

A systematic review and meta-synthesis of qualitative studies that investigate the emotional experiences of staff working in homeless settings

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Abstract

Homelessness is a pervasive issue in society, and government policies have highlighted the need to focus on the experience of front-line staff in homelessness settings. The aim of this meta-synthesis was to draw together the available research to further understanding of the experiences of staff working with homeless people. A systematic search was conducted across four electronic databases (ASSIA, PsycInfo, Sociological Abstracts and Web of Science) from the date of their inception. Qualitative research exploring the emotional experiences of staff working in homeless settings was identified. Identified studies were subject to quality assessment, and the data were synthesised using meta-ethnography. Ten studies were included in the synthesis following screening of 228 titles, 92 abstracts and 33 full texts. The concepts that were obtained from the analysis were building quality relationships, negotiating boundaries, carrying the emotional burden (self and others), accessing care and support (self-care and from others), individual advancement, advocating and contextual helplessness. An overarching theoretical construction of the internal experiences of support staff in managing the demands of the role along with their own needs was developed. This theory may provide the basis for testable hypotheses in future research and inform the development of support and training opportunities for staff working within homelessness settings.

KEYWORDS

homelessness, meta-synthesis, staff support, support workers, systematic review

1 | INTRODUCTION

Homelessness is still a pervasive issue in western society, and UK government policy has highlighted the need to focus on the experience of front-line staff in homelessness settings (Department of

Communities & Local Government, CLG, 2008). Evidence of the extent and range of psychological and mental health problems among homeless people is constantly growing. For example, up to 60% of adults living in hostels in England will have a diagnosable personality disorder compared with about 10% in the general population, and

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all other mental health disorders are significantly over-represented (Cockersell, 2011; Rees, 2009). Histories of neglect, abuse and traumatic life events dating back to childhood and continuing through adult life are also over-represented (Keats et al., 2012).

Staff work with homeless people across varying settings, including hostels, supported accommodation and outreach. In the United Kingdom, these roles typically do not require any professional qualifications, and staff may receive little training for their work (McGrath & Pistrang, 2007). Understanding the challenges of specific workplace conditions, such as homelessness settings, is important particularly as staff stress within such workplaces can feasibly lead to an increase in challenging behaviour from those receiving support. General models of workplace stress and dissatisfaction exist, which emphasise that work stress is a product of job demands and processes that might lessen the impact of those demands. The Demand-Control Model (Karasek, 1979) proposes that workplace mental strain and job dissatisfaction occur predominantly in conditions of high demands and low decision latitude, emphasising that workers should be given more control in decision-making. According to Organisational Support Theory (OST), employees' perception of organisational support is a key predictor of employee well-being (Kurtessis et al., 2017). The job demand-resources model (JD-R model; Demerouti et al., 2001) postulates that work dissatisfaction and stress can be explained by the interaction of two independent processes, the physical and psychological demands of the role, and 'job resources' (aspects of the job that support achieving work-related goals, reduce job demands and stimulate personal growth). The Healthy Workplace Framework developed by the World Health Organisation (WHO, 2010) emphasises the negative impact on employee outcomes of poor psychosocial work environments (e.g. un-supportive supervision, lack of training and 'control and command' management approaches) and a lack of health-related resources within the organisation.

To comprehend what precedes employee stress in a specific work role, there is a need to consider the demands and resources specific to that job (Bakker & Demerouti, 2007). For example, in the area of child welfare (CW) workers, He et al. (2018) adapted the JD-R model to specify the core demands of the CW role (job stress and time pressure) and specific relevant resources (internal resources such as supervision; and external resources such as the availability of appropriate services in the community in which to connect families, such as mental health and substance use services). In a review of the specific job demands and resources relevant for nurses, McVicar (2016) highlighted that emotional demands were one of the factors most consistently related to both job stress and satisfaction. Within mental health settings, it has been proposed that interventions to improve competency in the role, and to provide support for emotional problems, can have a positive impact on staff wellbeing (Gilbody et al., 2006). Support worker roles in homelessness settings often combine multiple demands, including those associated with assisting service users regarding their welfare needs (e.g. providing support to service users to access appropriate health services or permanent accommodation), with some of the emotional job demands found

What is known about this topic

- Chronically homeless individuals often have histories of trauma, together with emotional regulation and relationship difficulties.
- Staff working in homeless settings often receive minimal training to work with such complexity, and research has found high rates of burnout and PTSD in staff working in homelessness settings.

What the paper adds

- It is common for staff to attempt to maintain a balancing act of supporting service users but at the same time trying to take care of their own emotional well-being.
- Staff well-being in these settings can be predicted by the levels of self-efficacy in supporting service users, resources to manage one's own well-being, level of work-related trauma symptoms and perceptions of organisational support/safety.

in frontline workers in physical or mental health settings (e.g. dependency of service users on staff for their emotional and physical needs; managing complex interpersonal dynamics; night shifts). However, research is still in its infancy about the specific nature of the demands and relevant resources that impact on staff wellbeing in these settings.

Research would suggest that the demands of working in homelessness settings, particularly those of a psychological nature, are high. Chronically homeless people may have histories of complex trauma and, therefore, may behave in ways reflective of underlying difficulties with trusting relationships, and with managing their own emotions (Keats et al., 2012). As a result, staff working with homeless people may be constantly exposed to individuals who are traumatised, potentially leading to vicarious traumatisation or secondary traumatic stress (Schiff & Lane, 2019). Schiff and Lane (2019) conducted a quantitative study, in Canada, into the characteristics of frontline workers in homeless services and found high rates of PTSD symptoms, at 33% of the total population sampled. Maguire et al. (2017) highlighted a lack of research assessing the degree of burnout within front-line homeless staff and suggested that this may be due to a lack of psychological understanding of their experiences (Maguire et al., 2006) and perhaps a lack of appreciation of the impact of the complexity of the roles.

Perhaps because of the increased recognition of the inherent demands of working in homelessness settings, increasingly, some organisations have adopted psychological models that aim to improve the resources available to homelessness setting staff and thus also benefit the recipients of support. The implementation of psychologically informed environments (PIEs) in the United Kingdom (Johnson & Haigh, 2010) and Trauma Informed Care in the United States (Hopper et al., 2010) has led to reported improvements in

staff experiences, support and training (Benson & Brennan, 2018; Phipps et al., 2017). PIEs have been defined as 'specifically informed environments where staff are trained to develop an increased psychological understanding of the work that they do' (Benson & Brennan, 2018, p. 52) and are considered to be very relevant to homeless settings given the associated trauma that often comes with homelessness.

