



**A feasibility study to explore alcohol service
engagement among Polish street drinkers
in a London Borough**

Final report

Prepared for Alcohol Research UK

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Introduction

Background

In the period after accession to the European Union by Poland in 2004, the numbers of Polish nationals migrating to the UK increased significantly. By the end of 2007 there were estimated to be around 690,000 (Central Statistical office, 2008 in Burrell, 2009), so that Polish nationals form the single largest national foreign group resident in the UK (Pollard et al, 2008). In joining the EU, citizens of the Accession 8¹ (A8) countries were able to work legally in the UK and claim EU citizenship rights. However, regulatory measures were imposed in order to control A8 nationals' access to the UK labour market through the Worker Registration Scheme (WRS), and to limit their access to social security benefits. These restrictions resulted in entitlement to housing or unemployment support for A8 migrants only once they have completed 12 months of continuous registered work (Mills and Knight, 2010).

The socio-demographic profile of post-accession Polish people leaving their home country is skewed towards males and younger people (mean age of 32 years) and one in five has tertiary education (University of Warsaw Centre for Migration Research Database, based on Polish Labour Force Survey in Burrell, 2009). Despite their high levels of educational attainment and training, Home Office statistics show that many Polish migrants are employed in poorly paid low-skilled jobs or manual labour in building and catering industries and in seasonal agricultural work (Home Office, 2009). Living in over-crowded accommodation, coupled with sending money to families back in Poland, means that many live in relative poverty (Lakasing and Mirza, 2009). Those who cannot speak or read English are particularly disadvantaged and are often unaware of entitlements and official procedures (Ryan et al., 2007; Weishaar, 2008).

Against this backdrop, a number of agencies working with homeless people have expressed concerns about increasing numbers of Eastern European Accession² (EEA) nationals who are destitute with complex needs and are among the most excluded from accessing support (Byrne et al, 2008). Exact numbers of homeless recent Polish migrants could not be found but, to give an indication of numbers involved, it is estimated that more than a quarter (28%) of those seen sleeping rough in London (5,377) are migrants from central and eastern European A8 countries and the vast majority who become homeless are Polish nationals (Broadway, 2011). These numbers are likely to be conservative and may not include those living with friends and in shelters such as sheds and garages. In a singular quantitative study, Fitzpatrick and colleagues (2012) explored the experiences of migrant homeless people and reported that migrant homelessness is linked with other problems such as mental health issues, problematic substance use and experiences of institutions, referring to this clustering as 'multiple exclusion homelessness'. The coalescence of homelessness with other problems is confirmed in a number of studies. Reports from Polish organisations reveal the presence of mental health problems and indicate high rates of suicide and depression along with high levels of deprivation among this group (Lakasing and Mirza, 2009). Drug or alcohol problems frequently

¹ Accession 8 countries: Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia

² Eastern European Accession countries: Accession 8 countries together with Accession 2 countries (Romania and Bulgaria acceded in 2007)

accompany homelessness (Byrne et al, 2008) and high alcohol use in particular has been reported as a significant problem among newly arrived Polish migrants (Morris, 2004). Findings from a recent scoping and consultation study highlighted problematic alcohol consumption and lack of engagement with services among new Polish migrants (Thom et al, 2010). Street drinking among Polish and East European migrants was identified as a perceived problem in several UK regions accompanied by reports of heavy dependency on alcohol and drugs among street drinkers.

Cultural perceptions of alcohol use and alcohol related harms may influence drinking behaviours and cultural factors such as belief systems are likely to play a role, for example, fatalism about health status (Thom et al, 2010). Garapich (2010) suggests that solidarity among homeless groups arises from perceptions of alienation from the society outside their immediate networks. Drinking plays a symbolic role in reinforcing social ties in these groups which can serve to reinforce alcohol dependency (Garapich, 2010). Both the Thom et al (2010) and Garapich (2010) studies identify social and situational contexts, including the experience of poverty, poor housing, homelessness, exclusion and poor health.

Fitzpatrick and colleagues (2012) introduce an important controversy regarding pathways into homelessness among migrants in the UK. One route to homelessness is suggested whereby those who are ineligible for public funds and who may have insecure jobs can be catapulted on to the streets through the occurrence of a single event such as loss of work (Garapich, 2010). Pitched against this is the view that routes into homelessness are predicated on migrants' preconditions e.g. of substance misuse, poor health and experiences such as institutionalization (McNaughton-Nicholls and Quilgars, 2009 in Fitzpatrick et al, 2012). While both accounts are supported by empirical evidence, the Fitzpatrick et al 2012 study reveals that the more extreme problems, such as homelessness, encountered by those experiencing multiple exclusion homelessness were more likely to occur *after* migrants arrived in the UK. These findings have important implications for service response and provision and the authors suggest the need for bespoke services designed to address the specific needs of homeless migrant groups.

Several agencies working with homeless people have highlighted the need for alcohol-related support among A8 clients. It is likely that many in this group are prevented from accessing treatment beyond primary care due to conditions of accession; hence their needs remain largely unaddressed (Byrne et al, 2008). These conditions relate to structural factors and include eligibility for public funds only after one year of continuous employment. Even among those eligible for public funds, the chaotic nature of the lives of many homeless people with problematic substance misuse, often results in a lack of awareness of their own need for support (Randall, 1998 in Mills and Knight, 2010). A8 nationals with no access to public funds are particularly vulnerable to sleeping rough and to exclusion; this is further exacerbated by prohibitive bureaucracy and by their lack of eligibility for welfare benefits (Mills and Knight, 2010).

Recent Polish migrants have been given considerable attention in the literature and homelessness, language barriers, and public funding eligibility together with alcohol misuse can be seen as a cause for concern for this group. Very few studies could be located in which homelessness among newly arrived migrants was not the prime research focus. One study (Garapich, 2010) was identified which sought to explore the social and cultural determinants of homelessness coupled specifically with alcohol misuse among Eastern European migrants; qualitative participatory research methods were employed in this study. The drug treatment needs and service responses to A8 migrants have also been investigated qualitatively (Mills and Knight, 2010). The experiences and needs of an emerging and vulnerable group of homeless Polish migrant 'street drinkers' are therefore not well explored or understood. The current research set out to address this gap in knowledge by seeking to understand the lived experiences of street drinkers and their perspectives on approaching and engaging with

alcohol services. Engaging hard-to-reach groups often calls for a departure from traditional qualitative interview techniques and our research sought to explore the potential for using more innovative research methods to fully capture those lived experiences.

