliance. Each of the three sub-scales of bonds, goals and tasks also indicate generally positive perceptions from both residents and keyworkers.

Table 5. Means, standard deviations and range of Working Alliance Inventory Scales for keyworkers and residents.

Scale	Keyworkers N =10)		Residents (N = 12)	
	Mean	S.D.	Mean	S.D.
WAI bonds	19.8	4.2	18.4	7.0
WAI goals	19.3	3.8	19.1	6.2
WAI tasks	18.4	3.4	19.1	6.4
WAI TOTAL	57.5	10.6	56.6	18.7

Note. Possible scores for the WAI bonds, goals and tasks sub-scales range from 4 to 28, and for the WAI $_{TOTAL}$ from 12 to 84.

Characteristics of the Residents

As this is primarily a qualitative study which is considering the experience of individuals, a detailed profile of resident characteristics is presented in order to set the qualitative data in context. Table 6 shows the demographic details of each resident, global severity index from the brief symptom inventory and resident working alliance inventory total. Some residents and keyworkers were matched pairs: where this is the case, keyworker working alliance inventory scores are also shown.

While it would be desirable to have a similar Table for keyworker data, it was felt that to do so would compromise confidentiality given that the keyworker sample was made up of most of the staff from a small target population.

Table 6. Demographic details, GSI and WAI scores of residents (and corresponding WAI scores of their keyworkers, where available)

Participant	Age (years)	Gender	Ethnicity	Length of time in hostel (weeks)	Been in care?	Previously experienced keyworking?	Global Severity Index	WAI (Resident Total)	WAI (Keyworker Total)[a]
R1	16	Female	White UK	6	No	No	1.36	63	N/A
R2	18	Male	Black African	12	No	Yes	.28	64	63
R3	17	Female	Black Caribbean	24	No	Yes	1.81	74	56
R4	17	Female	White UK	8	Yes	Yes	1.72	38	N/A
R5	17	Male	Black UK	6	No	Yes	1.75	70	63
R6	20	Female	White UK	4	Yes	Yes	1.75	65	61
R7	19	Female	Black UK	18	Yes	Yes	1.51	13	42
R8	23	Male	Black European	32	No	Yes	.45	84	N/A
R9	19	Male	White UK	12	Yes	Yes	.94	56	52
R10	17	Female	White UK	7	Yes	Yes	1.00	58	N/A
R11	18	Male	White European	8	Yes	Yes	1.28	42	N/A
R12	16	Female	White UK	6	No	No	1.21	52	N/A

[a] Not all residents and keyworkers were matched pairs: Keyworker WAI totals are given for matched pairs

Keyworkers' perceptions of the keyworking relationship

The clusters of themes which emerged from the analysis were examined to see how they related to the four domains covered in the interviews which were: structural aspects of the relationship, the keyworker role, aims of keyworking, and features of the relationship. Although there were areas of overlap between them, the clusters appeared to map well onto the domains. Therefore they were reorganised into these domains in order to provide an overall conceptual framework for reporting the results (see Figure 1 for a summary of the domains, clusters and themes from the accounts of the keyworkers).

This section presents the themes which emerged in keyworkers' accounts of how the viewed the keyworking relationship. Quotations from participants are indicated by K (keyworker) plus a number (the identification number of the participant). The first domain, "structural aspects of the relationship," provides some contextual data within which the other themes can be understood. In the interview schedule keyworkers were asked about the length and frequency of their contact with residents. These questions were intended only to provide background information. However, a number of the keyworkers went into some detail about the structure of keyworking as they felt it had a significant impact upon the keyworking relationship.

STRUCTURAL ASPECTS OF THE RELATIONSHIP	THE KEYWORKER ROLE
Strengths and limitations of formal and informal contact * Individual variability * Residents prefer informality * Formality can pressurise staff	Personal Relationship vs. Professional Role * Getting involved vs. Distance * Flexibility * Parent vs. Friend Boundaries * Personal disclosure * Confidentiality Role Conflict * Conflict between personal beliefs and demands of the organisation * Sending mixed messages * Being everything

AIMS OF KEYWORKING	FEATURES OF THE RELATIONSHIP
Short term aims * Practical Support * Emotional Support Long term aims * Rebuilding lives * Preparing for the future * Education Keyworker vs. Resident Aims * Keyworking as potentially intrusive * Should be resident focused BUT * Residents not always able to express their needs and wishes.	Keyworker Qualities * Openness * Approachability * Sensitivity * Availability * Empathy * Honesty/Genuineness Keyworker Strategies * Respect * Going the extra mile Characteristics of the residents affecting the relationship. * Age * Degree of independence * Personal history * Interpersonal manner of the residents

Figure 1. Summary of the domains, clusters and themes from the analysis of keyworkers' perceptions of the keyworking relationship.

Structural Aspects of the Relationship

> *"It struck me as a little bit crazy for a while that it was so businesslike and it was meant to be a time when we were meant to talk about emotions and feelings and things like that. It was like... I don't know...It seems a weird way of doing things.   I much more prefer the informal relationships that you have, like in the lounge, just watching TV and we pop in and have a chat.   Or cooking and I'm doing the cleaning or something.   It's a lot more relaxed and I think you learn more about the person and they learn a lot more about you in that situation.   Whereas, you bring people into this room and you unlock the door and you sit down and I think ... not so much with this resident, but with some of the other people I've keyworked they've found it slightly "Oh my God, I've got to talk" and they don't like it.   But, whereas, if I went into the lounge and had a cigarette with them, they're quite happy to talk. But you bring them in here and suddenly this guard goes up.   So I don't like it in that sense.   So, the resident and I chatted about that and we talked about possibly doing it in the lounge or in her room." (K9)*

It became evident that the structure and context of keyworking was very variable.   Some keyworkers would see residents in the office weekly for a keyworking session. Others would rely more on informal contact, with keyworking consisting of *"catching a quick ten minutes in the hallway"* (K3). As keyworkers provide 24 hour cover in the hostel, the most common situation was that they would have both formal and informal contact with the residents.   The majority of the keyworkers viewed both the formal and informal contact as keyworking, whereas three keyworkers saw "keyworking" as being limited to what took place when a formal meeting was set up.

Four of the keyworkers spent some time reflecting on the relative merits of formal and informal contact with the residents. On the positive side, informal contact was seen as facilitating easier, more natural, and possibly more equal communication with the residents. One keyworker suggested that *"the*

best work that takes place in the hostel is the stuff that happens informally"
(K3). She described an incident where she went with a resident to collect
some gym equipment and the informal conversation which happened
between them being *"worth ten keyworks in many ways"* (K3). Another
keyworker illustrated the same point by describing the reactions of a sixteen
year old resident to formal keyworking sessions. The keyworker found that
as soon as she mentioned the word "keyworking" to the resident, the resident
would cease to communicate with her. One explanation the keyworker gave
for this was that the residents *"seem to think that if they tell something in a
formal keywork session that it's taken a lot more seriously and it could harm
them ... the concept where you close off the office is frightening to them ...
being in a closed room, one to one, is very threatening ... "* (K4).

However, the potential limitations of informal contact were also recognised.
The same keyworker who felt that the formality of keyworking was
threatening to the residents also stated that *"the problem is, keyworking's a
serious business and you cannot afford to make it informal"* (K4). It was
also felt that more informal contact could mean a lack of privacy which would
impact upon the content of meetings between keyworker and resident. For
example, one resident had begun a conversation with her keyworker on the
stairs, but other residents could overhear and it was difficult to talk about
"personal things" (K3). In that instance, the problem was resolved by moving
into a more private room.

A number of the keyworkers spoke about the meaning of the keyworking
setting to the residents. For example, one keyworker *"used to keywork* (a

resident) *in her room because ... that gave* (the resident) *a kind of power in the relationship because it was her space, her room"* (K2). It was also acknowledged that the physical set-up of the room might have different meanings to certain residents:

> *"There was a guy here who'd just recently come out of prison and he complained that we brought him into a room with bars on the windows and he said it was like going back in time. I hadn't really thought about it until he pointed it out - and although he was joking, it's not the most friendly relaxed environment to have a heart to heart." (K9)*

Although most of the keyworkers spoke about the difficulties of the formal setting in terms of the residents feelings, two keyworkers spoke about how uncomfortable the formality was for them personally. One spoke of his feelings about setting up a formal meeting, but then not knowing what to do with that time : *"I'm not sure what to address with people or where to start ... I feel I need to have some structure and I'm not sure what that is"* (K5). The other spoke of how being in an office with a resident expecting her to *"do this thing called keywork, whatever that is, puts you under a lot of pressure. It's the formality of it. You feel you there must be a right way of going about this, but you don't know what it is ..."* (K8). These uncertainties about how to "do keyworking" lead into and overlap with some of the themes found in the next domain, "the keyworker role".

The keyworker role

> *"I think in a way it's a bit of everything. Obviously you're not in a capacity as a social worker or a counsellor. You're not claiming to be a specific kind of person and you're going to take on loads of responsibilities. I think what it is, it's just somebody who's there as a sound board to offer them advice and be there for them. So, depending on that person, they may be someone who's looking for a parent-child relationship,*

> *they might be needing that kind of support, or, they might be needing careers advice, so it's a lot of different kind of things."*
> (K2)

Within the domain of "the keyworker role" four main themes emerged: personal relationship vs. professional role; boundaries; role conflict; and, limitations of the role.

Personal Relationship vs. Professional Role

One of the questions which the keyworkers were asked was "How would you describe your relationship with the resident?" Some of the keyworkers described keyworking as a personal relationship which develops over time, whereas others described it more in terms of the various "roles" they felt they had to fulfil:

> *"I think with every person you keywork the relationship will be different. Although you're the same person yourself you have to adapt and be flexible. I think it's not good to go into see a new person and already have decided what you're going to be doing because they're going to be totally different with you. I think the keywork relationship grows. It's still very early days with (the resident). It's about growing and developing. You can't expect it all to fall into place at once. That is difficult because you want to help them and sort everything out. You have to be quite realistic as well and let the person develop."*
> *(K2)*

> *"Here, you're basically just a housing officer and that's it. There is no personal relationship." (K8)*

The keyworkers who saw keyworking as a role rather than as a personal relationship put this down to the desires of the residents more than to their own view of keyworking. However, there were clear contrasts between keyworkers in the same hostel when it came to their interpretations of what residents were looking for in a keyworker. One keyworker (K10), stated that *"none of the residents here want to get involved - it's very much 'them' and*

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'us'" whereas another felt that "a lot of the young people who come (to the

hostel) are very lonely ... they're looking for a friend" (K3).

The keyworkers who saw keyworking as a personal relationship appeared to

be more comfortable with the ambiguities of keyworking than those who saw

it as a particular role. Indeed, flexibility was explicitly raised as central to a

good keyworking relationship by several keyworkers. In some cases, this

meant adopting a certain position in response to the needs of the residents.

For example, two of the keyworkers who did see keyworking as a

relationship spoke about how, at times, they might fulfil a particular role: "I'm

asked as a parent and it feels I need to be that way sometimes. I'm not that

comfortable being that way" (K5).

A number of keyworkers described the role of the keyworker by comparing

and contrasting it with other types of relationships. In particular, they

appeared to be trying to illustrate the level of involvement and intimacy in

the relationship. One keyworker spoke about the difference between the

role of a keyworker and the role of a counsellor saying "if I was a counsellor

I wouldn't get involved in their lives ... whereas we do get involved in their

lives here because we live with them ... we see them looking bored in front

of the television ... we see them in their night-gowns" (K3). Another

keyworker likened the keyworker role to that of "being a parent" (K5). Even

the keyworker who was most adamant that the keyworking relationship was

very "superficial" described his relationship with one resident as "father-son"

(K7). However, this particular keyworker did not seem to see the "father-

son" element of the relationship as being a valuable aspect of the keyworker

role. For this keyworker, keyworking appeared to be more about concrete "*working on things ... filling in questionnaires and budget sheets*" than the relationship.

Boundaries

Although several of the keyworkers described keyworking as a personal relationship, and one or two even described it as a friendship, most were quite clear about the boundaries of the relationship:

> "*Obviously there are boundaries, you can't open up and start talking about your problems, or your... you have to have the boundary. But I do say things like, 'Oh my boyfriend took me out for dinner' and 'I did this'. It's sort of giving a part of yourselves, because you can't expect it to be all one way. And you know, I'm sitting down in a keywork and I'm expecting her to tell me everything. Not everything, but I'm expecting her to tell me a lot of things that are personal to her. And I think you have to give a bit as well. It's a two-way thing. And obviously you can't tell them lots of personal information, but there's a lot of things you can tell them, to make them feel like, 'Yes she's all right, I can talk to her'.*" (K3)

There seemed to be a feeling that the boundary between keyworkers and residents was important, but that it should be flexible enough to allow keyworkers to impart some personal information. K3 viewed giving some personal information as an important element in making keyworking a "two-way" process. Another keyworker (K2) spoke quite a lot about "*finding common ground*" being important to establishing a relationship with the young people. However, at the same time, she was clear about not wanting to give the residents a false impression about the relationship. This keyworker "*made it quite clear at the beginning of the whole keywork that whatever* (the resident says) *is confidential but shared with the staff team.*"

One keyworker (K6) spoke about the potential dangers of divulging personal information and the importance of thinking though the motivation behind doing so. K6 described an incident where she told a resident about attempting to save the life of someone who had been shot in a feud between local gangs. . It transpired that the resident was a member of one of these gangs. It also emerged that he was in the same gang as the man who had been shot. However, the keyworker felt that she had been "*stupid*" in bringing the issue up without thinking it through, and realised that it may have had potentially disastrous implications for the keyworking relationship. Although K6 thought that, at times, it might be quite appropriate to impart some personal information, she felt that, in this case it "*had been a very silly way of trying to communicate how far* (she would) *go to help someone.*"

Role Conflict

Keyworkers were asked about what, if anything, had caused difficulties in the keyworking relationship. Although some keyworkers talked about a specific incident with the residents, several of them identified the more general issue of the tensions and conflicts between various aspects of the keyworker role. In both hostels, the keyworker appeared to be the person who offered practical and emotional support to the young people in addition to being the person who was expected to collect their rent and enforce hostel rules:

> "*It was trying to get that balance between, still trying to be there, and being in that supportive role, but, at the same time, almost having to, not tell her off, but having to enforce the rules as well. And I think that's the hardest thing about being a keyworker.*" *(K3)*

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> *"On the one hand you're a policeman. On the other you're a rent collector. On another you're asking them to confide in you and trust you and then you're saying to them "Where's your rent? We're going to evict you." Oh, my God, it's such a kind of conflict -you've got to be everything. It sends different messages."* (K5)

The concern about the various facets of the keyworker role sending different messages to the residents was raised by five keyworkers. One spoke about *"being two different people - the policeman and the friend - talking about two different things, on two different levels"* (K9). The way in which this particular keyworker resolved the conflict was to collect rent from the resident and discuss hostel rules with them outside of the keyworking session. However, another keyworker (K1) pointed out that even although he did this, he was still their keyworker relating to them on different levels and it was still sending contradictory messages to the resident. He advocated quite strongly that he thought the keyworker should not be the person to collect rent or enforce hostel rules.