Wirth et al. (2019) conducted a review of the working conditions, mental health and coping of staff working with refugees and homeless people. They highlighted that the prevalence of mental health problems among staff was high but difficult to compare because of the use of various assessments across studies. Stressful elements of the job included clients' suffering, high caseloads and little experience of success (Wirth et al., 2019). In a questionnaire-based study with 123 female shelter workers in the USA, Baker et al. (2007) reported that significant time pressures and low levels of self-efficacy for being productive at work were predictors of emotional exhaustion. In a study across eleven sites in the United States, Olivet et al. (2010) analysed written documents related to a specific project evaluation and identified challenges of low pay, high rates of burnout and turnover and limited time for supervision and training. Divergence in the literature was also evident in that staff in this study were reported to have good levels of job and compassion satisfaction regardless of whether they had mental health problems. Baker et al. (2007) also identified that female shelter workers in the United States did not meet the criteria for burnout as defined by Maslach and Jackson (1986).

The aforementioned review (Wirth et al., 2019) is the most recent attempt to synthesise the literature concerning homelessness staff. It is a mixed method and consists of reviewing predominantly quantitative studies. Although the review certainly contributes to better understanding of the working conditions and the impact of staff demands within homelessness settings, it does not formally meta-synthesise themes from the qualitative studies included. A meta-synthesis of themes would likely offer a deeper understanding of the role especially in terms of the personal and emotional aspects and thus would be more relevant to informing *psychological* interventions. Furthermore, given that results are combined with refugee settings, their findings are not specific to homelessness settings. There are unique experiences associated with displacement and cultural separation in refugee samples that are distinct from more general homelessness settings. These unique experiences might cloud a synthesis of qualitative studies, with the many possible additional factors associated with this group such as dealing with government systems, feeling mistrustful of authority and associated legal issues.

Thus, our overarching aim was to consider the available qualitative research regarding staff experiences of working with homeless people using the meta-ethnographical approach to meta-synthesis, with the goal of producing new theoretical understandings of the specific demands and resources relevant to the support worker role in homelessness settings. The related sub-aims of the review were the following:

- To further existing the understanding of the in-depth personal experiences and approaches of staff working with homeless people, in an effort to better inform staff support and provide organisational insight into how services might be developed and interventions are implemented.
- To solely focus on staff working with homeless people, as opposed to those working with refugees and asylum seekers.
- To further the existing research into staff experiences of burnout and job satisfaction in homeless settings (as suggested by Wirth et al., 2019).
- To provide an overarching theoretical construction that could inform and improve further approaches and actions by organisations and staff who support homeless people.

2 | METHODOLOGY

2.1 | Systematic review

A database search was conducted to identify qualitative literature relating to the emotional impacts and experience of support workers working within homeless settings (with children, young people and adults). The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidance (Liberati et al., 2009) was used to guide the process of identification, selection and critical appraisal of research for analysis and synthesis (see Figure 1 for PRISMA statement). The inclusion/exclusion criteria used are outlined in Table 1.

The search was conducted across four electronic databases (Applied Social Sciences Index and Abstracts (ASSIA), PsycInfo, Sociological Abstracts and Web of Science) from the date of their inception until February 2019. The searches were limited to papers within peer-reviewed journals, written in the English language. The full search terminology used can be seen in Table 2. All the results were reviewed. Papers were excluded if they did not meet the inclusion criteria. Titles, abstracts or full texts were reviewed by the author. The reference lists of the selected papers were also reviewed to search for any further relevant research.

2.2 | Quality appraisal

The Critical Appraisal Skills Programme (CASP) qualitative checklist (2018) was used to critically appraise the quality of the selected studies. The appraisal was carried out by the author, and 4 of the 10 selected papers were also inter-rated by a qualified clinical psychologist, who was not affiliated with the research, for reliability. The author and the independent-rater separately scored the articles and then discussed any discrepancies. Following discussion, an agreement was made on each of the four papers' ratings. The remaining six papers were rated by the author alone. As suggested by Noblit and Hare (1988), attention was also paid to the clarity of concepts described within the identified papers.

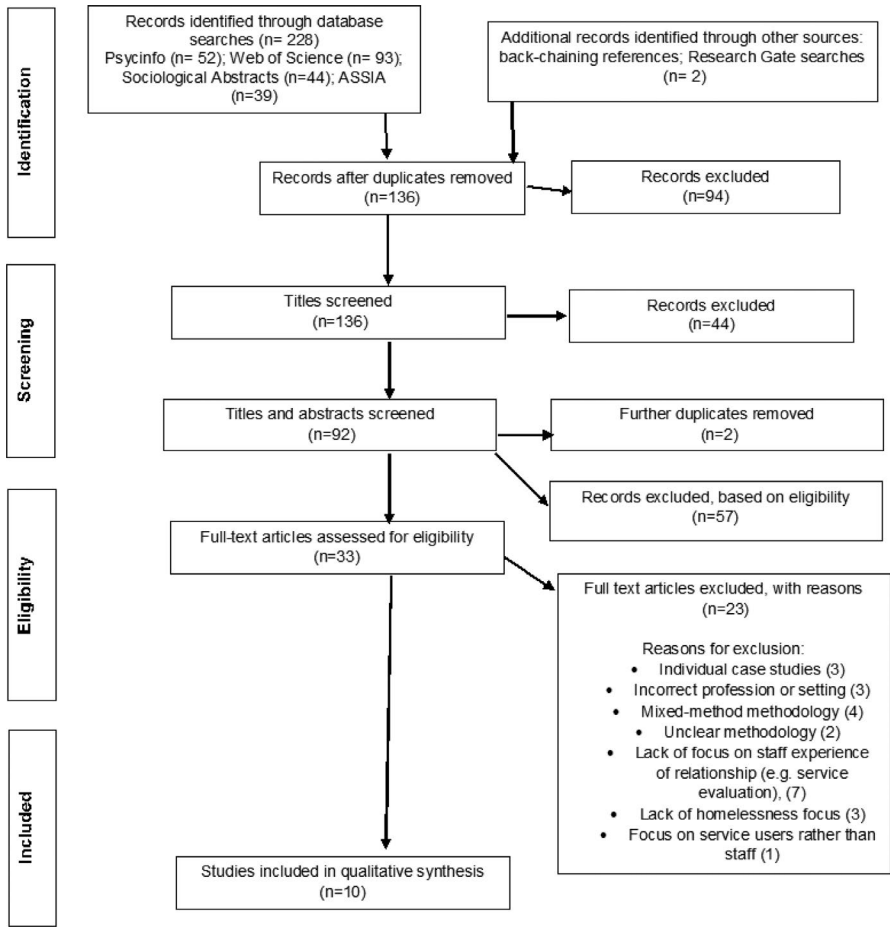


FIGURE 1 PRISMA flow diagram of the systematic search strategy

2.3 | Meta-ethnography

The method of synthesis used was that suggested by Noblit and Hare (1988), with further guidance from Britten et al. (2002), involving induction and interpretation, and allows for differing qualitative methodological approaches to be synthesised. The overall aim is to suggest a higher-order theory, which offers new understanding.

