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Psychological Help-Seeking and Homeless Adolescents

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Abstract

Homeless young people in the U.K are a particularly vulnerable group: their levels of psychopathology, physical ill health and violent victimisation exceed that of their housed counterparts. This qualitative study aimed to examine what these young people think and feel about seeking psychological help for their problems. Semi-structured interviews were undertaken with 16 homeless young people at an emergency homeless hostel. The principles of Interpretative Phenomenological Analysis (Smith, 1995, 1997) were used to guide the interviews and analyse the data. The principal themes were grouped into four domains: "Why I need help", "Why I would seek help", "Why I wouldn't seek help" and "The kind of help I want". Participants discussed their needs from practical, emotional and social perspectives. A sense of hurt and anger at the perceived betrayal by their families and society made participants reluctant to seek help and to trust help offered by others. They felt they would, however, seek help from those they perceived to be genuine, caring, trustworthy, empathic and capable of hearing their distress. The findings have implications for the provision of clinical services for this underserved population.

Acknowledgements

Chapter 1:

Introduction

Homeless young people are more likely than their housed counterparts to be sexually assaulted, physically assaulted (by their family and their partners), have poor physical health, suffer from depression, sell sex, abuse illicit substances and commit suicide (Boris, Heller, Sheperd & Zeanah, 2002; Ensign, 1998; Greenblatt & Robertson, 1993; Kral, Molnar, Booth, & Watters, 1997; Rew, 2002; Rohde, Noell, Ochs & Seeley, 2001). They are also, among 16-21 year olds, one of the least likely groups to access mental health, medical and social services (Slesnick & Meade, 2001).

Youth homelessness has been a major problem in the UK for some time. Some of the statistics recently quoted by Centrepoint - a nationwide charity dealing with youth homelessness - are striking: every year in the U.K. more than 100,000 young people run away from home; 28% as a result of physical violence and 14% due to sexual violence. The organisation's research has found that 1 in 20 young people will experience homelessness at some point in their lives. Among those who used the Centrepoint projects in 2000 alone, 78% had experienced sleeping rough and 50% had slept rough for more than a month (Centrepoint, 1999). Another survey found that that over 50% of young homeless young people had left home more than once before they were 16 (Crisis, 2002).

Other research has supported these charities' concerns. Craig (1996) found that mental health problems are approximately three times more likely in the young homeless population than in the general population, with up to two-thirds of the young homeless population satisfying criteria for a psychiatric diagnosis. Randall (1998) found that one third of homeless young people have attempted suicide.

Research deriving from UK state bodies has also highlighted the extent of this problem and the need for specialist services. A report from the Office of the Deputy Prime Minister (ODPM) states that of those people that we know are homeless, approximately 25% are between 18 and 25 (ODPM, 2002). In relation to the provision of services it emphasises the importance of considering separately the needs of young people. It similarly stresses that the most effective way of meeting these needs is often through methods significantly different from those employed with an older population.

The level of need in this population is such that many services have been put in place in an attempt to ameliorate some of the major difficulties these young people face. Many studies have been undertaken into the effectiveness of such interventions. However, little if any research has focused upon what the young people themselves think about the sources of help that have been made available. There remains an absence in the literature of information on why homeless young people chose to avail of certain services and not others. Little has been written about services the young people themselves think have helped them, or what services these young people would like to exist. This study, through asking certain homeless young people what

they think about seeking help (from both formal and informal sources), attempts to address this absence.

Youth Homelessness: A Developmental Approach

Many attempts at understanding the phenomenon of youth homelessness have pointed to the necessity of including economic, social, political as well as psychological factors. The focus in this research, however, will be predominately upon elaborating our understanding of the psychological aspects of youth homelessness. Within the psychological literature the attempts at understanding this phenomenon have often taken a developmental approach (e.g. Van der Ploeg & Scholte, 1997; Hier, Korboot & Schweitzer, 1990). These developmental models postulate that certain experiences that the young person has in the society and family of origin have psychological consequences that impact upon the likelihood of them becoming homeless. In particular it is argued that important critical and rejecting experiences in a young person's background lead the young person to mistrust offers of help and view authority with suspicion as well as depriving the young person of opportunities to learn more adaptive ways of interacting with others.

Van der Ploeg and Scholte (1997) view the problem of youth homelessness one of being progressively "pushed out" by society. The authors believe that the experiences these individuals first have with their families set them upon a pathway to the most marginalized areas of society. They describe typical familial environments leading to this as being ones high in conflict and under a lot of stresses (economic and cultural as well as psychological). The individual may perceive

important authority figures as critical and/or rejecting. These experiences form templates for future relationships. The individual may then have conflictual relationships with school (with peers and authority figures) that may lead to a sense of alienation and a failure to prosper in this environment. Difficult behaviour and truancy may lead to permanent exclusion, mirroring the sense of rejection from the family. The difficulties with relationships may also led to a narrow and possibly deviant peer group where substance abuse and crime are seen as alternative means to achieving status, wealth and escape from distress. A sense of powerlessness and hopelessness may exist which hinders any escape from a spiral of self- destructive behaviours.

Hier, Korboot and Schweitzer (1990) propose a somewhat similar theory focusing particularly upon the social isolation experienced by homeless youths. The lack of the usual social bonds with friends and family results in an absence of support in times in need and a poverty of opportunity to learn adaptive ways of dealing with adversity. Without the social experiences by which social norms are usually internalised, these individuals are predisposed to engaging in behaviours that result in their marginalisation in society. The young person is then left feeling isolated and without the necessary social tools to facilitate a re-integration back into the mainstream of society.

Taking its structure from the developmental perspectives outline above, this chapter will begin by focusing on the social and familial influences on the young people who later become homeless. A developmental approach argues that difficult early life experiences have a detrimental impact upon the young person's later mental health

and their capacity to seek and make use of sources of help. This chapter, therefore, will then look at the mental health of the young homeless population and what is known about their help-seeking attitudes and behaviour. The chapter concludes by considering some of the other psychological models that have been applied to this area and by outlining the rationale of the present study.

Familial and Societal Influences on Youth Homelessness

Some authors (e.g. Bronstein, 1996; Dadds et al., 1993; Whitbeck & Hoyt, 1999) have been critical of the intrapersonal focus of psychological research into homelessness. Several of the studies have emphasised the importance of examining family and social influences in youth homelessness. Some studies (e.g. Boesky, Toro & Bukowski, 1997; McCarthy & Hagan, 1991; Schweitzer, Hier & Terry, 1994) have attempted to focus somewhat more on these areas.

The Family

The abusive families, from which many of the homeless adolescents come, often suffer from multiple stressors e.g. poverty, social isolation, ill-health (Sullivan & Knutson, 2000). Ryan, Kilmer and colleagues (2000) attempted to separate the influence of abuse upon adolescents who later become homeless from the other factors associated with abusive families. They wished to determine whether homeless adolescents from families where many familial stressors were present – but not abuse – differed from adolescents coming from abusive family backgrounds. They found

that significant differences existed between the two groups in terms of later rates of assault, rape, depression/dysthymia, and attempted suicide (with the young people who had suffered abuse being more prone to all of these). There was also found to be a cumulative effect of physical and sexual abuse. They concluded that that those with histories of both physical and sexual abuse were more likely to have the most severe symptomatology and were at greatest risk for suffering from abuse again.

The familial backgrounds of homeless adolescents, in comparison with housed adolescents, involve higher levels of parental marital discord and lower levels of parental care and acceptance (Dadds et al., 1993). Schweitzer et al. (1994) had previously studied the level of parental bonding in homeless and housed adolescents, using the Parental Bonding Inventory (Parker, Tupling & Brown, 1979). They concluded that the homeless adolescents were significantly "emotionally deprived" in comparison to their housed counterparts. The importance of using a family distress model in understanding youth homelessness is stressed by such research.

Even when behavioural disorders, alcohol dependence or abuse has been controlled for, homeless adolescents, compared to housed adolescents, experience more parental maltreatment, report feelings of less parental love, report higher levels of verbal and physical aggression between the parent and adolescent and report higher levels of intrafamilial conflict (Wolfe, Toro & McCaskill, 1999).

Other studies have concluded that the absence of real opportunities to grow and develop at home combines with even fewer opportunities when the adolescent

becomes homeless, to result in the adolescent being particularly prone to street victimisation (Whitbeck and Hoyt, 1999).

When the family ceases to be the main source of support the importance of finding support elsewhere becomes apparent. The nature of peer relations formed can then be very influential in the mental health of the homeless individual (Bao, Whitbeck & Hoyt, 2000) as can the young person's contact with formal services (Slesnick, 2001).

Life outside of the familial home

The effects of life outside the familial home cannot always be easily separated from the experiences that preceded leaving home. Some studies (e.g. Terrell, 1997; Whitbeck & Simons, 1993) have found that an adolescent's experience of being on the streets to be influenced by the type of familial environment experienced before becoming homeless. Whitbeck and Simons (1993) concluded that homeless adolescents who leave abusive family backgrounds were more likely (than non-abused homeless adolescents) to rely on deviant survival strategies, and more likely to be criminally victimized. They found that a social learning model of adaptation and victimization on the streets was more strongly supported for adolescents than adults, and for males more than females.

The street life of homeless adolescents increases significantly the probability of their suffering aggravated physical and sexual assault (Terrell, 1997). Terrell (1997) links this, as part of a social learning model, to the earlier experience of aggressive and abusive parents.

While evidence exists that background familial aspects of an individual's history and certain personal factors (e.g. gender, age and even physical appearance – Tyler et al., 2001) contribute to the difficulties associated with homelessness, several studies have demonstrated that the type of environment around homeless adolescents plays an important part in the distress they experience.

The experiences suffered by young women on the streets when homeless increase the likelihood of the development of depression more than experiences of early family abuse (Whitbeck, Hoyt & Bao, 2000). The types of experiences likely to increase the odds of victimisation were associating with a deviant peer group, the abuse of substances, deviant subsistence strategies (e.g. theft) and risky sexual behaviours (Whitbeck et al., 2000).

MacLean, Paradise and Cauce (1999) attempted to categorise the homeless adolescents they studied according to whether they were thrown out ("throwaways"), left themselves ("runaways") or were removed from the home by authorities (i.e. police, social services). They studied these groups' psychological symptomatolgy, familial relationships, and victimization on the streets and found that no major differences existed on these variables between the groups. They suggest "the traumatic experience of homelessness may supersede the differential background factors, resulting in equally high rates of distress and victimization" (p. 405).

Other authors have focused on the length of time the adolescent spends in the "homelessness system", generally concluding that the longer spent in such a system,

the more detrimental the effects. Boesky et al. (1997) compared younger and older adolescents in homeless shelters and found that the older group had higher rates of disruptive behaviour disorders, depression and dysthymia, mania and hypomania, and drug and alcohol abuse/dependence.

Many adolescents remain in the homeless systems throughout their youth. These individuals have been termed by certain authors (e.g. Slesnick & Meade, 2001) as "system youth". Slesnick and Meade (2001) in their study of "system" versus "non-system" youth (i.e. those who have not been in the homeless systems for extended periods) found that the former group reported taking more prescribed psychotropic medications, experiencing more sexual abuse, and less parental overprotection, were more likely to have attempted suicide and (if male) were more likely to have engaged in delinquent behaviour. Many of these factors e.g. substance abuse were directly linked with the length of time in the system.

McCarthy and Hagan (1991) found in their study of homeless adolescents in Canada that homelessness was a "criminogenic situation". They found that far more crimes were committed by these adolescents after they became homeless than before.

Mental Health and Youth Homelessness: Sex, Drugs and Survival

The developmental approach put forth Van der Ploeg and Scholte (1997) and by Hier et al. (1990) argues that difficult early experiences have a significant detrimental impact upon these adolescents' functioning. An examination of the literature on the mental health and general well-being of this population may allow a consideration of the possible impact of such high levels of abuse, domestic conflict and difficult street experiences on this population.

General Prevalence Rates

Several studies and literature reviews have been undertaken into the health of homeless individuals. A review of the literature in Australia led Kamieniecki (2001) to conclude that homeless young people scored "significantly higher on standardized measures of psychological distress than all domiciled control groups" (p. 352). He found that among homeless youth in Australia, very high rates of suicidal behaviour, psychological distress and psychiatric disorders were reported.

These conclusions are not specific to the Australian population. An earlier review of the literature in the USA on the link between homelessness and psychological problems focused on the high rates of psychiatric disorder, psychological distress, and psychiatric hospitalisation within this population (Robertson, 1986). A more recent review of the literature on youth homelessness and health in the USA (Ensign, 1998) concluded that homeless adolescents had higher rates of risk-taking

behaviours, faced additional barriers in accessing health care and suffered from poorer health than their housed counterparts.

The authors of these reviews commented that there are major methodological problems with the studies under review, such as the lack of standardised instruments and convenience sampling (e.g. Ensign, 1998, Robertson, 1986). Despite these methodological weaknesses, they concluded that there is substantial evidence that the level of psychopathology in homeless adolescents is significantly higher than in their housed counterparts.

Certain studies, more recently, have attempted to address the methodological weaknesses noted above. McCaskill, Toro and Wolfe (1998) closely matched 118 homeless adolescents with domiciled counterparts. They used the Diagnostic Interview Schedule for Children (DISC), which yields diagnoses based on the DSM-III-R (American Psychiatric Association, 1987) criteria, and the Brief Symptom Inventory (BSI: Derogatis, 1991). After controlling for a set of 10 risk and resilience factors they found a greater level of behaviour disorders, alcohol abuse and dependence on the DISC and increased levels of symptomatology on the BSI, among the homeless participants. It appears that the more rigorous the methodology used, the more robust the finding that homeless youths are a population at particular risk for mental health problems.

Several studies have noted that the homeless youth population engaged in risk-taking sexual behaviour. This population was also observed to have a disproportionate representation by those who had suffered sexual abuse and by those of a bisexual or homosexual orientation.

Kral, Molnar, Booth and Watters (1997) studied the self-reported sexual behaviour of homeless American adolescents. They found that 23% of the male participants and 14% of the female participants stated that they had exchanged sex for money. Also they found that 75% of the participants reported having had sex while under the influence of alcohol or drugs. This raised particular concerns for Kral et al. in relation to possibility of contracting HIV.

These concerns had been raised earlier by Greenblatt and Robertson (1993) who, in studying a similar population, found that nearly all their participants "were sexually active; about a third had more than 10 partners in the previous year. About a third reported trading sex for money, food, or drugs. Although most had basic knowledge of HIV transmission and used some form of birth control, little more than half had used a condom in the most recent sexual encounter, and 18% reported sex with IV drug users" (p. 1177).

Sexual behaviours that place these adolescents at risk have been found to occur in a broader context where familial abuse, substance abuse and affiliation with friends who sell sex are common (Tyler, Hoyt, Whitbeck & Cauce, 2001). The dangers of

contracting STDs as well as the threat to physical safety posed by such behaviour are concerns repeatedly raised by researchers (Greenblatt and Robertson, 1993; Kral et al., 1997; Tyler et al., 2001).

Sexuality

A sense of isolation may also derive from a familial and/or societal rejection of certain young people as a consequence of their sexuality. Several authors (e.g. Noell & Ochs, 2001; Rew, 2002; Rohde et al., 2001) have found there to be a higher proportion of young people who describe themselves as gay, lesbian or bisexual in the homeless youth population than in the domiciled group.

In comparison with their heterosexual counterparts, LGBT [Lesbian, gay, bisexual and transgender] adolescents have been found to leave home more frequently, have more sexual partners, use addictive substances more commonly, be victimised more and have higher rates of psychopathology (Cochran, Stewart, Ginzler, & Cauce, 2002).

Homeless adolescents from sexual minorities are also more likely to have spent time in mental health treatment, report significantly higher rates of drug use and suicidal attempts (Noell & Ochs, 2001) and have higher rates of depression and suicide ideation than homeless heterosexual adolescents (Rodhe et al., 2001).

In summary, within an already marginalised section of society – homeless youth – homeless young people with a non-heterosexual orientation appear to be a particularly vulnerable group.

Sexual and Physical Abuse

Many studies confirm that a large proportion of homeless youths have suffered incidences of sexual abuse, often prior to becoming homeless. Rew's (2002) study found that over half (60%) of the homeless youths studied had a history of sexual abuse. She found significant associations between a history of abuse and loneliness, a sense of disconnectedness, increased alcohol use and suicidal ideation.

Two major sources of abuse are the homeless adolescents' families and their partners. The effects of such abuse have been found to be extremely detrimental to the adolescent's development. In their study of abuse by the homeless adolescent's family Bao, Whitbeck and Hoyt (2000) found that abusive family origins contribute to the development of depressive symptomatology. They found that such early abuse can lead to precocious independence. Such independence, they felt, forced homeless adolescents to rely on peers for social support. The well-being of the adolescent then becomes extremely dependent on the quality of such support. Bao et al. concluded that while support from friends on the street can reduce depression, many participants' association with "deviant peers" often was detrimental to their mental health and increased the likelihood that they will suffer depression.

Physical abuse is a common feature in many of these young people's backgrounds. Sullivan and Knutson (2000) found that familial abuse appears to be more common where the adolescent has a behavioural disorder or a disability. In their study of runaway children they found that young people with disabilities were more likely to run away from home. They also noted that domestic violence was more prevalent in the histories of those young people with behaviour disorders. They concluded that "lower academic achievement, poor school attendance, and more family stress factors were associated with maltreatment, disability and runaway status" (p. 1275). Their findings that familial stress is implicated in abuse, and in young people running away, would seem to point to the importance of taking a broader ecological approach to understanding youth homelessness – an issue discussed below.

Homeless young people may also suffer violence from their partners: Boris et al. (2002) found that over 70% reported current and past partner violence. They found that violence in past relationships was positively associated with depression and with a lifetime of being exposed to violence in their community.

Drugs: Substance Abuse and Mental Health

A number of studies have found that the levels of substance abuse in homeless adolescents is significantly higher than in housed adolescents. Kral et al. (1997) studied 775 runaway and homeless adolescents recruited from street settings and youth agencies in San Francisco, Denver and New York City. They found that almost all participants (97%) had used alcohol or drugs, with just over a fifth of participants having injected drugs.

The age at which homeless adolescents begin to use alcohol and drugs is lower than their domiciled counterparts with the majority of homeless adolescents having tried alcohol, marijuana or cocaine before the age of 12 (Rew, Taylor & Fitzgerald, 2001). Rew et al. (2001) found that among the homeless adolescents in their study 56% had injected drugs and 47% had tried inhalants. They found also that the effects of this substance abuse to be associated with an increased risk of suicide; 35% of these adolescents had seriously considered suicide and 12% had actually attempted suicide in the previous 12 months.

The experiences homeless adolescents have when with their families of origin, as well as the experience of being homeless, contribute to the development of substance abuse (Whitbeck, Hoyt & Bao, 2000). The importance of looking at the broader familial and societal factors is again emphasised.