In addition to the conflict between keyworker roles, two keyworkers also spoke about the conflict between what they thought a good keyworker should be and the demands of the organisation. Here, one keyworker is talking about having to enforce hostel rules which might lead to the residents being evicted, and how, rather than doing this, he would prefer to talk to the young people about the issues:

> *"Keep talking to them. That's what I'd rather do, is keep talking to them and not so much this threat of warnings. That's what I'd like to do. I'd like to address it, but with a rapport. And that's what I'm not able to do. I'm not able to talk about it because if I talk about it with them then I should be writing it down somewhere, or reporting it back... And to have acceptance - okay they smoke dope, but they're not robbing*

*banks or killing old ladies. So I have a lot of difficulty. I think
we're stuck in a way because of what that kind of authority
says you should be doing. You shouldn't be allowing people to
smoke dope in your hostel because it's against the law and
you cannot be seen to condone that. And maybe you do have
to draw the line somewhere. I find a lot of things difficult."* (K5)

Limitations of the Role

While a minority of keyworkers appeared to feel quite overwhelmed by the

extent of the responsibilities of being a keyworker, others were quite clear

about the limitations of the role and their own limitations. One keyworker,

who felt as a keyworker he had *"to be everything"* (K5), was obviously

feeling very uncertain about his own abilities to fulfil the role, and seemed to

think that he had failed the resident he was keyworking in some way:

> *"I think it could have been more productive. I think if I'd have
> been more settled here and less self conscious, more
> confident ... then I think I would have been more valuable to
> her and I would have been more confident about giving her
> time."* (K5)

Other keyworkers were aware that they could not possibly be "everything" to

the residents and acknowledged that all they could do was *"help as much as*

possible ... but not completely" (K2).   Four of the keyworkers spoke about

the limitations of their expertise and the impact that this might have on the

content of what was discussed in keyworking. For example, one keyworker

felt that she wasn't equipped to deal with *"a lot of psychological things that*

people are carrying, specifically the way they've been treated by their

families and where there's a history of some kind of abuse " (K2). At the

same time, the keyworker made it clear that if the resident did want to talk

about this issue that she would listen, but would first inform the resident that

she wasn't really qualified to deal with the issue in any depth. Another

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keyworker also spoke about not being trained to deal with issues of abuse in

any depth.   She would discuss them with the resident but *"wouldn't go too*

deep ... just (giving) *basic emotional support"* (K4).   Both of these

keyworkers stated that if they felt the residents were getting into areas that

they were not qualified to deal with that they would refer them to an

appropriate service such as a qualified counsellor.

Aims of Keyworking

> *"It's to get her back onto the right road, to give her stability.*
> *The young people come into the hostel and they've got no*
> *education, no training, they haven't worked or studied in years,*
> *they've got no life skills, they've got no training, they've got no*
> *emotional support. So the purpose of it is just to bring these*
> *things together, to make them aware of the resources that they*
> *have. I had to get* (the resident) *re-housed. When she leaves*
> *the hostel where is she going to go? There's no point in her*
> *being homeless again. So, it's valuable to get her housing.*
> *It's valuable to let her know that she can be worthwhile, that*
> *there's something out there for her. That's very important. I*
> *think another major point that's very much ignored is that a lot*
> *of people who come into the hostel have emotional problems.*
> *I always tell residents "What about the emotional side?" For*
> *example, there was one guy for me who got education, training*
> *and housing and thought he didn't need to see me again. And*
> *I said to him "It's not only about giving you what you want and*
> *just squeezing the system, it's about asking you "How are*
> *you?", "How have you been keeping?". "Okay you've got your*
> *housing sorted", but "How are you?, How have you been?"*
> *We've had many people who might seem quite controlled and*
> *get ignored and we forget the basics like "How are you*
> *doing?""* (K4)

This quote from one keyworker (initially talking about her relationship with a

sixteen year old female resident) illustrates some of the themes which were

found in the domain of the "aims of keyworking": short-term aims; long terms

aims; and keyworker vs. resident aims.   Although most of the keyworkers did

not talk about it in these terms, keyworkers appeared to be trying to hold both

short term and longer term issues in mind.   Several keyworkers also spoke

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about differences between keyworker and resident perceptions of the aims of

keyworking.

Short-term aims

The short term aims of keyworking which were identified ranged from the very

practical issues of helping residents fill in forms and claim for benefits, to

looking for college courses and permanent accommodation, to providing

more "emotional support" such as allowing residents time and a safe place to

express their feelings. Even with the practical issues, although one or two

keyworkers saw the help as being purely instrumental, most keyworkers felt

that an important element of this practical help was to provide a sense of

support and solidarity:

> *"And I've said to her that if there are any problems we'll be
> there for her, we'll write her the letters, we can speak to the
> people at the job centre. Letting her know that she's not alone
> basically."* (K2)

Again, as in some of the previous themes, the idea of individual variability in

the aims of keyworking being dictated by the needs of the residents was

present. One keyworker said that she *"opened it up to the resident and*

explained that, because she didn't have such high support needs, she could

use keyworks how she wanted to" (K9). Another keyworker also largely left

the resident to determine the focus of keyworking and stated that she thought

"whatever (the residents) *talk about is important because they obviously feel*

the need to tell you" (K2). This conceptualisation of keyworking was in quite

sharp contrast to the views of one keyworker who seemed to be of the

opinion that "just talking" was not real keyworking and was secondary to

more to work on practical concerns:

> "(The resident) *would come several times a week asking for keywork sessions, but he didn't actually want a keywork session. He wanted to sit and have a general conversation. He just wanted someone to talk to. He wanted reassurance. But he didn't want to work on anything. I gave him stuff on budgeting and various other things. He would never fill his questionnaires in or fill in a budget sheet or anything."* (K7)

Long-term aims

A number of objectives which appeared to be more long term were raised by the keyworkers. These included : *"helping the young people to rebuild their lives"* (K1); *helping someone to work towards independent living"* (K5); and *"making them look at their lives"* (K3). The idea of helping the young people to reflect upon their situations in order to make changes was raised by several keyworkers:

> *"We're always, we're doing it with all of them, all of the time. It just sort of goes with the job really. It's just like the skills that you have, forever throwing it back to them, and making them look at their life."* (K3)

This keyworker was discussing trying to help a young female resident who was in quite a destructive relationship to reflect on what might be happening. Another keyworker spoke about helping a young man to reflect upon the reasons for his becoming homeless: *"working backwards ... looking at where he wants to be, seeing where he is and seeing why it hasn't succeeded so far"* (K1).

Helping the young people to achieve some sense of self-efficacy was the primary objective for one keyworker. She felt that the hostel was *"the last place that might give* (the residents) *something that will help them to feel*

respected and acknowledged and understood as people so that they can go out and have some self-esteem and be that way with other people" (K6). The theme of helping the residents to feel worthwhile was also evident in the accounts of four other keyworkers.

"Education" was a word used by two keyworkers to describe one of the purposes of keyworking. However, it was used to describe two quite distinct aims. The first worker spoke about *"informal education"* by which she was referring to *"social education ... like all the drug and alcohol work* (and) *health education ... talking about it in a roundabout friendly way"* (K3). The other worker (K6) was speaking about educating a young man in how to communicate in a way which might be more adaptive for him. She did this, not by explicitly speaking to him about it, but by how she related to him. In discussing this process the keyworker illustrated a link between short and long term aims.

During her contact with this young man, the keyworker's short term aim was to encourage the resident to express his feelings. However, she was very aware of how this might have an educative role for the future. The young man who the keyworker was discussing had been living in the hostel for some months, but had been arrested the previous week and was in prison awaiting sentencing. The keyworker realised that the young man had *"never sat down and talked to anyone about how he felt* (and had) *always expressed himself through anger."* She tried to be *"a safe person for him to express himself in an angry way, but not in a violent way."* In the short term, the keyworker was trying to help the young man to express himself and feel

accepted and contained, but she also had the longer term aim of *"teaching*

him how to get some support" in mind.   Describing a letter which the young

man sent from prison, the keyworker illustrates how her relationship with him

seemed to have had some impact upon him:

> *"He went and then three days later I got a letter. His literacy*
> *isn't wonderful, but I was very touched by this letter. The first*
> *thing he does in this letter is apologise for the event of being*
> *taken away. And talking about the look on my face and how*
> *he could see how upset I was by it. And it wasn't my fault.*
> *And he thanked me for my help and said "I know I haven't*
> *been easy for you to work with". And things like that that really*
> *surprised me. I mean there's this lad, the worries of the world*
> *sitting in prison and he writes me a letter like that. And I think*
> *that kind of says to me - it did go somewhere. The work we*
> *did did go some way.   Because to me that means that*
> *somewhere in the future, if he develops relationships with*
> *people and things go badly wrong somewhere, he can still*
> *remember and acknowledge the good.   Which I actually*
> *thought was quite a big achievement for him."* (K6)

Keyworker vs. Resident Aims

Around half of the keyworkers questioned whether their aims for keyworking

matched those of the residents. One keyworker, who was quite unhappy

working in the hostel and expressed some dissatisfaction with her role,

thought that the expectations of the residents prevented her from doing what

she would like to in keyworking:

> *"I think the residents have got the idea that keyworking is only*
> *about housing. Where I worked before it wasn't at all like that.*
> *It was about getting to know people. It was about their lives."*
> (K8)

The frustration caused by the perceived lack of involvement or interest on

the part of the residents in this keyworker was not felt by a second keyworker

(K10) who also believed that the residents were only interested in housing.

In his case, the keyworker expressed the view that the residents *"don't really*

need that much support" (K10). Here, the limited emotional involvement with the residents seemed to be in line with the keyworker's beliefs about the residents' needs.

Another keyworker was not explicit about what she thought the different expectation of residents and keyworkers might be, but expressed a general concern that she could be intruding where her "help" was neither wanted nor useful:

> *"You do worry generally with people and keywork whether you're just interfering with people and forcing them to come and speak to us when they don't really want to or if you're actually doing something good."* (K2)

While the issue about the expectations of residents and keyworkers differing was raised several times, one keyworker thought that there was a gap between what the residents expressed and their underlying desires. The keyworker went on to hypothesise about what she thought these might be:

> *"They like to think they're strong tough and street. Just because you've stayed on the streets for a couple of weeks doesn't make you tough. They feel that emotional problems don't need to be addressed. But behind all that "Yeah I've slept on the streets. I can do anything I like", behind all that aggression and attitude there is a need to be listened to and heard - they're hurting inside."* (K4)

Hence, for this keyworker, part of the aim of keyworking appeared to be to try to get beyond the initial presentation of the residents and "listen" to what they are not able to express.

Features of the keyworking relationship

> "I can only speculate, or say what I hoped to be. The sort of stuff around being positive, having a positive regard for her and showing concern, care, support... guidance, time... being interested in what was important to her. Showing some kind of understanding. I was just thinking about trying to look at the positive things and point out her value; to show in some way that she was a valuable person and trying not to be patronising. Seeing her as a young woman and not as a baby. Someone who could be independent, who had real potential. She was so ... she could see herself I think. And some people don't. They just carry on and are resentful about everything."
> (K5)

This quote from one keyworker encompasses the three themes which will be discussed under this domain: keyworker qualities; keyworker strategies; and characteristics of the residents affecting the relationship. This section will begin by identifying the personal qualities keyworkers thought were important to forming and developing the keyworking relationship. It will then look at ways in which the keyworkers used these with the young people. Several keyworkers also spoke about how the characteristics of the residents influenced the nature and quality of the keyworking relationship. Hence, the final theme in this section is "characteristics of the residents affecting the relationship."

Keyworker qualities

Keyworkers were asked about what they thought enabled the young people to relate to them. "Being approachable" was the answer given by four of the keyworkers. When the meaning of this was explored further it was about: "*being warm and friendly*" (K2); "*being relaxed* (K3); "*being caring*" *(K4);* and *"being trusting, but no pressure that* (the resident) *should open her heart to* (the keyworker*)"* (K9). The importance of "being open" was

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mentioned a number of times. However, the term was used in more than one way. Two keyworkers spoke about it in the sense of admitting when they didn't know something. Another spoke about not pre-judging the young people: *"something* (the keyworker) *learned from being* (in the hostel) *is not to take someone as they seem"* (K2).

Although sensitivity to the circumstances and feelings of the residents was not something which was mentioned when keyworkers were explicitly asked about what they thought made a good keyworking relationship, it was evident in the accounts of the relationships given in the interviews. One keyworker stated that *"you have to put your own feelings aside and work from there"* (K2). In practice, sensitivity might mean noticing when a resident was upset and offering them time, but respecting their decision not to talk, or being aware of when not to force an issue:

> *"Sometimes I'll ask her something and she'll completely ignore it ... or be very vague. And I think 'I won't pursue that now'. I think* (noticing) *body language is quite crucial as well."* (K2)

> *"Sometimes I'd see her downstairs by herself and I knew something was wrong and I'd say "Let's go upstairs. Let's have a little chat". Sometimes she'd come and sometimes she wouldn't, but I'd offer her that time."* (K4)

As can be seen in the words of K4, closely linked with sensitivity was availability. Several keyworkers spoke about "making time" and "being available." However, in practice, the availability of keyworkers appeared to be influenced not only be the other demands on them as hostel staff, but also by more personal issues. One keyworker described how his lack of confidence in his abilities prevented him from offering the young person he

was working with as much time as he would have like to or thought he "should."