Noblit and Hare (1988) suggested a seven-stage approach to meta-ethnography (1. Getting started; 2. Deciding what is relevant to the initial interest; 3. Reading the studies; 4. Determining how the studies are related; 5. Translating the studies into one another; 6. Synthesising translations and 7. Expressing the synthesis). After completion of the process of selecting relevant articles, the papers were scrutinised, and the key ideas from each were noted. These concepts were then compared with those across the other studies to determine how they were related to each other. Stages 5–7 were met through the processes of comparison and collation of concepts; extracted concepts and themes were merged with similar concepts and themes to create overarching themes. This process was aided through the use of a series of reflective notes, and the use of a table. As described by Britten et al. (2002), a table was developed to assist with the process of comparison across the studies. Key concepts and theories from across the studies were collated in the table, and this was assisted with the development of overarching concepts, which included all the key concepts from every article (Britten et al., 2002). As suggested by Britten et al. (2002), to

ensure that each concept's meaning was maintained, the language used within each article was adhered to. Some of the titles of concepts within the original articles were used as the labels for the developed concepts, but for some, new labels were created. Every concept, word and phrase were carefully considered to develop the overarching concepts.

The use of the table allowed for the identification of the initial concepts within each paper and then the second-order interpretations by the authors of each study. Third-order interpretations were then proposed following the translation of the papers into one another. Relationships between the concepts were considered and synthesised, giving rise to novel theoretical interpretations. The final stage of the synthesis was comprised of the development of a wider line of argument highlighting the current author's interpretation of the key relationships between concepts and between the identified theoretical understandings (Britten et al., 2002).

3 | RESULTS

Figure 1 shows the search process based on PRISMA guidelines (Liberati, Altman, Tetzlaff, Mulrow, Gøtzsche, Ioannidis et al. 2009). In total, 228 papers were returned through the database searches. Every title was screened for relevance along with two further articles that were identified through references and other searches. A total of 94 duplicate records were excluded at this stage, leaving

TABLE 1 Inclusion and exclusion criteria for systematic review articles

Study parameters	Inclusion criteria	Exclusion criteria
Language study type	English language	Non-English language
Study type	Primary research, peer-reviewed article	Non-peer-reviewed article
Sample population	Support staff working in homeless settings, agencies and services (whom had regular, direct contact with homeless service users)	Studies that only capture the experiences of homeless people; studies that focus on staff without regular, direct contact with homeless service users
Study focus	The experiences of support staff working with homeless adults, youth or children (male or female)	Studies without a focus on the experiences of support staff working with homeless people; studies that are solely focused on medical or health staff, in medical or health settings (e.g. studies with a focus on substance misuse services, mental health services, sexual health services)
Methodology	Studies that use qualitative methods for data capture and analysis including interviews, focus groups, phenomenology, grounded theory, content analysis and thematic analysis	Studies that (only) capture quantitative data and use quantitative methodology (including mixed methods). Quantitative studies that use only case studies

136 articles. The titles of all these articles were screened again for relevance, and 44 papers were excluded. Ninety-two abstracts were screened, and a further two duplicates were removed at this stage. Fifty-seven records were excluded at this stage owing to not meeting the inclusion criteria for the study (i.e. the subjects and/or sampled participants were irrelevant to the aims of this paper, being written in a non-English language, not being published within a peer-reviewed journal, and because of the use of a mixed or quantitative methodology).

Thirty-three full-text articles were screened for eligibility, and a further 23 articles were excluded at this stage. The reasons for exclusion included irrelevant settings or professions, the use of unclear or mixed methodologies that were previously unnoticed, the use of individual case studies, a focus on service evaluation rather than staff experience, a lack of focus on homelessness, and a focus on service-user experience rather than that of staff.

A total of 10 papers were quality appraised by the author using the CASP Qualitative Checklist (CASP, 2018) (see Table 3 for the characteristics of the included studies, including CASP scores). Four papers were inter-rated for reliability, by an independent clinical psychologist, with no involvement in the research. It was decided that all studies would be included, despite one paper being of poorer quality, scoring 4/10 due to lack of clarity of research design, methodology and analysis (Hennessey & Grant, 2006). This paper was still felt sufficient to include as there was a clear statement of

aims, qualitative techniques had been used, and there was a clear statement of findings. The authors of the paper were contacted for clarification of the methodology, but no reply was received. Seven of the remaining studies were of a high quality, scoring 9/10. Five of these nine studies did not adequately consider the relationship between the researcher and the participants, and the remaining two of the nine did not consider ethical issues (Bademci, 2012; McGrath & Pistrang, 2007). Tiderington et al. (2013) received a rating of 8/10 due to a lack of clarity around the recruitment strategy used, and a lack of consideration of the relationship between the researcher and participants. Kidd et al. (2007) received a score of 7/10, for the same reasons as well as not being clear about ethical issues.

3.1 | Description of studies included

The experiences of 146 staff working with homeless people were investigated within the included articles. The professional descriptions of the roles of these staff varied widely but included support staff (also termed case manager, homeless sector workers, hostel staff, keyworkers, and youth workers), psychotherapists, psychologists, social workers, sociologists, administrators, counsellors, service directors, medical practitioners, nurses and a lawyer. Papers were included from several countries: the United Kingdom ($n = 5$); the United States ($n = 2$); Canada (included within a paper also based

Keyword terms in relation to homelessness	Homeless*; street dwell; shelter dwell*; street youth*; street children; street people; houseless*; unhoused; roofless*; destitute*; street person*; sleep* rough; rough sleep*; hostel*; shelter*; homeless housing; supported housing; youth shelter*; runaway shelter*
Subject headings in relation to homelessness	Homeless; homeless boys; homeless men; homeless people; homeless young people; homeless adolescent girls; homelessness; homeless elderly people; homeless young men; homeless mothers; homeless families; homeless women; homeless young women; homeless pregnant women; homeless children; homeless older people
Keyword terms in relation to support staff	Key work*; keywork*; support work*; case work*; support assistant*; support staff; case manager*
Subject headings in relation to support staff	Personnel
Keyword terms in relation to qualitative methodology	Interpretative phenomenological analysis; grounded theory; thematic analysis; content analysis; phenomenological approach; constructivist epistemological framework; semi-structured; semistructured; unstructured; informal; in-depth; indepth; face-to-face; structured; guide*; interview*; discussion*; questionnaire*; focus group; qualitative; ethnograph*; field work; fieldwork; key informant
Subject headings in relation to qualitative methodology	Qualitative data; qualitative methods; qualitative analysis; qualitative research

* means truncation.

in the United States; $n = 1$); Ireland ($n = 2$) and Turkey ($n = 1$). All 10 studies used interviews for collecting data. Nine studies specified the use of semi-structured processes, three of which were described as face-to-face (Benson & Brennan, 2018; Tiderington et al., 2013; Webb, 2015). Kidd et al. (2007) conducted both group and individual interviews. Bademci (2012) specified the use of narrative interviews. Tiderington et al. (2013) used face-to-face semi-structured interviews; in analysing the data, a Grounded Theory approach was adopted with the use of axial codes; Lakeman (2011) used a Grounded Theory approach and theoretical sampling; Webb (2015) took a descriptive phenomenological approach; Hennessey and Grant (2006) did not state the method of analysis; Arslan (2013) used Interpretative Phenomenological Analysis (IPA); Phipps et al. (2017) used Thematic Analysis with a phenomenological epistemological approach; McGrath and Pistrang (2007) used IPA; Benson and Brennan (2018) used a qualitative descriptive approach using a thematic framework; Kidd et al. (2007) used Thematic Analysis with Grounded Theory methods and Bademci (2012) used Grounded Theory.