Other authors have found a pattern of substance abuse co-occurring with other psychological problems. Warheit and Biafora's (1991) study revealed a level of co-morbidity between psychological problems and substance abuse in this population. Their study, of adolescents in temporary emergency accommodation, found elevated rates of alcohol and drug abuse to coincide with elevated rates of depression and schizophrenia (elevated relative to comparable age groups in the general population). They found an extremely high level of comorbidity of psychological problems amongst their participants, with less than a third having no psychiatric (DSM-III) diagnosis.

Several authors (Rew et al., 2001; Whitbeck et al., 2000) conclude that there is strong evidence for elevated rates of substance abuse in this population. When this co-occurs with various mental health problems, they argue that the effects on the homeless adolescent can be extremely detrimental. This has led these authors to strongly recommend early intervention programmes. The importance of early intervention in substance abuse among homeless adolescents is underlined by the adult homeless literature. A strong body of evidence exists here that longer periods of homelessness, criminality and a greater prevalence of mental health difficulties are linked with continuing substance abuse (e.g. Stein & Gelberg, 1995).

Survival: Depression, Suicidality, Strengths and Resilience

Homeless adolescents, in comparison to their domiciled counterparts, are five times more likely to have a major depressive disorder, more than seven times more likely to have unipolar depression and 13 times more likely to report dysthymia (Rohde et al., 2001). These higher levels of depression are also associated with lower levels of self-esteem (Maxwell, 1992) and higher rates of suicide attempts (Rohde et al., 2001).

In the face of the research demonstrating such high levels of physical and sexual abuse, substance abuse, depressive features and suicidal ideation, certain authors have investigated what it is exactly that allows this population to survive i.e. homeless adolescents' strengths and resilience.

In their attempt to understand the correlates of resilience in homeless adolescents, Rew et al. (2001) used a range of measures (Resilience Scale, UCLA-Revised Loneliness Scale, Beck Hopelessness Scale, Social Connectedness Scale, and Death-Related Attitude Schedule) to conceptualise resilience. They found that 50% of the variance in resilience could be explained in terms of whether the participant experienced a sense of connectedness or was hopeful about the future. A lack of resilience they found to be associated with hopelessness, loneliness, life-threatening behaviours, and a sense of disconnectedness.

A qualitative study of what personal strengths allow homeless adolescents to survive has concluded that learning new attitudes and behaviors, personal attributes, and a sense of spirituality enable these young people to make successful transitions through the more difficult phases of their life (Lindsey, Kurtz, Jarvis, Williams & Nackerud, 2000).

Some of the survival strategies used by homeless adolescents to survive are not always positive ones i.e. they can include the selling of sex (Greenblatt & Robertson, 1993). Greenblatt reports approximately a third of their participants reported trading sex for money, food, or drugs.

There appears to remain, however, a notable lack in the literature in this area of a study examining in more detail the survival strategies engaged in by homeless adolescents and those intrapersonal, interpersonal and environmental aspects that helps them to overcome the challenges posed by being homeless.

Help-Seeking Behaviour: Contact with Formal and Informal Sources of Help

A developmental approach argues that difficult early experiences of attachment and seeking or obtaining help impacts upon the individual's capacity to seek help later in life. When it is recognised how difficult a social and familial background many of these young people come from and how street life can exacerbate such difficulties, it is all the more important to examine what sources of help, formal and informal, exist for young people and whether they can, if at all, make use of such.

Sources of help for homeless adolescents

Many sources of help and specific programmes of intervention (discussed further below) do exist for homeless adolescents. The network of state and charitable organisations that exist to serve this population can at times, however, have an adverse effect upon those they're most attempting to help. Hopper, Jost and colleagues (1997) have written about a particularly vulnerable sub-group of homeless adolescents, those with a severe mental illness. They have spoken of the "institutional circuit" that may be created for this group. They found that, for individuals with quite complex needs, homeless organisations serve multiple hybrid functions and effectively become a substitutive for more appropriate and stable housing. In particular, they found that throughout their lives these homeless organisations come to function as part of a more extended institutional circuit, as a temporary source of transitional housing, as a surrogate for exhausted support from kin, and as a haphazard resource in essentially nomadic lives. This is a valuable study in highlighting that the mere provision of services per se will not alleviate all

the difficulties of the young homeless population. The nature and function of such services needs to be clearly examined early on, if they are to be effective.

The importance of intervening successfully at an early stage with homeless adolescents does, however, becomes clear when research makes evident the detrimental effects of remaining for extended periods in the "institutional circuit". Bronstein (1996) has in particular emphasised the importance of early intervention before these young people acclimatise to street life and develop ways of coping and relating to others that prevent easy integration back into the mainstream. She reviews a range of interventions and stresses, in conclusion, the importance of using an ecological, multi-systemic approach as an overarching paradigm to any individual or family work.

Any effective intervention requires as a matter of first principles that the young people engage with the intervention and in practical terms attend any set sessions. Slesnick, Meade and Tonnigan (2001) note that the young people with greatest need are the least likely to access mental health, medical, and other social services. In their study, they focus on examining service utilisation by this vulnerable group. They noted that different types of intervention appeared to elicit high rates of attendance in different groups of homeless youths. In particular, they found that those adolescents with lower levels of alcohol use attended more to medical and psychological counselling, whereas those with higher levels of alcohol use had a higher rate of attendance with a 12-step structured programme to reducing substance abuse. In terms of offering formal counselling, engaging the adolescent's family early into the

therapy and reducing the period between sessions has also been found to increase the attendance rate among substance abusing homeless adolescents (Slesnick, 2001).

Engaging with workers in specific intervention programmes has been found to be difficult for some young people (Davey & Neff, 2001; Morrissette & McIntyre, 1989). Many homeless adolescents have left home due to family conflict and in particular difficulties in their relationships with their parents (Rew et al., 2001). Many go on to have multiple placements within the care system (Morrissette & McIntyre, 1989). This may hinder the development of any positive relationships with individuals perceived to be authority figures. This has led authors like Stefanidis et al. (1992) to recommend the employment of older workers in youth hostels who may be able to form surrogate parent relationships with the young people.

It may be necessary also for project leaders to be creative about where help is offered, as well as what type of help. Nabors, Proescher, and De Silva (2001) report positive results in terms of engagement with their school-based intervention for homeless and at-risk children. It involved a focus on practical skills (e.g. reading and maths) as well as on emotional development. It involved parents in teaching discipline techniques and in discussing ways to improve parent-child relationships and foster children's socio-emotional development. The authors call for further research into the efficacy of school-based interventions.

Other studies have similarly highlighted the importance of, if possible, working with the families of homeless adolescents. Certain state-funded interventions with homeless youth (particularly in the USA) have, as one of their aims, facilitating the

return of the homeless youth to his/her family. There is certain evidence that if such a return can occur that it is associated with positive outcomes. For example, Thompson, Pollio and Bitner (2000) reported lower rates of substance abuse and higher rates of school attendance in those adolescents who did return home after contact with federally funded agencies.

The varied nature of these interventions conceals the fact that ultimately they all involved a helping relationship between a homeless adolescent and a professional. The nature of such a relationship may be vital in determining the effectiveness of any intervention.

The Helping Relationship

Help-seeking by a young homeless person may be influenced by previous experiences of seeking and receiving (or not receiving) help. To be able to understand the development of an attitude towards help-seeking it seems necessary to look, more generally, at interactions that involve the giving of help, that are generally encountered by this population. Research has been undertaken into the nature of helping interactions and relationships in the general population. The focus has mainly been on formal helping relationships (e.g. psychotherapeutic relationships) with some research also existing on informal relationships. There has also been research into those factors related to the client, to the therapist and those held in common that influence the nature of the relationship.

While much research has taken place into the nature of psychotherapy, Cowen (1982) has estimated that at least 95% of helping interactions take place outside of formal relationships. Certain authors have attempted to clearly differentiate the different types of helping interactions that take place. Brammer and MacDonald (1996) differentiated informal and unstructured relationships from formal and structured relationships. The latter group were further divided into a three-way classification. The categories they used are: a) *professional help* - e.g. mental health workers, social workers; b) *paraprofessional help* which would involve interactions with, for example, a youth worker trained in mental health c) *volunteers* i.e. interactions with unpaid workers who may have had basic training in one area. Brammer and MacDonald considered help received from family, friends and community relationships to fall within the informal and unstructured category.

Other authors have questioned the usefulness of a categorical understanding of helping relationships. It has been proposed that a helping continuum may be more accurate (Barker & Pistrang 2002; Winefield, 1987). It has also been questioned whether one should place such an emphasis upon the qualifications of the individual giving help when evidence exists that, at least for problems of mild to moderate severity, paraprofessional helpers can be as effective as professional (Faust & Zlotnick, 1995; Lambert & Bergin, 1994).

Kurtz et al. (2000) studied the role of formal and informal helpers to homeless youth. Their findings were that homeless youth found the help of others invaluable in surviving difficult circumstances. The categories of helpers turned to were categorised as family, friends, and professional helpers. The type of help received

was identified as caring, being trustworthy, setting boundaries and holding youth accountable, and providing concrete assistance and counselling. Another aspect of the helping interaction was the conditions under which youth were able or willing to accept help. In this regard they found the perceived trustworthiness of the helper to be important. Also the timing of the offer of help (e.g. whether the person had hit "rock bottom" or had just experienced a recent traumatic event that would become a "turning point in their lives") seemed to affect the readiness to accept help.

Different models of predisposing factors

Several psychotherapeutic models have postulated developmental mechanisms that influence an individual's capacity to establish a relationship with someone else. These models have then been applied to a client's capacity to form a working relationship with a professional offering help e.g. a therapist. Cognitive-behavioural schools of thought have conceptualised the development of early relationship schema that may lead an individual to approach an offer of help in a certain manner e.g. with suspicion, with a sense of worthlessness, or with gratitude (Salkovskis, 1996). Psychodynamic models (e.g. Bion, 1962a) have focused upon the importance of an early relationship in which the caregiver is capable of offering support to the child in making sense of an often frightening world. These types of relationships become the prototype for how the child will later approach individuals in authority offering help.

Certain models have been applied more specifically to the homeless population. A social learning theory has been applied by Terrell (1997) to understand how a

relationship with parental figures typified by threatening behaviour becomes associated with threatening behaviour on the part of the adolescent towards others, including professional sources of help. Attachment theory (Bowlby, 1969, 1973,1979 - discussed above) has also been used to explore how early experiences of safety and security in caregiving relationships influenced the type of relationships homeless individuals form with organisations and individuals later in life.

The Working Alliance

At a time when the evidence base to psychological therapies is being heavily researched (Mace, Moorey & Roberts, 2001) many studies have examined what common factors exist across therapies that can explain the variance in outcome (e.g. Garfield, 1992; Prochaska, 1999; Wampold, 2001). In particular the working alliance between the client and professional has been found to be a significant factor in the effectiveness of the treatment (Luborsky, Crits-Cristoph, Mintz & Auerbach, 1988).

It is clear that both client and therapist will bring different aspects to the formation of such an alliance. Gelso and Carter (1985), in relation to the formation a good working alliance, have pointed to the client's ability to trust others and form a secure attachment. Research by Kokotovic and Tracey (1990) supports this concept in that they found that the quality of a client's relationships was related to the quality of working alliance formed in therapy. In particular they found that those with poor family relationships were less likely to form a strong working alliance. These research appears particularly pertinent to the homeless adolescent population where

disrupted and often conflictual family relationships are common (Whitbeck et al., 1997).

In terms of what aspects appear important from the professional's side, Kokotovic and Tracey (1990) found some evidence that a friendly and sympathetic attitude towards the client contributes positively to the alliance. Certain research also appears to support that empathy and trustworthiness (Horvath, 1994) and a sense of collaboration with the goals of the therapy (Horvath & Greenberg, 1989) are associated with positive outcomes. If such research was applied to the homeless adolescent setting one would expect the young people to mention such qualities in interviews, as part of the positive experiences of being helped that they have encountered in the past.

Homeless Adolescent Help-Seeking

There is very limited literature as to where homeless adolescents feel they can turn for help. The Joseph Rowntree Foundation (2002) carried out a study of vulnerable 16 and 17-year-olds in parts of London and in a large northern city. In-depth interviews with more than 60 disaffected young people found they were often suspicious or even hostile towards professional help. Where there was contact, it could be very limited because of mismatched expectations. For example, young people complained that the advice on offer from the Careers Service mostly concerned training and further education rather than jobs. The study also found that significant numbers of young people in difficulties are unknown to, and unregistered with formal sources of help such as the Careers Service and Social Welfare agencies.

It also concludes that too little account is taken of racism and other special difficulties encountered by young people from minority ethnic groups in attempting to receive assistance from formal sources of help.

Adolescent Help-Seeking

There is, however, a broader literature upon where adolescents, in general, turn for help. This literature is useful in two ways. The first way is in helping guide hypotheses about where we might expect homeless adolescents to turn for help. The second is in helping us to understand how the help-seeking attitudes of homeless adolescents may differ from their housed counterparts.

The literature tells us that on the whole adolescents turn to family and friends for help (e.g. Boldero & Fallon, 1995; Garland, 1995; Silber, 2002; Stanton, Ricardo, Chavez & Tai, 2002). Boldero and Fallon (1995) found that the type of problems the adolescents they surveyed mentioned were categorisable into problems related to family, interpersonal relationships, education, and health problems. They found that while most participants asked family and parents for help, teachers and other professionals could also be used.

Gender differences have also been noted in adolescents' help-seeking behaviour (Boldero & Fallon, 1995; Garland, 1995; Silber, 2002; Stanton et al. 2002) with male adolescents less likely in general to seek help for their difficulties (Garland, 1995; Silber, 2002; Stanton et al., 2002). Similarly, socio-economic status appears to

influence help-seeking behaviour with adolescents of lower socio-economic status using formal sources of help less (Stanton et al. 2002).

Wilson and Deane (2001) carried out qualitative research with adolescent students and found that the theme of trust was a key one in determining present help-seeking as was the presence of positive memories of previous experiences of help-seeking. These findings led them to recommend the establishment of programmes that would educate adolescents about appropriate help-seeking (particularly through using peers) and which would educate trusted key adults such as parents or teachers about the issues of importance to adolescents.

An experience of violence can be one for which many adolescents find it difficult to seek help. Silber (2002) found that of those adolescents who experienced violence in their relationships, 60% did not seek help. Of the perpetrators, male perpetrators were more likely to seek help than female perpetrators. Most victims and perpetrators who sought help chose friends and family members. She also concluded that if the adolescents had experienced interparental violence that they were less likely to seek help for difficulties in their own relationships.

An important issue that arises in certain studies in this area is whether an adolescent feels able to seek help from family members. Woods (1997) looked at adolescent help-seeking and nonlethal suicidal behaviour. She examined differences between a group of adolescents who had engaged in suicidal ideation or parasuicidal activity and a group who reported no prior suicidal behaviour. She found that the former group sought help from their parents less (particularly from their fathers) and would

be more likely to nominate an other-sex friend as a helper. They were also less likely to turn to another family member for help.

Adolescents' approach to help-seeking may also be influenced by a range of factors. Young people with higher levels of risk for psychopathology and lower social competence have been found to exhibit more negative help-seeking attitudes and behaviour, with depression being the strongest independent predictor of negative help-seeking attitudes e.g. an unwillingness to seek help (Garland, 1995). This is a particularly striking finding considering the elevated levels of depression in the homeless adolescent population.

In summary, much research with adolescents in the general population has concluded that two of their main sources of support are parents and peers (e.g. Boldero & Fallon, 1995; Silber, 2002). This research has also found that certain experiences are particularly difficult for them to seek help with e.g. experiences of violence, depression and suicidal ideation. The homeless adolescents population has elevated levels of these problems (Kral et al., 1997) and is a group where disrupted relationships with parents is common (Terrell, 1997). When this source of support is unavailable, some researchers argue that homeless adolescents may then turn more to their peers (Woods, 1997). If, however, the nature of peer relationships made is temporary as a consequence of having of being repeatedly displaced from their shelters, then the availability of formal sources of support (e.g. youth workers) and the adolescents' capacity to make use of such help becomes heightened.

Other Psychological Models of Youth Homelessness

Parallel to the developmental approaches of Van der and Scholte (1997) and Hier, et al. (1990), there have been a number of other attempts by certain authors to integrate the research findings to date with this population into an overarching theory of youth homelessness.

Schweitzer et al. (1994) attempted to investigate the benefits of using a broad psychosocial model of youth homelessness. Along with assessing familial emotional deprivation (discussed above), they also attempted to introduce a social perspective by assessing for social and cultural deprivation with the Family Environment Scale (Moos & Moos, 1981). They found the homeless group to be more socially and culturally deprived than the control group of housed adolescents. They discussed the importance of interpreting psychological findings in the social and cultural context in which they emerge.

Bronstein (1996) has also argued for a conceptualisation of youth homelessness that includes the broader systems around the individual. She has argued that an ecological systems perspective could provide an overarching paradigm that would help to guide work with homeless youth. In particular her work with teen mothers as well as with other homeless adolescents has convinced her of the necessity of involving family work as part of any comprehensive service working with this population.

Attachment theory is another over-arching paradigm that has been applied to understanding youth homelessness. The aspects of this theory of particular relevance here are those that relate to the concept to the Internal Working Model. Bowlby

(1969,1973,1979) postulated that early experiences with caregivers lead to emotional or attachment bonds. These early relationships lead to an internalised working model of how relationships, in general, work. This model structures and organises a person's perception and interpretation of experiences with others. Consequently a certain pattern of interacting, learnt in an earlier relationship, gets played out over multiple later relationships. In relation to the homeless population, a working model of relationships involving rejection may be internalised leading such individuals to perceive positive or neutral interactions with others as experiences of rejection.

Stefanidis, Pennbridge, MacKenzie and Pottharst (1992) have used attachment theory in their understanding of why certain adolescents become chronically homeless. They propose that early childhood experiences may lead to an insecure attachment pattern and negative schema about the nature of relationships in general. This may lead to conflict and isolation from important figures in the adolescent's life (peers and authority figures) and ultimately isolation from mainstream society itself.

Stefanidis et al. (1992) attempted to explore this hypothesis by examining the behaviour of young homeless people partaking in rehabilitation programme in the USA. They noticed that the young people fell broadly within two groups. The first group appeared motivated to re-integrate into society and a rehabilitation programme followed the various rules and protocols. The second group manifested no such motivation, regularly missed appointments, broke rules and were disruptive. The study looked at the number of placements in care, expressed need for attention from caregivers and appropriateness of the response to emotional situations. It was noteworthy that the young people in the more co-operative group had more positive

attachment histories, fewer placements in care, more expressed need for attention and more appropriate responses to emotional situations than the uncooperative group. Stefanidis et al. interpreted these results as indicating that the more positive the early attachment experiences of individuals, the more motivated they will be to form social bonds within a group and ultimately to integrate into a society

Despite these attempts to devise an overall unitary theory of youth homelessness many authors (e.g. Van der Ploeg & Scholte, 1997) accept that these theories explain only a part of the phenomenon. They argue that any comprehensive understanding needs to encompass many factors; social, political, economic, cultural as well as psychological. Consequently any effective intervention into this societal problem needs to take place at each of these many levels.