Empathy, understanding and concern were also closely linked to sensitivity in the accounts of the keyworkers. One keyworker spoke about the importance of "*always, always trying to think of how* (the resident) *may be feeling*" (K6). In describing his interaction with a young woman another keyworker stated:

> "*I was concerned and I showed that ... maybe showed some empathy or understanding in my response. And sat down beside her and alongside her and said "Okay. What can we do?" I don't think I was punishing. It's a bit like parenting.*" (K5)

Another keyworker described trying to understand what the residents must be experiencing and trying to support them in that:

> "*Letting her know that she's not alone basically. I think it's quite a scary time. There's a lot of things that all of the young people are having to do. Some of the responsibilities that they have here and being so young. If that had been me I'd have been swamped. It is hard on them working everything out. I think it's good if we can be there to back them up and help them all the way.*" (K2)

Honesty was something identified by four keyworkers as being central to the relationship. One keyworker made quite a strong case that genuineness was perhaps the most important quality of a good keyworker. To her, part of genuineness was being open and being willing to say when she had made a mistake. She felt that, rather than detracting from the competency or expertise of the keyworker, this could actually help the young people to feel more at ease:

> "*It's very hard to say what's the most important thing, but genuineness comes very high up on the list, because young*

> *people, like children, know when you're not being real with them. I think admitting your mistakes can go a long way with a young person. And to be vulnerable, because you're asking them to do that. And unless you can do it, how can they feel comfortable about doing it?"* (K 6)

K6 was not the only keyworker who felt that "being real" was an important element of keyworking. However, her understanding of what this meant in practice seemed to be in stark contrast to the account of another keyworker (K7). "Being real" was a theme which ran through the whole interview with K7. Yet, for this keyworker, genuineness was less about being vulnerable and admitting mistakes and more about letting the residents know his perceptions about "the harsh realities of life":

> *"For me* (keyworking) *is to get real with them ... I was always quite up front. If I think it I say it. I was quite straight with* (the resident). *Her main interest when she was talking to me was nursing. And she wanted to know if I thought she was capable of doing it. And, given her track record and the certificates she already had, it was pretty obvious that academically she wouldn't have any problem doing it but emotionally she just wasn't ready for it and she wasn't prepared to look at that. And I was quite straight with her and I told her as things stood she would never become a nurse. She just wasn't prepared to commit herself to it. And she didn't like the truth. This played a part in her avoiding keywork sessions as well towards the end. Because she didn't like what I was saying. She just wasn't prepared to face up to it like the other issues in her life. She wanted to be told that she was fine, she was capable, and she wouldn't have any problems. If you said anything else she wasn't interested."* (K7)

The same keyworker felt that there was nothing he could do personally to establish a more productive relationship with the residents. He thought that with the "*client group the only thing that makes the relationship work well is if you're giving them what they want and agree with their expectations of themselves."*

Keyworker strategies

Keyworker strategies overlaps with the previous theme keyworker qualities. In addition to describing personal qualities which they thought were important to the relationship, keyworkers also described how they would try to let the young people know, for example, that they cared, were listening or understanding.

"Going the extra mile" was something described by two keyworkers as something which helped them to show the young people that they were important. One keyworker felt that if anyone asked the resident she was working with what one thing she had done to help *"it would probably be something really small like 'She let me use the phone to phone my boyfriend' when she knows* (the keyworker*) shouldn't really be doing that"* (K2). Another keyworker helped the resident do practical things such as cleaning his room and *"got (her) hands dirty... letting him know that I wasn't all talk went a long way "* (K6). Again, she thought that this was communicating an important message to the young person as he was aware that she did not have to help him in this way. The same keyworker described going out of her way to let the young person know that she was conscious of him:

> *"And if I did something and forgot - I think this was one of the very big things.. going out of my way. If I'd forgotten to do something I would knock on his door and apologise. And he might say, "What you came all the way up here to tell me that?" And I might reply, "Yeah, because I didn't know what you might be thinking. You might be thinking that I didn't really pay any attention to the fact it upset you." And I think those little things that were done so frequently. Even if he did something that was "bad" I'd let him know that it didn't make him a bad person."* (K6)

The importance of showing respect to the young people was also mentioned on several occasions. One keyworker spoke about how simply "*speaking to the resident in a nice way* (made the resident) *feel special*" as she was "*so used to being bullied*" (K4). Other aspects of respect included "*not talking down to the young people*" (K10) and "*not being patronising*" (K5, K9). A potential tension between the role of the keyworker and her desire to be respectful to the young people was raised by one keyworker. K9 felt in fulfilling the part of her role as a keyworker she had to find out if the residents could cook or budget, but that to ask this "*can almost feel a bit patronising.*"

Characteristics of the residents affecting the relationship

A number of diverse features of the residents were thought to have an impact upon the keyworking relationship including: the age of the residents; the perceived degree of independence of the residents; the personal histories of the residents; and the interpersonal manner of the residents.

In general, younger residents were seen as being more difficult to keywork. One keyworker remarked that there were "*a lot of 16 and 17 year olds in at the moment and they're a lot more difficult to work with - one girl left home at 14 to move in with her boyfriend* (K9)." The second point which the keyworker made - the personal histories of the residents - was also considered important in the development of keyworking relationships. Several keyworkers remarked that the young people had had difficult experiences with parents, other adults, and people in authority which could make the residents suspicious and defensive. Keyworkers' responses to this

situation differed. One or two thought that the residents were not interested in keyworking and left it at that, whereas others thought it was important for them to find a "way in" and "reach a hand out" to the young people (K2, K6).

Some residents were seen as being more "needy" than others. Again, the perceived implications of this varied. A minority of the keyworkers thought some residents didn't really need keyworking, where others thought there was always something in keyworking which the residents could use. One keyworker commented that when the residents first come to the hostel they might seem independent, but that he felt it was important to spend time with them and "get to know them better" (K1). The initial presentation of the residents was also thought to have another potential impact upon the keyworkers. One keyworker commented that one resident she was due to work with presented as a "scary person" which made her quite apprehensive about embarking on keyworking (K2).

Another staff member also spent some time discussing the potential implications of the characteristics of the residents and how this might impact upon the quality of service they are offered. In this case, she was reflecting upon whether there was an unspoken expectation that residents should be appreciative and, by implication, that unappreciative residents were not given the same degree of help as those who were:

> "Without saying it we do expect the young people to be appreciative. I suppose it's human nature. You kind of have a reluctance to want to help somebody when they're not appreciating the kind of things that you are doing for them."
> (K6)

This keyworker thought that it was important to recognise that the onus was on the keyworkers to put their feelings aside and offer every resident any help they could, no matter how difficult and unappreciative the residents might appear.

Residents' perceptions of the keyworking relationship

As with the themes from the keyworkers' perceptions of the keyworking relationship, the clusters of themes which emerged from the analysis of the residents' perceptions of the keyworking relationship were examined to see how they related to the three domains covered in the interviews. The domains were: structural aspects of the relationship; functions of the relationship; and features of the relationship. Again, although there were areas of overlap between them, the clusters of themes appeared to map well onto the three domains. Hence, they were reorganised into these domains in order to provide a conceptual framework for reporting the results (see Figure 2 for a summary of the domains, clusters and themes from the accounts of the residents).

This section presents the themes which emerged in residents' accounts of how they viewed the keyworking relationship. Quotations from participants are indicated by R (resident) plus a number (the identification number for that participant).

STRUCTURAL ASPECTS OF THE RELATIONSHIP	FEATURES OF THE RELATIONSHIP
Formal vs. Informal contact * Flexible * Dependent on needs of residents * Control	Personal Relationship vs. Professional Role * Friendship with a distance * Keyworkers paid for the relationship * Power difference Boundaries * Personal disclosure * Confidentiality * Necessary for respect

FUNCTIONS OF KEYWORKING	
Practical Advice and Support * Help with benefits housing and college * Motivation * Advocate * Preparing for the future Emotional Support * Someone to talk to * Not counselling * Parenting * Danger of dependence * Conflicting aims of keyworkers and residents	Attitudes and Behaviour of the Keyworker * Listening * Understanding * Empathy * Respect * Openness * Genuineness * Warmth * Taking time * Offering advice, not dictating Interaction between Keyworkers and Residents * Recognition of the impact of own behaviour on the keyworker * Hostel culture can create barriers

Figure 2. Summary of the domains, clusters and themes from the analysis of residents' perceptions of the keyworking relationship.

Structural aspects of the relationship

> *"Mm most of the time you have what is known as a once a week keywork session. Well you see, with sometimes and some people, once a week, it's not really enough because you only get so much time to sit down and talk to your keyworker."* (R5)

> *"I see her every day. That's why I don't even remember when we have keywork session, cause she's always in my room. I always grab her, 'Come on - lets have a cigarette!' You know."* (R8)

> *"I just go in and say 'hi!' It's great. You don't have an appointment like. We did try to arrange a time last week to get together and do a shopping list, but I decided I didn't want to do that like... but there was no pressure on. You don't need to make an appointment - unless things go wrong I guess."* (R6)

As in the keyworker interviews, residents were asked about the length and frequency of their keyworking sessions. Again, the theme of individual variability ran through the young peoples' accounts of keyworking. Some residents had regular formal keyworking sessions. However, the majority of residents described keyworking as being quite flexible and dependent upon their needs:

> *"Here at this hostel you go when you need to. I don't agree you should be forced to meet. It's just not beneficial to anyone. If it's made a chore then you're not going to appreciate it and use the service."* (R7)

The flexibility of keyworking seemed to help to give some residents a sense of control: *"it's when I want it ... it's good ... I can decide"* (R12). Another young person described how the *"flexibility"* of keyworking helped her to *"feel more comfortable and confident and that"* (R6). However, this experience of keyworking was not universal. One young man, who had weekly meetings with his keyworker, thought that the only thing which would improve

keyworking would be for it to *"not happen so often and be a lot shorter ... I'm waiting and looking at the clock ready to get out of keyworking"* (K9).

Echoing what was found in the keyworker perceptions of the relationship, the majority of residents seemed to have experienced a combination of formal and informal contact with their keyworkers:

> *Eh, (we meet) once a week, but I normally talk to her when she's on shift anyway. We normally talk more when we don't have keyworking sessions. We've normally got more to say. You see them and say hello and just have a chat and then when you get to keywork session it gets all formal. (Outside keywork sessions) it's normally not talking that formally at all. It's just talking at a normal level and just getting everything sorted."* (R3)

A consistent theme running through the accounts of most of the young people, was a preference for informal over formal contact with their keyworkers. One young man expressed a preference for a keyworker *"that will sit down and watch the TV with you and all that stuff"* (R9). More formal contact appeared to be quite uncomfortable and intimidating for some residents and simply inconvenient for others: *"it's not fair 'cause you might get a better offer at the time they've arranged a keywork"* (R11).

Another interesting point which was raised by one young woman was that confining contact to keyworking sessions could give the message that the keyworker was somewhat distant and disinterested. This resident was describing having discussed a problem in a keyworking session and then, the next day, seeing her keyworker, and him not referring to the conversation:

> *"It would be better if he does see you the next day to ask you, "How did that go? Did you start talking to your mum?" But he won't. He'll just bring it up in a keyworking session. If he sees*

me round the hostel he'll say "hello" but I wish, it would be better if he'd say, " How did this go?" and "How did that go?" 'cause that would show me he was interested in me then."
(R 4)

Functions of keyworking

"What I need my keyworker for and what I've been happy about is - 'cause I'm quite happy with my keyworker - the keyworker that I've got. I've found that they're helpful towards me in finding my housing, my college and even working or a job. I need someone who can advise me for me. I need someone that's looking after me. It's nice to be talking to someone rather than you sitting down and thinking about it and putting things off and thinking about it and putting it off. The keyworker works for you really. It's the only person, apart from my mother or any of my family as it goes in the outside world, that is helping me for me, yeah." (R2)

The young people identified a number of functions which they thought keyworking was useful for. These ranged from practical issues such as help with benefits, housing, or looking at college courses, to helping with day to day concerns around the hostel, to more emotional support. Although these themes overlap with one another, this section will be divided into two sub-sections: practical advice and support, and emotional support

Practical advice and support

Nearly all of the young people thought keyworking was useful to help with claiming benefits, housing and finding college courses. However, different aspects of this were picked up on by a number of residents. Three young people spoke about the keyworker helping to motivate them and give them "a push":

"It helped me with ideas about going back to college and everything. It kind of made me more willing to want to go back. Well it was someone else giving me ideas innit. And

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*pushing me to do something more positive. You just need a
push every now and then when you're slacking."* (R12)

Another young woman was describing how her keyworker had helped her to

find a place on a college course and how this meant she had *"a reason to*

get up in the morning now" (R6). An important element of this seemed to

have been enabling the resident to have confidence in herself : *"I've got the*

ability to do something and I know I can do it when I've got my keyworker

backing me up" (R6).

Help with negotiating their way around the demands of living in the

environment of the hostel was seen to be an important function of the

keyworker by four of the young people. This included explanations of the

hostel rules and acting as an "advocate" for the resident if they were having

difficulties with other staff or residents. One young man explained how the

demands of the hostel meant him having to learn how to respond to

situations in a different way than he was used to, and how his keyworker

helped him to do this:

> *"Like I said I'm here in the hostel and everything's different.
> It's different from being outside again or being at home. The
> whole situation changes. You have to learn new things and
> learn how to flex a different way. Whereas you might come
> from an environment where if someone talks to you a certain
> way you're just going to snap straight away. Here you have to
> hold it down. My keyworker shows me how to get around
> certain situations...."* (R2)

In addition to providing immediate help with the practicalities of filling in claim

forms and preparing for interviews, one resident thought that the way in

which his keyworker had done this had helped to prepare him for the future:

> *"Also a good thing about it is by being able to sit down and talk
> about those things. Before you make a move you'll think, "Wait*

> *a minute; how did we do that in our keyworking sessions?"*
> *'Cause (the keyworker) doesn't just do things she shows me*
> *what she does. That means I know what she does to do*
> *whatever for me ... like all that housing benefit things and*
> *things like that I learned that through her taking me through it."*
> (R 2)

Clearly, even the very practical help which the keyworkers provided, was experienced at more than one level by some residents and overlaps with the next theme "emotional support".