Aims

This small grant project was designed to evaluate the potential benefits of using participatory interviewing techniques to explore various aspects of Polish street drinkers' lifeworlds. Working collaboratively with a North London alcohol service provider, the participation of 12 Polish street drinkers was secured. Two contrasting techniques – participatory mapping interviews and timeline interviews – were deployed with the intention of engaging participants in the research process, establishing and maintaining an effective rapport, and collecting data relevant to our pre-defined research questions. The participatory mapping interviews were mainly concerned with exploration of the impact of social network dynamics on alcohol use and service engagement, whilst the timeline interviews were primarily concerned with exploring particular life stages and/or 'trigger events' that might have played a significant role in a participant becoming a street drinker. The interactive nature of both processes was intended to secure a high level of participant ownership of the research experience. A list of project objectives is provided below:

- To evaluate the potential for participatory interviewing approaches to assist in engaging participants and enhancing disclosure
- To identify the pathways to street drinking among Polish migrants living in a North London Borough
- To examine awareness of, experiences of using, and attitudes towards services, general and alcohol-specific, including outreach services
- To identify the barriers inhibiting this group from engaging with services

Methods

Methodologically, this was a complex project, which posed a diverse range of challenges. These included issues relating to sampling, those inherent in conducting interviews via a translator, the positionality of the translator and their role as a 'co-researcher', a lack of internal consistency in a number of the accounts provided by participants and, most significantly, the challenge of accurately assessing the benefits of the participatory interviewing techniques. It is beyond the scope of this work to address the complicated issue of working with a translator or interpreter to conduct qualitative research, a subject that has been comprehensively explored by other authors (Murray and Wynne, 2001; Kapborg and Bertero, 2002). However, given the centrality of the other issues to deployment of the participatory interviewing techniques used in the research, they are addressed at relevant points in this report.

Participant recruitment and engagement

In certain cases, participants had attended an informal 'Polish Lunch' held at the premises of the alcohol service provider, during which the research team had an opportunity to briefly introduce the research and register expressions of interest. However, for reasons of practicality, all participants were formally recruited via the alcohol service provider key worker who also fulfilled the role of translator/co-researcher, and with whom participants had some previous contact. The fact that this

individual effectively had complete control of sampling is one factor informing their classification as a co-researcher, although conversations about research design/interview configuration that occurred across the primary data collection period also contributed to this recognition.

Despite this being a somewhat unconventional sampling approach, in general it worked well. In common with this type of qualitative research, the project did not aim for, nor does it make any claims with respect to, representativeness, although attempts were made to secure a balance across the sample (in terms of age, gender, accommodation status, level of drinking etc). It is important, however, to acknowledge that this sampling approach resulted only in participants who were in contact with alcohol services – or more specifically, this particular alcohol service provider – being engaged. And given the central role that their interaction with this service played in their lifeworlds and subsequent opportunities to engage with other services, this must be seen as a characteristic of this particular sample with potentially limited ‘fittingness’ to other Polish street drinker populations elsewhere in the UK (Guba and Lincoln, 1981).

It is also important to acknowledge that there were concerns about the suitability of two of the participants recruited via the strategy described above, who appeared to have difficulty comprehending the objectives of the research and/or relating their lifeworld experiences to the participatory interviewing techniques. In these cases, standard semi-structured interviews were conducted instead³. In total, therefore, four participatory mapping interviews, four timeline interviews, and four conventional semi-structured interviews were conducted. Selected profile information for the individual street drinkers who participated in the research is provided below:

Table 1: Research participants and selected profile information (pseudonyms have been used)

Participant	Age	Gender	Accommodation	Interview type	Self reported daily drinking
Ola	40	F	Homeless	Mapping	2 x 500 ml can 7% beer
Tomak	55	M	Homeless (garage)	Mapping	5 litres of 7% cider daily
Suavek	39	M	Hostel	Mapping	15 cans of 7% beer daily
Jacek	50	M	Homeless (park)	Mapping	3 x 500ml cans 7% beer
Wojtek	39	M	House	Standard	Former street drinker – currently abstinent
Viktor	33	M	Living with friend/ homeless	Timeline	10 cans beer @ 7%
Robert	34	M	Homeless	Timeline	Drank 1 litre White Ace cider previous night 7.5% Otherwise last drink 2 months ago
Justina	50	F	Homeless (garage)	Timeline	4 small cans Skol Super beer 9%
Paulina	40	F	Homeless (shed)	Standard	Only drinks ‘occasionally’
Davina	38	F	Homeless (garage)	Standard	One beer in 2-3 hours
Witek	53	M	Homeless (garage)	Standard	4 times a week drinking 7% beer Can’t say how much as friends supply

³ In addition, two other conventional semi-structured interviews were conducted during the initial stages of the research in order to identify key themes and to inform the development of the participatory interviewing techniques.

Marta	62	F	Hostel	Timeline	Last drank 2 x 100ml beer same day as fieldwork
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Participants received £15 in recognition of their contribution to the research

Data analysis

All participants agreed to have their sessions digitally audio recorded. Additionally, field notes and observations were noted after each interview with participants, and each participatory research session was discussed with the co-researcher to help evaluate participants' understanding, engagement and other impacts the session may have had on individuals. All recordings were transcribed verbatim and thematic analysis applied to the data. Thematic analysis is used as a method for identifying and analysing themes emerging from research participants' accounts. We adopted the process described by Braun and Clarke (2006); this involves researchers familiarising themselves with their data, generating codes from the data, followed by searching for themes emerging from the initial codes which are then reviewed and defined. Both researchers were involved in each stage of data analysis.

Procedure: participatory mapping

Participatory mapping has a history of use across a spectrum of academic disciplines going back several decades (Cornwall, 1992; Emmel, 2008). As a method, it offers great potential in terms of exploring both physical and social landscapes. Additionally, it is conducive to gaining detailed insights into emotional and other abstract connections relevant to participant's social lifeworlds (Amseden and Van Wynsberghe, 2005). It is a technique that can be deployed with both individuals and groups, and is especially appropriate when working with participants with limited conventional literacy skills and/or who do not share a common language with the research team. The fact that it encourages reflection and elaboration – as opposed to participants being required to produce instant verbal responses (Awan, 2008) – are also significant strengths (Emmel, 2008).

In this project, participatory mapping was undertaken with participants individually with the aim of exploring how they perceived the relationships between their everyday social networks, alcohol use and the sources of support (including 'services') they had access to and/or considered relevant to their lives. In accordance with suggested best practice (Emmel & Clark, 2009) the mapping activity was centrally embedded into the interview process by way of a clear introduction and explanation at the commencement of the relevant interviews. Once the introductory interview questions relating to the participant's life in Poland and reasons for coming to the UK had been covered, the mapping materials (a large sheet of paper and a selection of coloured pens) were made available and a more detailed, inter-active communication with respect to what the process hoped to explore was entered into. Participants were reassured there was no right or wrong approach, and specifically asked whether anything required clarification.

The first two participants who undertook the mapping were given about 30 minutes to independently produce a map connecting them with their social networks and the support services they used or otherwise identified as relevant. These both produced rich, interesting representations (see Appendix I for an example) but were rather 'light' on connections. For this reason, a strategic decision was taken (in collaboration with the translator/co-researcher) to have the translator/co-researcher offer support to other participants during the map production process, which also took around 30 minutes. Intervention was kept to a minimum, but there were benefits in terms of offering assurance and gently asking participants to consider the connections between the different issues of interest. All maps were produced in Polish and then either (a) reproduced in English by the

translator/co-researcher (Appendix I, for example) or (b) the original was annotated with English translations (see Appendix II)

Box 1: Insights from a participatory mapping interview conducted with Suavek (male, 39 years old). The map (included as Appendix II) was produced with the support of the translator/co-researcher

As standalone visual data, the map offers a powerful, illuminating insight into numerous dimensions of the participant's lifeworld. More significantly, introduction of the mapping process provided the catalyst to establishment of a positive conversational rapport (until this point the participant had been reserved and reticent) and acted as a powerful elicitation mechanism during the remainder of the interview.