Four studies focused on staff experiences of working within specific models or approaches to support for homeless people. Two of these (Benson & Brennan, 2018; Phipps et al., 2017) focused on the experiences of working within PIEs, one explored experiences of using a harm reduction approach (Tiderington et al., 2013) and one sought to develop a model of housing support (Hennessey & Grant, 2006). Three studies focused on the

TABLE 2 Search terms used in the systematic review database searches

experiences of staff working with homeless youth/children specifically (Bademci, 2012; McGrath & Pistrang, 2007; and Kidd et al., 2007). Two studies explored how staff experienced the death of homeless people, including providing palliative care (Lakeman, 2011; Webb, 2015), and one study focused on the experiences of staff working with homeless people within clinical settings (including hostels and medical centres; Arslan, 2013). Although not explored within this review, four of the studies also investigated the experiences of homeless service users (Hennessey & Grant, 2006; McGrath & Pistrang, 2007; Phipps et al., 2017); Tiderington et al., 2013).

3.2 | Meta-synthesis: Interpreted theories

Based on Noblit and Hare's (1988) seven stages of meta-ethnography, the following interpretive theories were derived. Specifically, seven overarching concepts were identified from the translation of the studies into one another and the synthesis of these translations (stages 5 and 6 of Noblit and Hare's (1988) stages of meta-ethnography): building quality relationships; negotiating boundaries; carrying the emotional burden (self and others); accessing care and support (self-care and care from others); individual advancement; advocating and contextual helplessness. Table 4 describes the process of the synthesis (with reference to Noblit and Hare's (1988) stages of meta-ethnography), with details on the included studies, initial themes,

TABLE 3 Characteristics of studies included in meta-synthesis

Study	Authors	Title	Sample	Data collection	Setting/Country	Method	Analysis	CASP rating
1	Tidderington et al. (2013)	A qualitative analysis of case managers' use of harm reduction in practice	10 residents, and 14 case managers	Participant observation, field notes and face-to-face, semi-structured interviews	A Housing First programme in a mid-size city on the East Coast, USA	Grounded theory	Grounded theory (Strauss & Corbin, 1990) and axial coding	8/10
2	Lakeman (2011)	How homeless sector workers deal with the death of service users: a grounded theory study	16 homeless sector workers (most without a professional affiliation)	Semi-structured interviews	Recruited via advertisements in a sector-wide newsletter, and via information sheets left in various agencies, Dublin, Ireland	Grounded theory	Grounded theory (Glaser, 1978) and theoretical sampling (Glaser, 1998)	9/10
3	Webb (2015)	When dying at home is not an option: exploration of hostel staff views on palliative care for homeless people	7 homeless hostel staff	Semi-structured, face-to-face interviews	Multisite study, recruiting staff from four homeless hostels, across the three counties in Central England, UK	Descriptive phenomenological approach	Giorgi's (2009), four-stage phenomenological method of data analysis	9/10
4	Hennessey and Grant (2006)	Developing a model of housing support: the evidence from Merseyside	25 service users of support services and 16 with support workers of these services	Semi-structured interviews	Housing support offered by projects funded by supporting people. Focus on the Merseyside area. One large city and three major towns, as well as the suburbs of all of these areas. Liverpool, England, UK	No method specified	Interviews recorded and transcribed	4/10
5	Arsilan (2013)	The experiences of professionals working with homeless people in a clinical setting: a qualitative study	A purposive sample of 10 participants: 2 GPs, a mental health nurse, 2 practice nurses, a lawyer, a counsellor and 3 support workers	Five researchers conducted two semi-structured interviews each	Staff from Great Chapel Street Medical Centre, Turning Point (drug and alcohol service) and St Mungo's Hostel, London, England, UK	Interpretative Phenomenological Analysis (IPA)	Smith and Osborn (2007), IPA framework, group transcripts, analysed via an idiographic approach, by two researchers independently	9/10

(Continues)

TABLE 3 (Continued)

Study	Authors	Title	Sample	Data collection	Setting/Country	Method	Analysis	CASP rating
6	Phipps et al. (2017)	Psychologically informed environments (PIEs) for homeless people: resident and staff experiences	9 hostel residents, 10 staff and 5 psychotherapists	Semi-structured interviews	Two supported housing projects (PIEs), run by voluntary sector organisations in London, England, UK	Phenomenological epistemological approach	Thematic analysis (Braun & Clarke, 2006), testimonial validity checks offered	9/10
7	McGrath and Pistrang (2007)	Policeman or friend? Dilemmas in working with homeless young people in the UK	12 homeless young people, resident in hostels and 10 hostel staff	Semi-structured interviews	Recruited from two charity-run hostels for homeless young people in London, UK.	IPA	Smith and Osborn (2003), constant comparative analysis used	9/10
8	Benson and Brennan (2018)	Keyworkers' experiences and perceptions of using psychological approaches with people experiencing homelessness	6 keyworkers, from homeless supportive housing and emergency hostel accommodation	Face-to-face, semi-structured interviews	Four different supported housing projects (3 PIE pilot sites, one non-PIE site) run by a charitable homelessness organisation in Dublin, Ireland.	Qualitative descriptive approach	Newell and Burnard's (2011) thematic framework	9/10
9	Kidd et al. (2007)	Stories of working with homeless youth: On being 'mind-boggling'	15 youth workers (including outreach workers, general counsellors, a vocational counsellor and two service directors)	Semi-structured interviews (individual and group)	Two agencies in Toronto, Canada, both providing a spectrum of services, one focusing in particular on sex trade-involved youth and a drop-in agency in New York, USA	Exploratory content analysis	Thematic analysis using grounded theory methods, Glaser (1978) and Rennie et al. (1988)	7/10
10	Bademci (2012)	'Working with vulnerable children': Listening to the views of the service providers working with street children in Istanbul	Purposive sample of 37 social service staff, consisting of psychologists, social workers, sociologists, administrative staff and support staff	Narrative interviews	Carried out across nine state agency SHcEK units (responsible for street children and their protection), Istanbul, Turkey	Grounded theory	Grounded theory, as described by Payne (2007)	9/10