Emotional support

A number of the young people used their keyworker as someone to talk to if they were "upset". One resident reported that *"it helps get it out of your system ... it just clears your head ... and you can hear whatever* (the keyworker's) *opinion about your problem is"* (R 4). Nevertheless, several of the residents were quite clear that they would not *"go too deep"* with their keyworkers. For the most part, this appeared to be less to do with anything about the keyworker and more to do with the beliefs of the residents. For example, one sixteen year old resident thought there was *"no point"* in talking to anyone because *"if you can't keep your own secrets, how can you trust anyone else to keep your secrets for you"* (R1). This feeling was not unique to the keyworking relationship: the resident stated that it was *"just* (her) *own little rule in* (her) *whole life."*

The potentially negative side of developing a supportive relationship with their keyworker was raised by two residents. Both residents were trying to anticipate how it might feel when the support was removed. One felt that *"one bad thing about the situation is that you might end up dependent on the*

person ... when you leave you obviously will miss that person ... you're so used to having someone to talk to" (R2). The other young woman was just about to move to less supportive housing and seemed to be saying that she would miss being "*special*" to someone:

> *"You see* (keyworker) *like maybe every other day and get to know them really well. Like when I leave here I'll miss* (the keyworker). *I'll be moving on to shared housing and there'll be loads of people like me. When I go to the next place there won't be as much one to one. They'll say "How are you doing at college?" and that's it really ... I'll miss just talking ..."* (R3)

The same resident described the degree of intimacy with her keyworker by comparing her to a "*substitute parent*" and contrasting this with other relationships with adults she had experienced previously:

> *"She doesn't patronise you like a teacher would. And it's not like a counsellor because that's getting really impersonal. You see them all the time. You see them cooking and stuff. This is your home really isn't it ? Sometimes they're like substitute parents in a way a bit. You don't have your parents around and you're still a teenager anyway."* (R3)

In contrast, two of the residents thought that their keyworkers were trying to be like counsellors and both experienced this as intrusive. For these two residents, there appeared to be a gap between what they wanted from keyworking and their experience of it:

> *"I do find it helpful in a way, but sometimes, when I'm feeling down and depressed and* (the keyworker) *tries to ask what I'm down and depressed about and I don't like speaking to people about that stuff. So I don't find it helpful in that way."* (R 9)

> *"I found that they seemed to me more like a counselling session. It was. Or like trying to be into your personal life rather than looking at your housing. I mean to me he was my housing officer and that's what I felt I needed... I didn't really find it helpful...I mean I felt it was more like a counselling session. They tried to delve into private things, personal things*

that maybe you don't feel comfortable talking about or that."
(R7)

Although, at this point, R7 stated that all she needed from keyworking was help with housing, and keyworking was not helpful because this aim conflicted with that of her keyworker, later on in the interview, when comparing her experience of keyworking to that of other residents, she gave a different explanation. Here, she is saying that there were things which she would have liked to have used keyworking for, but wasn't able to because she did not have a good relationship with her keyworker. She did, however, seem to use a different staff member for more emotional support:

> *"Yeah it could have been helpful. I can see how it can be helpful. I don't think it was helpful to me 'cause I had the wrong keyworker. I mean that's another things as well 'cause sometimes it is nice to take some stress out of doing things and to have that extra help. I did talk to that other staff confidentially. I talked to him about most problems. Things like I wouldn't talk to my keyworker about. Private things. Private things or stresses. You know situations that arise i.e., with family problems and personal problems. Sometimes you need that extra person to talk to. He was a lot more comfortable to talk to than my keyworker. I think keyworking would have been a lot more helpful if I had the other staff member... obviously the hostel sometimes can be a lot of stress and you, or not even just the hostel, but the fact that you're homeless has a lot more stresses than it appears on the outside. People think you have a roof over you head and that's it. You're in a hostel, you're happy. It's not. A lot of it is stressful. And pressures... like me personally, I can't tell certain members of my family I'm living in a hostel." (R7)*

This quote, which illustrates how it was not only the function of keyworking, but the nature of their relationship with their keyworker which was important, leads into the next domain, features of the relationship.

Features of the relationship

> *"She respects me. It's like friends almost but there's still a gap. You can't be friends with people who work here. I understand that. They have a job to do here."* (R8)

> *"A couple of times I've been talking about things and he's just totally changed the subject trying to get on to something else. And half the time when he does it I just say, "Oh, look at the time. I've got to run." I just feel totally uncomfortable so I run away."* (R11)

> *"If you've got a keyworker that thinks "I've got a keywork session with this particular person, I want to help him as much as he wants to help himself," yeah, then to me that's a fair enough statement because keyworkers can only do so much for you, but it's up to you as the individual to actually go out there and prove yourself and say, "This is what I want to do, this is what I want done," and get it done."* (R5)

The young people identified several important elements in the development and maintenance of their keyworking relationships. These are described under the following themes: personal relationship vs. professional role; boundaries; attitudes and behaviour of the keyworker; interaction between keyworkers and residents.

Personal relationship vs. professional role

The young people were asked to describe their relationship with their keyworkers. Several of the residents described it as like a friendship *"but with a distance"* (R12). The issue which was raised most frequently in distinguishing the keyworking relationship from a friendship was the fact that the keyworkers were paid for it. In two cases this led the young people to question how genuine the keyworkers were. This opinion seemed to be more to do with the beliefs of the residents than a result of the actions of the

keyworkers. For example, one young person questioned why anyone would

want to help:

> *"At the end of the day they know they're getting paid for what*
> *they're doing so they don't care. They can make it sound like*
> *they're interested, but you know they're not. You know they're*
> *not. They've got their own lives. Why should they want to help*
> *us? They shouldn't want to help us. Why should they bother*
> *with us? It's just a job to them." (R4)*

This opinion is in contrast to that of some of the other young people. Three

of the other residents were also conscious that their keyworkers were being

paid to have a relationship with them. However, they felt that the keyworkers

"were (working in the hostel) *not 'cause the pay packet attracts them...but*

because the want to be in the job" (R6). One young man thought that the

"effort" his keyworker put into the relationship showed him that the keyworker

was genuinely interested in him:

> *"It's all very well saying that's what they get paid to do and*
> *that's what they do yeah. If you get paid to do something you*
> *can just walk through it. You don't have to put any effort into it.*
> *But if you feel the person respects you and you can respect*
> *them, it will be more than a walk through thing. It's a thing*
> *where you can sit down and feel comfortable." (R2)*

On the whole, the young people were very aware that the keyworkers were

the people in authority and that there was a power difference between them.

Again, this was something which distinguished keyworking from other types

of personal relationships and seemed to determine how some of the

residents behaved. For example, one young woman said that she *"had to*

listen to (the keyworker) *'cause* (she) *was on order"* (R12). The language

used by R12 was in contrast to another resident who acknowledged that the

keyworkers were in authority, but felt that the was in which they related to the

young people was more friendly than authoritarian - *"they don't stamp things*

down ... they help you level it out" (R6).

Boundaries

Only two of the residents went into any detail about the boundaries between

them and their keyworker. One young man felt that the boundary was

important so that the residents respected the authority of the keyworkers. He

described an incident where a resident *"freaked out ... was drunk and went*

for a knife" and how *"he wouldn't know how to handle it without the staff"*

(R8). This young man felt that if the keyworkers didn't have authority that he

would cease to feel safe in the hostel and said that he *"wouldn't tolerate"* the

staff being *"big time friends"* with him as they had a *"job to do."*

A different aspect of the boundaries between keyworkers and residents -

personal disclosure - was focused on by the other young person. He

described how his keyworker helped him to feel comfortable by revealing

some personal information:

> *"You feel more open to say things because she, even if she*
> *says to me "Oh I had a really good night last night," then that's*
> *starting a conversation. I might come out and say about my*
> *night and that and that would lead to other things. And it's just*
> *to break the ice and make the other person feel comfortable.*
> *Not even that much. Like I know where her parents come from*
> *and she knows where my parents come from. Little things like*
> *that make you feel more comfortable in the situation, whereas*
> *if you've got a person that's sitting there in front of you and*
> *she's like a robot saying "fill out this form, fill out this form, fill*
> *out this form..."* (R2)

Again, the resident acknowledged that there was a boundary between him

and the staff, but felt that the keyworker had only to reveal a limited amount

of personal information for him to feel more comfortable. It also seemed to

help him to see the keyworker more as a person than as a "robot."

A theme closely linked to boundaries is that of confidentiality. Residents

seemed aware that information discussed in keyworking would be shared

with the staff team. Of the small number of residents who mentioned

confidentiality, one felt quite safe knowing that there were rules, whereas two

residents thought that it limited what they would say to their keyworkers:

> *"Sometimes I do get to the stage where I think well I can't
> really say nothing to that member of staff 'cause if I say
> anything every other member of staff's going to know about it.
> So, I tend to like not to say nothing, or I'll say something but I'll
> sort of use it within a way as if I was talking about something
> else like relating to it."* (R5)

Attitudes and Behaviour of the Keyworker

A number of attributes of the keyworker which the residents felt helped or

detracted from the keyworking relationship were identified including listening,

understanding, being strict, being empathic and being respectful.

Respect was the feature which was most frequently raised as being an

important element of the keyworking relationship. It was used to describe

both positive and negative experiences of keyworking. Residents spoke

about the respect their keyworker showed them being instrumental in

reciprocating that respect. Two residents thought that the respect shown to

them by their keyworkers helped them to have "confidence" when relating to

their keyworkers. Another resident felt that he could relate to his keyworker

because she treated him with *"respect"*, didn't *"have an attitude problem"* and

was very *"non-judgemental"* (R8). Part of what was experienced as respect

seemed to be when keyworkers acknowledged the abilities of the residents. One resident thought that her keyworker did not respect her and was "*very condescending ... and treated* (her) *like a kid*" when she felt she was "*quite capable and on the same level*" as the keyworker "*...his problem was he had a problem with the fact that someone was on the same level and he didn't have that kind of authority*" (R7).

The concept of keyworkers being able to "*be on a level*" with residents was closely linked to respect (R3, R6, R7, R12). This phrase, which was used to describe the way in which keyworkers related to the residents, was again used to describe both positive and negative experiences of keyworking. One young woman felt that her keyworker "*thought on the same level as* (her)...*he didn't think higher and didn't think lower*" with the consequence that it made her feel better about herself. The same young woman described her experience of a previous keyworker who she felt had been dismissive and condescending towards her, saying it had "*made* (her) *feel dead low*" resulting in her leaving the hostel and going back to the street.

The importance of keyworkers listening and being open to the opinions of the young people was also considered important by several residents. However, the residents did not give the impression that they wanted the keyworkers to be passive in their listening. Around half of the residents gave the example of going to a keyworker with problems and then commented on the keyworkers' responses. The idea of keyworkers listening and then helping the residents to work towards solutions, without being too directive, was viewed positively by three of the young people: "(the keyworker) *works*

through it and thinks about what might be happening ..." (R6). The ability of keyworkers both to understand the young people and what they were saying was also identified as either adding to or detracting from the relationship. One young woman felt that her keyworker was not able to understand her as he had pre-conceived ideas about her and that this led to him "*misinterpreting (her) actions*" (R7).

Residents frequently spoke about the "personality" of the keyworker being an important influence in the keyworking relationship. The following traits were seen to be helpful: being "*placid and calm*" (R1); being "*happy*" (R2) or "*cheery*" (R9); being "*empathic*" (R3); being "*genuine*" (R12) or "*not having a false front ... not pretending or being false*" (R6); "*tact*" (R8); and being "*warm hearted and understanding.*" (R9). The other side of this are those traits which residents felt detracted from the keyworking relationship. Traits perceived as unhelpful included: being "*serious and formal*" (R9); being "*strict*"; being "*nosy*" (R9) or "*prying*"(R11); and being "*insensitive and ... not taking a hint*" (R10).

Residents were asked if their keyworkers had said or done anything which they had found particularly helpful. Two of the young people answered this question by giving examples of things which their keyworkers had done which were not necessarily part of the keyworking role. For example, one young man described going to an interview and his keyworker following him there to lend her support. He described feeling "*lost*" before she arrived, but her presence making him feel more "*comfortable*" (R2). The other resident spoke

about her keyworker helping her to change her room round when she *"didn't have to"* (R12).

Interaction between Keyworkers and Residents

Although the residents were not asked about the impact of their own attitudes and behaviour on the keyworking relationship, it was something which a number of the young people reflected upon:

> *"If I'm being rude to them and telling them to shut-up and everything they can't feel comfortable around me. The whole point of it is a keyworker and a key client should be feeling comfortable around one another so they can discuss things openly and at the end of the day the only thing that can come out is helpfulness."* (R2)

This young man acknowledged his part in the development of a good relationship between himself and his keyworker, realising that if he was "rude" it might make her feel uncomfortable. Another resident thought that keyworking was a "two-way" process and, in terms of the practicalities of looking for work and college courses stating, *"keyworkers can only do so much for you"* believing that after that it's up to individual residents to *"help themselves"* (R5). One resident, who did not have a good relationship with her keyworker, described another staff member as "brilliant" (K7). K7 seemed to perceive that this staff member's actions were determined by the behaviour of the residents:

> *"He would treat us like what we were. He would treat us like what we were acting. If we were acting like children he would treat us like children. If you acted like an adult you would be treated like an adult."(R7)*

A final point which relates more to peer pressure and the culture of the hostel than to individual relationships - but which nevertheless appears to have a

potentially important influence on individual relationships - is how the resident group as a whole perceived staff members. One young person pointed out that *"there's always one member of staff that everyone's a bit down on ... it could be because they're a bit different from everyone else or because they're too strict"* (R2). The resident thought that it was difficult to feel comfortable with that member of staff as a keyworker knowing that *"every single resident in the hostel hates that member of staff."* Hence, before even the first keyworking session with that member of staff there were barriers to the development of the relationship.

DISCUSSION

Overview

This chapter will begin by discussing the findings of this study, relating them the research questions and previous research. The limitations of the study will then be discussed and suggestions for future research made. Finally, the potential clinical implications of the study will be considered.

Perceptions of the Keyworking Relationship

The aim of the present study was to describe the keyworking relationship in hostels for young homeless people from the point of view of both residents and keyworkers. More specifically, it aimed to identify the perceptions of keyworkers and residents in relation to: the role of the keyworker; the aims and functions of keyworking; and the characteristics of a helpful and less helpful keyworking relationship. Although there were areas of overlap between these three areas, each will be considered in turn in order to give a conceptual framework to the discussion. Similarities and differences within and between keyworker and resident accounts of the keyworking relationship will be discussed.

The Keyworker Role

Themes from resident and keyworker accounts of the keyworker role were strikingly similar. Keyworkers appeared to fulfil a number of different roles including friend, advisor, advocate, counsellor, parent, rent collector, and law enforcer. Not all keyworkers fulfilled all of these roles and, in general, most keyworkers felt they took a certain position in response to the needs of the residents.

Both keyworkers and residents spoke about the role of the keyworker being dependent upon the individual needs of the residents. Flexibility seemed to be a particularly important quality for keyworkers to have and one which was appreciated by the residents. However, with the need to be flexible came a certain pressure and uncertainty. Because there did not seem to be a clearly defined role for the keyworker, some individual keyworkers felt they had to "be everything." In contrast, one keyworker was very frustrated because she felt the residents only wanted a housing officer and did not want her to be part of their lives. Both of these situations have possible implications for the quality of the keyworking relationship and for the health of the keyworkers. Perhaps not surprisingly, it has been proposed that if workers are frustrated or overwhelmed they are probably unable to relate warmly and consistently as clients need them to, as well as being at personal risk of illness or depression (Maslach, 1982).