The map itself graphically represents the structural configuration of the participant's social network, with family, friends (of which a number of separate 'groups' are depicted), and other significant individuals all included. These are linked to a wide range of different types of services and support (North London alcohol service provider, church, Homeless Advice Service Provider, etc) that he indicated played (or had played) a prominent role in his life. In addition to this, the map contains information relating to (a) the centrality of alcohol to his lifeworld and (b) how he perceives his regular routine (which he reported often followed a cyclical sequence comprising: meet friends – drink a lot – black out – hangover (the next day) – meet friends – drink a lot, etc). These all served as useful prompts during subsequent discussion.

The 'power' of the participatory mapping technique manifested itself in a number of ways. It firstly provided a reflective, participant-driven mechanism via which thoughts, experiences and emotions could be structured and depicted. It took perhaps 10 minutes for the participant to fully embrace the concept, but once this had occurred, he commented positively that it had stimulated his thought processes or, to use his own words, 'moved my brain'. The view of the research team was that it greatly enhanced not only the participant's interest in the process, but also had a discernibly positive impact on disclosure levels. When used as an elicitation mechanism, it resulted in the emergence of some powerful emotions with respect to two of the organisations listed on the map, which the participant angrily denounced before crossing out with a red marker pen. This episode provided evidence that, in order to ensure ethical deployment, this type of technique must be carefully managed given the likelihood of it unlocking issues of a sensitive or highly personalised nature.

Procedure: timeline

The timeline component in this study was developed as a method for inviting participants to record the experiences or memories that stand out for them across their life course by plotting them on a simple horizontal line using time points of their choosing. The method was recently adopted to explore non-drinking behaviours and found to be a useful elicitation technique (Herring et al, 2012). Participants can divulge and record the experiences most salient in their lives but, as Adriansen (2012) points out, no linearity or coherence is necessary in plotting their timeline, rather opportunities are provided to link participants' stories to a wider context.

We selected this method for its relevance in eliciting information about a participant's drinking within the context of their lives more broadly, both before and after migrating to the UK. Including a

timeline was felt to offer a particularly useful tool for encouraging participants to reflect on their lives and to explore the impacts and interplay between significant events and drinking patterns. It allowed participants to have visual anchor points for the events they chose to reveal and discuss and acted as a useful aide-memoire. Importantly, we could explore the continuities and disjunctures in participants' lives before and after migrating to the UK, especially when considering their living arrangements, their drinking habits both on the street and elsewhere, together with their experiences of support and services.

Box 2: Insights from a timeline interview

An illustration of a timeline completed by a 32 year old male, 'Viktor', is provided in Appendix III, where the only information initially shown to the participant were the two endpoints - 'Earliest memories' and 'Now'. To preserve the participant's anonymity a number of details have been changed (in italics). The shaded boxes above the timeline represent events noted by the participant while the boxes below reflect the drinking patterns and behaviours associated with drinking elicited through probing.

Although there is a chronological order in presenting his timeline, Victor began by discussing his most recent memories and worked backwards and forwards in time to construct his timeline.

Viktor had arrived in the UK wanting to start a new life. Shortly after his arrival here, he had found work to give him financial security and he was able to rent his own room. He had cut down his alcohol intake considerable by eliminating vodka; nevertheless he was still drinking heavily, around ten cans of beer a night. Loss of his job and being homeless in Poland through gambling debts and heavy drinking had precipitated his migration to England; yet he began to gamble again and drink more heavily for several years up till the present time. While living in Poland, Viktor had experienced periods of homelessness and lived with friends after leaving his parents' home and this pattern is similarly evident in his life on migrating to the UK.

The role of the interpreter /co-researcher

This is a complex and interesting issue in a number of respects and has been the direct focus of other research endeavours⁴, but could also productively be further explored in the context of undertaking work similar to the current study. However, it is important to briefly acknowledge that although both lead researchers were highly impressed by the competence and efficiency of the translator/co-researcher, there were some concerns relating to paraphrasing of both questions and answers. That said, the breadth of knowledge with respect to issues relevant to both street drinking and homelessness brought to the project by the translator/co-researcher was a considerable asset, and certainly contributed to the translator/co-researcher being afforded an important role within the research team. Another interesting issue concerns the potential impact of the translator/co-researcher on the dynamic of the interview in terms of there being two 'professional' figures involved, the effect that this could have on disclosure levels and/or the extent to which it could influence the participant's perceptions with respect to process ownership. These are all tangibly relevant questions, but ones that could only meaningfully be addressed via a project that embraced a different research design, which afforded opportunity for both participants and researchers to reflect on these issues. A final important point of acknowledgement concerns the pre-research relationship between the translator/co-researcher and participants (as key worker and service user respectively), which could have impacted disclosure levels. However, the decision not to engage an

⁴ For example, see Murray & Wynne, 2001.

independent translator was a direct consequence of the significant resource constraints under which the research was undertaken.

Reflections on the participatory interviewing techniques

Participatory mapping

Overwhelmingly, participants, when asked to reflect on their experience of the mapping process, were positive in their responses. The reasons provided to support their views were, however, very diverse. The quotes below are an attempt to illustrate this:

'By doing this I released my stress, by doing, by drawing, by thinking, I'm just more relaxed now... I'm very thankful because I'm really relaxed now' (Ola)

'I think it's good, I like drawing... I like to talk as well' (Tomak)

'Yeah it was interesting, especially later when we started I just, you know, move my brain and then it was quite okay... It's very easy, especially for a person who is a drinker' (Suavek)

The appropriate methodological caveats⁵ notwithstanding, testimony from participants, in combination with the reflections of the research team indicated that there were real benefits derived from using this technique with this sample population. As noted earlier, these occurred both in terms of participant engagement and disclosure enhancement, but also in providing a relaxing yet involved activity via which participants could take pride in making an important contribution to the research. In addition to the range of positive comments proffered by participants (see above), the fact that the mapping reduced the formality, and contributed to a reconfiguration of the power dynamics of the interview, with the interviewee taking significant directional ownership of the process, can both be seen as important factors. It also appeared to largely assuage any concerns or insecurities participants might have had about their limited language skills negatively impacting on the research process. These promising findings indicate the significant value of further research into the scope for this technique to be productively used with other socially marginalised street drinker populations.

Timeline

Individuals varied in their approach as to how they identified and recorded their experiences and in their responses to the events they had chosen to portray on their timelines. Most striking was the volume of adverse events participants noted. An important benefit of using timelines compared with the standard interview was the significantly greater level of disclosure of drinking alcohol evident in female participants' timelines; in contrast, the two women interviewed using the standard interview were reluctant to discuss their drinking behaviours. Seeing and sharing with the interviewer a visible record of their memorable life events on a timeline may have provided a more 'emotionally safe' environment in which women did not feel judged about their lifestyles and were less reticent about revealing their drinking. The timeline may therefore have acted as an enabling device in overcoming women's inhibitions about drinking disclosure, but this hypothesis would need to be tested among a larger sample of individuals.