TABLE 4 Synthesis of themes/concepts and quotes from papers

Synthesised themes/concepts (themes, words and phrases from papers demonstrating the synthesised themes/concepts)	Quotes from papers, exemplifying themes/concepts	The authors' interpretations
<p>1. Building quality relationships (Empathy, compassion, trust, respect, trusting family-type relationships, never giving up, setting goals, individualised care that includes cultural awareness, strength of attachment, upholding dignity, intense and in-depth, honesty, communicating as equals, listening, unconditional, flexible and creative support, therapeutic alliance, humour, non-judgemental and safe, encouraging and supportive, satisfying to connect with those who are hard to connect with, having the right personality, the relationship takes time to build, openness of communication, engagement)</p>	<p><i>'I think that with every person the key work relationship will be different. Although you're the same person yourself, you have to adapt and be flexible'</i> (Paper 7, pp 600).</p> <p><i>'I had a young lady...she had a baby, we got her the flat just as she had the baby but what we didn't realise was (in the) Muslim culture and religion, the baby can't go out for 40 days. So, she couldn't move in'</i> (Paper 4, pp 342).</p> <p><i>'You have to build a relationship with these people before they will say "I've got Leukaemia and I've got 6 months left"'</i> (Paper 3, pp177).</p> <p><i>'Listening and mirroring back...making sure you understand...because clients are used to people not listening, but if you mirror back what was said they know they were heard and understood'</i> (Paper 8, pp 56).</p> <p><i>'I quickly learned that they need to connect with you...I think you can't move in any kind of a direction until they start to trust you, and that might take a while. They need time.'</i> (Paper 9, pp 20).</p>	<p><i>'...emerged a heuristic model of harm reduction practice that highlighted the profound influence of the consumer-provider relationship on the paths of communication between consumer and provider regarding substance use'</i> (Paper 1, pp 75).</p> <p><i>'...hostel staff members also often function as family to homeless residents, sharing a deep and genuine support'</i> (Paper 3, pp 179).</p> <p><i>'The relationship that service users developed with a support worker was of critical importance to the success of the resettlement process'</i> (Paper 4, pp 344).</p> <p><i>'Connecting' with the youth emerged as a term used to describe the development of the working relationship that forms the core of effective interventions'</i> (Paper 9, pp 18)</p>
<p>2. Negotiating boundaries (Delicate balance, boundaries, managing the responsibility taken, making difficult decisions, double bind....caring but needing to move them on, negotiation, central tension, enforcement versus support, being an enabler, a role not quite like any other, discretion and clinical judgement)</p>	<p><i>'[I felt I was] being two different people- the policeman and the friend - talking about two different things on two different levels'</i> (Paper 7, pp 596).</p> <p><i>'What would that do to the relationship...even if it's done in a sensitive way, their memory, their muscle memory would go back to how they felt when their family member kicked them out...so we are very sensitive like that'</i> (Paper 1, pp 74).</p> <p><i>'...realise that they are not their parent, but they need to be parented. You are not their friend, but you need to be friendly. You are not their peer, but you need to appear that you are someone who understands what they are saying...'</i> (Paper 9, pp 20).</p>	<p><i>'...two seemingly conflicting aspects of their role presented a dilemma: How to enforce rules and at the same time provide emotional support'</i> (Paper 7, pp 601).</p> <p><i>'A professional relationship without clearly defined boundaries may lead to ethical dilemmas and violations'</i> (Paper 10, pp 730).</p> <p><i>'Providers spoke about a "threshold" that was reached when a consumer's health, safety, or resources (such as housing) were in jeopardy and the provider then made a decision to directly confront the consumer...'</i> (Paper 1, pp74).</p>
<p>3. Carrying the emotional burden (self and others) (Carry emotional burden, challenging behaviour, desensitisation, listening to trauma, demoralised, burnout versus passion, depressing, limit to resilience, physical exhaustion, social stigma, frustration with service users and the system, self-harm, stress, dealing with death not expected, emotionally exhausted, substance misuse, individual trauma histories, high risk and uncertainty, mental health risks of service users, mental health, considering changing jobs, high staff turnover)</p>	<p><i>'...there was a big article about [the person] who had died in a hospital...in the waiting room on his own. Now that...really upset me... the one thing I never wanted to happen for him was that he would die alone'</i> (Paper 2, pp 935).</p> <p><i>'...most people seem to have a difficult childhood, were often abused, spent time in children's homes, in foster care and you know things like that do interfere with the normal development of the brain, the way they learn to react to other people, to look after themselves, can be quite difficult'</i> (Paper 5, pp 151).</p> <p><i>'I think in this line of work, you have to be very resilient...if you are not, then potentially some of the things you are going to come across in this job, and deal with, some of the stuff you deal with is going to take you to some very dark places...'</i> (Paper 3, pp 180).</p>	<p><i>'The strong emotional reaction to this echoes experiences of "compassion fatigue" or cumulative vicarious trauma, documented in helping professions and homelessness staff specifically...'</i> (Paper 6, pp 36).</p> <p><i>'The experience of doing this work is one of an ongoing tension between challenges that can lead to burnout and the rewards'</i> (Paper 9, 29).</p>

(Continues)

TABLE 4 (Continued)