Several keyworkers also discussed the conflict between various aspects of their role such as being a "policeman" and a "friend". This raised a concern that mixed messages were being sent to the young people. Interestingly, none of the young people identified this as being problematic to the relationship. A further area of ambiguity was where keyworkers felt their responsibilities started and finished. For example, although some keyworkers were quite clear that they would not tackle "psychological" issues such as family background or a history of abuse, others were not so clear about their limitations. Given that most of the staff did not have any specific training in dealing with such issues, it seems likely that trying to tackle them could be

both stressful for the staff member and not necessarily helpful for the young people.

Douglas and Payne (1980) identified two major weaknesses of the keyworker concept shortly after its introduction to social work: the ambiguity of the concept and the fact that it had been interpreted in a number of different ways. In the two hostels which participated in the present study, keyworkers did not appear to have a clearly identified role and individuals seemed to have their own interpretations of the role. At least two of the keyworkers discussed a concern that residents were getting a very different service depending on who was keyworking them. However, the other side of this relates to what was identified as another potential flaw in keyworking also addressed by Douglas and Payne: that the keyworker concept was in danger of creating inflexible roles and services. They argued that unless it could aid with the provision of a more flexible service then it should be abandoned. In these two hostels, keyworking did appear to aid in providing a flexible and individual service to residents. Hence, although there are ambiguities about the role, the reverse side of this is that it allows for individuality, flexibility and creativity.

Both residents and keyworkers spoke about the boundaries between them. In general, both groups saw the boundaries as helpful and/or necessary. Typically the young people said that it was helpful if the keyworkers were warm and friendly, although they recognised that there was still a distance between them. The boundaries did not seem to be problematic for the

young people to accept or understand. However, what was appreciated was some kind of self-disclosure on the part of the keyworkers. There was, however, no expectation that keyworkers should disclose intimate details about their lives.

Contrasting accounts were given about the degree of intimacy between keyworkers and residents. Again, the divide was not between keyworkers and residents, but within both groups. Some described quite an intimate personal relationship whereas others described one which was much more distant and impersonal. For one young person the keyworker was seen as a "surrogate parent" although the keyworker was only a few years older than the young person. Stefanidis et al. (1992) suggested that hostels should employ older staff to form surrogate parent relationships with the young people. While some young people may be looking for surrogate parents, it seems that the quality of the relationship may be more important than the age of the hostel staff. Something which was not addressed by Stefanidis et al. (1992) was the potential impact of ending such a relationship. In the present study, two of the young people were quite concerned about the impact of separating from their keyworkers. This is clearly something which needs more research and may be useful to address in any kind of training in keyworking.

In summary, there were several important findings in relation to the role of the keyworker. Firstly, the keyworker role in these two hostels was not clearly defined: keyworkers fulfil a number of different roles ranging from law

enforcer to counsellor. Much of the time the role which the keyworker fulfilled seemed to be dictated by the needs and desires of the residents. On the one hand, this allows for creative and flexible services, but on the other hand, can lead to keyworkers feeling overwhelmed by the extent of their responsibilities and uncertain about their limitations. Secondly, keyworkers fulfilled a number of sometimes apparently conflicting roles which caused anxiety in keyworkers about sending mixed messages. However, the young people do not seem to experience the various roles as problematic. Thirdly, boundaries were seen as necessary by keyworkers and residents. However, both groups felt a certain level of self-disclosure was helpful. Finally, descriptions of keyworking varied from a distant impersonal association between keyworker and resident to an intimate personal relationship. One important aspect of this which was raised by residents but not keyworkers was the potential difficulty and impact of ending close relationships.

Aims and Functions of Keyworking

The aims of keyworking identified by the staff and the functions which the young people perceived again had several areas of overlap. For the young people, the most frequently stated function of the relationship was help with benefits, housing and looking for college courses. Keyworkers also perceived these as being functions of the relationship, but put less emphasis on them than the young people. Furthermore, keyworkers thought that in offering this practical support, they were also providing a degree of emotional support to the residents. While emotional support is undoubtedly important, it would also seem to be important to hold in mind Maslow's (1968) hierarchy of

needs on initial contact with this group of young people. The need for shelter comes before safety, love, belonging and self-esteem. Hence, it is understandable that the young people may want to address their housing and financial situation before more emotional issues. Given the very visible emotional problems of some of the young people, it may be tempting for keyworkers to want to address these first. However, it would seem to be important to find out about and address the immediate concerns of the young people.

Two of the young people thought that their expectations of keyworking differed from their keyworkers' expectations. The result of this was that one of them stopped attending keyworking and the other "ran away" from keyworking at the earliest opportunity. Early in the history of the keyworking concept, Rodway (1979) stressed the importance of imparting clear information to clients about the role of the keyworker. Moreover, he stressed that clients and keyworkers should discuss the aims of keyworking together in order to reach a clear understanding and agreement of the role. Hence, it may be useful for residents and keyworkers who are having difficulties in keyworking to discuss their perceptions of the aims together.

For the keyworkers, longer term aims of keyworking included helping the young people prepare for independent living, education, helping the young people to express their feelings, building self-esteem and getting the young people to reflect upon their actions and their lives. Perhaps because the keyworkers did not explicitly discuss the aims of keyworking with the

residents and many of the above aims were carried out quite "invisibly," they were not immediately recognisable in the accounts of the young people. However, there was some recognition of them in the resident interviews. For example, one young man thought that the time his keyworker took to explain things meant that he would be able to do them for himself when he no longer had a keyworker. Other residents described having the confidence to apply for college courses because their keyworkers were supporting them.

An interesting aspect of keyworking was that of emotional support. The majority of the keyworkers thought this was an important element of their role. Residents also felt that it was important to have someone they could talk to. However, in the minds of the residents, there was a notable distinction drawn between talking and counselling. One of the things which appeared to be quite destructive to the keyworking relationship was when residents felt that keyworkers were "going too deep, trying to be like a counsellor" or "prying." Some keyworkers were very sensitive to this and allowed the topics of conversation to be very much client led, whereas others thought they had to be more "up front" and "challenging." Accounts from keyworkers and residents suggested that this latter style of directness was not experienced as helpful.

In summary, there would appear to be two central issues to take from the accounts of the aims and functions of keyworking: a) the importance of keyworkers allowing residents to disclose what they wish to about themselves in their own time - other interactions can be perceived as "prying"

and be destructive to keyworking, and b) that differing expectations of keyworking on the part of residents and keyworkers can be detrimental to the relationship and thus it may be useful to discuss them explicitly.

Characteristics of Helpful and Less Helpful Keyworking Relationships

This section will encompass the domains which covered structural aspects of the relationship and features of the relationship, as both of these domains identified characteristics which were perceived as helpful or less helpful to keyworking. Although participants were only asked about the length and frequency of their keyworking contacts, it emerged that, for a number of the participants, the times and setting of keyworking were perceived to be quite central features which added to or detracted from keyworking.

A central theme in the accounts of both keyworkers and residents was the impact of formal vs. informal contact. The majority of the young people expressed a preference for informal over formal contact, and, on the whole, the keyworkers were aware of the potential impact of formality on the residents. Informal contact was seen to facilitate easier and more equal communication. However, keyworkers were conscious that informal contact could detract from the privacy of keyworking and impact upon the content of what the young people discuss. In keyworking relationships which were described as being positive, difficulties such as this appeared to be resolved by keyworkers being sensitive to the needs of the young people. Hence, the importance of the physical setting should not be underestimated. In addressing the common factors which contribute to a healing relationship

Frank (1973) identified the importance of a healing setting. Clearly if residents and keyworkers do not feel comfortable with the physical environment, they are less likely to feel at ease with one another and to be able to develop a productive working relationship.

Both residents and keyworkers were aware of the power imbalance in the relationship. Several keyworkers tried to address this to some extent by giving residents choice about the times and setting of keyworking. Residents also highlighted the importance of choice. Those who did have choice acknowledged that it gave them a sense of control and confidence. In contrast, one young man, who had regular pre-planned keyworking sessions seemed to find this aspect of keyworking quite stressful and uncomfortable. Mallison (1989) argued that it is important to use keyworking to provide choice and empower clients. The findings of this study lend support to his assertion. Recently, Bland (1997) criticised the keyworker concept for appearing to contribute more to the power of the staff than to the well-being of the residents. On the whole, this does not seem to be the case from the accounts in the present study. However, there was an indication from one of the young people that this may happen with some keyworkers in some hostels. One of the young people described her experience of keyworking in another hostel where the keyworker seemed to use his position to exert power and authority over her. This was so difficult for the young person that she chose to return to the streets.

In line with the work on the therapeutic alliance, residents' accounts pointed to agreement on the tasks of keyworking as being an important element of the relationship. In formal therapeutic relationships, a sense of collaboration and agreement with the tasks of therapy are closely associated with a positive outcome (Horvath & Greenberg, 1989). Although there are no clearly defined goals of keyworking, it seems likely that agreement on tasks as well as features such as empathic understanding may lead to more useful outcomes for the young people.

There was good general consensus between the personal qualities which keyworkers thought were important in a keyworker and those the residents perceived as important. Being relaxed, approachable, warm, understanding, genuine, friendly and empathic were all qualities which both keyworkers and residents referred to. The young people's affirmation of keyworker qualities of warmth, respect, openness, understanding, time and care suggest a need for a relationship where these qualities are present. Unconditional positive regard, empathic understanding and genuineness are all qualities described by Rogers (1957) as essential components of psychotherapy. The young people in this study were able to perceive and value similar qualities in those relationships that they defined as supportive or helpful.

Furthermore, the findings of the present study support the work which has been conducted on the importance of the therapeutic alliance outside of formal therapy relationships (Goering and Stylianos, 1988). When Goering and Stylianos (1988) asked clients what they perceived to be helpful aspects

of their relationship with their case manager the clients identified the importance of having someone who cared about, accepted and understood them. The young people in this study also identified these variables as being important aspects of their relationships with their keyworkers.

Respect was a word which was evident in several of the accounts of keyworkers and residents. Although from this study it is hard to identify any single quality of a good keyworker, the ability to convey a sense of respect to the residents was high on the agenda of many of the young people. It seems likely that this client group is particularly sensitive to this, given previous life experiences where they have been treated poorly by authority figures. One keyworker who appeared to be quite dismissive and mistrustful of the residents was experienced as disrespectful and arrogant by the resident he was keyworking. This seemed to be one of the primary determinants in the breakdown of their keyworking relationship. The same keyworker interpreted the constructions of the residents as manipulative where other keyworkers appeared to be more able or willing to take their time and get behind the initial presentations of the residents.

Previous research has underlined the fact that explanations given by homeless people for their situations do not always concur with outsider perceptions of "reality" (Pollio et al., 1996). Pollio et al. hypothesised that homeless people may use particular explanations in an attempt to maintain or enhance their sense of self-esteem. Hence, it may be important for hostel staff to remember that the young people may have constructed their own

stories as a protective strategy and that to challenge this too quickly could be, at the least, very threatening and unhelpful.

In summary, several elements were perceived to characterise a helpful keyworking relationship. A degree of informality and conducting keyworking in a non-threatening environment were seen as helpful. Allowing the residents some choice about the times and setting of keyworking was also seen to be advantageous. With regard to helpful qualities in keyworkers, both residents and staff identified warmth, understanding, genuineness, empathy, and approachability. Respect was highlighted as being particularly helpful to the relationship. Unhelpful qualities included authoritarianism and arrogance.

Methodological Limitations and Suggestions for Future Research

The findings of this study need to be considered in the context of a number of methodological limitations. This section will be divided into four sub-sections which address the following issues: the representativeness of the sample; the limitations of self-report; the research design; and the analysis and interpretation of the data.

Representativeness of the sample

The representativeness of the participants is an important consideration particularly when addressing the clinical implications of the study. The research setting is potentially problematic in terms of representativeness. Residents and keyworkers came from two hostels managed by one

organisation and thus may not represent the experiences of keyworkers and residents in other hostels. Furthermore, there was the problem of self-selection. The keyworkers were representative at least of the staff in that particular setting, but the same cannot be said of the residents.

Residents who agreed to participate may have differed in some way to residents who did not. Although residents were able to identify both positive and negative aspects of keyworking, most of the young people who participated thought that, in principle at least, keyworking was useful. Residents who refused to participate may have had a less positive view of keyworking. Some residents refused to participate because they were not willing to be audiotaped. This may have been due to an underlying suspicion of authority figures, which could possibly impact on the formation and development of the keyworking relationship. However, it could be argued that the residents who did participate did not differ in this respect as they also seemed to be quite suspicious; 11 of the 12 residents who did participate endorsed "feeling that others will take advantage of you if you let them" on the Brief Symptom Inventory.

In terms of the residents, there are some further indications that this sample may not have been too dissimilar to the young homeless population in general. In relation to psychological adjustment, residents in this study were more distressed than non-patient adolescents, a result consistent with the findings of other studies (e.g., Feitel et al., 1992). Moreover, 50% of the residents had been in care at some time in their lives, again consistent with

what might be expected of this population from the results of previous studies (Hutson & Liddiard, 1991; Randall, 1988). The accounts of keyworkers when speaking about the young people's experiences of loneliness, substance use, neglect, abuse and crime also painted a picture familiar in the existing literature (Brandon et al.,1980; MacLean et al., 1999; Van der Ploeg & Scholte, 1997).

Limitations of self-report

Other characteristics of the residents may also have created limitations for this study. Some residents were more able to describe their relationships with their keyworkers than others. A point raised by a number of the keyworkers was that the residents were not used to talking about their feelings. Often, during the interviews, when residents were asked to describe something they were discussing in more detail, they were not able to. For example, one resident used the word "empathic" but was not able to describe what she meant by that. Hence, in some cases, this may have led to the analysis of the resident interviews being more interpretative than the keyworker interviews.

However, many of the accounts which the young people gave were very reflective and articulate. This underlines the value of seeking the opinions of young homeless people. Some of the existing theories of homelessness could lead to a danger of ignoring the views of young homeless people and seeing them as passive victims. For example, Hier et al. (1990) hypothesise that young homeless people feel isolated and are unable to function in

society.   The young people in the present study did have difficult

backgrounds.   However, rather than being unable to function, many were

quite able to articulate their experiences and offer rational explanations for

the choices they had made.

As in all self-report methods the interviews are subject to social desirability.

It seems likely that in the minds of the residents the researcher was aligned

with hostel staff or at least was seen as a figure of authority.   Although

residents were assured that what they said would be confidential, given the

previous experiences some of them had had with adults, they may have

been concerned that their keyworkers would find out what they had said.

This may have led some residents to be cautious about being too negative

about their keyworkers.   Yet, interestingly, the responses to the Working

Alliance Inventory seem to have been more positively biased than the

responses to the interviews. For example, on the WAI, one resident

positively rated the item "My keyworker and I seem to trust one another" but

in the semi-structured interview questioned how genuine her keyworker was

and stated that she didn't trust anyone.