Certain research demonstrates that homeless adolescents' own view of their plight, and how it has come about, may often differ from the opinions of published authors on the topic. Pollio, MacDonald and North (1996) have pointed out the functional utility of holding certain beliefs about one's position i.e. the particular beliefs some homeless adolescents may hold about why they are homeless (e.g. "because the world is out to get me") may help them to survive in extremely difficult situations.

Some authors (e.g. Payne, 1992; North & Smith, 1993) have called for a multidimensional approach to intervening with this population, in a manner that recognises the complexity of the problem. Payne (1992) has identified several areas of focus for such work; changing the environment; looking at personal interactions; using the young person's strengths; not using one particular method of intervention;

using circular rather than linear explanations of a situation to avoid blaming the young person. Other authors have called for a focus on the many layers of exclusions or barriers to integration that homeless adolescents face e.g. 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). In particular research that may help elicit what young people think is helpful from formal and informal sources of support and what types of barriers they feel most prevent them from availing of help, will facilitate the design of effective interventions with this population. This study attempts to investigate this issue.

Rationale for Present Study and for Qualitative Methodology

The developmental approach provides a useful psychological structure to consider youth homelessness. However, as little research has been undertaken into the young people's own understanding of their difficulties our knowledge of the psychological impact of homelessness on young people remains limited. In particular, few studies have focused upon what the attitudes of the young people themselves are towards seeking help. The level of mental health problems, substance abuse, physical and sexual abuse, family breakdown and distress arising out of being homeless make this a group of individuals who appear to particularly need support.

A large number of formal organisations of a statutory and charitable nature do exist which can offer help to homeless adolescents. It is clear from the research (e.g. Woods, 1997) that homeless adolescents, like other adolescents, can have available

to them many peers who could provide varying degrees of support. However, little appears to be known about what facilitates or prevents these adolescents using particular sources of support and not others. Similarly, little appears to have been researched on what problem areas these adolescents would appreciate help with, what type of support they would most appreciate and how their perceptions of the support available to them effects their taking up of such support.

Pilarc (1998) has commented on the complex socio-economic and political influences that raised homelessness to unprecedented heights in the 1980/90's in the USA. In reviewing the literature she is critical of the attempt to narrowly analyse the causes and solutions of this growth. She quotes several authors (e.g. Koegel, 1992) as being critical of those quantitative techniques which seek to deliberately discover significant differences between homeless and non-homeless populations and to thereby label the former group as deviant. For her the focus should rather be on how the homeless experience their homelessness. She cites Hopper & Baumohl's (1994) research with this population in arguing that qualitative methods fulfil the need for research that takes into account the context of the situation and the "insider's view".

Moore, Canter, Stockley and Drake (1995) have commented upon the absence of the individual's own experience of their situation in psychological studies of homelessness. They have called for further research that can further our understanding of homelessness from the perspective of the homeless person in his/her social context.

While some quantitative research has attempted to address issues such as the psychological problems of homeless adolescents and what factors may affect adolescent help-seeking in general, no quantitative research has looked at this particular population – homeless adolescents – and their attitudes towards help-seeking. This may well be due to the fact that it is difficult to apply a set model, or use a standardised questionnaire/ interview when there is little in the literature to guide the choice of instrument. This deficit also renders it difficult to construct an adequately comprehensive questionnaire. Qualitative research, in that it may provide insight into what are the important themes that arise, may help guide future more standardised, more controlled investigations, and necessarily more narrow quantitative investigations in this area.

A small number of studies have attempted to use qualitative methods in this area. Wilson and Deane's (2001) study highlighted the importance of the quality of relationship, the sense of trust and previous experiences of help-seeking in helping adolescents, in general, decide whether to seek help from a particular service. For a homeless population, however, where the quality of certain important relationships has been poor and issues of trust abound would contact with formal helping services be possible at all? If so what factors could facilitate such contact? The present study attempts to investigate whether Wilson and Deane's findings with a domiciled USA adolescent population are borne out in a UK homeless one.

Qualitative research with adolescents in the USA by Lindsey, Kurtz and colleagues yielded two papers in this area (Kurtz et al., 2000; Lindsey et al., 2000). Lindsey et al.'s paper focused on what personal resources helped formerly homeless adolescents

manage the transition to adulthood - indicating that learning new attitudes and behaviours, personal attributes, and spirituality were important. The Kurtz et al. study focused on the role of formal and informal helpers in helping the young person who had previously been homeless deal with this transition – with the aspects of trustworthiness, caring, setting boundaries, holding youth accountable, concrete assistance and counselling, having been valued by the young people. Much of the other research, however, into homeless adolescents (e.g. Terrell, 1997) has stressed the impact the present environment has upon the well-being of these adolescents. Certain authors (e.g. MacLean et al., 1999) have argued that, in terms of psychological health, the impact of the present environment supersedes the effect of past experiences. It appeared very important therefore to investigate the issue of psychological help-seeking with homeless adolescents *while* they were homeless.

Many psychological models of homelessness involve an interactive element between the individual and their environment. For Moore et al. (1995) this means that an understanding of the dynamic interaction at the individual level is necessary if we are to understand the general process. Phenomenological approaches, which seek to elicit the individual's own narrative and understanding of their situation, would therefore seem appropriate in this area. From a phenomenological standpoint, the individual's own perspective has its own validity and it is through eliciting several perspectives that one can gain a richer and more detailed understanding of a phenomenon.

Patton (1990) has categorised certain areas of psychological inquiry where the use of qualitative methodology would seem best suited. These 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. There remains in existence at present little research to help understand the attitudes to help-seeking of young homeless people. The process of seeking help and obtaining help being a dynamic process, may well (as per Patton's second criterion) be best studied through accessing the young person's own accounts of such experiences. Finally, exploratory qualitative research may allow more defined, specific hypotheses to emerge and to be tested.

Elliot (1995) has differentiated the tasks of qualitative and quantitative research. He argues that qualitative research lends itself to understanding participants' perspectives, to defining phenomena in terms of experienced meaning and observed variation and to developing theory from fieldwork. For Elliot, quantitative research lends itself more to testing hypothesised relationships or causal explanations. In that the state of knowledge of the literature in this area remains at present limited, it seems more appropriate to begin by attempting to understand the individual's own experience of their situation and to elicit their ideas upon the topic, rather than testing a specific hypothesis of the researcher's. Therefore, qualitative methodology in the form of a semi-structured interview has been chosen for this research.

Research Questions

The present research aims to understand homeless adolescents' experiences of and attitudes towards seeking formal and informal help for psychological problems. It is a qualitative study using semi-structured interviews with currently homeless adolescents.

The main research questions are:

1. What are homeless adolescents' perceptions of the difficulties for which they need help?

2. What do they perceive to be enabling and beneficial aspects of seeking help?

3. What do they perceive to be the disadvantages of, or barriers to seeking help?

4. What kind of help do homeless adolescents want?

Chapter 2

Method

Sixteen semi-structured interviews were undertaken with young homeless people (ages 16-21) resident in a short-term homeless shelter. The interviews focused on the young persons' attitude to psychological help-seeking. The interviews were analysed using Interpretative Phenomenological Analysis.

Setting

The study took place in a Central London hostel for homeless young people. The hostel caters for 27 young people of both sexes who are considered to be "recently homeless". It is an "emergency" short-term hostel where young homeless people ("residents") can stay for a maximum of 28 days. Over the course of this stay it is envisaged that the residents, with help from hostel staff and other homeless organisations, will locate longer-term accommodation. On rare occasions, a resident's stay at the hostel can be extended after negotiation with hostel staff.

To be admitted to the hostel the young person must be between 16 and 21 years old, be legally resident in the UK (i.e. asylum seekers awaiting decision on their legal status are unable to use the service) and must demonstrate to hostel staff that they

have nowhere else to stay. Formal documentary proof of age and legal status is required.

Once a resident gains access to the hostel, they are provided with a bed, breakfast, sandwiches at lunch and a hot meal in the evening. Residents must follow certain procedures to be allowed to remain in the hostel for the 28-day tenancy. These include: Applying for housing benefit and paying a weekly service charge, actively seeking longer-term housing and keeping the rules of the hostel. These "house rules" relate to the absence of alcohol or illicit drugs, a curfew on what time they have to be in at night, acceptance of gender-segregated sleeping arrangements and of the prohibition on having guests in the hostel.

The hostel is part of a charitable organisation, which runs hostels for young people throughout England. Residents, during their stay at the hostel, apply for housing benefit, which goes directly to the hostel. Residents who are unemployed are supported in applying for Job-Seeker's Allowance. Those residents in full-time education are supported in applying for Income Support. A "service charge" of approximately half their benefits, is paid by residents to the hostel. If the resident has a paid job during her stay, the service charge increases significantly and is linked to the level of wage received.

Hostel staff provide information on applying for longer-term accommodation and are available to assist the resident in the application process. Residents are also expected to visit one of a number of voluntary organisations located near the hostel. These

organisations provide a range of services, including assistance in applying for accommodation.

Recruitment Procedure and Ethics

The manager of the hostel was approached about carrying out the research there. After consultation with senior management in the organisation, permission was given to interview residents at the hostel.

Staff at the hostel were then consulted. They seemed enthusiastic about the study and promoted participation. Posters were designed by the researcher and by staff members to advertise the study (see Appendix III). On the days advertised by the posters (in July and September 2003) I "dropped in" at the hostel. I met with residents at the hostel and discussed the research being undertaken. I explained to groups or individuals present the purpose of the research and the safeguards (e.g. confidentiality and independence from the staff team) inherent to the research process. From the posters and from conversations with staff and the researcher, potential participants were made aware that they would get £5 for giving up an hour of their time to be interviewed. Those interested were interviewed on the same day.

An informal "snowballing" process also took place within the hostel whereby participants who had been interviewed recruited their friends for the research. This process was successful to the degree that more young people came forth for interviewing than time constraints permitted.

Ethical approval was given by the Camden and Islington Local Research Ethics Committee (see approval letter- Appendix VI).

Participants

The inclusion criteria were that any person resident in the hostel (and therefore between the age of 16 and 21), fluent in English and not under the influence of any intoxicating substances was deemed eligible for the study.

Over the course of the study 50 residents were deemed eligible to take part in the study, 24 (48%) residents expressed an interest in taking part. Five (10%) wished to take part but could not due to time constraints in the study. Nineteen (38%) residents organised to be interviewed, 16 (32%) of who turned up for the interview.

The majority of residents that did not take part in the study were not present when the researcher visited the hostel. It was not therefore possible to elicit some of the reasons why they did not wish to participate. Reasons provided by the residents who were present but who did not wish to participate were: "too busy", "not interested in talking about my problems", "not being paid enough" and "takes too much time".

Participants' ages ranged from 17 to 21 (median 18.75). Seven (44%) of the participants were female and 9 (56%) male. The ethnic origin of the residents was quite varied and is shown in Table 1. The time the participants had been homeless ranged from 2 weeks to several years. For 12 (75%) of the participants, this was the first time they had been in a homeless hostel. All of residents were at the time in

contact with other voluntary organisations towards obtaining longer-term accommodation. None of the residents were employed. Three expressed an intention to enrol in further education the following academic term.

Table 1. Ethnic Origin of Participants

Ethnic Origin	*Frequency*
Black African	8 (50.0%)
White British	2 (12.5%)
Black British African	2 (12.5%)
Black British Asian	2 (12.5%)
Black British	1 (6.25%)
Black Caribbean	1 (6.25%)

Interviewer's Perspective

Qualitative researchers (e.g. Smith, 1995) emphasise that the research process is inherently biased by the researcher's own background and preconceptions. While the interview aims to flexibly explore the information brought by the participant, the researcher's questions and responses invariably influence the nature of such information. A researcher's perspective is likely to influence how the interview was undertaken and the information analysed subsequently. It is important, therefore to outline the perspective that the interviewer brought to the research process.

As an Irish, white, middle-class young man, my cultural background would have been very different from the participants being interviewed. I have not had the experience, common among participants, of experiencing serious domestic conflict, of leaving school early or of being homeless.

I have had the opportunity of working for a year with homeless adolescents in a young person's shelter in Central London. My understanding of the issues affecting these young people would have been influenced by this experience. I was aware that many of these young people, in times of upheaval, look for guidance from professional helpers. I observed, however, that how the young person sought assistance, and the helper's own capacity to provide help, influenced whether the interaction was a beneficial one for the young person.

During my training as a clinical psychologist I developed an interest in psychodynamic and systemic ways of thinking and working. I found it useful to consider how early experiences predispose people to interacting with others in a certain manner and how these interactions are shaped by the systems within which they operate. I have also been very curious about the many different ways that people make sense of their experience – their phenomenological understanding of the world.

My interest in carrying out this research derived from a concern about how difficult it can be for vulnerable young people to access those sources of help they most need, whether practical or psychological. I expected to find in my interviews that difficult conflictual experiences with important figures (e.g. parents) left these young people with a mistrust of all sources of help. I expected these adolescents would seek

helpers who could withstand their mistrust and understand it to a degree while offering them help.

Interview Procedure

Before being interviewed participants were given an opportunity to read the Participant Information Sheet (see Appendix IV), were reminded that the interviews would be audio-taped and given an opportunity to raise any further queries. The informed consent form was then filled in.

All interviews took place in a private room in the hostel. The semi-structured interview lasted between 30 and 45 minutes. It flexibly followed the interview protocol (see Appendix V). All interviews were audio-taped and then transcribed, omitting all identifying information.

Semi-structured Interview

The form of a semi-structured interview in qualitative research has been outlined by Smith (1995). The interview is driven by the content provided by the participant. The interviewer attempts to address the domains of interest and elicit relevant information from the interviewee in a conversational manner. An emphasis is placed upon covering the areas of interest at different points of the interview as they naturally arise, as distinct from asking, in a rigid form, a set list of questions.

The Interview Schedule

The issue of help-seeking not having been investigated with homeless adolescents in a qualitative study before, the interview schedule was devised with reference to four main areas (1) the general literature on youth homelessness (2) the researcher's previous experience of working with homeless youth (3) the research questions (4) conversations with staff and homeless adolescents in the period prior to commencing research.

Research in this area has spoken about the barriers to accessing help that young homeless individuals face, such as a mistrust of service providers (Rosenthal, 1991). I also had been aware while working with homeless adolescents that there is often a lack of knowledge of formal services as well as a reluctance to trust such services. Consequently it seemed important to keep as broad as possible the questions about how and where individual sought help. Certain studies have also pointed out that what homeless adolescents at times construe to be their difficulties and needs can vary substantially from what service providers view them to be (North & Smith, 1993). There was an attempt, therefore, to ask the adolescent directly about what she saw as a problem rather than work on the researcher's presumptions of such. Questions related to the nature of the relationship between the adolescent and professional helpers were influenced by the interview protocol devised by Liz McGrath (2004) in her work on the importance of the relationship between keyworker and homeless adolescents.

The research questions also influenced, in a broad manner, the choice of questions used in the interview schedule with each of the domains being covered by one or more questions. From the researcher's clinical experience it was felt useful to commence the interview with an open-ended question that attempted to elicit the adolescent's personal narrative about how she came to be in the hostel at that moment in time. From the starting point of this narrative the interview could then more easily branch into the domains of interest.

Items in the interview schedule were further developed through discussion with staff and residents in the homeless hostel in the months preceding the formal collection of data. Staff members expressed opinions on what type of questions were most likely to elicit relevant information. Certain residents fedback to the researcher whether they felt a question was too difficult to understand, not relevant to their experience or in some other way not relating to the more important aspects of their experience. E.g. "What organisations did you turn to first for help" seemed to presume that the young people were aware of helping organisations and that they would seek them out when in need. Whereas "When people have problem, they do different things to deal with the problem, what do you do when you have a problem?" appeared to make fewer assumptions about the young person's behaviour and allowed them to respond in a more personal manner to the question.

The interview schedule was felt to be broad enough to encompass the variety of experiences related in the interviews. Consequently while the interview schedule did not change over the course of the interviews, the degree to which each domain was

focused and elaborated upon varied in response to the narrative of the individual participant.

Introduction: The interview commenced with an open-ended question about how the resident came to be living at this hostel at this point in time. The purpose of this was twofold. It facilitated early engagement in the interview by allowing the participant to disclose as little or as much as she felt comfortable with at this early stage. It also generally served to elicit the personal narrative the participant had developed about herself as a homeless individual. This early narrative served as a springboard from which the conversation could be directed towards the domains of interest.

Main section: These domains were:

1. What type of problems did the participants feel that they needed help with?

2. Why the participant would seek help from certain sources?

    (What do they perceive to be enabling and beneficial aspects of seeking help?)

3. Why the participant wouldn't seek help from other sources?

    (What do they perceive to be the disadvantages of, or barriers to seeking help?)

4. What kind of help do homeless adolescents want?

The individual narrative determined the degree to which each of these areas was developed in depth. For example, for certain participants, the attitudes of their peers

to help-seeking were all important and their own limited experience of contact with formal services of little relevance. For others, their experience of contact with formal services, like the police or health agencies, was far more influential to their help-seeking decisions than the opinions of those around them. Each of the above domains was explored with each participant, with the focus of the interview being determined by that area which the participant felt to be most important.

Debriefing: At the end of the interview participants were thanked for her contribution and given £5 as remuneration for the time committed to the research. They were given an opportunity to ask any further questions or raise any concerns and reminded of how the data they provided would be stored and used.

Analysis of Qualitative Data

The interviews were transcribed verbatim by the main researcher. The information was then analysed using Interpretative Phenomenological Analysis (IPA). IPA has been described by several authors (e.g. Smith, Osborn & Flowers, 2004) as a means of facilitating participants in telling their story in the manner that they feel is most accurate (i.e. in their own words) about the subject being researched. Invariably any further analysis of the transcripts involves interpretation and consequently involves bias. The various stages of the analysis of the data are described below, followed by a description of the methods used to minimise bias.

The transcripts were read a number of times. This was to allow the researcher to become very familiar with the data – to "immerse oneself in the data" (Smith, 1995).

The data was then read with the aim of noting anything significant that arose about the domains under investigation. These early notes remained very close to the participants' own words. This early stage could be considered a preliminary analysis in which all material that appeared particularly rich in information, regarding the research questions, was focused upon.

This material was returned to and examined in greater depth for any emerging themes. This was an attempt to note the broader topics present in the data and involved a greater degree of interpretation. The interviews being rich in information about the adolescents' experiences of help-seeking, a large number of themes were noted. At this, and each other stage, the original transcript was again returned to. At this point the themes noted were checked to see whether they represented accurately what the participants had said in the interviews.