Synthesised themes/concepts (themes, words and phrases from papers demonstrating the synthesised themes/concepts)	Quotes from papers, exemplifying themes/concepts	The authors' interpretations
<p>4. Accessing care and support (self-care and care from others) (Importance of co-working relationships, training and supervision, need for reflective spaces, self-care, better training and supervision, personal counselling, need to play, team spirit and good leadership)</p>	<p>'What we quickly discovered was if we don't have an environment to reflect on what we do, you have a burnt-out staff team' (Paper 6, pp 33). 'I think I am very lucky because I don't have many friends who are in the social services, so I don't get into talking about this at home. I do have friends here, and sometimes we will get together and we will have an hour long bitch session about the place and that's good for me, but other than that all my friends are musicians or real estate agents' (Paper 9, pp 28). 'There are times when I need to hear about and look at matters in hand from a different perspective' (Paper 10, pp 730).</p>	<p>'Staff who engage in reflective practice can benefit from a space for processing the emotions created by this work' (Paper 6, pp 38). 'Also needed in the struggle to maintain a healthy perspective is an effort to compartmentalize, meaning "leaving the work at work" and seeing that the job does not spread into personal and social lives' (Paper 9, pp 29). 'Hostel workers...still have their own support and learning needs which must not be overlooked...' (Paper 3, pp180).</p>
<p>5. Individual advancement (Developing professionally, feeling empowered to help others, receiving gratitude, reward when they do well, embracing the variety in the work, learning technique and skills, the opportunity for training, increased understanding).</p>	<p>'...you have a better appreciation of why that person is behaving as they are' (Paper 6, pp34). 'When you understand what's behind their behaviour. It helps you to work with the person' (Paper 8, pp 57). 'To be more informed of the impact of trauma on the developing brain...' (Paper 8, pp 57).</p>	<p>Staff described reflective practice as an opportunity to step back from everyday work, gain greater awareness of their clients and hypothesise about reasons for behaviour' (Paper 6, pp 37). 'Information and training received taught staff basic understanding of psychological trauma and its effects. It increased keyworkers' knowledge and awareness of trauma, its association with homelessness and its impact on an individual' (Paper 8, pp 59).</p>
<p>6. Advocating (Having the right values, belief in change, the social undesirability and invisibility of homeless people, developing understanding and becoming an advocate)</p>	<p>'Advocating for the resident and helping them to have a say in what happens' (Paper 3, pp 178). 'I think it's really important that people always keep the vision, no matter the circumstances, how awful it is for homeless people...that there is always a vision that things can get better, that things can change' (Paper 2, pp 941).</p>	<p>'Participants highlighted the extra work created for them as they advocate for the homeless and attempt to persuade other professionals to accept responsibility...' (Paper 3, pp 178).</p>
<p>7. Contextual helplessness (Constant uphill battle, too much administration, change is slow, low pay, unrealistic organisational goals, feeling helpless, frustration at systems and services, unrealistic expectations of staff, insufficient social policies and welfare, frequent staff turnover, the influence of social systems, scarce resources)</p>	<p>'...when you are referring people to different services, there are criteria you have to meet to be referred and he doesn't quite meet a lot of the criteria, so he falls in the gap in-between' (Paper 5, pp 152). 'Commissioners seem to think it's like a factory where you come in as a rough sleeper...and at the end of it you come out ready for independent accommodation. Now it doesn't quite work like that' (Paper 6, pp 34). 'I love my job; I really enjoy working in this area. Nevertheless, I have never felt so much despair and helplessness before in all my life' (Paper 10, pp 728).</p>	<p>'Uncertainty, ambiguity resulting from lack of structure, isolation, burnout, hopelessness, helplessness and disbelief are the expressions that best describe the organisational culture' (Paper 10, pp 733). '"Constantly battling" a biased social system with inadequate resources, problems associated with not adapting understandings of change and engagement to homeless youth as a group...can all lead to feeling overwhelmed and defeated...' (Paper 9, pp 29).</p>

the concepts reported in the original authors' own words and quotes from the participants. All of these feed into the seven overarching concepts.

Descriptions of relevant themes by the authors of the primary papers are synthesised under each concept below (also see Table 4 for direct quotes from primary paper participants and authors to supplement these descriptions), and following that, an overarching theoretical construction integrating these concepts is presented.

3.2.1 | Building quality relationships

Nine of the papers included discussed relationships between staff and homeless people in some regard; six of the papers specifically identified the complexity of building quality relationships as a central component. Kidd et al. (2007) highlighted three separate points within this concept: 'Being with people where they are at', 'Speaking to them in a respectful manner', 'It is one of the few things they can

count on' and 'Mind-boggling'. At the core of effective interventions was a development of the working relationship, over time, through 'connecting' with the young homeless people on an individual level (Kidd et al., 2007). The paper asserted the need for the worker to be flexible and versatile in his/her approach to meeting the diversity of needs. Findings from McGrath and Pistrang (2007) echoed this with staff emphasising the importance of a flexible and adaptable approach to the individual needs of residents. The need for flexibility from staff was also highlighted by Hennessey and Grant (2006); alongside this, a requirement to show empathy was reported to be necessary to understand the in-depth needs of the clients. Tiderington et al. (2013) reported 'the relationship as the catalyst' to effective interventions in harm reduction. Flexibility and creativity were again outlined as key to this process, as was open communication. Openness was also identified as key to building trusting relationships, although there was reference made to how difficult this could be given residents' histories (Phipps et al., 2017). Bademci (2012) identified a key concept of the 'Quality of interaction with service users', which highlighted issues around a lack of time for staff to spend with residents. However, within this concept, issues around relationship boundaries were predominantly addressed.

3.2.2 | Negotiating boundaries

Nine out of the ten papers mentioned the need for relationships to be bounded. Six of these specifically listed the issues relating to boundaries as key concepts. A common theme within this was the difficulties for staff in negotiating these boundaries while maintaining the quality of the relationships with service users. Bademci (2012) asserted that a lack of clearly defined boundaries within the professional relationship may lead to ethical dilemmas and violations (Bademci, 2012). Consideration of the use of language and the requirement for staff training were identified as important within this study. The requirement for balance within staff's approach was highlighted, with extremes of detachment purported to affect the quality and sincerity of the relationships with the children (Bademci, 2012). McGrath and Pistrang (2007) identified a key concept of 'Enforcement Versus Support', describing a 'central tension' in staff's roles between the need to enforce rules and at the same time provide emotional support to the young people in their care (McGrath & Pistrang, 2007). Kidd et al. (2007) spoke about power-related issues within boundaries, within a concept of 'You get to make those judgement calls'. The difficulties in setting boundary limits and providing structure were discussed in relation to the specifics of the individual organisations' flexibility to rules. The frustrations for staff in enforcing boundaries were reported across studies. Tiderington et al. (2013) identified 'Reaching a threshold' as a theme within the study, with reference to knowing when to apply safeguarding procedures around substance misuse. A requirement for sensitivity was reported to guard against negative impacts on the relationships. Two papers (Lakeman, 2011; Webb, 2015), with particular focus on the death of service users and palliative care, also

raised the importance of boundaries for staff. Lakeman (2011) discussed making a 'boundary demarcation' as an important feature of self-care for staff following the death of a service user, helping them to frame the relationship. Webb (2015) reported a key concept of 'Professional boundaries: a threat to holism and a hindrance to dignity', in he they discussed the complexity in services taking responsibility for and maintaining the dignity of palliative service users. Staff highlighted the limitations of their roles as support staff as opposed to personal care workers.