Finally, the limitations of self-report meant that while only two or three

participants may have spoken about such topics availability or sensitivity, this

does not suggest that these were unimportant to the other participants.

Given the results suggesting that variables such as empathy, respect,

genuineness, sensitivity and availability were important elements in the

keyworking relationship, it would be useful to develop ways to assess these

more concretely and quantitatively. For example, a self-report measure covering these areas could be developed to use with a larger sample. It may be that the residents who were reluctant to be audiotaped would not feel as threatened by this. Moreover, it is something which the keyworkers could administer and thus may not be so intrusive.

Design

The broad nature of the questions asked in the semi-structured interviews and the variability in the length of time keyworkers and residents had been working together means that the results give a very global picture of keyworking. The original intention of this study was to ask keyworkers and residents about their most recent keyworking session. However, due to the variability in contact between keyworkers and residents it became evident that this was not feasible for two reasons. Firstly, some residents did not have identifiable keyworking sessions and secondly, it would not have yielded a good overall picture of the keyworking relationship. It would also have been ideal to have pairs of residents and their respective keyworkers. However, this was not possible due to the difficulties of recruiting the young people.

Furthermore, the small sample size of this study did not allow for investigation of potentially interesting variables such as the impact of the length of time in keyworking or the impact of the experience or training of the keyworkers. The results of the present study did not point to any obvious patterns - i.e., residents did not report more satisfaction with experienced

than with less experienced keyworkers. However, it would be useful to look more closely at these variables in future research using a larger sample.

Moreover, although recent research has shown that the various subgroups of young homeless people have similar profiles of psychological problems, it is not clear how their various backgrounds affect their ability to from relationships. It has been suggested that poor attachment histories may cause current difficulties in forming relationships and that this is related to chronic homelessness (Stefanidis et al. 1992). Similarly within the psychotherapy literature it has been argued that people's ability to form a sound therapeutic alliance is related to their ability to trust others and form secure attachments (Gelso & Carter, 1985; Kokotovic & Tracey, 1990). The cross-sectional design of this study did not address the impact of attachment histories on the formation of the keyworking relationship or how the formation of a good or poor keyworking relationship is related to future homelessness. Clearly, longitudinal research is needed to address these questions.

Analysis and Interpretation of the Data

A number of authors have considered the issue of validity in qualitative research (Osborn & Smith, 1998; Smith, 1996; Stiles, 1993). Osborn and Smith (1998) state that the account which is produced in qualitative research is not intended to be a singular "true" account of the material: there may be multiple interpretations of the data. Hence, the aim of validity in qualitative data is to ensure that the emergent analytic account is one which has been derived systematically and can be justified by the data. Osborn and Smith

argue that, while validity is as important in qualitative research as in any other type of research, it must by judged by standards applicable to the methodology.

Smith (1996) outlined several criteria which he considers important in assessing the validity of qualitative research including "internal coherence", "presentation of the evidence", "independent audit", and "triangulation." Internal coherence refers to whether the arguments presented in the study are internally consistent and justified by the data. Related to this, presentation of the evidence refers to verbatim evidence from the transcripts of participants' accounts being shown in the research paper. This presentation of the evidence is intended to allow the reader to examine the interpretations and conclusions of the researcher. In the present study an attempt was made to illustrate how the themes and categories were derived. Moreover, in presenting the results, a significant number and variety of quotes were used to allow the reader to consider the interpretations of the researcher.

The third criteria, independent audit, involves another researcher checking that a coherent chain of arguments runs from the initial raw data to the final write up. In an attempt to address researcher bias in this study, several transcripts were independently coded by another researcher and the remaining transcripts were audited. After this, the two researchers discussed their readings of these interviews and came to a consensus on theme categories. A number of the transcripts were also audited by a third

researcher who was not familiar with the study and thus may have been able to be more objective. At the later stages of the analysis, the emergent analytic account was also discussed with the second researcher. Although an attempt was made to set biases aside, the client-centred bias of both researchers was disclosed to allow the reader to put the interpretations in perspective and assess the degree to which the findings may have been influenced by these biases.

Triangulation, which Smith draws attention to is highlighted by Stiles (1993) as "an overriding type of validity" in qualitative research (p. 603). This refers to gathering information from multiple data sources using a variety of methods. The aim of this is not to derive the "truth", but to obtain a richer account and strengthen any conclusions drawn from the data. In this study the perspectives of both keyworkers and residents were sought. However, it may have been useful to have gained further information from observing the interactions of residents and keyworkers. During the time the researcher spent in the hostel it was possible to observe natural interactions between residents and keyworkers. For example, one young person had a minor accident and came to her keyworker to show him what she had done. Although there was no visible wound she returned several times to ask her keyworker to look at it. The resident appeared to be seeking reassurance and care, yet this was not something she referred to in the interview. Hence, future studies could benefit from using observational data as part the research methodology. In addition, future studies could perhaps use some audiotaped samples of actual communication between keyworkers and

residents in order to get a more in depth picture of what happens in the contact between keyworkers in residents. For example, certain types of questions may be experienced as more or less helpful.

Stiles (1993) addresses a further two forms of validity which are relevant to the present study - testimonial validity and catalytic validity. Testimonial validity is a check on the interpretation achieved by asking the participants whether the analysis is an accurate account of their experiences. Unfortunately, time did not allow for this in the present study. Furthermore, while this type of check may be feasible with hostel staff, it would be more difficult with residents due to the relatively transient nature of the population. (However, it is the intention of the researcher to feed back the results of the study to the keyworkers and to seek their comments).

Finally, catalytic validity refers to the degree to which the research process reorients, focuses and energises participants. One striking aspect of the interviews with keyworkers was that they expressed strong enthusiasm for the project and welcomed the opportunity to discuss their experiences of keyworking. One keyworker stated that although she felt keyworking was one of the most central parts of her work, it was something which was rarely discussed. Another keyworker reported that the interview had been helpful in enabling him to clarify his thoughts about keyworking and enabling him to express opinions which he had not been able to until then.

Clinical Implications

Given the above limitations, caution should be exercised in attempting to generalise the findings of this study. However, hopefully this research goes some way to demonstrating the potential value of qualitative approaches in a field which has tended to be dominated by studies which focus on statistical trends. This study enabled an examination of keyworker and resident experiences of keyworking relationships and the qualitative design of the research helped to provide an open forum for participants to recount their experiences. Although individual variability was evident throughout the interviews and indicates caution about concluding which elements are essential to a good keyworking relationship, key themes emerged which may be useful pointers to staff working with this client group.

Factors which seemed to contribute to the development of a good keyworking relationship included the option of conducting keyworking in an informal setting, keyworkers being flexible, allowing residents some choice, being available, not probing too deeply or too quickly and taking time to listen. Approachability, warmth, genuineness, empathy, respect, and sensitivity to the needs of the residents were all seen as characteristics of a good keyworker. Having said that, the helpfulness of particular types of support offered to residents is likely to depend on who is giving it, how it is communicated and the individual needs of the young people.

Keyworkers' accounts highlighted other important factors. It was evident that keyworking is often personally demanding and keyworkers may welcome affirmation of this aspect of the work, particularly as many keyworkers will

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have little or no training on how to deal with specific issues which might arise in keyworking. Furthermore, given the extent to which keyworkers appear to rely on their personal resources in forming the keyworking relationship, the consideration of the individuality of keyworkers and their differential influence on keyworking seems an essential component of a research strategy which can be used to inform practice.

The lack of consensus in the literature regarding the best way to address the difficulties of young homeless people suggests that the variability in the structure and content of keyworking is likely to continue. Therefore, it seems particularly important that keyworkers reflect on what they bring to the relationship and consider the impact this has on the young people. Furthermore, given the uncertainties surrounding the role, and the emotive nature of the issues that some of the young people bring to keyworking, it seems important that keyworkers have a forum to discuss the issues and express their own feelings and concerns. Some of the keyworkers in this study reported that they felt there was an expectation that they should be able to deal with any issues arising in keyworking. Those who felt they were not adequately equipped to deal with the issues did not feel able to express their concerns about this within the hostels. They also expressed a desire to be able to discuss their concerns more openly. It seems that facilitating this sort of dialogue is an area where it may be useful for clinical psychologists to become involved in staff training or in a consultative role.

In terms of broader service delivery, a recent NHS Advisory Service review report acknowledged that health and social service managers do not always

recognise homelessness as a major issue either on its own or in association

with mental health problems. Hence, "the particular needs of a highly

vulnerable group of people, may ... remain unmet" (HAS Review, 1995, p.1).

The findings of the present study are consistent with the results of earlier

studies which have found that young homeless people experience a high

level of psychological distress. Moreover, despite this, none of the young

people who were interviewed were accessing conventional mental health

services.   Again, this is a familiar pattern from the findings of previous

studies (Boulton, 1993; NHS Health Advisory Service, 1995). It may be that

more innovative services are needed in order to be accessible to this section

of the population.

The themes found in the present study may give some indication of the kind

of factors which could be important considerations in the development of

services. The expressed preference of the residents for informal contact

suggests that formal models of working with clients may not be appropriate

for this client group. In this study, personal disclosure was helpful in forming

relationships as was performing other activities such as shopping or cooking

at the same time as talking. If young homeless people are to engage in any

kind of therapy, very formal one to one contact in a private room may not be

the most appropriate form of service delivery.

Some years ago Onyett (1991) argued that psychologists should become

proactive in mental health services for homeless people. He pointed out that

services needed to be highly accessible for homeless people to utilise them

and that if mental health services were serious about engaging this population then they should "expect to go to them and allow time for trust to be established" (p. 24). As a step towards this, Onyett suggested that psychologists could become involved in staff training with people working in nightshelters, resettlement units and soup kitchens on issues such as the early detection of mental health problems, counselling and case-management skills. The positive responses of the keyworkers to the present study suggest that hostel staff would welcome the kind of involvement by psychologists which Onyett proposes. This model is being used in some areas which have more innovative health services for people who are homeless. The NHS Health Advisory Service review (1995) found that the skills of psychologists have been seen to be very effective by some specialist teams working with homeless people. For example, in the HHELP team in East London and the City, a clinical psychologist provides consultancy and training to staff in hostels for homeless people. It seems that it could be useful to extend this type of model to other areas where there are large numbers of homeless people who are not accessing statutory health services.

However, it is important to point out that while psychologists have particular skills which could be of assistance to staff in voluntary sector organisations, staff within voluntary sector organisations also have particular skills and expertise. Voluntary sector organisations have experiential knowledge of working with the homeless population and awareness of the various issues which come with homelessness. The NHS Health Advisory Service (1995)

recommended that clinical staff who work in, for example, adult mental health services should have a competent level of awareness of the issues associated with being homeless. Perhaps one of the best sources of this kind of knowledge are the voluntary sector organisations involved with homeless people on a daily basis. In addition to providing assertive outreach, it would seem to be important to make existing health services more accessible to homeless people. It seems that the statutory and voluntary sector could usefully work together to address this problem. Again, this is a model of working which the Health Advisory Service review endorsed. However, at least where these two hostels were situated, it did not appear to be evident in practice.

In conclusion, while acknowledging the limitations of this study, some of the findings would appear to add to the existing literature. The findings of this study help to demonstrate: a) the potential contribution of qualitative approaches to the literature on homelessness; b) how the keyworker concept has been understood and utilised in hostels for young homeless people; and c) characteristics which appear to be important in the formation and development of keyworking relationships. Furthermore, the findings of this study seem to underline the results of previous literature which has highlighted both the psychological difficulties of young homeless people and the fact that they typically do not access statutory services. One way forward would appear to be an extension of the model of consultancy and staff training used in some areas. Hence, the voluntary and statutory services

could work collaboratively to provide the best possible service for this

vulnerable group of young people.

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ear Dr Pistrang

Study No: 98/0087 *(Please quote in all correspondence)*
itle: **Keyworker relationships in a hostel for young homeless people**

hank you for letting us see the above application which has been agreed by Chairman's Action. You may go
ead with your project.

lease note that it is important that you notify the Committee of any adverse events or changes (name of
vestigator etc) relating to this project. You should also notify the Committee on completion of the project, or
deed if the project is abandoned. **Please remember to quote the above number in any correspondence.**

ours sincerely

rofessor André McLean
hairman

University College London Hospitals is an NHS Trust incorporating The Eastman Dental Hospital, The Hospital for
Tropical Diseases, The Middlesex Hospital, The National Hospital for Neurology & Neurosurgery, The United   135
Elizabeth Garrett Anderson Hospital and Hospital for Women, Soho, and University College Hospital.
30apr/ijn/30 April 1998

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INFORMATION SHEET

KEYWORKER RELATIONSHIPS IN A HOSTEL FOR YOUNG HOMELESS PEOPLE

A study is being carried out in the hostel to look at how the keyworking relationship provides support to the residents. The study will entail asking both staff and residents about their perceptions of what is helpful and what is less helpful about the keyworking relationship.

If you agree to participate, the study will involve a researcher visiting you at the hostel to discuss with you which aspects of the keyworking sessions you feel are helpful and which are less helpful. The discussion will take about half and hour and will be tape recorded. You will also be asked to complete a short questionnaire. This will take about ten minutes to complete. It asks some questions about the keyworking relationship between you and your client. For example, it asks about the degree of trust between you and your client.

Everything which you discuss with the researcher will be completely confidential. The tape recording will only be used for the purposes of the research. At no point will you be identified by name.

You do not have to take part in this study if you don't want to. If you decide to take part you may withdraw at any time without having to give a reason. All proposals for research using human participants are reviewed by an ethics committee before they can proceed. This proposal was reviewed by the Joint UCL/UCLH committees on the Ethics of Human Research.

If you have any questions, please ask the researcher when they visit the hostel. You can also contact one of the researchers at the following address:

Dr Nancy Pistrang and Ms Liz McGrath, Sub-Department Of Clinical Health Psychology, University College London, Gower Street, London, WC1E 6BT. Tel: 0171-380-7897

CONFIDENTIAL
(Keyworker Version)

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Appendix II

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INFORMATION SHEET

KEYWORKER RELATIONSHIPS IN A HOSTEL FOR YOUNG HOMELESS PEOPLE

A study is being carried out in the hostel to look at what individuals find helpful about keyworking. The hostel staff will be inviting some residents to take part in the study.

If you are invited and agree, the study will involve a researcher visiting you at the hostel to discuss with you what things you find helpful and what things you find less helpful about your keyworking sessions. This discussion will take about half an hour and will be tape-recorded. You will also be asked to complete two short questionnaires. These will take about ten minutes to complete. One asks some questions about your relationship with your keyworker, for example, how much you feel they are able to understand you. The other asks some information about you.