An iterative process similar to that outlined by Smith, Jarman and Osborn (1999) continues whereby the themes are grouped into tentative clusters from which meta-themes emerged, which are themselves again checked against the original transcripts. The themes and meta-themes are then organised into a hierarchical structure. Those themes outside of the domains of interest are excluded.

The same process is undertaken with all of the transcripts. The earlier analyses provided a tentative structure of themes and meta-themes that was used to guide later analyses. This early structure changed significantly in accordance with the differing information provided by each transcript.

The themes and meta-themes of each transcript were returned to and commonalities and differences between them explored. A final hierarchical structure of themes and meta-themes that addressed the research questions then emerged. This was checked against each transcript, and modified in an iterative process, to most accurately reflect the interviews.

The process of analysis is further detailed in Appendix VII where each stage of the analysis is outlined in a sample analysis.

Validity

One of the main methods of improving validity in qualitative research, as postulated by Elliot, Fischer and Rennie (1999), is that of providing credibility checks. To address this issue several of the transcripts were independently analysed by a researcher experienced in qualitative analysis (the research supervisor). Several of the transcripts were also analysed by a separate independent researcher and the themes emerging discussed in order to arrive at a consensus. A third researcher similarly familiar with IPA examined the findings at a later stage and gave her comments upon the process. The conclusions were discussed with all three researchers in the final stages of analysis.

This level of peer analysis was complemented by returning to the source of the data, the homeless shelter, and by discussing the conclusions with hostel staff and residents. This latter measure served both as a method of feedback to them but also as a means by which the researcher could carry out a further check on the validity of

the results, the "testimonial validity" as outlined by Elliot et al. (1999). The results of

this "credibility check" is detailed further below.

Chapter 3

Results

The young people gave vivid accounts of their experiences of being homeless and of seeking help. Rich information emerged related to the four main research questions. The themes that arose are grouped according to these questions. The four main domains of themes, therefore, are as follows:

1. "Why I need help": The young person's perceptions of the difficulties for which they need assistance.

2. "Why I would seek help": The perceived enabling aspects or benefits of seeking help.

3. "Why I wouldn't seek help": The perceived barriers to, or disadvantages of seeking help.

4. "The kind of help I want": The particular type or form of help desired.

The four main domains had a number of sub-domains (now called "themes" throughout) arising from the analysis undertaken. These are shown in Table 2.

Table 2 Domains and themes from the analysis of homeless adolescents'

experiences of psychological help-seeking

Domains	*Themes*
1. "Why I need help"	Domestic Conflict
	Psychological Distress
	Practical Needs
2. "Why I would seek help"	Help produces practical results.
	Help assists you in surviving difficult times.
3. "Why I wouldn't seek help"	Seeking help is difficult and exposing
	Experience of betrayal
	Beliefs antagonistic to seeking help
4. "The kind of help I want"	Effective
	Caring
	Trustworthy
	Understanding/ Empathic
	Genuine
	Containing

Model Inserted Here

Figure 1. presents a schematic outline of how the themes in the results relate to each other. The narratives largely took a developmental structure where certain predisposing factors such as domestic conflict were outlined as reasons why the individual became homeless. The narratives then highlighted the consequences of homelessness (in practical, psychological and familial terms), which led to the issue of whether help would be sought to meet the needs that arose. Participants had different thoughts about seeking help, which are broadly classified into the categories of "Why I would seek help" and "Why I wouldn't seek help". Finally those participants who related experiences of seeking help spoke of the differing nature of these experiences and of how such experiences challenged or reinforced their beliefs about seeking help.

The individual themes are presented followed by relevant excerpts from the interviews. Each excerpt is followed by signifying number e.g. P6 refers to the fact that the excerpt is from the transcript of the interview with the sixth participant. Ellipses with square brackets "[…]" indicate material omitted for reasons of brevity, ellipses without square brackets " …" indicate a pause in conversation.

Domain 1:   "Why I need help"

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                              ┌─────────────┐
                              │ Psychological│
                          ▲   │  Distress   │
                       ╱      └─────────────┘
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   ╭─────────────╮              ┌─────────────┐
  ╱               ╲             │  Practical  │
 │  HOMELESSNESS   │ ────────▶  │    Needs    │
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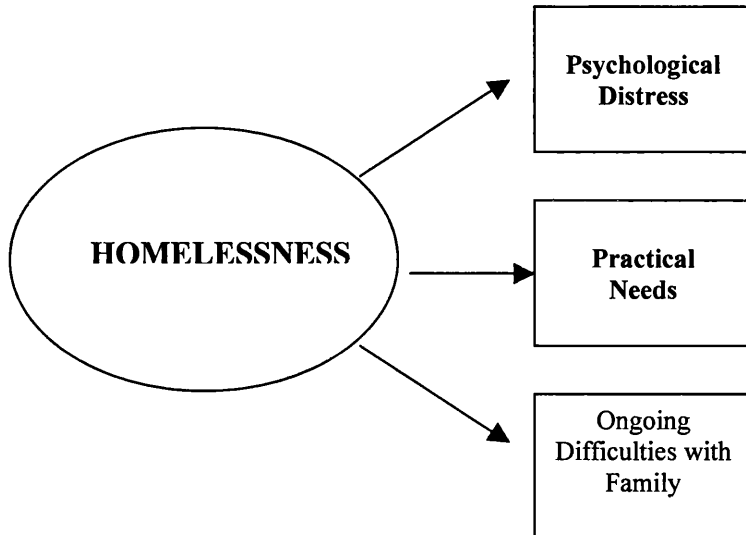
This domain covers the participants' perception of the problems for which they might potentially seek help. They are grouped into three themes:

– Domestic Conflict, Psychological Distress, and Practical Needs.

Domestic Conflict

Conflict within the home was the main reason why these young people were homeless. Of those interviewed most had only one parent or guardian. The conflict with parent or guardian (henceforth "parent" will signify either of the two) arose predominately from two areas: parents' general strictures and parents' specific cultural and religious beliefs.

Participants often felt that the parental boundaries being set were unreasonably restrictive. They felt, moreover, that no helpful discussion could be entered into with their parents about the nature of these restrictions. A situation whereby they either completely adhered to all the parental restrictions or left the parental home was commonly reported.

"But at the end of the day, she made it clear that if I didn't abide by the rules that I'm going to have to... move out. And those rules were a bit extreme to my views, that's why I decide to move out and give myself peace of mind." (P8)

"Because my mum kicked me out. We weren't getting along cos I like to go out and she wants me to stay home all the time. It just wasn't working." (P13)

"I kept on falling out with my Mum and that innit. I was going to college and had a part-time job and that but she wasn't happy with the times I was coming in. She thought it affected me studies and we just fell out and I ended up leaving." (P15)

Specific cultural and religious differences also contributed to the young person leaving home. These differences varied from feeling that they had to actively flee an arranged marriage, to feeling that their parents could not understand them as a consequence of cultural differences and so it was best for all concerned if they left. For some, these differences led to them being kicked out by their parents.

"Amm I got kicked out of home, because of... well my parents are strict

Muslims... and everything like that. So I stayed with my aunty and the same

happened there, like all the cultural offences, religion and things ..."(P2)

"Because of the arranged marriage...and that changed my whole life. I had to

leave the house" (P3)

"I had problems, cultural differences and basically there was a lack of

understanding in the house and it got to a point where I got chucked out."

(P6)

On other occasions it appeared that the young person him/herself felt that the

generational and cultural difference in belief systems was such that living together

would no longer be possible.

"My dad is really like...he's thinking...everything should be like a bit

religious...in the Bible it say that you do this so you have to be like this

you have to do this" (P10)

At other times it appeared to be a broader relationship break-down that led to the

young person leaving home. Some of the young people felt that they still didn't quite

understand why their relationship had deteriorated to the level it had. Others could

point to a significant life event such as the arrival of a new partner, which seemed to

change their relationship with the parent immensely. Others spoke of their

relationship with their parent always being conflictual and that all that had changed was that they had felt able to survive outside the family independently for the first time.

> "I still don't understand what happened between me and my mum but anyway, she kicked me out of the house. She wanted me out of the house. But I refused to leave but cos she kept like attacking me and stuff …I just took my stuff" (P11)

> "Basically I was kicked out of my house cos of arguments with my step-dad. […] Well he's the reason I got kicked out basically I had problems with him. I just didn't like him basically. He's not really a nice person basically." (P12)

These relationship breakdowns have profound consequences for these young people, in emotional as well as practical terms. For some, the relationship break-down was deemed irreparable. Others spoke of keenly missing these family members and their wish to be re-united with them at some stage in the future. The loss was often felt to be one of a guiding, advice-giving, comforting parental figure. The sense of future reconciliation commonly consisted of a coming back together when the different individuals' emotional difficulties had somehow been resolved.

> "I would love my family to be there, to tell me what to do" (P3)

> "I need my mum no matter what. I need my mum. So I'm just waiting until I sort myself out and go back and talk to her. See what's she saying." (P13)

"Yeah, we might get there one day but it will take time because she is my mum and I still... she took care of me and my dad didn't so... I still love her." (P12)

Psychological Distress

Another source of difficulty or need perceived by these young people related to their emotional well-being. A range of different types of psychological distress was described by the participants. Most commonly participants reported feeling "depressed", some to the point of suicidal ideation. Often this combined with a sense of isolation and loneliness. Some participants spoke of being quite disabled on occasion by their feelings of anxiety. Others spoke of a fear of going mad and "losing it", which at times referred to a sense of psychical disintegration and at other times to an uncontrollable outburst of anger. One participant spoke of struggling with alcoholism and another manifested quite paranoid ideation. Participants reported quite transitory feelings of happiness and security, generally at those times when in the company of others, when they felt they could forget their problems.

Depressive Symptoms: The most commonly reported experience of emotional distress was extremely low affect, a profound sense of unhappiness. This is categorised here as "Depressive Symptoms". Some of the participants' presentations would have met a clinical diagnostic definition of depression. Most, however, suffered from sub-clinical features of a depressive disorder. The residents themselves would often use the term "depression" to refer to low mood. Some had also,

however, clearly been given that label by health professionals that they had encountered.

"And then I went there and spoke to them and stuff about it [depression] was getting really bad, it was taking over my life and everything." (P11)

"You just get depressed and quiet and don't talk to anyone, you want everyone to stay out of your way basically. You just don't feel good. Sometimes you don't even care about anything, in that mode, you know there were times when I was like that." (P12)

"That's something I just felt. I felt a lot of depression cos I'm used to being with my family" (P16)

"I didn't feel suicidal but the second best thing." (P8)

Specific Emotional Difficulties: Other participants spoke of specific emotional difficulties that they had experienced in response to becoming homeless. Some spoke of becoming very anxious and having panic attacks. These participants generally also mentioned specific self-help techniques that had acquired to help to "calm down". Other participants spoke of a fear of going mad. This fear was described as generally arising when they were on their own and at a time of high stress. Talking aloud to themselves and not noticing that they were doing so was seen as a worrying sign. One participant spoke of a long struggle to stop drinking alcohol, making clear links

between his bouts of drinking and those times of emotional distress that he's experienced.

"Cos I suffer from anxiety and I get panic attacks. So I just try and keep myself cool, or I cry and then I just sleep." (P11)

"If I stay in my room that's going to make me go mental. Cos I often come on that little wedge of just collapsing, having a proper breakdown." (P6)

"When a problem does occur I can go straight out and ..drink...that's one way of escaping it but it always comes back in the end." (P4)

Isolation/Loneliness: The feelings that most participants spoke of struggling with were those of isolation and loneliness. Participants commonly mentioned their sense of having lost an old network of friends (as a well as their families) when becoming homeless and of this not having been adequately replaced by any newly acquired friends. A regular theme was one of returning to their bedroom at the end of the day and feeling entirely alone with their distress.

"If I stay in a hostel by myself I would go crazy because I would have no-one to talk to." (P3)

"I just burst into tears because no-one knows what I'm feeling" (P6)

"Sometimes I try...when I want to speak to some people and tell my problems, I can't find anyone actually...so then I just sit by myself crying, start crying..." (P10)

Anger (Directed at self and others): Much of this isolation was felt to have been caused by their betrayal by those who they had believed they could rely on – family and friends. This perceived betrayal often led to strong feelings of anger. Participants spoke of becoming inordinately angry at staff members, at the council and at their new friends. This anger could also be turned inward and directed at themselves in various forms of self-punishment or self-harm. Some participants worried about this and about the potential negative consequences of keeping their anger in check.

"There were times when I had to go through the day without eating anything. Cos deep down I wanted to punish myself." (P8)

"I'm so vexed you know." (P9)

"When you do have arguments at home it still brings the anger outside, it's not just inside. If you go outside [...] I would want to, like, start trouble, start a fight. Just to cool off the steam." (P8)

"Sometimes I get like really...like...it's a bit stressful ...You feel stressed out and you just feel like losing it." (P13)

A dominant theme among the participants' accounts was also their need for accommodation, money (generally social welfare benefits) and access to employment and/or education. While these practical needs are not focused on in depth here, they clearly formed the background and context within which the psychological needs and help-seeking behaviour occurred.

"[The advice agency] they're the best for you as you have at least somewhere with warmth and food." (P4)

"[I would speak to teachers about] the housing most of the time. The housing and money, budgeting...Education things, like which courses are good and which are not." (P10)

Domain 2: "Why I would seek help"
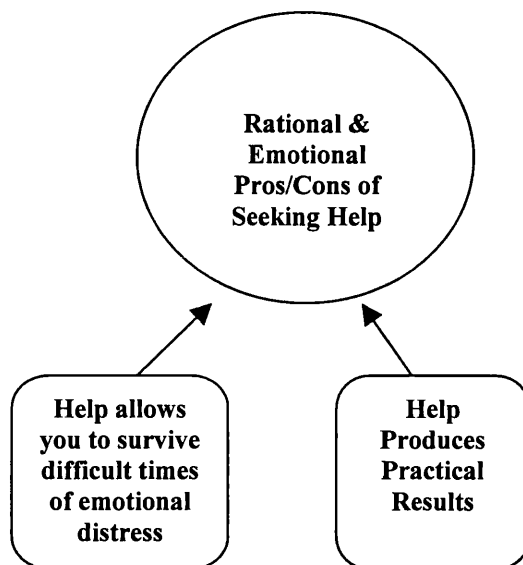
In response to the practical and psychological needs detailed above, the young people often sought help from others, whether from informal sources, such as friends, or from formal services, like advice agencies and hotels. A common experience was that seeking help could enable you to meet your basic practical needs of housing, food and money. Many participants also reported their belief that speaking to others helped alleviate psychological distress. There was a common awareness of the need for formal psychological intervention for those people who had specific emotional or behavioural problems that were interfering with their everyday functioning.

Help can get you through distressing times

Many of the young people linked psychological states of distress to their experience of domestic conflict and of being homeless. There was also a sense among many of

the participants that seeking and obtaining help could alleviate some of this distress and improve one's emotional and psychological well-being.

One of the main metaphors used in this area was of talking to others being a "release" or a catharsis of distressing emotions. Speaking to someone was felt in some manner to get the "bad" or distressing thoughts and feelings "out of you". It was felt that keeping such thoughts or feelings inside would have a corrosive and unsettling effect.

"Sometimes when I really feel like thinking I'll talk. Like it feels...kind of like a relief to get certain things off my chest." (P11)

"I would talk to her [a friend] and I would feel good [...] if I didn't have those people then I would have gone a bit mad and when you keep things for yourself – it's stress" (P3)

"I think it [counselling] is alright. It helps people. I think its alright." (P13)

Some of the young people were aware that specific psychological interventions existed for specific problems. Their awareness of such services came, for some, from their own personal use of such services, and for others from media sources and their friends. Services that dealt with anger management and substance abuse were those of which these participants were most aware.

"I attended some meetings there [Alcoholism Group] and it helped me with dealing with my problems with drink" (P4)

"[Advising friend to go to anger management] you might as well go and sort yourself out. And be clear from your head, what you think" (P14)

"'Cos when you're in that mode, you don't care about anything and you can do something stupid. So it's best to see a counsellor or someone." (P12)

Help produces practical results

Participants almost universally endorsed the benefits of accessing advice agencies in the voluntary sector for help with housing and social welfare. This was often contrasted negatively with the perceived absence of help from formal Borough Housing Associations. Advice agencies were perceived as caring, effective organisations to which one can turn if needing help. If they needed to get accommodation, help accessing benefits, practical advice or just a meal for the day participants stated that they would go to these advice agencies. In practical terms, these agencies were felt to deliver.

"If it wasn't for them I won't have lunch at daytimes or nowhere to go so I think they're excellent – just helping people out." (P1)

"There's also another place that's good – X [Advice agency]. They got me into a hostel on the first day [...] they're the best for you as you have at least somewhere with warmth and food." (P4)

"That's why I rate them so much cos they got me this place the first day." (P9)

Domain 3: "Why I wouldn't seek help"
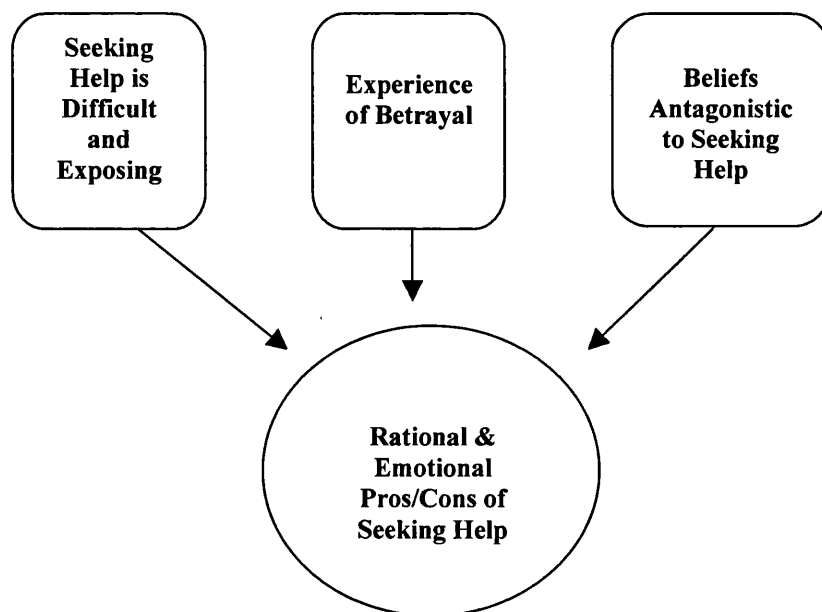
Despite being aware of the practical and emotional problems they had and of some the sources of help available to them, many young people were very reluctant to ask for help. This domain addresses some of the main reasons these young people

reported they wouldn't access such help. The young people almost universally expressed some mistrust of the sources of help available. While for some, the initial and most important disappointment lay in what was perceived to be their parents' rejection of them, most participants had an experience of feeling let down or betrayed by someone other than their parents. Linked to a sense of mistrust was the common idea that asking for help exposes one both to disappointment and to being taken advantage of. This led them to be suspicious of help and to hold a range of beliefs around the importance of self-sufficiency and independence. Overall many participants found that asking for help aroused in them a range of uncomfortable feelings including embarrassment, humiliation and dependence.