3.2.3 | Carrying the emotional burden (self and others)

Throughout eight of the studies, there was a mention of the difficulties that staff faced in listening to and witnessing the distress of service users. The impacts on staff from experiencing challenging behaviour, tolerating risk and the exhausting nature of the work were evidenced in the primary staff accounts and noted in the interpretations of authors. Six papers specifically made reference to these issues as, or within, key concepts. Kidd et al. (2007) identified a theme of 'Burnout versus passion'. Burnout was described as becoming unhappy and cynical, which may in turn lead to staff leaving the job or becoming numb to the emotional experiences. Reference was also made by the authors to the exhausting effect of the work, and how it can be hard for staff to remain resilient against hearing depressing stories (Kidd et al., 2007). Bademci (2012) identified a key concept entitled 'Staff burnout', which made reference to issues of depersonalisation and emotional exhaustion. Within the concept of 'Responding to death', Lakeman (2011) described staff experiencing a range of emotions following the death of a service user, with some being overwhelmed by the grief; their hopes and aspirations for the client being shattered by their death. This emotional burden was echoed by Webb (2015), who identified that staff supporting palliative service users shared feelings of guilt, sadness, stress and devastation. Arslan (2013) reported key concepts of 'Helplessness' and 'Awareness of early traumas'. Within these feelings of emotional exhaustion, Arslan (2013) identified that stress, burnout and frustration came from witnessing service user aggression and listening to their traumatic experiences. Emotional reactions were linked to staff's mental health, 'compassion fatigue' and 'cumulative vicarious trauma' by Phipps et al. (2017).

3.2.4 | Accessing care and support (self-care and care from others)

The authors of eight papers identified the theme of support. Primary staff accounts in five papers highlighted the need for staff to be able to access support both from themselves and from within the organisation or their immediate team. Kidd et al. (2007) spoke of the need for a team approach in which peer support and supervision is made available. Webb (2015) also asserted that hostel workers' own

support and learning needs should not be overlooked. One source of support identified by Phipps et al. (2017) involved the use of spaces for reflective practice. They found that most staff reported reflective practice to be valuable and stated that it enhanced their awareness. However, it was also noted that some staff felt that thinking about their own feelings was an unnecessary luxury, which felt incongruent with their values as carers (Phipps et al., 2017). Lakeman (2011) suggested that clinical supervision should be made available alongside psychological debriefing following traumatic incidents. Regular group and individual supervision were also suggested by Arslan (2013), for staff working in clinical settings with homeless people.

3.2.5 | Individual advancement

Themes of learning and professional development through training, and gaining increased awareness through reflective practice and supervision, were found across five papers. Themes and concepts within these papers noted the importance to staff of developing professionally of feeling an increasing sense of empowerment and development in their role, receiving positive feedback and learning new skills. Benson and Brennan (2018) identified a key concept of 'Training and education' within which a need for training in cognitive behavioural therapy, trauma, mindfulness, emotional regulation skills, mental health issues and crisis intervention were reported. Staff within this study believed that training and education help to increase their confidence (Benson & Brennan, 2018). Arslan (2013) suggested that skills are essential tools in providing interventions and that awareness courses, aiding understanding and helping to build skills in therapeutic alliance, are vital. Lakeman (2011) advised that staff ought to receive training around how to maintain personal and professional boundaries. Phipps et al. (2017) reported that some staff had experienced reflective practice as having enabled them to experiment with interactions with residents, and this was linked to an increase in self-efficacy.

3.2.6 | Advocating

A theme of advocating for homeless people could be seen across papers. As part of this theme, holding the correct values that promoted a belief in change for service users, and understanding the issues of invisibility and stigma that homeless people face, were identified. This concept also refers to the role of staff in these settings to give a voice to homeless people and promote support rather than stigma or rejection from others. Webb (2015) reported that staff had highlighted the responsibility they had in advocating for palliative service users, when engaging with other services. Hennessey and Grant (2006) also identified a need for staff to provide advocacy to access the services that were required by the service users. Kidd et al. (2007) identified a key concept of 'A belief that people can change', within which staff highlighted this as a key outlook they required, echoed by staff within Lakeman (2011), Bademci (2012) and Arslan (2013).

3.2.7 | Contextual helplessness

Across five of the studies, themes around struggles within organisational, political and societal landscapes were discussed. Ambiguity within the staff roles, administrative procedures slowing the process of change, the scarcity of resources, low pay, unrealistic goals and expectations and feelings of frustration and helplessness were reported. Bademci (2012) concluded that service culture could be described as ambiguous, isolated and hopeless as a result of staff burnout and a lack of structure. Staff across three studies spoke of unrealistic service expectations, problems with information not being passed on and services users not meeting certain rigid criteria (Arslan, 2013; Phipps et al., 2017; Webb, 2015). Kidd et al. (2007) reported staff condemning inflexible policies that were unrealistic and did not reflect reality. A biased system was highlighted in which limited resources and social stigma can lead to staff feeling overwhelmed and defeated (Kidd et al., 2007).

3.3 | Overarching theoretical construction

This paper extends the current literature by providing an overarching theoretical construction of staff in homeless settings juggling a myriad of demands. A theory emerged from the reviewed literature of staff struggling to balance the needs of homeless people and themselves, while working within the constraints of the organisation and wider societal pressures. The need for a flexible and versatile approach was clear, with staff emphasising the importance of compassionate, individualised care, grounded in non-judgemental relationships. Within these relationships, a key challenge was negotiating boundaries necessitating a delicate balancing act of enforcement versus support or being 'the policeman and a friend'.

An additional central theme within the reviewed literature was the challenge of carrying the emotional burden of the role resulting from witnessing service user aggression and the vicarious trauma of hearing about highly distressing experiences. It was apparent that accessing internal care and support was critical in buffering stress, and for some, formal support was beneficial in the form of reflective practice and supervision. Individual professional advancement was also highlighted as central for staff in terms of increasing confidence and development within the role. Advocacy for service users was also a key theme within synthesised literature; it seemed that aside from day-to-day tasks, many staff held higher-level professional purpose or a 'vision' of promoting and advocating for those experiencing homelessness. Conversely, struggles within organisational, political and societal landscapes seemed to increase stress within staff roles and create feelings of frustration and hopelessness.

Overall, the overarching theoretical construct from the reviewed literature centred around staff attempting to maintain a fragile balancing act of providing valuable and containing support to service users, whilst maintaining their own emotional well-being, despite direct and vicarious exposure to traumatic and distressing situations, within an organisational system that often felt insufficient, resulting in feelings of contextual helplessness.

4 | DISCUSSION

This review provides valuable insight into the experiences of support staff working with homeless people, across homeless settings. By conducting an interpretative synthesis, using a meta-ethnography of the available, relevant qualitative research, this study builds on recent research highlighting the challenges and rewards of working in these settings (e.g. Wirth et al., 2019).

Support staff were faced with the extremely challenging task of negotiating professional and personal limits while endeavouring to become supportive and enabling attachment figures for the homeless people. These experiences, combined with personal values, inspired staff to advocate for homeless people and promote support, in the face of an often challenging political, societal and organisational landscape. They were also required to navigate, and reflect on, the emotional and physical impacts of their day-to-day jobs—while capitalising on opportunities for learning and the benefits of a supportive culture.