Everything which you discuss with the researcher will be confidential. The researcher will not discuss anything you say to them with your keyworker. The tape recordings will be used only for the purposes of the research. At no point will you be identified by name.

You do not have to take part in this study if you don't want to. If you decide to take part you may withdraw at any time without having to give a reason. Your decision whether of not to take part will not affect anything about your stay in the hostel. All proposals for research using human participants are reviewed by an ethics committee before they can proceed. This proposal was reviewed by the Joint UCL/UCLH Committees on the Ethics of Human Research.

If you have any questions, please ask one of the hostel staff or the researcher who will be visiting the hostel (the hostel staff will be able to tell you when the researcher will be available). You can also contact one of the researchers at the following address:

Dr Nancy Pistrang and Ms Liz McGrath. Sub-Department 0f Clinical Health Psychology, University College London, Gower Street, London, WC1E 6BT. Tel: 0171-380-789

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Resident Version)

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UNIVERSITY COLLEGE LONDON

Appendix III

GOWER STREET LONDON WC1E 6BT

General Enquiries: 0171-380 7897
Clinical Tutor Team: 0171-391 125
UCL: 0171-380 7050
Code from overseas: +44 171
Fax: 0171-916 1989

VOLUNTEER CONSENT FORM

KEYWORKER RELATIONSHIPS IN A HOSTEL FOR YOUNG HOMELESS PEOPLE

To be completed by the volunteer:

1.   I have read the information sheet about this study   **Yes/ No**

2.   I have had the opportunity to ask the researcher questions
and to discuss this study   **Yes/ No**

3.   I have received satisfactory answers to all my questions   **Yes/ No**

4.   I have received sufficient information about this study   **Yes/ No**

5.   I understand that I am free to withdraw from this study:-
      - at any time
      - without giving a reason for withdrawing

    Yes/ No

6. Do you agree to take part in the study?   **Yes/ No**

Signed:...   Date:............................

Name in Block Letters:..

Researchers names:

Dr Nancy Pistrang
Ms Liz McGrath

Sub-Department 0f Clinical Health Psychology,
University College London
Gower Street
London
WC1E 6BT
Tel: 0171-380-7897

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APPENDIX IV
Interview Schedules

KEYWORKER RELATIONSHIPS
IN A HOSTEL FOR YOUNG HOMELESS PEOPLE

<u>Interview Schedule - Staff Version</u>

How long have you been working with your client?

How frequently do you see her/him?

On average, how long do your sessions last?

How would you describe your relationship with your client?
> To what extent do you feel able to understand your client's difficulties?
> What do you think helps them to relate to you (or not)?

What does your client use keyworking for?/ What do you think keyworking is for?/ What do you think your role is?

Do you think your client finds the keyworking sessions helpful?

> If so, in what way/s do you think it is helpful?

> Is there anything which you have said or done which you think has been particularly helpful to your client? In what way/s do you think it was helpful?

> Do you think your client is able to talk to you about things which are worrying or upsetting them? Do you feel able to deal effectively with this? Are there ever issues which your client brings to the keyworking sessions which you do not feel equipped to deal with? If so can you give an example/ examples?

> Is there anything which you have said or done as a keyworker which you regret or think detracted from the relationship?

APPENDIX IV
Interview Schedules

KEYWORKER RELATIONSHIPS
IN A HOSTEL FOR YOUNG HOMELESS PEOPLE

<u>Interview Schedule - Resident Version</u>

How long have you been working with your keyworker?

How frequently do you see her/him?

On average, how long do your sessions last?

How would you describe your relationship with your keyworker?

What do you use keyworking for?

Do you find the keyworking sessions helpful?

> If so, in what way/s do you think your keyworker is able to help you?
>
> Is there anything which your keyworker has said or done which has been particularly helpful to you? In what way/s was it helpful?
>
> If there are things which are worrying or upsetting you, are you able to talk to your keyworker about them? If so, what is it that helps you to do that? If not, why not?
>
> Is there anything which your keyworker has said or done which you have found less helpful or put you off keyworking? In what way/s was it unhelpful?
>
> Are there things which you would like to talk to your keyworker about but don't feel able to? Why do you think that is?

I   What I want to look at is what makes a good keyworking relationship and what makes it more difficult.

K   Okay.

I   How long have you been working with (the resident)?

K   She's been here for about six or seven weeks. I've had three main keyworks with her and then more informal contacts as well which obviously goes into the file. At first when I met her because she came from (hostel A) I knew she was very well quite into the keywork thing. She knew what it was about. So we went straight in really, picking up where she left off. I found it quite difficult really, because I knew from her file there were certain areas about her history, her family and areas of abuse and things like that. So, I knew I wasn't going to tackle those and I haven't actually mentioned any of that. But it was funny in speaking to her, just funny talking about her different family relationships and she had got quite a lot of extended family and foster parents and all sorts and it all sort of came out and that was the main bulk of the first keywork. Establishing that kind of where she'd come from and where she wants to go. She's very into nursing. So we spoke about that.

I   About how long do your keyworking sessions last for?

K   Usually about an hour. I find with (the resident) they do tend to go on for a lot longer, simply because she wants to start talking and it does become very informal. It is just like a chat. Probably an hour to an hour and a half, I think.

I   So would (the resident) come in and see you at times other than keyworking sessions?

K   Yeah, it started off it was very much left that (the resident) would come and see me when she wanted to, but then I hadn't seen her. I had to write to her. But now she's starting to say "I need to see you" and that actually happened last week. And other things as well other than sort of sitting down for a keywork session. She's been updating me on various things. So, it's good really. She's quite happy to talk.

I   Last week, when she asked to see you, what kind of things did she use you for?

K   That was about resettlement. I was actually off duty and the time and she said "I really need to see you" and I thought "Oh what is it?" and it wasn't actually that serious as it turned out. It was just to update me that she'd been to see her resettlement worker and she had a few issues that she wasn't very happy about. She felt that it wasn't progressing very quickly and she hadn't had any feedback. So we just sort of chatted about that. How she could approach him and improve things. I think she using me really as a sounding board. she seems to be very concerned at the moment over the housing situation and also the "New Deal" - prospective training and jobs and things. So I think she uses the keywork as really someone to talk about her worries to.

I   How would you actually describe your relationship with her?

K   It's difficult. I think, I mean she does appear as an individual quite a moody sort of person. Quite difficult to get to know. And her initial appearance I think, obviously when I first met her and I was put down as her keyworker, I was almost sort of dreading it. I was really concerned about how I would approach her and everything. And I think once you do get to know her, it's sort of based on a trust thing. I think that she trusts me - she's proved that by coming to see me. Now, she's quite friendly and open and I feel that we do get on in that friendly way. She's quite happy to chat. She's shown me all her baby photos and photos of her baby sisters. I think that's nice. She's had details of courses through and asked if I'd like to have a look at them and gone to get them. I think that's nice that that's happening.

I   **How did you manage that initially. How did you break that barrier. What did you do?**

K   I think I focused quite a lot on the kind of career aims that she's going for. I could see that that was obviously quite a big area of interest to her. Talking a lot about that and how she's finding dealing with people. Her experiences of working. Also they're quite similar to the kind of things that I want to go into personally - social work. So there were a lot of kind of cross over areas that we could talk about that we both were interested in. So that was quite a good basis to start from.

I   **So you found things in common that weren't threatening?**

K   That's right and I think it's quite important to find some spark of interest in the person you're talking to because it's an opportunity for them to open up a bit more. I think initially it's

just trying to find that. Luckily with (the resident) it was something there.

I   How much would you tell her about your interests?

K   Eh, well on a career level, I think it's all new to me as well. One of the things we talked about was counselling. But, if you want to go into a sort of counselling capacity, you sort of have to go through it yourself. And I think I was quite open about "well , I've never been to counselling, but I think I will have to do it at some point" and left it at that. Obviously you're not going to go into your own issues, but then, that left it for her to say "yes, well, I've been". She actually said that she would be quite interested in doing some kind of counselling. So, I'm usually quite vague. I wouldn't go into lots of details. Just use something simple for them then to look at their own situation.

I   Just thinking about the time when she actually told you about her family. What led into that. Can you remember how that opened up?

K   We were talking about areas that she'd moved to. Before she'd come to London she was in (name of a place) and that was with a foster parent. So I was just asking her about how it was to live in (name of a place) because I'd recently had a holiday there and we just talked about that generally. And I think that just then led into "well my mother lives here" and then I lost track a bit because there seemed to be so many different people and she was actually saying what a big family it was. So it was nice, it wasn't kind of imposing or threatening and asking why she left home and do you have contact. It just unravelled itself a bit.

I   So it wasn't so threatening?

K   I think finding common ground like that, I find it quite an easy way, maybe one of the best ways for me. Although one of the ideas of keyworking I suppose you do maintain a professional relationship and you are the keyworker and they're the client and that's very clear, but I think that there's a certain element that you have to find this common ground. You have to find something you can both talk about otherwise if you maintain those strict roles all the time, depending on the person I think it can be quite difficult for them to overcome the role thing.

I   You said a little about how you find the common ground. How would you let the person know about what the roles are?

K   I think. It's difficult really. I don't think I've actually sat down and explained it. I've found I've never really had to do that unless there was a specific issue with the person. There was a client here before who was a very friendly kind of person and she said "it would be really nice if we could go out one day" and I had to say "You do understand that I can't do that as a keyworker. As a worker here there are certain things that we aren't able to do because you are the client". She was very understanding about that. Generally it's unsaid and I think it is understood. I think if there was any confusion, I'd have no qualms about being quite open and straight about that and putting it in a positive way I think. Because it is difficult. Some people that come here are quite lonely. They're looking for a friend. They're looking for someone to talk to and it can be quite dangerous really.

I   Dangerous in what way?

K   Well it they see you as their friend and they're telling you things about themselves and perhaps thinking "Oh she's my friend, she'll keep a secret" when, you know... I do make it quite clear at the beginning of the whole keywork that whatever they tell me is confidential but it's shared within the staff team. I don't want to give the false impression that I'm here and I'll listen to everything they say and I'm not going to tell a soul because I think that can become dangerous.

I   Is there a similarity between keyworking relationships and any other kind of relationships that you've experienced?

K   I think in a way it's a bit of everything. Obviously you're not in a capacity as a social worker of a counsellor. You're not claiming to be a specific kind of person and you're going to take on loads of responsibilities. I   think what it is is just somebody who's there as a sound board to offer them advice and be there for them. So depending on that person they may be someone who's looking for a parent child relationship, they might be needing that kind of support or they might be needing careers advice so it's a lot of different kind of things. I think one of the main things I've sussed out in doing this work is that at the end of the day it isn't really my responsibility in my capacity as a keyworker. It's putting the responsibility back on them. It's trying to help them to help themselves. I think that's good. It's not like you're being a trained counsellor or whatever. It's very informal. It's actually a lot about listening and I think there's a worry that there could be a lot of pressure on the person that's keyworking. For this person to come in

and say "you're going to sort my life out for me". Well you're not.

I   How do you let the young person know that? You talked about sensitivity before.

K   I think what I do is to say "I'm going to help you as much as I can. I don't claim to be able to solve everything, but what I don't know I'll find out". I just help as much as possible, but I think it's good to say "I can't help you completely" so they're not kind of relying on you. I guess it's a bit of backup for yourself incase everything goes wrong and suddenly it's "oh so and so said they're going to help me and look what's happened".

I   Has it happened that someone's said something to you that you've felt has not been part of your role?

K   I haven't really no. Informally things have come up and I think there's a tendency just to ignore that information. You don't know where you're going with it or how that person's going to react. Some people here have been told if they want to go to see somebody, a professional counsellor then they can.

I   What kind of things would you feel you weren't equipped to deal with?

K   I think a lot of psychological things that people are carrying, specifically the way they've been treated by their families and where there's a history of some kind of abuse. Those kind of difficulties and I think that's quite damaging to people to get into and I wouldn't want to start bringing that up

because it's one thing to sit and listen to someone, but then, if they've just told you all that and it doesn't make them feel any better that could be quite hard for them. I mean with (the resident) as I said before I know that her father had abused her but it's something that I wouldn't even consider trying to do anything with. I know that in the past when she was at (Hostel A) and she had a keyworker the idea of counselling came up and whether she would benefit from that. And she herself admitted, although she's a very mature responsible kind of person, she does feel that she's got a lot of growing up to do. She's actually said that and I think she would probably benefit from something therapeutic. I think there are a lot of things that she would have to sort out from her own history and that's in a way when I mentioned that common ground thing I was trying to find out in a round about kind of way if she's considered it. But I didn't want to push it any further than that.

I   If she actually brought up stuff about her father what would you do?

K   Well I'd obviously listen to what she had to say, but I'd need to be clear to her that if what she wanted was to just tell someone then that's fine, but if she's wanting more, if she's wanting to really confront these feelings and try to sort them out then I'm not qualified for that and I can help her find someone for that if that's what she wanted. You don't want to stop people from talking. I think that's terrible. But being quite clear and saying "before you go any further you realise that what you're saying I'll have to share with the team and also to say it's very difficult for me to help you with this because I'm not actually trained to help." It is fascinating as well. I think because I'm interested - not that I would do it- but I suppose some people might use that and think find out what I can about

this person because I find it interesting. It's a totally wrong way of going about things and I wouldn't even try and do that. It is hard when you are interested, but you know that there's no point because you just can't offer them anything back for it.

I   You've obviously really thought about it.

K   It is hard when people are so used to saying things like "Oh yeah my dad used to beat me" and people say things like that and you just don't know how to take it and you don't even want to comment. It's like they're just saying it like "Oh I was just at the shops" and you're wondering are they saying it like that because they're so used to it or are they saying it to provoke a reaction. Do they want to actually talk about it? It is hard to decide how to go. A lot of it is very doing things and then learning from your mistakes. But, you're having to tread very carefully when it's other people's lives.

I   Do you think that there's anything you've said or done with (the resident) that's been particularly helpful to her?

K   I like to think that in discussing her choice of career and talking about different options. I think in sharing that and discussing it together. I hope that that's been helpful. I know her concerns specifically. I worry for her. She really does need some sense of support and back up on that.

I   How do you show her that support?

K   I think empathising with her. Saying "yeah that's really bad. You must be quite worried about that" And reassuring her "I'd feel like that too". And I've said to her that if there are

any problems we'll be there for her, we'll write her the letters, we can speak to the people at the job centre. Letting her know that she's not alone basically. I think it's quite a scary time. There's a lot of things that all of the young people are having to do. Some of the responsibilities that they have here and being so young. If that had been me I'd have been swamped. It is hard on them working everything out. I think it's good if we can be there to back them up and help them all the way.

I   How important do you think your relationship with (the resident) is in providing emotional support for her?