⁵ It is quite rightly acknowledged that participants sometimes respond in a manner they think is consistent with what a researcher wants to hear (Mitchell & Jolley, 2012).

Participants sometimes found the timeline demanding; it required concentration and could arouse strong emotions in discussing certain key events, especially among the women, for example, the sadness invoked in reflecting on the loss of a child, parent or partner. Despite reflecting on harrowing events, all participants felt relieved that they had been able to tell their stories, an opportunity rarely afforded to them. Discussions of drinking habits while reflecting on their timeline could sometimes unveil unguarded moments when participants inadvertently admitted that they had relapsed and had been drinking; they had kept these relapses hidden and therefore contradicted accounts they had previously given to their outreach worker.

“I was stressed but now I feel much better when I could say everything, you know, in the end, so I feel ok.....But I’m really happy that I came here because I could say throughout all my problems and I feel much lighter now, better.” (Justina)

“It was quite easy to do the timeline, yeah, it was good” (Viktor)

For the interpreter / alcohol support worker, whose heavy case load demanded a strong focus on alcohol education and relapse prevention, the timeline helped to build a more complete representation of clients’ lives both before and after their arrival in the UK.

The Findings

Pathways into street drinking

Two groups of people in almost equal numbers were discernible among our participants, based solely on their length of stay in the UK; those arriving pre A8 accession i.e. 2004 (two women and four men) and those migrating after (3 women and 3 men). The accession of A8 countries to the European Union in 2004 initiated structural and legislative differences affecting the employment and welfare rights of A8 migrants in the UK; these rights have been briefly outlined earlier in this report (See Background). A thorough analysis of the exact legislative factors affecting migrants’ rights pre and post A8 accession is beyond the scope of this small scale study though these factors, where they are evident as playing a critical role in participant’s narratives, will be more broadly considered. In presenting our findings, we are concerned with examining the factors underpinning participants’ decisions to leave their home country and move to the UK. The various routes into exclusion and destitution since their arrival in the UK are explored together with the continuities in their lives pre and post migration. Our findings focus on the personal, social and structural factors leading migrants into homelessness combined with problematic alcohol consumption and drinking on the street.

Why migrate to the UK?

Irrespective of whether participants had migrated to the UK before or after A8 accession to the EU all those of working age expressed their intention to work on arrival. Almost all participants had previously worked at some time, both in skilled trades such as carpentry, driving, dairy industry, tailoring etc as well as in semi-skilled casual jobs. This mirrors findings in the study by Garapich (2010). However, in the current study, bankruptcy and loss of work were more prominent in triggering migration in the accounts of older migrants arriving before A8 accession than in the narratives of newer, younger migrants. Bankruptcy has similarly been observed in the accounts of homeless migrants in a recent study by Fitzpatrick et al (2012).

Older, pre A8 accession migrants worked here both legally and illegally, contrasting with younger post A8 accession migrants, all of whom are entitled to work legally in the UK. A few people arrived here on their own but most others, especially women, had family ties and were accompanied either by their partner or other family members and, occasionally, by friends. Many participants already knew friends or relatives living in the UK and had expected to find jobs easily that would offer better financial rewards than their equivalent in Poland. These migrants had arrived here in a spirit of optimism, many with secure jobs in hand often using existing skills and continuing the trades they were familiar with in their home country.

'When I come I just know only carpenter (carpentry). But when I have been working first, I was like a labourer to help with them but I worked and I learn. I have (worked with) plumber, electrician, I worked and I learn. Then after this, I know this. I know how to do this. I learn quick. Whatever I want to I can do but I have to say I want to learn and then I can learn.' (Robert)

Economic factors were therefore instrumental in motivating the majority of participants to migrate, however problematic personal circumstances were a feature of many people's lives and almost all had moved to the UK in the hope of making a fresh start for other than just financial reasons.

'I wanted to find a better life' (Viktor)

And later:

'In Poland, I was playing (gambling) and I lost quite a lot of money and because of this, what happened, in England, I tried not to play or gamble, nothing.' (Viktor)

'I was working 18 years in Polish dairy company like they were making milk and cheese. But they closed the company..... my friend said 'okay, look you don't have a job now, let's go to England....for one week we can have so much money like here for one month, you know in Poland' (Justina)

Continuities in participants' lives before and after migration

In attempting to shed light on pathways into street drinking in the lives of our participants, the continuities and disjunctures in key areas of people's lives before and after migrating to the UK were examined. Our small sample of participants was neither homogeneous in their personal histories regarding experiencing significant or adverse life events, nor in their previous experiences of homelessness or problematic drinking.

Significant life events

One of the most striking characteristics of our participants' lives especially evident in their timelines, both before and after migrating to the UK, was the high incidence of significant or adverse events they reported having experienced during their lives. Some had suffered a barrage of severe setbacks throughout, often having to cope with the loss of family members, partners, children and friends. A couple of women had experienced domestic violence and abusive personal relationships while living in Poland and one woman had been raped both as an adult and child. Other vulnerabilities were also evident among some participants, such as being taken into care at a young age, absence of parents, parents with severe disabilities such as blindness and deafness; addictive gambling and ensuing debts, parental heavy drinking etc. Some individuals spoke of being depressed both in Poland and while living in the UK, and it is reasonable to assume that, at least in some cases, mental health problems may have been experienced prior to the individual's arrival in the UK. However past adversity was not necessarily a precursor of subsequent problematic drinking in the UK; two

individuals who had experienced several of these major experiences either did not drink alcohol in Poland or only consumed it on special occasions.

Looking at participants' accommodation in Poland reveals that several participants had previously known periods of homelessness and had either lived with friends in Poland or in a squat, and it is significant that none reported sleeping in the kinds of shelters they inhabited nowadays such as sheds, garages or buses for example. Our findings in this respect correspond with those of Fitzpatrick et al (2012), who observe a high rate of sleeping rough among recent migrants to the UK, most of whom have had little or no experience of homelessness prior to migration.

Problematic drinking before migrating

Exploring our participants' normative behaviour around drinking whilst living in Poland may illuminate pathways to the problematic drinking evident in their accounts since migrating to the UK. In Poland drinking alcohol permeated everyday life for all except two individuals. Regularly drinking at work as well as socially in the evenings and weekends may be illustrative of different cultural norms. For many participants, heavy drinking sessions featured strongly in their lives, often involving combinations of vodka and beer, particularly among the men, while women seemed to limit their intake mostly to beer. Quantities varied across time and social group but drinking ten cans of beer coupled with vodka was not uncommon among men. Commentators have observed the function of heavy drinking acting as a reward for the endurance of hard work and how these links serve to reinforce masculine identities (e.g. Garapich, 2010). There is some evidence in the current study that heavy drinking created 'solidarity' within the largely male social groups as will be seen in later sections.

It was striking to note that in our study participants rarely discussed their own drinking in Poland as problematic or a factor contributing to any subsequent changes in their own life circumstances. That is not to say that they lacked awareness of problematic drinking; those in relationships with spouses or with parents with addictions were quick to recognise problematic behaviours which they attributed to alcohol dependency.