Many participants began explaining their belief that you have to rely on yourself as part of a broader dispositional trait of not trusting people. Some participants linked these to formative early experiences of being let down but many believed it was simply an inbuilt aspect of their personality i.e. that they were just simply the type of person that didn't trust other people.

"I... amm... don't really trust people so I don't turn to anyone to like" (P2)

"... I believe 'never trust anyone but yourself'" (P3)

"So I know not to trust no-one blood." (P9)

Asking for help is difficult and exposes you

All of the participants reported finding help difficult to locate and of finding the process of seeking help one that made them feel quite uncomfortable. Accessing help from formal services often involved a level of knowledge of local services that most of these young people did not have.

The dominant theme that emerged was that when they became homeless they didn't know about any formal services that could help them, except the council. The most usual pathway into the hostel was via a random meeting with friends who knew of or were themselves in a hostel. Participants later expressed amazement that such services did exist and regret that they hadn't known about such earlier.

"That's the only place [hostel agency] I knew, actually, so I had no choice really" (P2)

"... I didn't know nothing about them places [advice and hostel agencies] until I came to Y [hostel]." (P3)

"I was always asking... every people that I met ...where can I go?...Where can I go? Cos I didn't know where to ask. It was very tough" (P7)

"But if I never knew someone in a hostel I'd probably still be sleeping in my car or something like that. Cos I never heard of [advice agency] before." (P16)

Asking for help aroused a range of uncomfortable feelings for most of these young people. They felt that they were leaving themselves exposed to being hurt, to being judged and to being taken advantage of. It also aroused feelings of shame around being homeless and being in need.

Some of the reluctance around approaching another for help with emotional difficulties was bound up in fearful expectations about how that person might react or use that information.

> "But if I explain to you my problems yeah then you're going to know my weaknesses. And I don't like that, I don't like that at all" (P6)

> "Cos you'll always have this thought inside your mind saying 'He might be a bit too judgemental if I tell him this or if I tell him that'." (P8)

Another source of reluctance seemed to derive from the participants' thoughts and feelings about how they might look in such a situation e.g. looking weak or looking stupid.

> "I like to look like I'm on my feet, doing that, handling my shit, not all 'Oh let me stay at your place, I don't know where to go'" (P9)

"If I was still there, yeah I would go and speak to her. But I don't see myself knocking on the door asking for it". [Interviewer: "How come? What would that be like?"] "Embarrassing." (P11)

Experience of betrayal

The narratives would generally also include experiences of feeling betrayed. The primary betrayal was felt to be that of their parents, exacerbated by perceived failures by formal organisations that participants had trusted would help – in particular the local council – and by feeling let down by friends they also thought they could rely on. Some of the participants directly linked these experiences of betrayal with later beliefs about the nature of helping relationships. Most participants described these experiences in a vivid manner that seemed to imply that these experiences remained very important and present in their thinking.

Most of the participants spoke of being parented predominately by one person – in all such cases the parent was the mother. The breakdown in this relationship was sometimes described as being inevitable and irreparable and with a sense that this latest disappointment was just part of a general history of being let down by their parent.

"Yeah I went there once, with my mum, but then like we didn't get along so she told me not to come back anymore... From that time I didn't contact her or anything like that." (P5)

"No. Me and my mum have like never seen things...like she's never been there." (P11)

Fathers were mentioned less often. For some the absence of a father had been a constant in their lives and not something they thought much about. For others their father was a peripheral figure who they met sporadically and who occasionally helped, particularly in practical areas such as providing money. For some, therefore, he was a figure they presumed they could turn to in a worst case scenario, and when that proved not to be the case, they felt quite let down.

"... when I was homeless I called him [father] and told him and basically he didn't care so I haven't really seen him since then." (P12)

For the majority of participants the council represented a State body that was mandated to look after your housing needs if you ever became homeless. Many had seen their parents obtain housing from the local housing unit and had depended on the fact that when they became older this would be a route by which they would be able to obtain independent housing for themselves. Most had a very strong belief that if they ever became homeless that the council would then find them a flat.

"I thought like... if you want a flat you just go to the council and they give it to you." (P6)

For many participants there was a strong sense of disappointment and anger that followed the realisation that the council would not be able to provide them with housing despite their desperate housing need. For some there was a sense of disenfranchisement, that their right to housing was being denied.

> "Like I think that's bad after having grown up, having lived in the borough all my life and I can't get a little shitty flat like." (P15)

For others an experience of amazement and shock was described, that nothing would be done for them.

> "I spoke to the lady, the lady spoke to H. Council…and they didn't do anything…!" (P3)

> "X council, they don't want to know. They're just like… […] I said "blood, I'm homeless". They're like "phff, can't help you then." (P9)

The major source of support that these young people described turning to after the conflict with their parents, was their friends. They had known many of these friends for a long period of time, some had grown up together with them, and there was a common and strong belief that these friends would be there for them in their time of need. When this hope proved baseless the participants often felt very betrayed. Some of the participants spoke of these friends refusing to allow them to stay with them.

"This is friends! I've had nowhere to stay and they've said to me... and these are friends I've known for years, they've said "no, you can't stay..." (P4)

Others spoke of feeling let down in general by these friends. The experience, for some, was not only a passive one of not being helped but was experienced rather as a deliberate act of betrayal by these friends.

"Friends like, friends I've known since I was little, grown up with, like years. They always end up stabbing you in the back, well that's my experience." (P2)

Many participants spoke of the gradual dissolution and loss of old networks of friends. They portrayed a sense of these friends no longer being available to them for support or help.

"Like I did have friends but my friends aren't there for me any more, they don't even call" (P3)

Beliefs antagonistic to seeking help

The above experiences occurred alongside participants' beliefs around self-sufficiency and personal responsibility. Some participants directly linked the experiences to the beliefs, many simply spoke of both. These particular beliefs were

often expressed in the form that one "should" act in this manner e.g. that one should be reliant solely upon oneself or manage one's own problems.

"Don't rely on anyone": The most commonly expressed belief was that one shouldn't rely on others. There was a sense that one could not depend on others to do what they said they would or to help in any manner. Relying on others was felt to leave oneself very open to being disappointed or hurt.

"Well I've found that most time I did [rely on someone]... like ... they were people that really hurt you in the end... like go against you" (P2)

"Look after your own problems": Many participants expressed a strong belief everyone needs to look after their own problems. It was felt that one's own problems need to take clear precedence over helping anyone else.

"I know that I have a problem but everybody has problems so everybody's keeping his own problem for himself, and he will deal with his problem by himself." (P7)

"Cos as a person I quite understand it, you have to look to yourself before you look to anyone else." (P14)

"Don't be beholden to anyone": Some of the participants expressed the view that if they did receive help that then this could be used against them in the future. They felt

that they would have to be grateful, in debt to, beholden to whomever offered that help, in a way that would make them feel very uncomfortable.

"I just don't want to be grateful to someone in the end I don't want have to be... I want to be able to know that everything I've done now is my own doing ... I don't want have to be grateful cos you don't know" (P2)

"Be suspicious of help": The belief that permeated a lot of the narratives was that one ultimately need to be suspicious of all offers of help. A main aspect of this was that the person offering help was doing so from self-interested motivations rather than altruistic ones. It was described that while these offers of help may appear to be genuine and selfless, that the experience of many of these young people was that there was a hidden gain for the person providing help, which tainted the help on offer.

"I found that just some of them [hostel staff] are out for themselves..." (P4)

"Yeah... that they don't really care...[counsellors]" (P2)

"I'm just wondering how they help? If you say they listen to you, and give you advice. A lot of people can do that. So why are they counsellors?" (P12)

An aspect some of the participants mentioned was that there were a cultural and generational mistrust of formal sources of help and their real motivations.

"Personally I usedn't to get involved with social services. Purely because when I was young my mum used to tell me that the social services were bad people and that if ever I complained to them about my mum that they would take me away from her" (P8)

Domain 4: "The kind of help I want"
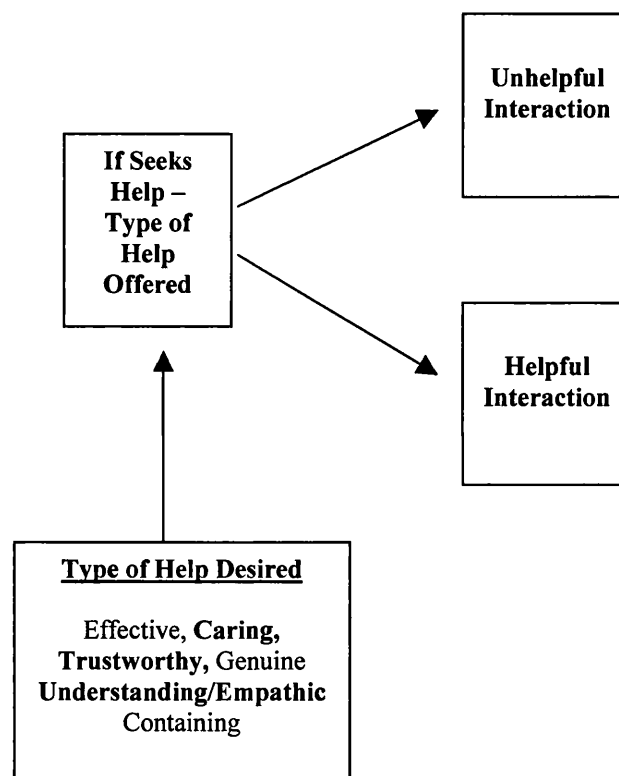
This domain refers to the nature of the helping relationship desired by these young people. A great deal of commonality emerged in the interviews regarding the type of interaction sought by these young people. While realistic about the fallibility of workers and other more informal helpers, these young people looked for certain clear characteristics in the helping interaction. In essence, the offer of help needed to derive from a genuine, transparent concern on the part of the helper and needed to

take on board in an empathic manner the reality of the situation, while achieving the practical goal of meeting their psychological and physical needs.

While the themes explored below cover a wide range of characteristics the young people value, most of the interviewees were pragmatic to the degree that they didn't expect every worker to have all these skills. A "good–enough" helping interaction was one that generally combined a number of the characteristics, if rarely them all.

Effective

Something the young people looked for and appreciated in the professional helpers was that they actually could achieve practical goals – get them a bed for the night or sort out their benefits. To be given direct and simple advice on where to go and what to do, made all the difference during the most difficult times. Also knowing that there was a practical end-goal to all the form filling and long discussions allowed the young people to tolerate a lot of waiting, anxiety and bureaucracy.

> "They [college] just gave me information like where to go how to get there …like simple information that I needed […] so I take it as they were really helpful" (P2)

> "When I chatted about that, then they said about places "tomorrow do this instead of doing that". So it's a bit better." (P7)

"At least at the college I was at, they tried to give me some help, like they gave me a form, to direct me like, showed me ways I can get money and that and get to the college." (P15)

Caring

One of the most important factors to these young people, in judging an interaction with a professional helper, was whether this person really cared or not. In practical terms this often meant whether the professional actively made time for them, went out of his or her way to help or overtly manifested signs of being affected by the person's story.

Positive experiences: many of the participants had had experiences where they felt the other person did care about their well-being. Most commonly this occurred with a member of an advice agency. Several aspects emerged in this area. The first related to workers caring enough to find out about their individual circumstances and personality.

"Most of them treat you like you're another number but in [advice agency] for instance they all know your name [...] I felt that they put in more there" (P4)

Another aspect was that workers cared enough to go out of their way, beyond the strict requirements of their professional role, to help.

"And even though... like... I don't go there, she always contacts me like give me a call. She even sent me a letter here to say like give me a call, what's happening and that. She's nice." (P5)

A third aspect related to the impact personally of interacting with someone you felt cared about your well-being. Many participants related this experience to making them care more about themselves and/or helping them to cope with distressing times.

"You'll start asking yourself "Who is he to care about me so much?". And then if he cares about me - at least one thing positive - then why don't I care about myself so much to do these things." (P7)

"But they [hostel workers] don't have to ask you if you're alright but they do that still. See you walking through the door they ask you if you're alright... That helps a lot. That helps a lot [...] at least you feels like someone cares." (P13)

"Just the little things. You don't have to give me millions, just be nice to me and then its all good." (P13)

Negative experiences: In contrast, many participants reported experiences of interactions with helpers where they felt the individual didn't care at all about them. This indifference was said to manifest itself in the form of not making time for them and not really listening to what they were saying. This left some participants with the

belief that professionals per se do not really care about the young people they are helping.

> "Really crap? As in they're always busy doing something else. As in, if you ask for help they'd tell you come back another day" (P1)

> "I don't know them [professionals], they don't know me. They don't really, really deep down in their heart ...they may care...but if they do care...your friends care 100%. Or your real friends do. Care workers care 50%." (P9)

> "But they weren't listening to me. It didn't seem like they cared." (P6)

Trustworthy

Having had multiple experiences of being betrayed, being let down by people they trusted, it was important to these young people that the person helping was trustworthy. They needed to feel that they could depend on this person to do what they promised and that they would keep confidential any information disclosed.

Reliable: It was important to most of the participants that they felt that the helping person would be "there for them" if they needed help. The young person would illustrate the importance of reliability through relating contrasting experiences in which, on the first occasion, they had felt left down and on the second, the helping individual had acted in a reliable manner. They needed to be sure, in addition, that what the worker promised would be acted on, that they would keep to their word.

"They will still try and help me out even though they don't know what I'm going through. They're always there anyway." (P1)

"I was really in a bad situation but she was there for me..." (P3)

"If you see them [advice agency] back up what they say... like their actions...you can yeah... I do...I think what they say is true because they'll say something and you can believe that they're actually acting on what they're saying" (P2)

Keeping things confidential: The majority of participants spoke of the importance of confidentiality. Some spoke of their wish to speak to someone who would automatically know to keep to themselves the nature of their conversation with the young person. It was clear from the interviews that most participants had had an experience of their trust or that of a close friend being betrayed by someone in whom they thought they could safely confide. Many participants felt that most people could not be trusted with their "personal stuff".

"I can't tell them other things cos it might spread around [...]" (P3)

"I'm only going to talk to someone here I can trust. Cos I don't want them to spread my business to anyone." (P5)

"....cos some people have big mouths you know [...] you have to watch when it comes to very personal stuff" (P4)

Some participants quite clearly explained that someone "spreading their business around" would be felt as an important betrayal of trust.

"You can't go and tell people what I said to you cos that's betraying my trust in you." (P6)

Understanding/Empathic

It was important to the young people that they felt understood when confiding in someone else. Many felt that others who had been through the same experiences, who came from the same background or who worked a lot with people in similar situations, would naturally understand them. An important part of feeling understood was that they wouldn't be judged i.e. the idea that if someone understood where they were coming from, why they acted the way they did, that then they would be much less likely to judge them harshly.

Similar experiences: There was a clear belief held by many of the participants that if someone experienced the same circumstances that they had, that that person would understand their distress more than someone who had not.

"They understand cos they're going through the same, same thing [...] cos they've had to go through it, they've had to sleep rough. They understand." (P4)

"That someone is in the same situation helps as well. That is more important, yeah. That he's in the same situation. So he knows what I'm talking about." (P12)

Some participants stated that they believed that a similar form of understanding could be present in those workers studying the area or in those who worked regularly with people who had experienced the same situations.

"And it will be easier for them [staff] to understand me. Cos its not just me saying all the problems, cos other people come in as well" (P14)

Not feeling understood: Conversely, most participants had had an experience of not feeling understood in a situation where they had sought help. Often this was reported as occurring in an interaction with someone in a formal helping service such as the council, a G.P. or in a hostel.

"She [hostel worker] was saying you should be smiling, you should be happy and I was thinking what for? I thought that she just didn't understand me ... I was kind of angry - what can you do?" (P12)

It was also something, however, that many experienced in relation to discussions with friends. Commonly participants felt that the other person did not understand the seriousness of the situation or the level of distress that it evoked in them. They found that the advice given seemed quite inappropriate and unhelpful.

"I tried to explain to one person but they didn't know where I was coming from and they were like 'Don't worry just be strong, be strong'. That was no good for me." (P6)

"I don't know. Like the advice they give…like they don't see things from my point of view, they think its just easy, like the kind of things that I go through, easy to feel. But I don't think they understand." (P11)

Non-judgemental: Some participants reported that one of the reasons why they wouldn't seek help or speak to someone else about their problems was that they worried about being judged negatively as a consequence.

For some participants the fear of being negatively judged was linked with a perception of there being a general stigma against homeless people. This stigma was described as being "looked down upon" and as involving a "beggars can't be choosers" attitude to help.

"They don't look at you like 'oh you're homeless take what you get'." (P2)

"If they treat you with respect and you don't think that they're like looking down on you or something or patronising you then you build a bond" (P12)

One participant worried that other aspects of his history (substance abuse and mental health) would be judged unfavourably. This participant particularly appreciated the fact that a certain advice agency worker simply made the point that he was homeless, and therefore needed housing, and so attempted to organise such.

"The person didn't even ask me like, didn't judge me or nothing he just went 'Right you're homeless, bang.' [...] and he said 'Go to this place at 6 o' clock.' There you go. And I showed him respect for that." (P9)

Genuine

Many of the young people expressed a preference for those helpers who they felt were "being themselves". What they meant by this was that the individual wasn't feigning any emotion to mislead them, trying to act out a role in contrast to their real feelings or relating to them in a way that wasn't truthful or honest. They believed that you could relate more honestly and more closely with someone who is genuine. With someone who is felt to be "fake", the fear is that they will mislead or hurt you or not challenge you when they see you going astray.

Benefits: some participants felt that they could speak more openly and honestly with someone they felt was being genuine and that they would be able to trust that person more.

"I think, just being on a level with someone is trust, as in you talk on a level with them and they talk honestly back to you" (P1)

"There are some that are really genuine and quite honest and they just ... what you see is what you get that kind of thing...and I find that better [...] I prefer someone genuine to someone who's just putting on an act..." (P4)

Dangers: Some participants spoke of the dangers of trusting friends who wouldn't tell them if they were behaving in a manner detrimental to their own best interests.

"See some people, if I'm doing any mistakes and they don't tell me, they keep saying, yeah you're ok, you're alright. If they are good or friendly to you, they'll say no what you're doing is wrong" (P10)

Some participants found that they simply disliked workers who they felt were "putting on an act" in their interactions with them. They found it difficult to respect someone who had a naive or false view of the interaction.

"Not them fake people [...] they think that they're being so nice and so sugar–coated and blah de blah but really that just makes you disrespect them more like [...] just fake people. Can't be themselves" (P9)

The most common concern, however, was that with people who weren't genuine that one could be misled and hurt by them.