The current author's theoretical interpretation of the qualitative research (following Noblit and Hare's (1988) seven stages of meta-ethnography) is consistent with the findings from previous literature. Wirth et al. (2019) within their review of the challenges facing those working with refugees and homeless individuals, discussed how staff commonly reported competing demands within their roles, such as high caseloads, the suffering of service users, frustrating bureaucracy of the system and maintaining professional boundaries. Resources and coping strategies were identified as important in maintaining boundaries, with staff deriving meaning from the work and support from the team (Wirth et al., 2019). Olivet et al. (2010) focused on the struggle involved, both emotionally and physically, in trying to connect with homeless people, who have a wide variety of needs: mental health problems, substance misuse, medical and social issues. These factors were cited as key contributors to staff burnout, as they faced difficulties coping with low pay, high staff turnover and inflexible structures. Baker et al. (2007) noted that time constraints and excessive workloads of support staff often led to emotional exhaustion; it was suggested that staff may have felt pressured to work at a fast pace, not take breaks and resultantly become overwhelmed.

Whereas the past homelessness research discussed above has highlighted some relevant job demands of working in this area (e.g. high caseloads, the difficulties of maintaining boundaries), our theoretical construction extends our understanding particularly of the emotional demands involved in the role, such that it is possible to make tentative predictions that could be testable in future research. Specifically, we hypothesise that a member of staff's workplace well-being in these settings can be predicted by a combination of the following factors, which each lies on a continuum between being a potential demand or a resource: 1) Self-efficacy (low versus. high) in terms of staff feeling that they are effectively supporting and advocating for often complex service users, which can be significantly impacted by personal factors and the availability of resources outside of the organisation; 2) Resources (low versus. high) available to manage their own emotional well-being, in terms of self-coping

skills or opportunities to receive support from others; 3) Level (low versus. high) of work-related direct or vicarious trauma symptoms; 4) Perceptions of organisational support/safety (positive versus. negative).

The theoretical construction and associated testable predictions presented here build on previous research that has considered understanding job-related stress in other specific work contexts such as CW (e.g. He et al., 2018), physical health (e.g. McVicar, 2016) and mental health (Gilbody et al., 2006). Although our theory regarding the support worker role in homelessness contexts are most aligned to the JD-R model (Demerouti et al., 2001), the need implied from our analysis for management approaches to increase employee self-efficacy, and the importance of employees having positive perceptions of organisational support, are also in-keeping with other general employee well-being models (Organisational Support Theory, Kurtessis et al., 2017; Demand-Control Model, Karasek, 1979; and the Healthy Workplace Framework, WHO, 2010). Our theoretical construction and associated predictions go further than what could have been predicted from existing models, particularly in terms of highlighting the impact of work-related direct or vicarious trauma symptoms, and self-coping skills, as proposed significant factors in employee well-being in homelessness settings.

4.1 | Strengths and limitations of the meta-ethnography

A strength of this paper lies in its use of systematic and thorough processes to identify and evaluate qualitative research. Recognised guidance was referred to assist in this process [The Critical Appraisal Skills Programme (CASP) qualitative checklist (2018)]. This study incorporated a meta-ethnographical methodology (Britten et al., 2002; Noblit & Hare, 1988), to examine the results of the selected studies, before synthesising the themes within the qualitative research. This method ensures that concepts emerged that were common across multiple studies, thus providing stronger evidence for the relevance of a concept than an individual study alone, which might be prone to author bias or generalisability problems. A further strength of this review was the consistent approach between its methodology and those of the primary studies incorporated within it, in that parallels can be drawn from the interpretative processes used.

A limitation of this review may involve the inclusion of a paper (Hennessey & Grant, 2006) with a lower quality rating, 4/10, on the CASP (2018) checklist. In comparison with the higher ratings of all the other included papers, it could be said that this affects the overall quality of this review. However, it was decided that this paper should be included as there was a clear statement of aims, qualitative techniques had been used, and there was a clear statement of findings. It was also felt that this paper added value to the literature.

The lack of consistency in the context of the studies (e.g. in terms of country, staff groups investigated, whether the settings were primarily for young people or adults, or the focus of the study such as psychological environments or experience of deaths) is a potential

limitation in terms of justification for not having a narrower focus to draw reliable conclusions. The inclusion of a study based on the experiences of staff working with street children in Istanbul, Turkey (Bademci, 2012) might be deemed too distinct from the other studies due to the cultural differences between Turkey and the other more westernised countries included. The International Monetary Fund's World Economic Outlook Database (2019) categorised Turkey's economy as that of a developing country. However, Istanbul holds many western cultural influences and could be compared with other major cities investigated within the studies. The inclusion of two papers focusing solely on the death of homeless people (Lakeman, 2011; Webb, 2015) could also be seen as a possible limitation of the review, in terms of being too specific. Other papers focused solely on either the development or evaluation of specific models of interventions, containing staff experiences of these models within them. However, it was felt that in spite of these foci, the qualitative approach within these studies drew out general personal and emotional experiences that were related to the general context of working with homeless individuals. However, a further limitation is that as a result of the variance of the studies included, and the concepts identified in this review being those common across contexts, we have not been able to take into account the context-specific experiences of diverse staffing groups in diverse homeless settings.

4.2 | Implications of the meta-ethnography

The interpretative theory gained from conducting this meta-ethnography provides a useful understanding of the internal experiences of support staff in juggling the demands of the role along with their own needs. This theory, if supported by further research testing its predictions, can provide a basis for the development of support and training opportunities for staff working across homeless settings (e.g. interventions to improve staff self-efficacy in these complex roles, interventions to improve staff support structures or improve self-coping skills, interventions to recognise and intervene with workplace related trauma symptoms and the importance of organisational level models that prioritise staff well-being). Such developments could include those offered through PIEs and Trauma Informed Care settings (Hopper et al., 2010), increased provision of psychologically informed reflective practice, team formulation and consultation, individual supervision and counselling if necessary. These suggestions are echoed in previous work: Maguire et al. (2017) found that staff training in cognitive behavioural therapy and a supervision package was effective in reducing burnout in staff working in the homeless sector. Taylor et al. (2016) also suggested successes in using a cognitive behavioural framework to train staff in the United States. Shulman et al. (2018) suggested training success for staff working with palliative service users and suggested that this should be embedded into routine practice. Reflective practice has also been promoted for use in homeless settings across England (Homeless Link, 2017).

The present review highlights the limited research that is currently available on the experiences of staff working with homeless

people. Further research should explore the effectiveness of workplace health interventions (Wirth et al., 2019), developing a strong workforce (Olivet et al., 2010) through the use of supervision and training to support staff and help reduce burnout. Further research could focus on the use of reflective practice, staff consultation and team formulation as sources of support for staff working with homeless people. Future development of evidence-based practice is crucial, given the high demands placed on this vulnerable work force, supporting one of the most marginalised groups in society.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analysed in this study.

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