'My mum, she doesn't like alcohol because my father had a problem with alcohol. Because of the alcohol he lost, he had an accident..' (Justina)

It may be that regular heavy drinking is perceived as acceptable, especially when someone is able to work and function in their everyday life, compared with a visible need for and reliance on alcohol. As in many other countries, gender differences in societal tolerance of drinking and drunkenness have been reported among people from Poland and other Eastern European countries (Garapich, 2010). This was evident among some of our female participants who were reticent in discussing their own alcohol intake both in Poland and since migrating, for example. It is therefore difficult to know the extent to which participants' own drinking was problematic before they migrated to the UK though the quantities frequently mentioned would indicate that many were drinking at risky, if not dependent levels. Only one person mentioned having a detox in Poland and, overall, participants' awareness and use of alcohol services in Poland appeared to be extremely limited. This could clearly be a function of limited service provision or poor communication about services offered among providers, alongside other possible barriers to engaging with services. Significantly, awareness of participant's own heavy drinking as problematic on the whole appeared to occur only once in contact with specialist alcohol related agencies in the UK.

Becoming homeless

From our findings it is not possible to detect any clear patterns or pathways as to why participants became homeless though some commonalities can be identified in participants' diverse accounts of

their routes into destitution. Several men had suffered serious accidents which meant losing their ability to perform a skilled task, such as driving, roofing etc; in some cases their partners tried to obtain work though were inevitably unsuccessful in recouping the financial loss. Working illegally was precarious and usually involved temporary work e.g. working on building sites, seasonal catering etc and further work was not guaranteed. An argument with managers, or a building project completed, ended a work period and left participants vulnerable with no income. Some participants lived with friends who drank heavily and regularly but an alcohol-fuelled fight or misunderstanding had resulted in eviction.

From the accounts just highlighted, it can be seen that homelessness was often preceded by a trigger event that resulted in loss of earnings thereby precipitating individuals into destitution. Fitzpatrick et al (2012) have similarly reported the tendency for homelessness and life on the street to occur *after* migration to the UK. Moreover, legal workers are only eligible for benefits or public funds once they have completed 12 months of continuous work; many had not fulfilled this requirement and were thus without any means of legitimate financial support once they had lost their jobs. Whether working legally or illegally, loss or theft of documents was a further commonality evident in participants' accounts and for legal workers, this resulted in loss of eligibility for benefits until the necessary documents had been reinstated. In considering pathways to homelessness, no participants in our study had been destitute to the same extent before arriving in the UK; so crucially, this was a novel experience for them. Being penniless in Poland did not involve the same hardships as encountered in the UK; some who had experienced this lived with friends or in a squat; a couple of women endured living with abusive partners. Others had received state benefits for a diversity of reasons, including living with parents with some kind of disability or with a spouse entitled to financial aid and this served as a buffer against destitution.

Some of those who now inhabited shelters, garages and sheds had often lived in squalid places such as holes in the ground when they first became homeless in the UK. Now they survived under constant threat of their shelter being discovered or the few possessions they had acquired being stolen. Despite these hardships, all participants felt that life on the whole was better here than in Poland. Their main desire was to get out of their shelter and have a home, though not always at the expense of losing their friendship ties.

'I wouldn't change my friends, but I would change the place where I live now. I would like to separate my life, my home, where I live now and live somewhere else..... I don't want to be there because people on the street they are meeting up and they just drink, they don't do anything, they just drink, even when they have the benefits, they are drinking buying alcohol and then later when they don't have money they're begging. So that's why I don't want to live there....' (Viktor)

In summary, these findings indicate that among our small sample, pathways both into problematic drinking and homelessness appear to be diverse. A host of adverse life events often occur prior to participants' arrival in the UK, but they are not always tied to problematic drinking before individuals migrate, though they may serve to spur on migration. Gauging participants' drinking levels prior to migration is difficult though the indications are that many were drinking problematically before leaving Poland. Problematic drinking, however, does not in itself appear to be directly linked to destitution among our participants but may play a role in the cascade of events often leading to homelessness. It is clear though that homelessness was rare before our participants left Poland and that they are to a large extent unprepared for life on the streets of the UK. A lack of recourse to public funds appears to play a critical role in triggering and maintaining their homeless state.

The next section reports on the nature of everyday life on the streets for our participants by exploring their use of time and place and, in particular, how their social networks affect their everyday lives.

Resourcefulness

A resounding theme, similarly highlighted in the Garapich study (2010), deeply and extensively embedded in each participant's account of the everyday pattern of their life on the street can be seen in the ingenuity and resourcefulness, evident in each individual's use of their wits, skills and social connections to cater for their everyday and long term needs and aspirations. Street drinkers are often portrayed as leading chaotic lives (Randall (1998) in Mills and Knight (2010); Garapich, (2010), yet our participants were knowledgeable about which organisations to visit for their different needs and this required varying levels of planning and alcohol management during the day to be able to carry out what they needed to do. Analysis of the data revealed many practical dimensions of resourcefulness exhibited by the participants during the course of their daily lives, and a number of examples of such are provided in the following sub-sections.

Mobility

Among the most prominent aspects of resourcefulness discussed by participants concerned the extent to which they reported high levels of mobility in order to access food provided by churches and other charitable organisations, seek the support of health/employment/housing services, explore potential opportunities to consume free alcohol and/or pursue opportunities of casual employment. Related to this, five participants commented at length on their involvement in the collection and sale of scrap metal, which they cited as being a hugely important mechanism via which they generated money to purchase food and alcohol.

The levels of mobility reported – regularly walking up to 25 kilometres a day according to some participants (Tomak) - calls into question notions that street drinkers are likely to lead highly localised lives. The motivations for undertaking such lengthy journeys (almost always on foot) varied considerably, from a very clear rationale relating to, for example, accessing free lunches or dinners (about which all participants appeared to have well-developed knowledge), to the use of walking as a distraction, way of passing the time, or even as a coping mechanism in one case (Ola). The reliance on walking as a means of travel was also cited as an important reason for maintaining health and fitness (ibid). In addition to trips to specific destinations for particular purposes (to access casual employment or attend health-related appointments, for example), a number of participants made reference to more speculative trips into central London, especially the area around Liverpool Street station, where they hoped to collect half-consumed drinks left outside pubs, bars and clubs. To illustrate this point, Tomak commented:

'When I go there [the Liverpool Street area] it is eight o'clock, ten o'clock... during the night, you see, I can go to different kinds of pubs and collect more beer... At 11 o'clock I would go back home with a few beers with me, but when X (another street drinker) goes, he goes one day and another he is coming back! So he is drinking all night. All of them [members of another group] go to Liverpool Street... as well as this they are begging next to banks'

It is interesting to consider such activity in relation to Garapich's observation that 'the British pattern of lavish, binge drinking of the middle classes in Central London bars is supporting a whole class of

homeless migrants who sell things people lose under the influence of alcohol' to support themselves (2010:42).