"Because if you know a fake person they could fool you basically ... I don't know you just you think they are your friend basically and it hurts when they do something bad to you." (P12)

Containing

A common fear among the young people interviewed was that people couldn't really cope with hearing their problems. They feel that people don't really want to listen to their stories and that it would disturb them too much to hear them. In this regard, someone actively asking them to speak about their experiences and able to listen to their distress, not avoid it, was very important.

Being able to cope with and listen to distress: Some participants had had the experience of finding that the people around them found it very difficult to be with them when they were distressed. They reported times when they felt the other person was giving them advice or cheering them up so as this other person did not have to experience their distress. Some reported experiences of others even being angry with them for being upset.

"Here it's like you're not allowed to have a down day... but then they should understand that you've been through something to be here in the first place" (P2)

"So if you go to someone and you just want to talk, to off-load, and that person keeps on like intervening and giving you advice, giving you these feedbacks, somehow you don't feel satisfied. Well this person is trying to...well not shut you up deliberately but he's not listening and they're not going to be brave enough to say 'look all I want to do is off-load and I want you to listen.'" (P8)

Some participants were quite unsure as to whether another person wanted to or was capable of hearing about their distress. Some participants had had experiences of others directly telling them that they did not want to hear their problems. This left certain participants very wary of speaking at all about personal difficulties:

"I would not tell people my problems anyway. I would just hint it. Like bits and bits. Just to find out if...like this person might try not to listen to me and give me advice...or they can't cope with it. They can't cope with my problems, for them to listen to my problems. They probably have enough to worry about." (P13)

"I'm not really sure if they want to listen to it [problems]. Cos it happened one time, I kind of just said, basically I still have some crazy dreams so I started telling her, this girl, about my dreams. So she started getting scared. She started telling me 'Don't tell me them dreams cos I'm getting scared'." (P14)

Directly inquiring: Many participants spoke of being appreciative of those people who actively sought them out and asked about their difficulties. In contrast to other experiences where individuals had been very reluctant to hear about their distress, these helpers seemed more than capable of hearing about the difficult problems they had encountered. This manner of directly inquiring both eased anxieties about the listeners' capacity to hear distressing material but also eased more general anxieties related to shyness and talking about personal material with a stranger.

"I don't have that confidence like...to walk up to someone and go oh yeah... these are my problems [...]Yeah. Ask questions... I think if they like sat you down, once in a while, ask questions..." (P11)

"Yeah, it was really easy. Cos she would ask me...first I was hesitating, but then she asked me a question and from that question and that it just leads to the next subject and the next subject. I don't know how it happened but I actually sat there and when I walked out of the place I actually felt good." (P13)

"I wouldn't really...I could talk to anyone here. Cos as it is anyway, when they see you, they approach and say 'hi' and all that. So everyone here to me is really friendly. [...] So after she started the conversation and started asking me questions, I felt very easy around her. I told her everything." (P16)

Feedback of Results to Homeless Adolescents

The feedback of results to the homeless adolescents took place in the form of an informal group meeting at the hostel where the original research several months previously had been undertaken. As the hostel is an emergency short-stay hostel with a necessarily high turnover of residents, it was not possible to feedback the results to the original participants. The residents who formed the feedback group were, however, living under the same conditions - the same hostel rules and stresses of having to find longer-term accommodation and had similarly recently entered the hostel. Eight residents of the hostel were present while the main researcher gave a short presentation of the main findings. They were then asked for their thoughts on what they had heard.

Certain themes seemed to particularly strike a chord with the group. Several residents agreed strongly with the beliefs around self-reliance that had been expressed in the interviews. They felt that regardless of the availability of helpful staff or not, that one ultimately need to meet one's own needs oneself. Several further examples were quoted of the unhelpfulness and uncaring attitude of the staff at the housing council. One resident did however relate a positive experience of seeking help at a housing council office. Other members of the group put this example down to her young age (17) and the preferential treatment they felt younger homeless adolescents receive.

Other themes seem to find resonance in the group's experience such as the lack of information available, the level of conflict in the families of origin and the stressful

nature of homelessness. One resident spoke of the experience of one's life being on hold while awaiting more permanent accommodation - "It's like living in a bus shelter" i.e. waiting for the bus to take you to more stable housing.

In terms of seeking help for psychological distress, members of the group echoed interviewees' statements that seeking professional help for specific problems e.g. anger management was advisable. One member spoke about his difficulties controlling his anger and the conflicts that that led to with authority figures. Anger and its expression was clearly a theme of importance to certain members of the group. In relation to the themes around the type of help required members of the group spoke of staff would be easy to talk and initiate conversation. How the worker responded to requests for help being crucial with the response of turning away/ not wanting to know, being mentioned as a typical unwanted reaction.

Overall the responses of the members of the feedback group echoed to a large degree what had emerged from the original interviews. While members of the group did not disagree with any of the themes presented some of the material seemed to resonate more strongly with certain members more than others and thus provided some useful insights into the variety of experiences, beliefs and feelings in this population. The feedback process was a crucial one to the research project both as a credibility check and as a further source of information that informed the interpretation and structuring of the results.

Chapter 4

Discussion

This was a qualitative study of the experiences and attitudes of homeless adolescents to psychological help-seeking. Sixteen young people between the ages of 16 and 21, resident at an emergency short-stay hostel, were interviewed. The interviews focused on the difficulties for which the participants felt they would seek help, those aspects that attracted them or dissuaded them from seeking assistance, and the type of help that they wanted. Interpretative Phenomenological Analysis of the interview data was undertaken to identify the relevant themes. A rich range of themes emerged which were grouped into domains according to the research questions.

The first domain related to participants' perceptions of "Why I need help". Participants spoke of the level of domestic conflict they had experienced, their psychological needs and the practical issues of housing and money. The second domain related to "Why I would seek help". Participants felt that obtaining help provided practical and emotional functions. On a practical level, seeking help allowed them to access accommodation and benefits at a time of desperate need. In emotional terms, participants felt that seeking help allowed you to survive extremely difficult and stressful experiences. The third domain related to "Why I wouldn't seek help". Here participants spoke of their lack of information about services, their sense that seeking help was personally very exposing, their previous experiences of betrayal (and future expectation of the same) and mentioned a range of beliefs antagonistic to seeking help e.g. that one cannot rely on anyone. The final domain related to "The kind of help I want". Participants reported that a beneficial helping

relationship was one in which they felt the helping individual manifested the following qualities: effective, caring, trustworthy, empathic, genuine and containing.

In this chapter I will explore how the four domains of the findings relate to the previous research in this area. I will examine what models and psychological literature seem to help us best understand these findings. I will then explore the methodological issues that may have impacted on the research design, collection of data and interpretation of results. I will include in this an examination of how generalisable these findings may be to a broader population and a consideration of how well the study attended to the canons of good practice for qualitative research. Finally I consider any implications of this study for future research and for clinical practice.

Present Findings and Past Studies

"Why I need help"

Participants were clear about what they needed help with first – housing and money. This could be understood in terms of Maslow's (1970) Hierarchy of Needs. Before food and shelter were secured all other needs had to wait. Kiesler (1991) argues that policy makers should focus on the broader and more important public policy issues with homeless adolescents of housing, income and health (in general) rather than solely on aspects such as substance abuse and mental health services. Such an emphasis is in keeping with various studies that have demonstrated that the immediate practical needs of homeless adolescents impact more on their well-being

than do previous histories of abuse (McCarthy & Hagan, 1991; MacLean et al., 1999; Whitbeck et al., 2000).

While participants understandably prioritised their need for accommodation, they did not perceive this need as existing in a vacuum. Participants consistently mentioned psychological needs as ones with which they also felt they wanted help. Their struggle to cope with extremely low mood was a psychological need consistently mentioned. Participants also reported a range of other psychological difficulties including anxiety attacks, fears of a psychological breakdown and substance abuse. Combined with reports of depression this meant that the majority of participants interviewed spoke of psychological problems with which they were struggling.

That only one participant should speak of difficulties with substance abuse is unusual in that certain research has reported extremely high levels of substance abuse in this population (e.g. Kral et al., 1997; Rew et al., 2001; Whitbeck et al., 2000). Two factors many have influenced this. The first related to the fact that this study focused on issues with which the participants themselves felt they needed help. For many, the use of alcohol and other drugs may have been seen as recreational or as an acceptable escape from their difficulties, rather than a problem in itself. Some of the participants did mention in passing that they smoked cannabis. Another factor may have been the possibility that I was perceived as an authority figure from whom such information needed to be kept. This may have been particularly important as the hostel operates a strict policy of refusing to house anyone using drugs. The degree to which the participants' perception of me may have influenced data collection is discussed further below.

An area that has not been addressed in previous studies, which arose quite often here, was the degree of loneliness and social isolation felt by participants. Many of the participants spoke of the loss of their old social networks and the difficulty of making new friends at a time when they were moving about so often. The sense of loneliness was keenly felt and often spoken of in relation of feeling depressed. What the elevated levels of depression reported in previous studies may fail to highlight, therefore, is the degree to which social isolation contributes to the development of and/or the maintenance of depressive symptoms in this population. Research from adult mental health has emphasised the impact of social isolation on depression and other psychological difficulties (e.g. Kendall & Hammen, 1995).

Similarly the previous research failed to emphasise the level of anger felt by many of these young people and their difficulties struggling to contain this anger. This is perhaps an important element in the association between behaviour disorders and youth homelessness. Certain research has identified elevated rates of behaviour disorders among homeless adolescents (McCaskill et al., 1998). Also the longer they are homeless the greater the incidence of behaviour disorders (Boesky et al., 1997; Slesnick & Meade, 2001). Commonly the behaviour disorders are defined in terms of oppositional and aggressive behaviour towards others. It is clear from the reports of participants here that often these angry outbursts are related to a deep sense of betrayal and injustice. It may be useful therefore, in our attempts to understand antisocial behaviour by this population, to investigate the possible mediating element of anger. Such research may complement presently existing models such as Terrell's (1997) social learning theory of youth homelessness (where experiences of

threatening behaviour in an adolescent's familial background leads to threatening behaviour by the adolescent). This study's findings would seem to imply that it is not simply that an adolescent passively acquires an aggressive style or skill-base growing up but that a sense of rage at the pain of rejection by parents and by society actively fuels the confrontational interactions with authority figures.

Investigations into the important role of anger could also complement Stefandis et al.'s (1992) attachment model of youth homelessness. Stefandis et al. discussed how positive attachment histories appeared to motivate one group of homeless adolescents to integrate into society whereas another group, with less positive attachment histories, showed no such motivation and were, in their programme, disruptive and rule-breaking. It could be argued that early experiences of inconsistent or frightening caregiving may not only lead to a mistrust of helping relationships but may also involve a great degree of anger directed at individuals offering help. This would mirror descriptions of the angry response by babies with an insecure attachment pattern to the return of the caregiver, as outlined by attachment theorists (Crittenden & Ainsworth, 1989).

Some of the participants also spoke of directing anger towards themselves in terms of self-punishment (e.g. not allowing themselves to eat). One participant also spoke of smashing parts of her room up, which she described as allowing her some relief and a sense that her anger was being taken out on something else. Some psychodynamic theorists also conceptualise certain forms of depression and self-harm as arising from anger turned inwards (e.g. Menninger, 1938). It seems important to recognise the role anger and a sense of rejection plays in many of the psychological difficulties

experienced by this population including self-harm, eating disorders, depression, conduct disorders and others.

Most of the participants spoke of experiencing serious domestic conflict. This is very much in keeping with other research in the area (e.g. Ryan et al., 2000; Sullivan & Knutson, 2000). This previous research focused predominately on the nature of the conflictual relationship between parent and child and upon abusive interactions. What was somewhat different in this study was that many participants made reference to cultural and religious differences being the main source of conflict between them and their parents. Participants spoke of conflicts over arranged marriages, adherence to certain cultural and religious strictures and clashes between associating oneself with a young, secular British identity or an older, non-British, religious identity. The differences found here may well derive from the nature of the sample, an issue discussed further below.

"Why I would seek help"

Many of the young people spoke of seeking help as a means of achieving practical goals, particularly housing and benefits. This could be understood as indicative of a degree of pragmatism, in the face of desperate circumstances, manifested by a group commonly mistrustful of help. This capacity to be realistic and pragmatic about their needs is not something that previous research has highlighted. It may be a quality of equal importance, in helping homeless adolescents make the difficult transition into

adulthood, as those highlighted by Lindsey et al. (2000) i.e. learning new attitudes and behaviours, learning from experience/relationships and spirituality.

The young people interviewed were also clear that they felt seeking help could provide emotional support that would help them to get through distressing times. Commonly the metaphors used were those of "getting something off" or "out of" themselves – e.g. things off my mind/chest, getting the anger out. The sense of speaking to someone having a cathartic effect is a concept referred to in many psychological models but particularly in psychodynamic theories (Malan, 1996). Concepts of unconscious material being released as part of a "talking therapy", thereby reducing distress, has been a main tenet of the psychoanalytic literature. For some participants their distressing emotions were seen as something quite toxic that would damage them (e.g. "drive me mad") unless they were somehow released or got rid off.

The importance of fun and the social support provided by friends was also emphasised by participants. In this regard interventions that aim to foster the strengthening of positive social networks (e.g. through the provision of youth centres, sport and music groups) may have a greater beneficial effect than specific skill-based programmes, for which there is often low attendance (Slesnick, 2001). The participants' own emphasis on positive social support is in keeping with Bao et al.'s (2001) findings that such support reduces levels of depression in this population.

One of the most striking aspects of the interviews was how little participants knew of the sources of help available to them. For many this had the tangible result of ensuring that they slept rough for many nights before accessing help. This practical issue, that of a lack of knowledge of services, has only been referred to in passing by previous studies. This may be because many studies in this area, (e.g. Boris et al. 2002; Kurtz et al., 2000), including this one, have taken place at a time when participants had already entered a formal system of help.

There also exists limited resources to help this population (Centrepoint, 2000) and many may sleep rough, even after approaching help, as a consequence of resource limitations. Many participants in this study, however, were completely unaware of the existence of emergency hostels for young people. This placed them at significant risk at a time when they need not have been. Several studies have demonstrated the extremely detrimental effects of traumatic incidents experienced when sleeping rough (e.g. Terrell, 1997). Consequently, the practical issue of not knowing where to go when homeless, may have set some young people on a negative trajectory from which they may struggle to leave.

For some of the young people interviewed the negative effect of their lack of knowledge was compounded by certain mistaken beliefs, e.g. that the housing council will find you a flat straight away if you're homeless. A vicious spiral appeared to be set up whereby initial familial rejection was reinforced by a sense of being further let down by the council and by not knowing how to access more

appropriate sources of help. The effects of a lack of knowledge at this early stage mirror to a degree Hier, Korboot and Schweitzer (1990)'s description of the effects of homeless adolescents, at a later period, lacking the necessary social tools to re-integrate into society.

It was clear in this study that a deep sense of betrayal permeated many of the participants' narratives about why they wouldn't seek help. This betrayal was felt to be by their family, friends and formal sources of support that they expected to help, such as the council. Many previous studies have focused on this population's behaviour and histories (MacLean et al., 1999; Slesnick & Meade, 2001) rather than specifically their phenomenological experience and understanding of such behaviours and histories. It seems important to question whether links between certain histories e.g. family breakdown, and certain behaviours e.g. non-attendance at substance abuse programmes, are mediated by certain phenomenological experiences. In this study many participants directly linked their feelings of betrayal by family and friends with their reluctance to trust formal sources of help. Conversely other participants, despite extremely difficult histories of inconsistent caregiving, were able to make tentative leaps of faith in the offers of help from the hostel workers and other agencies.

A further aspect of emphasis by most participants interviewed was how terribly difficult and exposing the experience of asking for help can be. Again previous studies in this area (e.g. Hier et al., 1990; Terrell, 1997) have focused upon the conflictual or avoidant nature of this populations' interaction with sources of help. These studies have failed to examine what it is exactly about these types of situations

that seem to evoke angry and avoidant responses in these young people. For those interviewed in this study, it was clear that asking for help made them feel alternatively weak, exposed, beholden, pathetic and, in general, quite uncomfortable. The strength of these feelings was such that many participants preferred not to approach any situation where this type of interaction may take place.

The beliefs that participants expressed around the untrustworthy nature of people, in particular those offering help, and the importance of self-reliance may well serve a very protective function and be appropriate for the circumstances within which these young people live. The benefits of holding such beliefs have been outlined by Pollio, MacDonald and North (1996). Such beliefs, however, make it difficult for these adolescents to allow themselves to access help, as previous studies have found (e.g. Van der Ploeg & Scholte, 1997).

"The kind of help I want"

Some of the characteristics quoted by the participants as important to them in a helping relationship are in keeping with those found by Kurtz et al. (2000) in their qualitative study of youth homelessness. A similar theme of trustworthiness emerged as being particularly important. That the person they spoke to would keep the content of their discussions confidential, and that they would be "there for me", was mentioned by participants in both studies.

Both this study and Kurtz et al.'s study found the theme "Caring" to be a prominent one with this population. In Kurtz et al.'s study "Caring" was used to denote a type

of helping interaction i.e. an interaction that involved being cared for. In this study however "Caring" was used to refer to the way helpers related to participants i.e. that they related in a caring way towards them. Participants in this study not only spoke of previous caring interactions but also extrapolated from these a general wish to receive help from a "caring" person. They defined positive interactions as being ones where they felt the person offering help genuinely cared about them. Some similar aspects also existed between the studies in terms of what was felt to constitute caring e.g. an individualised approach, a sense of warmth and emotional support.

Similarly what Kurtz et al. speak of in terms of participants appreciating "concrete assistance" parallels this study's finding that the young people appreciate interactions with a helper who was effective in achieving what was needed. Both sets of participants seemed to emphasise that they wanted help from someone who was not only skilled in how they related to them but who also could achieve the practical ends required e.g. find them a bed for the night.

The findings of this study did differ, however, from Kurtz et al.'s in a number of ways. Their study emphasised to a greater degree the young person's wish for someone who set boundaries and held them accountable for their actions. While this was mentioned by one participant in this study, it was not a major theme in the rest of the interviews. This difference may possibly have arisen form the fact that participants in this study were living in a hostel where firm rules regarding acceptable behaviour were in place. Participants seemed to either accept these firm boundaries or resent them. Kurtz et al.'s participants, in contrast, had not lived in a shelter or alternative emergency housing in the previous two years. Their

independent living arrangements at the time of the interview may have involved more freedom and possibly influenced how they judged, in retrospect, the importance of firm boundaries.

This study also highlighted a number of other themes, not emphasised in Kurt et al.'s study, that the young people considered important. These were that the helpers should be: genuine in their manner towards them, empathic and understanding of their difficulties and containing in response to the distress shown to them. The differences between the studies may be explained by the different living conditions of the two samples (as mentioned above). It may also have been as a consequence of the different foci of the two studies. Kurtz et al.'s study focused on experiences that helped homeless adolescents through the difficult times, where as this study focused more on all helping interactions and what influences homeless adolescents in where they seek help.