K   I think it's important, but residents can come to see any member of staff so I feel that I provide the same kind of support and help as other members of staff do. In a way for her to say "I need a keywork" is a good step and recognising that I'm important to her.

I   What do you think she gets from that?

K   I think she does like to talk and it's that sort of time and space for her to unload a lot of her worries and concerns. And even just to talk about what she's doing and have a chat and I think that's important to her so I hope she gets that from me. It's very hard to say. You do worry generally with people and keywork whether you're just interfering with people and forcing them to come and speak to us when they don't really want to or you actually doing something good. And I think after seeing someone a few times and then them coming to you without you having to chase up after them, it kind've shows that you're doing something good that they do want to come and tell you what they've been up to.

I   Is there anything which you think, perhaps something you said to (the resident) or did and thought "Oh that really wasn't helpful to our relationship, I wish I hadn't said or done that."

K   I don't know. I suppose when we talked about finding things that we can both to relate to, one of the greatest difficulties I've found in trying to get people to open up is that you've got to say a bit about yourself. I can't think of anything specific, but it's something on my mind in that I could say something about myself that wasn't helpful because they're different to me.

I   It sounds like you use quite a lot of your own resources and experiences in keyworking sessions. Have you had any kind of training in keyworking?

K   When we started we had a weeks general training and there was informal counselling and there was the basics the eye contact and make sure you're not disturbed by the phone and that sort of thing which I think you do naturally anyway. It is difficult if you're coming in and you're not actually properly trained, you have to rely on what you can. When it comes down to it, it's down to the individual person and trying to understand where they're coming from and trying to think well how would I do it , but notactually saying "well you should do it like this" but kind of relate to them "have you thought of this?" and then try and make out that it's been their idea or that they've thought through how they can cope with something which can be difficult.

I   Like making suggestions and giving ideas rather than being directive?

K   Yeah. I wouldn't want to say "well I've done this" because I don't want to bring myself into it. Just trying with general suggestions or ideas or ways of coping with something or what you could do.

I   To what extent do you feel able to understand what (the resident) is going through just now?

K   There's a lot of it that I can't understand and I would never even try to. I know from her quite complicated family background and family history there are a lot of things there that I would never really understand unless I'd been there myself, but I think the only way you can do that is by talking to them now in the present and see what kind of person they are and how they're obviously building their lives in the way that they've decided to and the way that they're acting or whatever. Trying to cope with them now rather than ... it's hard really.

I   It sounds like you've actually gone to quite a lot of trouble to try to get to know her rather than presume things about her.

K   I think something I've learned from being here is not just to take someone as they seem. I think it is important because everything that people do there's a reason for it and I find that quite interesting people's behaviour patterns and I want to know why and if there's a certain thing that's difficult to mention in front of them I want to know where people are coming from. You might not be able to do a lot with that but you can at least understand their behaviour. I think as well to accept that if they're being a bit off with you to accept that it's not you that it's something that's going on. That's another

thing. Coming here at first I wanted to be liked by everyone and I wanted everyone to think that I was here to help them and it doesn't work like that. You're always going to get people that don't want to know. They don't like you. They're not going to tell you anything. And that's not what's important. The fact is we have to get on. You have to put your own feelings aside and work from there.

I   In working with (the resident) what's told you when not to go any further?

K   It's difficult to say. You get a sense a feeling that they don't want to. Sometimes I'll ask her something and she'll completely ignore it which is quite blatant. Or be very vague. And I think I won't pursue that now. I think body language is quite crucial as well. It might just be about the mood that they're in generally, something might just have happened and it might be nothing to do with the kind of questions you're asking. It's all very complicated.

I   If you felt that (the resident) didn't want to go into something would you check that out with her or would you just go onto something else?

K   I'd probably go on to something else unless I could say "Is there a problem with that?" But I don't generally do that. At this stage I'd probably sound it out with other staff first.

I   Do you think that (the resident) feels able to trust you?

K   To a certain degree. I haven't known her that long. I think you need to build that up over time and in this situation

generally people are coming and going so there's no reason for her really to trust me. I know there are lots of things that we suspect about her, things that might be going on that she hasn't volunteered. She's obviously made a decision that she doesn't want me to know about that. So in that way you know that you don't know everything about her. I think she trusts me with what she tells me. She's very thoughtful in how she's expressing herself. I think she knows what she says won't be gossiped about..

I   **What do you think it is about you that helps make the relationship work?**

K   I think your own kind of body language, the way that you're acting, to be there, to be interested, to actually listen.

I   **How would you show that you were listening?**

K   One of the things is that when I have a keywork I take notes and that can be kind of obtrusive. So that goes on the floor and to sit there and look at them and even if you have a cup of tea to actually make it a conversation. "I'm here for you now." And just the general comments, "Oh yeah I see" and things you do when you're counselling. It's hard to say really. It's about being approachable and warm and friendly so that they feel comfortable and they can actually talk to you. It's about making time for them. Let them know we can talk about anything they want to talk about. Body language, tone of voice.

I   **Taking those - body language and tone of voice - what about your body language?**

K   I think not to have stuff on your lap and be too busy writing things down. To act quite normally because... maybe sitting next to them if you thought that was right. Also the location of keywork. I used to keywork someone in their room and I felt that that gave them a kind of power in the relationship because that was her space, her room and she was inviting me in. I think she saw me less as officialdom and she could feel more comfortable and that was good. With (the resident) there have been a couple of times when I've talked with her informally and she invited me in and I sat on her bed. I think if you incorporate those sort of things in keywork as well it helps me to feel that I'm making them more comfortable and I think then I can relax myself. I think if you're uptight and you're rushing through things it's not going to help at all.

I   **Would you have a set agenda of what you were going through or would you see what came up?**

K   The general things that we always talk about like rent etc., issues in the hostel, training college, jobs. We focus most of what she's really worried about. Most of keywork is them giving me an update on how they are. I think that whatever they talk about is important to them because they obviously feel the need to tell you.

I   **So you give time to that rather than your agenda?**

K   Yeah, unless they're obviously avoiding a crucial issue like rent that you need to talk about.

I   **Is there anything else you think is important either in your relationship with (the resident) or in keyworking generally?**

K   I think with every person you keywork the relationship will be different. Although you're the same person yourself you have to adapt and be flexible. I think it's not good to go into see a new person and already have decided what you're going to be doing because they're going to be totally different with you. I think the keywork relationship grows. It's still very early days with (the resident). It is about growing and developing. You can't expect it all to fall into place at once. That is difficult because you want to help them and sort everything out. You have to be quite realistic as well and let the person develop.

I **What brought you to London?**

R   Em, well 'cause see the idea was ... I'd been in care all my life. The idea was to get reunited with my natural mother through social services, but it didn't work out.

I **Have you been in various hostels since then?**

R   I've just been in (Hostel name) and (Hostel Name) and here really. I've moved around so much anyway that you get used to it. I had a flat at 16 when I left care, but I had to give that up to go and see my mother.

I **And that didn't work out?**

R   It didn't work out at all. We're two different people. It was nice to meet my brothers and sisters.

I **Have you kept in contact with them?**

R   Yeah, on and off really 'cause if you keep in contact with them you've got to keep contact with me mum really.

I **Okay, thinking about keyworking, how long were you working with your keyworker?**

R   About four and a half months.

I **And how often did you see them?**

R   It depends. They thought because I was very independent anyway and I'd sorted out my housing, sometimes it was once a

week and sometimes it was every two weeks. The arrangement we came to in the end was that if I had a problems I'd go and see them and if he had something he wanted to see me about he'd come to me, but the most in depth work really took place at the beginning.

I   And how long did your meetings last?

R   It depended. Sometimes it would last about ten minutes and sometimes about an hour. Roughly, it was usually about half an hour.

I   Okay, did you find the sessions helpful?

R   No (laughing). I found that they seemed to me more like a counselling session. It was or like trying to be into your personal life rather than looking at your housing. I mean to me he was my housing officer and that's what I felt I needed. You talked to your keyworker to go to your housing officer. I found it a bit silly really. I didn't really find it helpful. I could have gone straight to my housing officer.

I   You were saying that your keyworker was trying to go into personal things.

R   Yeah, I mean I felt it was more like a counselling session. They tried to delve into private things, personal things that maybe you don't feel comfortable talking about or that. I think they're doing it for your best benefit, you know, trying to sort things out, but I didn't really feel that comfortable talking about certain things. To me, I mean they didn't even really help that much with my housing really. Some people ... I can see when I talked to my friends and that... their keyworker was really helpful to them

'cause it's that extra person to talk to....but, I suppose maybe 'cause I'm more independent than a lot of people, I've seen and I'm used to sorting myself out. I felt that it was like treating you like a kid.

I   So what would you have liked from your keyworker? What would have made it better?

R   Really I mean - I think basically you should either have a housing officer or a keyworker. That's the main thing. And just that person helping you with your housing and that's it.

I   You said you felt your keyworker treated you like a child.   Did you actually feel comfortable with your keyworker?

R   No. I mean... we didn't really get on. I didn't really like him.

I   What do you think was the problem? Was it something about him or what?

R   It was him and his general attitude anyway. I didn't really like him much in the whole hostel anyway. But I mean a lot of it was his attitude as well. I didn't feel he was doing anything that benefited me. I felt that we were just having keyworking sessions where he was trying to find out about my personal life.

I   So how would you describe his attitude?

R   He was very condescending really. He was very sort of .. arrogant. Very arrogant. He treated you like you were below him, which to me .... It was very annoying considering (... *information which could compromise confidentiality*). If anything, he should be

treating me on the same level. But, that's what I felt like he was treating me as a kid which I didn't appreciate at all. Some people you could see he needed to. Some people needed that father I suppose in some ways.

I   Did you feel like he was maybe trying to be that father that you didn't want or need?

R   Yeah, he was trying to be more that figure of authority that I didn't really need because I'm quite capable of dealing with things on my own.

I   So I presume if there were things worrying or upsetting you, it wouldn't be him that you would go to about them?

R   No. I'm used to sorting out my own problems. If not I go to my brothers or sisters.

I   How would you describe your relationship with your keyworker?

R   Em, well at the beginning it was alright. I mean he was alright at the beginning. It was just towards the end he'd become a bit arrogant and would treat you like a kid ..... and when we had various disagreements . I actually threatened to make official complaints about him. I didn't really like him at all. I actually refused to have any more keyworking sessions with him. Here at X you go when you need to . I don't agree you should be forced to meet. It's just not beneficial to anyone. If it's made a chore then you're not going to appreciate it and use the service.

I   Did you feel your keyworker was actually able to understand you in any way?

R   No. I think he had a totally different understanding. I think his understanding of me was totally different to the person I actually am. I think he misinterpreted a lot of my actions as well. A lot of the time he would think I was being rude when I wasn't. I was just trying to put a point across that I didn't like certain things and I didn't like the way he was doing certain things. I think he his problem was he had a problem with the fact that someone was on the same level and he didn't have that kind of authority. That's what I felt anyway.

I   **You felt he didn't discuss things with you on equal terms?**

R   That's what I felt really. I felt like he was more happier when I was not doing so many things on my own, when I was letting him do things. At the end of the day it was for my benefit that I took things on myself.

I   **So it sounds like you felt he wanted you to be more dependent on him than you were.**

R   Yeah, I think so. I think that was really what it came down to at the end of the day. I mean his general attitude was like that throughout the whole hostel anyway.

I   **And did you feel able to trust him? Did you feel safe in what you told him?**

R   No. No. We had another staff who was absolutely brilliant. He was on the same level as us. He would talk to us. He would treat us like what we were. He would treat us like what we were acting. If we were acting like children he would treat us like

children. If you acted like an adult you would be treated like an adult. And I would talk to him with any problems whatsoever and he was helpful. Even though he had certain people allocated to him, he would deal with everyone else's problems as well.

I   What was different about him?

R   I think maybe... I think he was a lot younger as well. He was only a couple of years older than me. I think he was more able to understand my feelings and the way I liked things to be expressed. My keyworker was a lot older and I think he had his views on what younger people should be like in his generation. Whereas, the younger staff member you could talk to him. You could feel confident. It was like just that he'd treat you with respect. He'd tell you things in confidence and you'd tell him things in confidence. I do think you should have the option to change your keyworker.

I   Do you think that you would have used the keyworking sessions differently with a different keyworker?

R   Yip. There would be no doubt that I would have confided in the younger worker a lot more because he treated me with a lot more respect. Everyone in the hostel liked him. He was more like a friend. He was in on everything that we did 'cause everyone trusted him. I think when it comes to talking to people we should have a choice.

I   You seem to be saying that keyworking could have been helpful for you.

R   Yeah it could have been helpful. I can see how it can be helpful. I don't think it was helpful to me 'cause I had the wrong

keyworker. But if I think I'd had the option to change it would have been a lot more helpful really.

I   **So were there things other than housing that you'd like to have talked about with a different keyworker?**

R   Yeah. I mean that's another thing as well 'cause sometimes it is nice to take some stress out of doing things and to have that extra help. I did talk to that other staff confidentially. I talked to him about most problems. Things like I wouldn't talk to my keyworker about. Private things.

I   **Can I ask you what sorts of things? I don't mean the details. Just in general.**

R   Just certain things. Private things or stresses. You know situations that arise i.e., with family problems and personal problems. Sometimes you need that extra person to talk to. He was a lot more comfortable to talk to than my keyworker.

I   **How did that relationship differ to a relationship with a friend?**

R   It was, I mean I don't really think there was much difference. The only difference was there was a boundary. That staff-client boundary. I think that was the only real difference. But, at times he would step over that if he felt that he could help you. I mean I think if he wasn't in that sort of role he was the kind of person you would have as a friend. Obviously with that boundary you can only go to a certain degree.

I   **Do you think that boundary was helpful or unhelpful?**

R   Eh, I think it was helpful to a degree because sometimes it can look bad on them it you get too close to them, but I think he would keep a lot of it personal.

I   **Do you think there's anything we've missed which is important?**

R   The only real thing is that you should be able to have a lot more choice in your keyworker. I think keyworking would have been a lot more helpful if I had the other staff member.

I   **And you would have used keyworking for more things that you actually did?**

R   Yeah, 'cause obviously the hostel sometimes can be a lot of stress and you or not even just the hostel, but the fact that you're homeless has a lot more stresses than it appears on the outside. People think you have a roof over you head and that's it. You're in a hostel, you're happy. It's not. A lot of it is stressful. And pressures... like me personally, I can't tell certain members of my family I'm living in a hostel. I do think things should be judged more on the independence of the person. I feel I'm fully independent. I can deal with my own matters. Obviously, I'd like help on certain housing when it goes out of my league. I think you should have a certain amount of control.