Collecting scrap metal and other ways of raising money

Another important dimension of resourcefulness which presented in many of the accounts provided by participants, and which relates to more opportunistic motivations for walking, concerns the identification, collection and sale of scrap metal. With scrap metal values having increased sharply in recent years, this was an activity approached methodically by a number of participants who made reference to going out with trolleys and tools in order to take advantage of all suitable opportunities (Ola, Jacek). Other participants acknowledged the role scrap metal collection played within the street drinker community, but were unwilling to discuss their own involvement (Suavek). It was reported that, on occasion, scrap metal collection and sale produced financial rewards as great as £200 a day, although more commonly something in the region of £20 - £30 (Jacek).

Scrap metal was not exclusively collected by men and at least two women mentioned helping their friends in locating scrap to raise money. Other ways of generating funds were also evident, especially among women. Several female participants had in the past worked occasionally as cleaners and this was a role a couple of women could step into at short notice, though often these arrangements seemed to be exploitative where jobs were paid in alcohol rather than money. Begging and shop lifting among some of the male participants were evident as other ways of raising money and some had invented ingenious tactics to maximise their opportunities. This is vividly captured in the following example:

'H, the friend, he is going to X station, he works there....He has this artificial leg which he went (*sic*) to hospital and kind of plaster, you know, and he goes to X station, he puts this plaster on the leg and basically collecting money, you know....so they call this a kind of job.....And I walk sometimes, I see him and I give him 1p! (Laughing). Sometimes I give him a sandwich.....when I give him the sandwich and 1p, after someone give him £5.' (Justina)

Keeping up appearances

Despite often living or sleeping in temporary shelters such as sheds, garages, tents, night buses etc most participants presented themselves as clean, well dressed and groomed. Most had no immediate access to sanitation or running water but public facilities, charitable organisations and other places such as supermarket and petrol garage toilets were well known to them and used for washing and grooming. Keeping up appearances, especially in public places, was important to many individuals and helped to preserve their sense of self esteem. The following quote poignantly expresses one participant's concerns about her appearance and Davina needed some reassurance that she was indeed 'well turned out'.

'Do I look as if I'm homeless? Homeless doesn't mean dirty.' (Davina)

Some facilities were specifically selected to facilitate more time-consuming processes such as dyeing hair and shaving. One woman who slept in a shed regularly attended a charitable agency to cut people's hair in exchange for using the shower and washing her clothes. This pattern of reciprocity was often noticeable, especially among women who had obtained work such as cleaning, in exchange for small sums of money or alcohol. Similarly some men supplied cans of beer in exchange for sleeping in a friend's house.

Personal safety - minimising risk and harm

Their experiences of being homeless meant that almost everyone had withstood some form of compromise to their safety. Both men and women had suffered attacks from other people, for

example, and many had been involved in accidents and attended hospital. Almost all had at some time lost or had their passport or driving licence stolen. As a result, minimising risk and harm was a constant concern and an organising principle as to where individuals chose to sleep, who they trusted in their social groupings and how and with whom they spent time. It was also reflected in how they managed their alcohol intake. Personal strategies adopted by participants varied in their degree of success; lapses in attention were commonly reported when drunk, rendering individuals vulnerable to harm from other drinkers or drug users and to accidents more generally.

'I have to give up vodka here in England because it's more dangerous here and I have to be in control when I'm drunk... the street life is no different [between here and Poland] but during the evening it's quite difficult, different kind of story may happen...it is more dangerous to live on the street during the night.....there are more crazy people here. ...Here you can have very quick hard drugs on the street. They are everywhere. In Poland obviously you can have the drugs as well but not as quickly, especially harder drugs. Under the influence of drugs and alcohol they can do different things and I know because I live on the streets so I see every night.' (Viktor)

The following quotes are from a street drinker who recently lost his identity documents. He cannot live with his mother because of tenancy legislation regarding occupancy of council accommodation.

'I have a limit now. If I drink I have to say 'No' for the next. If I think another one, I will, I can lose myself and lose everything.'

And later:

'If I go somewhere for appointment, like today (visit to council), I show some paper, but normally if I have nothing I leave in my mum's. (Robert)

Despite constant threats to their safety encountered in their lives, many participants showed resilience in coping with and overcoming setbacks such as attacks from others and the consequences of minor and more serious injuries and illness.

Awareness, attitudes and experiences of services and other support organisations

Social networks and support services

One of the more interesting results of the participatory mapping process was the extent to which it offered an insight into the different ways in which participants were networked into the local area's street drinker population. Two main 'lifeworld profiles' emerged in this respect, which were supported by subsequent analysis of the other, non-mapping interviews. The first of these was based around affiliation to small, highly cohesive groups, usually comprising 3 or 4 individuals, whose members lived, drank, worked, socialised and accessed support services together. In a majority of cases, these individuals sought to distance themselves - and their group - from, and in many cases elevate themselves above, the wider street drinker population. Within these small groups, trust was reported to be high and sharing the norm. For example

'We are in one group and just keep together and one is looking after the second one... when one of us goes to the right, all of us will go to the right, we are never alone, we are always together... sharing everything because we are keeping together, we are like a family' (Ola)

Participants who reported belonging to such groups often placed great emphasis on differentiating their group from others. This was often done by citing negative characteristics associated with other groups such as excessive drinking/loss of control, the fact other groups engaged in begging or other criminal activities, or sought to exploit or 'bully' their own members. In terms of alcohol consumption, a majority of participants reported a preference for drinking vodka, but acknowledged they often ended up drinking strong beer or cider because of fiscal considerations. However, consumption was very much presented in terms of it being a communal experience. For example

'...in the group, when we have a lot of alcohol, we drink first one alcohol, all of us, then go to beer, for example, and then in the end there is just cider left, so everyone drinks cider!' (Jacek)

From a help-seeking perspective, if the confidence of one group member could be secured by a service provider, this appeared to play an instrumental role in potentially engaging the other group members.

In contrast to this, a number of individuals (Suavek, Wojtek and Robert) appeared to be extremely well-networked across the area's street drinker population and to know and get on with 'everyone'. Such individuals mentioned enjoying good relations with many of the different groups – of both street drinkers, but also abstinent former street drinkers - and, additionally, reported drinking as part of larger multi-national groups of street drinkers. In some cases, it appeared they made use of their seemingly higher levels of social capital to enjoy the company of a wide range of individuals, including people who were not presented as street drinkers (local business owners, for example). The best example of this was provided by Suavek, whose mapping interview is discussed in Box 1 and whose map is included as Appendix II. It is worth noting that individuals who conformed to this 'lifeworld profile' tended to be those with Benefits and some form of housing, and it is reasonable to suggest that these factors, to an extent at least, underpinned their more confident outlooks, extended networks, and independent, self-determining lives. However, despite to some extent demonstrating characteristics of being 'leaders' within the street drinker community, none of these participants' accounts contained direct reference to the type of 'sponsorship' identified by Garapich (2010)⁶.