Empathy, caring and genuineness are understood by therapists working from a Rogerian perspective to be essential elements in therapeutic change. Carl Rogers outlined these elements in his seminal paper "The Necessary and Sufficient Conditions of Therapeutic Personality Change" (1957). For Rogers the particular aspect of caring he deemed essential was termed "unconditional positive regard". In this paper he also describes the necessity that the therapist is "congruent" a term he uses to denote genuineness (Kirschenbaum & Henderson, 2003). He similarly emphasises the importance of empathy as a necessary condition for therapeutic change. In highlighting the importance of these factors, these young people call for a type of interaction with a helper that is essentially humanist in its nature. That is to

say a type of contact that holds the values of genuineness, caring and empathy to be of prime importance. Carl Rogers held quite a radical viewpoint in believing that the presence of these elements in a helping relationship was of far greater importance to therapeutic change than the particular training of the helper. The young people interviewed here valued these elements above others when describing contacts with a range of helping professionals as well as with their family and friends. The particular qualifications or training of the helper, for these young people, was of far lesser importance.

An element that was described by participants as important, which seems more in keeping with psychodynamic understandings of helping relationships, is the issue of containment. Participants were openly concerned about whether helpers could genuinely cope with hearing their distressing histories, without becoming themselves overwhelmed by distress. Many participants had had others tell them that they didn't want to hear about their experiences, that it was too distressing. Bion (1962a) has spoken of the importance of the therapist being emotionally available to the client. He felt that a therapist needs to be able to "contain", digest and feed back in more palatable form, that which client feels to be deeply disturbing about themselves. Participants in the present study often described disturbing memories, thoughts and feelings as if they were something destructive, toxic or attacking inside themselves. They often described talking as a means of getting rid of these undesirable entities. In Kleinian theory (Hinshelwood, Robinson & Zarate, 1999) the unconscious phantasy people have about these disturbing aspects of themselves is that they may destroy the person receiving them, in this case a helper hearing about them. Through being able to genuinely listen, take in what is being told to them and "survive", therapists and

other helping professionals model to clients the reality that these disturbing elements can be faced and understood.

Specificity of Results to Youth Homelessness

It may be useful to consider how these results may differ from those themes that arise when domiciled adolescents are interviewed about help-seeking (e.g. Boldero & Fallon, 1995; Garland, 1995; Silber, 2002; Stanton, Ricardo, Chavez & Tai, 2002). Differences immediately arise in terms of the practical difficulties for which the homeless adolescents feel they need help i.e. housing, and benefits applications. While domiciled adolescents also speak of relationship problems within their family (e.g. Silber, 2002) the homeless adolescents interviewed here felt that these issues were largely irresolvable and some participants considered them as relating to difficulties in their past rather than present. Consequently participants in this research spoke of turning to friends first and then professionals when they needed help, as distinct from turning to family first, then friends and then professionals as reported by domiciled adolescents (Boldero & Fallon, 1995).

Certain qualitative research (e.g. Wilson & Deane, 2001) has spoken of the importance of the theme of trust to adolescents in general. This was a central theme for the adolescents interviewed here. The particular importance of trustworthiness to these homeless adolescents may be understood as arising out of their experiences of betrayal – a theme not as prominent in the adolescent literature in general.

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It may be more useful, however, if considering the unique influence of homelessness on the themes that arose in this research, to compare these results with a sample approximating as closely as possible the present sample while excluding the factor of homelessness. Previous research has shown that adolescents in general of a low socio-economic status use formal sources of help less (Stanton et al. 2002). Studies have shown that adolescents who experience violence, particularly from their partners, are reluctant to seek help (Silber, 2002). Studies have also shown that adolescents with suicidal ideation seek help from parents less (Woods, 1997) and those with depressive symptoms have more negative help-seeking attitudes (Garland, 1995). Certain authors (e.g. MacLean et al. 1999) argue strongly that the experience of homelessness is itself traumatic and directly leads to the development of psychopathological symptoms. In the absence, however, of a comparison group of domiciled adolescents of a low socio-economic status who have similarly experienced severe domestic conflict and violent victimisation (without becoming homeless) it is difficult to determine to what degree the themes that emerged in this research are uniquely down to the effects of homelessness.

Methodological Issues

There are a number of methodological issues that need to be considered in order to place the findings of this study in context. Issues surrounding the nature of the sample, the research setting, the investigative tools used as well as factors related to the researcher are considered with regard to how they may have impacted upon the findings.

The sample

A large proportion of this sample (88%) described their ethnicity as Black. While this is a high percentage, the sample in this study may not be unrepresentative of the demographic situation in most young homeless hostels in Central London.

Youth homeless charity Centrepoint (2004) report that the majority (57%) of their residents in hostels in the UK describe themselves as Black or of an ethnic minority. One half of all young people who approached homeless agencies in England or Northern Ireland in 1994/1995 were from Black or minority ethnicities (Nassor and Simms 1996). With only 5% of the UK's population being Black or from an ethnic minority, the homeless adolescent population is unrepresentative of the general population. On the basis of these figures it would appear that people from Black or ethnic minorities are anything up to 10 times as likely to become homeless as their White counterparts.

The 2001 Census of the general population found 36% of Inner London to be of a Non-White ethnicity; 26% being Black British/ Black African/ Black Asian/ Black Caribbean. A report by the NHS Executive (Chahal, 1999) found that no reliable ethnicity figures for youth homelessness in London exist. Considering the large over-representation of these groups in the youth homelessness figures throughout the U.K., the demographic breakdown of the sample of this study may reasonably represent their presence in the London homelessness systems.

It seems important also to consider the variety of ethnicities that come under the general "Black" category. Of the 14 participants in this group only one participant classified himself as Black-British. Eight participants self-reported under the Black-African category, 2 under the Black British Asian, 2 under the Black British African and 1 under the Black Caribbean. This sample was clearly quite heterogeneous. In this regard it was broadly representative of the youth homeless population in London. Conversely this was a sample that is quite unrepresentative of young homeless population in other parts of the U.K (e.g. Northern Ireland) and very unrepresentative of the general U.K. adolescent population. These findings must therefore be interpreted with caution in relation to populations with different ethnic compositions. An examination of the themes in this study found, however, no differences according to ethnicity.

The gender breakdown of the participants was in keeping with previous research in this area (e.g. Kral et al., 1997, Silber, 2002) as well as with statistics from the Office of the Deputy Prime Minister (2002) for homeless adolescents. The sample appeared broadly representative of the wider youth homeless population in that it reported similar types of psychological distress as that found by other studies with similar populations. The high reported levels of depression and anxiety, as well as the incidences of substance abuse and domestic violence were in keeping with that found by many previous studies (e.g. Boris et al., 2002, Ensign, 1998; Rohde et al., 2001). Participants, in contrast to previous studies, did not mention sexual abuse and risk-taking sexual behaviour. It may have been less exposing to report sexual behaviour in those previous studies which involved questionnaire formats (e.g. Rew et al., 2001) than during an in-depth, face-to-face interview.

Participants for this study recruited on a self-selection basis. This may pose some issues regarding whether the type of participant who volunteered for this study differed from those who did not. An area of concern may be that the more difficult to reach adolescents, those who particularly mistrusted sources of help, would not have volunteered for a study like this. This may have been the case. A "snowballing" effect was noticed, however, whereby participants who had undertaken the study actively recruited friends for the study. This may have meant that some of the young people originally suspicious of engaging in the research may have done so following reassurance from their friends.

Invariably the small sample size of the study also reduces its generalisability. Certain time constraints limited the size of the sample interviewed. In terms of the number of individuals interviewed this study is comparable with the limited qualitative research carried out to date with this population (e.g. Kurtz et al., 2000, Lindsey et al., 2000, Wilson & Deane, 2001). A large degree of overlap began to emerge in the themes arising out of the interviews such that, while it would be difficult to conclude that "saturation" (Yardley, 2000) had been achieved, carrying out many more interviews may not have significantly altered the nature of the results.

Factors Influencing type of data collected

The interviews took place in the hostel where the participants lived. This was not a neutral ground for participants, particularly in relation to speaking about the hostel

workers. The participants may have associated me with the staff of the hostel (with whom I liased closely in setting up the research) or with the organisation running the hostel. Some support for this idea may come from the fact that some participants apologised to me before going on to criticise staff members. This issue may also have been of importance in relating aspects of their past histories to me which were not in keeping with the criteria for staying at the hostel. For example, participants may have been reluctant to disclose the fact that they could potentially return and stay with a parent, but did not wish to, for fear that I would disclose this to staff members and that the result would be their exclusion from the project. Participants may have been reluctant to discuss drug taking in case this would also lead to their exclusion. Similarly, they may have been concerned about speaking about their finances in case I would disclose anything that would jeopardise their benefits application. Issues of confidentiality were discussed at length before the interviews. However, with a group of adolescents with multiple experiences of trust being betrayed, it may have been difficult for some of them to accept my assurances regarding confidentiality.

In more general terms, participants may have associated me with being an authority figure. This may have made them reluctant to trust me sufficiently to disclose aspects of themselves that they considered more personally exposing. It may have also meant that interactions with authority figures in general (rather than interactions with friends) were more to the forefront of their minds and consequently appeared more in their narratives.

This stated, many participants felt able to be quite critical of the hostel and hostel workers and disclose more positive aspects of their relationships with their parents e.g. their wish to return home eventually. Participants appeared to find the flexible nature of the interview protocol freed them up to speak in a safe and comfortable manner about the various experiences they had had. On many occasions participants spoke quite freely about their experiences, in a manner that allowed most of the information required for this study to be garnered by simply listening closely to the unfolding narrative. Many participants also found the interview process quite emotionally affecting. Most participants thanked me at the end and a number of them were quite reluctant to accept the £5 remuneration for their time. This is in keeping with humanistic literature (e.g. Rogers, 1986) on the powerful effects that non-directive, empathic listening can have on individuals, particularly those distressed or vulnerable.

Good practice in qualitative research

Several authors have examined the issue of what constitutes "good practice" in qualitative studies (e.g. Elliot, Fischer & Rennie, 1999; Smith, Jarman & Osborn, 1999). As well the issues related to the sample used and examining the extraneous variables or "noise" that may have impacted the results (discussed above), they also consider there to be particular issues of importance in relation to qualitative studies. These include the issues of credibility, coherence, owning one's own perspective and accomplishing general vs. specific research tasks (Elliot et al., 1999). The last point was discussed in greater length above as part of a consideration of the study's rationale. I would like to develop further here the issues of credibility and coherence

and consider the aspect of "owning one's own perspective" as part of a general discussion on the possible influence of the investigator's perspective on the results.

Several authors (Elliot et al., 1999; Smith et al., 1999; Stiles, 1993) have proposed ways of carrying out "credibility checks" into qualitative research. Two of the main forms of credibility checks have been used here. The first involved returning to the hostel where the research was carried out and checking with homeless adolescents there whether the results made sense to them or whether there were aspects they agreed or disagreed with. This allowed the results that were extracted from the interviews to be assessed by the population being researched. The feedback from this process was important in helping clarify points of emphasis for the final draft of the results and ensuring that the reported findings remained as grounded as possible in the experiences of the young people.

It is important to note that with the high turnover of an emergency short-stay hostel, it was not possible to receive feedback from the same young people as had participated in the research. It could not be determined, therefore, whether the young people interviewed felt the results represented accurately their particular experiences. Those who did part in the feedback process were in the same situation (i.e. in the same short-stay emergency hostel, seeking longer-term accommodation) as those who had been interviewed. They fed back that they felt the findings did reflect to a large degree the experiences of homeless adolescents in Inner London at that time.

The second form of credibility check consisted of involving other researchers, throughout the research process, in examining the data and the different levels of

analysis to obtain independent views of how the interview content was being interpreted. One of the researchers carried out independent analyses of three of the transcripts. A large degree of commonality in the themes extracted emerged, with the differences being resolved through discussion. Another researcher examined both the transcripts and the grouping of the themes that were being developed. Again much commonality and some differences emerged in how to best group the themes. Discussion at this time was extremely useful in working out how best to understand and communicate the nature of the research findings. A third researcher was consulted early into the research design, at the point at which the data had been collected and at the point of the final drafting of the results. This allowed a third, external perspective to be obtained on how the research was being undertaken and how the material was being interpreted.

A further way of ensuring that the reported findings remained close to the actual content of the interviews was through "grounding in examples" (Elliot et al., 1999). For each of the themes reported an extract from an interview is provided. These may allow readers to judge for themselves whether the conclusions arrived at by the researcher is justified by the content of the interviews. It similarly allows them to consider alternative way of understanding the material.

Several authors have also considered the issue of coherence in qualitative studies (Elliot et al.,, 1999; Smith et al.,1999; Yardley, 2000). It is emphasised that the themes extracted should be presented in a coherent and integrated manner that reflects the themes' relationship to each other e.g. hierarchical or temporal aspects. While in some qualitative studies this is achieved by presenting the material in flow-

charts (e.g. Smith et al., 1999) in this study the inter-related nature of the themes was represented by composite narratives. In this manner it was hoped to present an integrated picture of how the themes exist in the context of each other. Inherent in the narratives are certain temporal and hierarchical aspects e.g. that perceptions of parental rejection precede general beliefs about how unreliable people are, and how practical needs such as housing are prioritised above emotional needs. The narratives also aim to give a reader an experience of how difficult memories and emotions link these themes together in the minds of the young people.

Influence of the Investigator's Perspective

A fundamental aspect of qualitative research is the researcher's capacity to be self-reflexive about the degree to which her personal qualities may have influenced the results (Elliot et al., 1999; Smith et al., 1999, Yardley, 2000). As commented upon earlier, my experiences of having worked in an emergency hostel for adolescents may have predisposed me to presume that the experiences of these adolescents were similar to those with whom I had worked. Conversely it may have allowed the participants to feel understood in a manner that allowed them to discuss more freely their concerns.

The present study being about psychological help-seeking, my own therapeutic preferences may also have been influential. My preference therapeutically is for exploratory, client-led interventions, which are less directive in nature. The models of thought that have been most influential to my thinking has been those of a systemic and psychodynamic nature. It is in keeping with such a theoretical

background that concepts such as "containment" and a focus upon the role of anger and hurt, should be present in my attempts to understand the adolescents' experiences.

Conversely, I had not expected the interview material to take a form that is perhaps best understood by a Rogerian model of psychology i.e. a strong emphasis on the elements of genuineness, caring and empathy across many different helping relationships.

Also being of a middle-class, white, third-level educated background it is unsurprising that I should use Western, predominately male-derived psychological models to understand the experience of another. In terms of alternative approaches, it was interesting to note that two participants made reference (if fleeting) to social class e.g. that a working class worker would understand their situation the best. A Marxist, sociological approach to understanding these young people's experiences may have focused much more upon this issue and upon the broader issues of power differentials in interactions with helping others.

In terms of broadening my awareness of these possible elements of influence, discussion with other researchers (as outlined above) and with staff at the hostel was extremely useful. The interviews being audio-taped allowed another researcher to listen to extracts and comment upon the direction the interviews took in attempting to answer the research questions. Throughout the interviews there was a conscious effort by me to let the participants lead the interview, to be non-judgemental in my responses and to be aware, as I went along, of the manner in which I was making

sense of what they were saying. This was an iterative process whereby reviewing earlier interviews influenced how I approached later interviews to maximise the quality of the information received.

Invariably who I was and how I interacted with these young people influenced the type of information I received. By outlining the researcher's background and approach to the research process in qualitative studies, it is hoped the reader will be in a better position to be able to judge the findings of the research considering the context from which they derived (Smith et al., 1999).

Implications for Future Research

Participants in this study, in judging the quality of a helping interaction, consistently focused upon the manner in which the other person related to them. They clearly communicated that if they felt the other person understood their situation, cared about their predicament, and was genuinely attempting to help, that they could tolerate the long, frustrating and anxious period until assistance arrived. If, however, they did not think the other person felt this way then they gave up almost immediately upon being helped by them. Similarly in reflecting back upon what they felt had been of help, process triumphed over programme i.e. irrespective of the type or source of help, the manner in which it was offered seemed most important. Further research could therefore focus upon the concept that programmes grounded in the Rogerian concepts of genuineness, caring and empathy will be those most successful with this population. One useful area of investigation may be assessing the differing

benefits, with this population, of a supportive, non-directive mentoring programme over a skill-based, directive programme of intervention.

The finding that homeless adolescents want workers with the characteristics of trustworthiness, caring, warmth and empathy, is one that is becoming more robust as a consequence of the qualitative research in this area (i.e. Kurtz et al., 1999, Lindsey et al., 1999). It may be useful at this point for a large questionnaire-based quantitative study to examine whether these qualities are indeed important for a larger, more diverse population of homeless adolescents.

This study raised some other aspects not previously reported in other qualitative studies. One aspect was the degree to which anger at perceived rejections fuel the self-harming and anti-social behaviour of many of these adolescents. In this regard a more focused qualitative study about how anger is expressed in this population and is linked to mental health difficulties, may be useful.

Another aspect raised in this study was the immense concern many participants had that the workers would not be able to cope with hearing the histories they had to relate. This seemed to go beyond a fear of not being accepted, as described by Kurtz et al. (1999), but was rather a fear of the damaging potential of their stories and the fragility of others. Further research could explore whether this is a common phenomenon among this population and investigate further how such fears may have arisen.

Clinical Implications

The findings of this study would seem to alert Clinical Psychologists working with this population to be aware of the prominence of issues around rejection and abandonment along with the hurt, rage and mistrust that such inspires. From a developmental psychopathological perspective it may be useful to think of a variety of psychological disorders coming from individual responses to the same experience (i.e. a concept of multi-finality). While many of the participants discussed different symptoms (depressive, anxious, self-harming, behavioural) many of their experiences and developmental histories were extremely similar.

This study would also appear to advise therapists that, regardless of the psychological model used, these young people are looking for someone who they perceive to be genuine, caring, empathic and able to hear their distress without being overwhelmed.

At present, however, the role Clinical Psychology plays with this population is minimal. It is extremely rare to find a Clinical Psychologist in any state–funded outreach team for the homeless. To a degree, this is understandable when, as participants in this study also made clear, the housing and physical safety needs of this population are primary. However, as several studies have demonstrated (Boris et al., 2002, Ensign, 1998; Rohde et al., 2001) the level of psychopathology and the need for psychological input with this population is immense. Therefore, Clinical Psychology possibly needs to be more politically active in arguing for an increased

level of input by Psychologists in helping meet the many mental health needs of this vulnerable group.