Health services

Since their arrival in the UK, all participants had been involved in accidents or illnesses which involved attending a local hospital; a few had spent lengthy periods of time there, often needing to visit on multiple occasions. Many experienced periods of memory loss when they were aware of being in hospital but could not always remember the circumstances leading up to their visit. Hospital care was felt to be good on the whole and participants believed they had been treated well. Efforts to interpret English and Polish varied from one hospital to another, for example, a doctor in one hospital had sought out a Polish cleaner to help with interpreting while no help with language difficulties was forthcoming in another.

'It was a very lovely hospital. It was a Polish doctor and you know he took me and gave me a lift after the operation.' (Witek)

In terms of response to problematic alcohol use, no discernible consistency in the circumstances under which individuals were offered either advice, support, or a detox by hospitals could be seen in this small study; a few had been given a detox in hospital while this appeared not to be the case for many others. Some participants had been advised by the hospital to contact their local drug and

⁶ Regularly sustaining the alcohol needs of other street drinking associates

alcohol charity for support while others had been offered more generic advice, for example, after an outbreak of TB, one female participant was helped to find a hostel to minimise the risk of her becoming re-infected.

Police

In our study, several male participants had been involved with the police either through detention after drinking and fighting, or for help with lost or stolen documents. Polish speaking interpreters were not usually available and people were sometimes given leaflets that had not been translated into Polish. Street drinkers' experiences of contact with the police were variable. On some occasions, they were unhelpful e.g. not taking someone with hearing problems seriously, while at other times the police actively supported people by giving them food, for example.

There was some indication of differences in cultural norms and this may have affected participants' perceptions and understanding of their rights regarding drinking in public places when coupled with fighting. Involvement in outbreaks of fighting appeared to be common among many of the younger male participants and mostly it appeared that these were the result of arguments exacerbated by intoxication. Generally, serious consequences as a result of fighting were not reported. One participant believed that police in the UK responded very quickly to these outbreaks and their concern focussed on the fighting element as illustrated in the following comment:

'... they are quicker in here, they do the acting in here (signals 'handcuffs'). In Poland, I never went to the police just because of the fight, just because of being drunk.' (Viktor)

He suggested that, in contrast, Polish police seemed more tolerant of fighting and were much more concerned with drinking in public places. This raises questions regarding the understanding of different cultural norms both by new migrants themselves but, importantly, by the agencies involved in their welfare.

Church

Various churches usually of Catholic religion played a significant role in providing support for street drinkers in their daily lives by holding soup kitchens, providing food and, occasionally, English classes. Participants would meet fellow Polish people and others on a regular basis at particular churches. Importantly, they provided a warm shelter where workers from various agencies, including outreach workers from specialist alcohol organisations, could direct new migrants to their services and raise awareness and education about drinking and other issues related to homelessness.

Homeless Advice Service Provider

With the exception of the North London alcohol specialist service provider (see below), by some measure the most frequently referenced service was a local 'one-stop-shop' drop-in centre. This Third Sector organisation advertises that it offers support and advice across a range of issues – including health, housing, assistance with legal issues and Benefit applications – for the area's homeless A10⁷ migrants on one day each week. In addition to medical practitioners, translators are listed as part of the team of workers that staffs the facility. Participant's views of this service, although admittedly not always articulated in a consistent manner, were mainly negative. The complaints levelled at the organisation varied widely in nature, from allegations that staff did

⁷ Czech Republic, Cyprus, Estonia, Hungary, Latvia, Malta, Lithuania, Poland, Slovakia and Slovenia

‘nothing’ to assist a man unconscious in the reception area (Ola), to those of a more general level of dissatisfaction. For example:

‘I’m not happy with the [name of service] because there is a Polish woman who is supposed to help but she just is avoiding people. And she told me that I was supposed to have housing you know, hostel, but it never happens and she is really not a nice person’ (Justina)

Attempts to explore issues relating to this service with one participant, Suavek, drew a somewhat fractious reaction and resulted in this participant crossing out the name of the organisation with a red marker pen on the map he had produced (see Box 1).

It must, however, be acknowledged that other participants, Marta for example, were more positive in their assessment of this organisation offering, albeit qualified, endorsement such as ‘a few years ago, Homeless Advice Service Provider was very good, very helpful’. In addition, Viktor suggested it was ‘okay’. It is also necessary to acknowledge that some of the critical accounts presented related to refusals of help to replace passports or other documents that had been lost on several occasions across a relatively short period of time. Furthermore, it was felt by the translator/co-researcher, who was well-situated to comment on such matters, that in some instances dissatisfaction might well have been a consequence of frustration that the organisation was not mandated to provide support or respond to particular problems that participants needed addressing.

Taken together, two main themes can be identified in terms of the relationship between the participants and this service provider. Firstly, accounts from the great majority of participants point strongly towards the importance of this organisation as a focal point for them to access, or be signposted to, a wide range of services and support. In certain cases, successful engagement with such services could have a potentially transformative impact on their lifeworlds. Housing advice, providing a correspondence address, or medical referrals would be three examples of assistance that in isolation, or possibly more likely in combination, could make a significant contribution to individuals, such as those who participated in this study, having the chance to move their lives forward in a manner consistent with their aspirations. That said, it is important to be realistic in acknowledging that not only are there multiple legislative and resource-based barriers (see following section) in some cases precluding this from occurring, but also that participants’ often complex lifeworld profiles render addressing their needs an intrinsically challenging undertaking for this service provider.

North London specialist alcohol service provider

Overwhelmingly, participants reported positive views with respect to their inter-action with, and use of, the North London specialist alcohol service provider. Such views appeared genuine and sincere, although it would be remiss not to consider the potential impact of the positionality of the translator/co-researcher on the manner in which they were disclosed. It is also important to acknowledge that all study participants were currently receiving support from the service, had some level of relationship with the translator/co-researcher and, importantly, agreed to participate in the research. Such clarification should not, however, obscure the range of valued aspects of the service which were reported by participants.

These were varied in nature, with participants emphasising a range of beneficial dimensions to their engagement with the organisation. These ranged from those of a more informal nature with, for example, Tomak and Paulina citing their appreciation that the service offered a forum for positive conversation, supportive social interaction and sometimes the opportunity to have a coffee or something to eat, whilst other participants (Wojtek and Viktor) focused more directly on the specific

alcohol support services offered by the organisation. The group support sessions in particular were highlighted by a number of participants as having really helped them. For example:

'...mentally I feel very good here because I can talk to other people, especially the group [therapy] gave me a lot. I feel support from other people, so this is what I really needed and this worked'
(Wojtek)

Similar testimony was provided by Suavek, although he added to this by saying he felt a sense of guilt that he was having to make use of the services provided by the organisation. Issues relating to pride and self-reliance, which Garapich (2010) noted as being a feature of many Polish street drinkers' projected identities, also came through in the accounts provided by other participants and were directly raised by Paulina who commented:

'I don't want to use other people, I don't want to even use the service, I would feel like a user in a bad sense... I was raised up to rely on myself'

The fact that the organisation directly employed Polish-speaking staff, which prevented language-related issues inhibiting communication, but also offered a degree of cultural familiarity, was also highlighted as being a positive aspect of the support provided.