Conclusion

Previous research into youth homelessness has found that many of the young people sleeping on the streets or occupying the beds in emergency hostels have never had an experience of a reliable, trusting relationship (Kurtz et al., 2000). They struggle to trust others and have not had anyone make a leap of faith in them. But they are a group desperately in need of help. The levels of abuse, assault, physical ill health and psychological distress are disturbing (e.g. Rohde et al., 2001). This study has found that the experience of abuse in the familial home, violence while on the streets and the struggles with poverty throughout leave young people with significant psychological distress. Their experiences leave them cynical about the motives of those offering help and fearful of the dangers inherent in accepting any assistance. One of the most important messages coming out of this research with homeless young people is that if they are to access help *how* it is offered is as important as *what* is offered. These young people have been betrayed before, distrust help in general, but will engage with people they feel to be genuine, caring, empathic and able to hear their distress. The level of psychological need in this population, highlighted by the research in this area, provides an opportunity for Clinical Psychologists to contribute positively to the well-being of this much underserved population.

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Appendix I - Participant Consent Form

Camden and Islington NHS
Mental Health and Social Care Trust

Camden ISLINGTON

supporting partnership in mental health

UCL

The Attitudes of Homeless Adolescents to Psychological Help-seeking

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 with drawing **Yes / No**

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

_____   _____   _____
Name of Participant   Signature   Date

_____   _____   _____
Name of Keyworker   Signature   Date

_____   _____   _____
Name of Researcher   Signature   Date

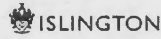| **Researcher's name:**	**Supervisor's name:**
Mr. Pádraig Collins	Dr. Chris Barker

Sub-Department of Clinical Health Psychology
University College London
Gower Street
London WC1E 6BT
Tel: 07905 943654

Appendix II - Participant Consent Form

For The Audio-taping of The Interviews

Camden and Islington NHS
Mental Health and Social Care Trust

Camden ISLINGTON

supporting partnership in mental health

UCL

The Attitudes of Homeless Adolescents to Psychological Help-seeking

Please read carefully the following information about this interview.

- The interview will be audio-taped.

- The tapes will be destroyed within 1 year of this interview.

- Transcripts will be made of the interviews that will be anonymised such that no identifying information will remain in the transcripts

- The transcripts or part of the transcripts may be used in future in publications relating to the research.

- The transcripts themselves will be destroyed within five years of the interview.

1. I have been given an opportunity to discuss any concerns about the audio-taping of the interview, the making of transcripts, or the use in future publications of the transcripts or part of the transcripts **Yes / No**

2. I consent to the audio-taping of the interview, the making of anonymised transcripts based on the interviews and the use in future publications of the transcript of part of the transcripts. **Yes / No**

Name of Participant	Signature	Date

Name of Keyworker	Signature	Date

Name of Researcher	Signature	Date

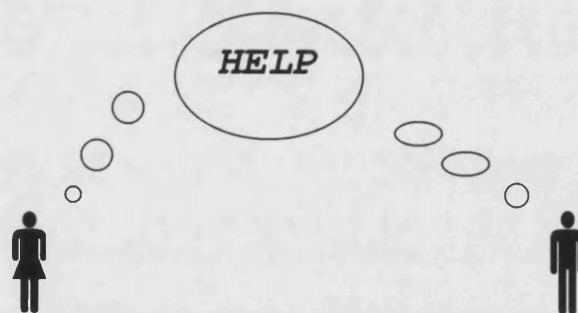| **Researcher's name:**	**Supervisor's name:**
Mr. Pádraig Collins	**Dr. Chris Barker**

Sub-Department of Clinical Health Psychology,
University College London, Gower Street, London WC1E 6BT.
Tel: 07905 943654

Appendix III – Recruitment Poster

Help with some RESEARCH and GET £5 !!!!!!!!!!!!!!!

☺

Sometimes stuff happens and you need some help ☹

HELP

Who Do **YOU** Turn To For Help?

A researcher from University College London is trying to find out who homeless young people go to if they need help.

He is interested in things like;
1. *When you have had a problem in the past, who did you talk to – did it help?*
2. *If you had this or that kind of problem who would you go to? Why would you go there?*

****Anyone who can spare 45mins to talk to him about this stuff to help with his RESEARCH will receive £5 for their time.****

This is not therapy, its just research. If you are interested you can leave your name here or with staff or just turn up when he's around
We'll put the times when he's in the hostel up on the poster!!

Appendix IV – Participant Information Sheet

Study Title: The attitudes of homeless adolescents to psychological help-seeking.

Researcher: Pádraig Collins, Trainee Clinical Psychologist. **Supervisor:** Dr. Chris Barker, Sub-Department of Clinical Health Psychology, University College London, Gower Street, London. WC1E 6BT.

What's this study all about?

This is a study into who young people who are homeless turn to when they have a problem. We like to find out a bit more about what helps young people decide who to go to for help when they have a problem.

What does it involve for you?

The study involves one short interview – lasting no more than an hour. In the interview the researcher will ask you a number of questions. These questions will be about those times in which you had a problem and whether you went to someone for help.

Why do you want to know this stuff?

We think that if we can find out a bit more why young people go to certain people for help we can improve those services out there for young people. We can do this by helping the services understand what young people with a problem are looking for.

Do I have to take part?

Participation is entirely voluntary. If for any reason you wish to drop out of the study, you are welcome to do so at any point. You do not have to give the researcher a reason, and it will not affect in any way, how staff in the hostel treats you.

How long does it take?   -   The interview takes about an hour.

Who gets to hear about the stuff I tell you?

None of the staff at the hostel will have access to anything spoken about or written down during the meeting, unless the researcher becomes seriously concerned about your own or others safety. All the information you give in the meeting will be kept solely by the interviewer. Information will be written down, but your name will not appear on any of these records. Any tape recordings of the interviews will be destroyed at the end of the study (or sooner if you want). Nobody will be able to identify you from the research when it is written up.

What's in it for me?

Some people find that taking part in this kind of research can provide interesting and useful information about what they are like as people. If you decide to take part, you will be receive £5 at the end of the meeting for the time you have given up to take part in the study.

If you have any other questions at all please feel free to ask Pádraig Collins at any stage

Appendix V: Interview Protocol

The interview will begin by orienting the individual to the structure of the interview. Issues of confidentiality, including the audio-taping of the interview, will be discussed and it will be confirmed that the participant understands what has been discussed and consents to the research process.

1. Tell me something about how you came to be living in this hostel?

    Probe A I know that different people have different reasons for coming here, what are some of the reasons why you came to this hostel?

    Probe B If you think about the last few months and how you came to be here what comes to mind?

2. When people have problems, they do different things to deal with the problem, what do you do when you have a problem?

    Probe A – When you get down or annoyed by something is there something you generally do to sort things out?

    Probe B – Is there anybody you might speak to if you had a problem?

3. Sometimes people seek help for some of the problems they have, and sometimes they don't. What kind of things, do you think, you would ask someone for help with?

    Probe A – So what kind of problems do you think there's no point in asking help for?

    Probe B – What helps you to know whether you should ask someone for help with this problem or not?

4. What kind of organisations is there around here to help young people with problems?

    Probe A – We know that if you have a physical problem you go and see a doctor. But do you know where to go to see the nearest doctor? Or if you had a different kind of problem do you know of anywhere you could go to get help?

    Probe B: If you had a friend and you felt they really needed to speak to a professional about how they were feeling where would you tell them to go?

5. Do you have people close to you, like friends or family, whom you think you would go to if you needed some help? What do *they* think about how people should solve problems?

Probe A: People think different things about how people should solve their problems, what do your friends/family think?

Probe B: If you're trying to work out what to do, do you think about what your friends/family might do if they had this problem, or what they might think if you did this or that?

6. Did you ever have a problem before that you did seek help for? What happened?

   Probe A Would that make you more or less likely to seek help from there again? How come?

   Probe B Do you think that you "made up in your mind" in any way about X as a result of that experience.

7. So if you did have some of the problems we talked about and you did decide to go to someone – whom would you go to first?

   Probe A What helps you to decide whom to go to first?

   Probe B When you think about the different people you could go to, who comes to mind first?

8. What kind of person, do you think, is it easy to ask help from? What kind of person is it really hard to ask help from?

   Probe A You mentioned X (family member/friend) what do you think it is about him/her that makes it easy to speak to him/her?

   Probe B What do you think it is about Y (organisation formal source of help previously mentioned) that makes it easy/difficult to go and speak to them?

9. So, like we've discussed, you've got a problem and you've got someone/some organisation in mind to go and see – is it easy or difficult to get to see them?

   Probe A What do you think makes it easy/difficult to get in touch with them?

   Probe B If you could change things, what would you change to make it easier for people to get to see them?

Appendix VI: Favourable Ethical Opinion

Dr Paul Fox
Research & Development Unit
3rd Floor West Wing
St Pancras Hospital
London
NW1 0PE

E-mail Paul.Fox@camdenpct.nhs.uk

Phone 020 7530 5375
Fax 020 7530 3235

3 July 2003

Mr Padraig Collins
Sub-department of Clinical Health Psychology
University College London
Gower Street
London
WC1E 6BT

Dear Mr Collins

Title: The attitudes of homeless adolescents to psychological help-seeking

I am pleased to note that the Local Research Ethics Committee has recommended to the Trust that there are no ethical reasons why your study should not proceed.

Projects are registered with the North London Community Research Consortium if they utilise patients, staff, records, facilities or other resources of Camden Primary Care Trust, Islington Primary Care Trust, the Camden & Islington Mental Health and Social Care Trust, Barnet Primary Care Trust, Enfield Primary Care Trust or Haringey Primary Care Trust. On the basis of the documentation supplied to us, your study has the support of the clinical service manager/assistant locality director of the service in which it will be based.

The Camden & Islington Mental Health and Social Care Trust therefore grants approval to begin research based on the proposal reviewed by the ethics committee and subject to any conditions set out in their letter of 3 July 2003. Should you fail to adhere to these conditions or deviate from the protocol reviewed by the ethics committee, then this approval would become void. The approval is also subject to your consent for information to be extracted from your project registration form for inclusion in NHS project registration/management databases and, where appropriate, the National Research Register and the UCL Clinical Research Network register.

Permission to conduct research is also conditional on the research being conducted in accordance with the Department of Health Research Governance Framework for Health and Social Care:

- Appendix A to this letter outlines responsibilities of principal investigators;

- Appendix B details the research governance responsibilities for other researchers. It also outlines the duties of all researchers under the Health and Safety at Work Act 1974. Principal investigators should disseminate the contents of Appendix B to all those in their research teams.

Further information on the research governance framework for health and social care can be found on the DH web pages at http://www.doh.gov.uk/research/
Staff working within trusts covered by the research consortium can also find the information on the Trust Intranet.

Researchers are also reminded that personally identifiable information on living persons must be collected, stored, processed and disclosed in accordance with the Data Protection Act 1998. Such data may be in the form of electronic files, paper files, voice recordings or photographs/scans/X-rays. Further information on the Data Protection Act is available from your organisations Data Protection Officer or from the Consortium R&D Unit. The Medical Research Council also publishes the guidance booklet 'Personal Information in Medical Research' which is available from http://www.mrc.ac.uk/pdf-pimr.pdf

Except in the case of commercially funded research projects, the following acknowledgement and disclaimer MUST appear on all publications arising from your work.
*"This work was undertaken with the support of Camden & Islington Mental Health and Social Care Trust, who received [***insert "funding" or a "proportion of funding" ***] from the NHS Executive; the views expressed in this publication are those of the authors and not necessarily those of the NHS Executive".*

* *"a proportion of funding" where the research is also supported by an external funding body; "funding" where no external funding has been obtained.*

This is a requirement of the contract between the Trust and the NHS Executive in which the Trust receives funding to cover the infrastructure costs associated with performing non-commercial research.

Please make all members of the research team aware of the contents of this approval. I wish you every success with your research.

Dr Paul Fox
Acting Director of Research and Development

Appendix VII: Sample Analysis

Qualitative Analysis - Stage I: Preliminary Analysis (Verbatim Excerpt)

I got kicked out of home, because of.. well my parents are strict Muslims...
So I stayed with my aunty and the same happened there, like all the cultural offences, religion and things so... that why I'm here now.
I.. amm.. don't really trust people so I don't turn to anyone to like.... I just try and deal with it like.. whatever comes my way.. I just try and deal with it cos ... I don't know..
Yeah. I don't really like relying on people. So yeah.
Well I've found that most time I did [rely on someone].. like .. they were people that really hurt you in the end.. like go against you.. so .. I don't really like to ..I don't trust people..
Just friends like, friends I've known since I was little, grown up with, like years. They always end up stabbing you in the back, well that's my experience. It's not with everyone but that was my experience .. from now.. I don't really.. I don't trust people
Well most of the time something gets to me I don't like being around people so...usually I stay in my room and listen to some music or just sit and think about it and go over it all and try and find solutions to what the problem is.
I won't completely tell them [tell others about problem]...I would tell them the situation like my best friend and my boyfriend I would tell them but I won't go too deep into it cos I see it as my problem and they won't really understand anyway unless you're in my shoes ..so..
but cos of the experience I've been through like with my other friends before I don't want to take their help. .like.. I'm the kind of person.. I don't want to take it...but I think they could help if they wanted to they could, but I don't want to take someone else's help
: I just don't want to be grateful to someone in the end I don't want have to be.. I want to be able to know that everything I've done now is my own doing .. I don't want have to be grateful cos you don't know. Cos I don't trust people. I don't know in the end they might turn around and be like, you know, "because of me you're ....". You know I don't want to hear that.. because if you help someone you just help them you shouldn't be expecting to be patted on the back or anything after ... if you care about someone you just help them. .So I don't want to have to go through that..
Help with? I would never ask someone for help emotionally but like say like the housing I'd probably turn to someone but not someone close to me someone who is like working in.. someone who has connections with it

Qualitative Analysis - Stage 2: Addition of Themes

Themes	*Excerpt*
Throwaway – family conflict, cultural diff.s	I got kicked out of home, because of.. well my parents are strict Muslims...
Fell out with aunt – cultural diff.s	So I stayed with my aunty and the same happened there, like all the cultural offences, religion and things so... that why I'm here now.
Don't trust people –	I.. amm.. don't really trust people so I don't turn to anyone to like.... I just try and deal with it like.. whatever comes my way.. I just try and deal with it cos ... I don't know..
Don't like relying on others	Yeah. I don't really like relying on people. So yeah.
Others you rely on, hurt you in the end – so don't trust people	Well I've found that most time I did [rely on someone].. like .. they were people that really hurt you in the end.. like go against you.. so .. I don't really like to ..I don't trust people..
Friends from old end up stabbing you in the back – betrayal by old friends	Just friends like, friends I've known since I was little, grown up with, like years. They always end up stabbing you in the back, well that's my experience. It's not with everyone but that was my experience .. from now.. I don't really.. I don't trust people
When upset, wants to be alone – listen to music and think about things	Well most of the time something gets to me I don't like being around people so...usually I stay in my room and listen to some music or just sit and think about it and go over it all and try and find solutions to what the problem is.
Wouldn't speak to friends –superficial details to best friend/boyfriend, they won't understand	I won't completely tell them [tell others about problem]...I would tell them the situation like my best friend and my boyfriend I would tell them but I won't go too deep into it cos I see it as my problem and they won't really understand anyway unless you're in my shoes ..so..
Don't want to take help on offer from friends	but cos of the experience I've been through like with my other friends before I don't want to take their help. .like.. I'm the kind of person.. I don't want to take it...but I think they could help if they wanted to they could, but I don't want to take someone else's help
Don't want to end up beholding to others cos of help received – expect such would be held against her	: I just don't want to be grateful to someone in the end I don't want have to be.. I want to be able to know that everything I've done now is my own doing .. I don't want have to be grateful cos you don't know. Cos I don't trust people. I don't know in the end they might turn around and be like, you know, "because of me you're ....". You know I don't want to hear that.. because if you help someone you just help them you shouldn't be expecting to be patted on the back or anything after ... if you care about someone you just help them. .So I don't want to have to go through that..
Would turn to a prof./stranger for help with practical things	Help with? I would never ask someone for help emotionally but like say like the housing I'd probably turn to someone but not someone close to me someone who is like working in.. someone who has connections with it

Qualitative Analysis - Stage 3: Grouping of Themes Under Meta-Themes

<u>1. Needing help</u>
1.1   <u>Psychological States</u>

Feeling Down
- It can affect you inside but you still have to get up and do things like go to work and still do this.. you still have to get on with things. Whereas lots of people they just.. they get down and they turn to things.. but it doesn't help...

1.2   <u>Cultural</u>
- I got kicked out of home, because of.. well my parents are strict Muslims.
- So I stayed with my aunty and the same happened there, like all the cultural offences, religion and things so... that why I'm here now.

2. Qualities of a Good Relationship

2.1   Empathy/caring/ Making time
- I think are really helpful, they all like go out of their way like [...]she took her own time out to call some hostels for me so she was really helpful

2.2   Understanding/ Similarity/ Same experiences
- but I won't go too deep into it cos I see it as my problem and they won't really understand anyway unless you're in my shoes ..so.

2.3   Effective/Practical
- they [college] were just gave me information like where to go how to get there ...like simple information that I needed [...]so I take it as they were really helpful as they did give me places and where the youth centre is, and what they can do for you ..so it was relevant

2.4   Dependable/Trustworthy
- ... if you see them back up what they say ..like their actions...you can yeah.. with N.H. I do...I think what they say is true because they'll say something and you can believe that they're actually acting on what they're saying ..so..

2.5   Being strong
- I don't like people who, something happens and that's it- their world is over. Because there's a lot that's going to happen in life like.. so I like to surround myself around people who've been through things and who've always managed to see it as well you gotta still get on

2.6   Non-judgemental
- They don't look at you like oh you're homeless take what you get.

3. Beliefs about seeking help
3.1   Trust/Betrayal
- Well I've found that most time I did [rely on someone].. like .. they were people that really hurt you in the end.. like go against you.. so .. I don't really like to ..I don't trust people..

3.2   Self-sufficiency/ Imposing on others
- I just don't want to be grateful to someone in the end I don't want have to be.. I want to be able to know that everything I've done now is my own doing .. I don't want have to be grateful cos you don't know. Cos I don't trust people.

3.3   Beliefs about talking/counselling
- it's nothing against counselling.. but I've always been the type of person to just hold my feelings and just deal with it myself so I don't want to.. I would feel a bit strange talking to a stranger about.. how I'm coping with things..

3.4   Role of different helpers / gender issues
- you didn't know about an organisation that you could go to.. how would you find out where you needed to go to? Interviewee 2:College

3.5   Hierarchy of help
- so where would you go first? [for advice] Int. 2: First I'd try in college.....

3.6   Coping Mechanisms
- Well most of the time something gets to me I don't like being around people so...usually I stay in my room and listen to some music or just sit and think about it and go over it all and try and find solutions to what the problem is.

3.7   Importance of fun
- like they take you on trips. They make you sometimes forget..[...] they kindof take your mind off it for a couple of hours...[...] sometimes its just easier to forget your problems and for a couple of hours to go and do something to enjoy yourself and come back and think ok I'll sort that out.

4. Knowledge of services

4.1 Lack of Knowledge
- That's the only place I knew actually so I had no choice really..