From this brief discussion, it would be reasonable to conclude that a broad range of factors informed participants' perceptions of the support provided by this North London alcohol service provider. These include those relating to the nature and length of their engagement, the extent to which their lives had improved as a result of contact with the organisation, and the degree to which they felt a sense of guilt and/or shame as a result of their being in a position to require the organisation's assistance.

Barriers to service use

The extent to which participants perceived and reported encountering barriers preventing them engaging with services and support varied widely. Those who conformed to the 'lifeworld profile' characterised by their having more developed social networks and confident outlooks (Suavek, Wojtek and Robert) reported facing fewer problems in this regard, although this is not to suggest they did not still experience difficulties and constraints with respect to some areas of service provision. In contrast, the other participants, whose lifeworlds were typically much more closely bound up with two or three other individuals – their 'group' – reported having little or no access to many basic services despite, in most cases, clearly recognising the benefits that they would derive from such inter-actions. The barriers inhibiting individuals, of either 'lifeworld profile', from engaging with services and support were both complex and diverse, but a number of recurring themes emerged.

Firstly, all participants – albeit to varying degrees – reported language issues as representing an obstacle to their accessing services and support. Given that none of the participants could be described as having anything more than a basic command of English this was far from an unanticipated finding. However, there did appear to be a significant divide between organisations such as the specialist alcohol service provider and the homeless advice service provider – plus many areas of NHS provision – that were able to provide interpreters and/or Polish-speaking workers, and other important service providers (Job Centres, local authorities, training providers, etc) which did not offer such provision or certainly not on a consistent basis. Linked to this issue were difficulties

arising from a lack of knowledge about where to go to access particular types of support or how to follow up referrals or advice that might be given. A good example of how language and a lack of familiarity with London and UK administrative processes can combine to create multiple barriers to service engagement is provided by Ola who commented:

'...councils won't help, they don't want to help... wherever I go they say 'no you have to go here, no you have to go there'... they give me a map, but they didn't explain me where to go, how I can get there? I went there, you know, but I couldn't get to this place. I was travelling there but couldn't find [it] and I was showing the place to the other people, to advise me where to go and [I still didn't find it]'

The fact that organisations which are able to offer support to members of this social group have limited resources also represents a major barrier in terms of the services and support they can provide. Reports of the homeless advice service provider only offering a service for A10 migrants one day per week can be seen as an illustration of this, as can the reality that the specialist alcohol service provider has been unable to deliver anything more than highly episodic outreach services of late, and is unable to provide the regularity of contact some participants considered would be beneficial to them. The level of funding organisations such as these receive is linked to another politicised issue – eligibility for public funds. And it was clear in a number of cases that the inability of A10 nationals to access Housing or Welfare benefits, for example, was at the very heart of the problems they were experiencing. Such constraints often presented enormous, if not insurmountable, barriers to their attempts to find and retain paid work, as a residential postal address was reported as almost always being a prerequisite to securing formal employment.

A further set of barriers that emerged during the research concerned the consequences of participants' intrinsically unstable, unpredictable lives which, based on some accounts, rendered attending appointments or retaining important documentation, such as passports or National Insurance details, problematic. A number of participants reported that the loss or theft of key documents had occurred to them on several occasions, and that attempts to replace them became increasingly arduous due to a reported recalcitrance of organisations such as the homeless advice service provider or the Polish Embassy to assist on more than one or two occasions. To highlight the extent to which organisations were perceived to be unresponsive to requests of such a nature, it is worth considering an account offered by Marta which related to an attempt to secure a replacement passport via the homeless advice service provider:

'...But then my passport finished, expiry date, and then I ask 'can you help me with the passport' and then they give me a letter [and] it was written there 'for people, for alcoholics, the embassy doesn't give a passport'

In this context, it is necessary to recognise that not only would the lack of documentation such as passports render obtaining paid work or accessing many services extremely difficult, but it would also serve as a major obstacle to travel outside the UK – including returning to Poland.

Finally, as reported in the previous section, it was clear that a number of participants felt an acute sense of stigma or shame that they were unemployed, drinking on the street and/or homeless. In some cases, this impacted significantly on their propensity to engage with services, either because they felt this would further undermine their ability to be self-sufficient or that they would be consuming resources that should be directed towards those who presented more 'deserving' cases. Both Suavek and Paulina provided examples of participants who were clearly troubled by this type of issue, with Paulina specifically commenting about her reluctance to explore her entitlement to Benefits because

'I am thinking like all the other people that need them more... others with children'

Conclusions

Our research was designed to explore the life experiences of Polish street drinkers, particularly their routes into street drinking and their awareness and use of services. To facilitate this aim, we used two innovative participatory research techniques, participatory mapping and timeline interviews. A further aim of this research was to evaluate the feasibility of using these techniques to engage with Polish street drinkers

Both the participatory mapping and timeline research techniques worked effectively in engaging these hard-to-reach individuals and in encouraging them to discuss events, experiences and memories, in their past and daily lives, that may otherwise have been difficult to elicit. Participants were enabled to feel a strong sense of ownership of the research session and, importantly, the techniques allowed people to reflect on their responses and to disclose experiences, possibly to a greater extent than would have occurred in more traditional interview approaches. Both tasks required considerable concentration and were therefore only suited to individuals who were likely to complete them; this caveat means that our findings are not directly generalisable to wider Polish street drinker populations.

Participatory mapping was specifically chosen as a method of exploring social networks and sources of support among some of our participants, while the timeline procedure invited other individuals to highlight experiences that were salient in their lives. Both techniques were therefore complementary in fleshing out participants' lifeworlds before their move to the UK and after their arrival. The timeline was particularly useful in tracing the sequence of events that triggered migration and homelessness in the UK and the role played by heavy drinking. Importantly, it facilitated the disclosure of drinking behaviours among women; in the standard interviews, women were considerably more reticent about revealing the alcohol that they drank. Becoming intensely emotionally involved in the timeline was an unexpected outcome, especially among women, and further use of this technique would need careful planning with consideration given to the vulnerability of potential participants. Participatory mapping provided a dynamic, lively account of participants' daily lives and the impact of different social inter-actions on street drinkers' resourcefulness and help-seeking behaviours. There were strengths and weaknesses associated with both the independent and supported map production – primarily concerning ownership versus more detailed, structured representation respectively. Further research is, however, required to assess in greater depth the impacts on disclosure of these different deployments, and to be able to make more robust claims about the apparent 'added value' of these approaches to engaging and interviewing members of this social group.

In summary, the techniques described worked well with our particular sample of Polish street drinkers. Those individuals participating in our research may or may not be typical either of Polish street drinkers in general or of Polish street drinkers living in other areas in the UK. There are likely to be other Polish street drinkers who may be more marginalised and lack the resourcefulness, resilience or support networks evident in our participants' accounts.

There is little evidence of homogeneity in people's personal histories regarding their experiences of homelessness, problematic drinking and in the kinds of adverse events that permeated their lives and this may be, in part, a characteristic of the diverse nature of our small sample. Exploring participants' stories and lives provided insight into the factors that precipitated them into homelessness and drinking on the street. These included experiencing a stream of adverse experiences both before and after migrating and which appear to play an important role in triggering homelessness. Heavy drinking was often a feature of participants' lives prior to migration and continued on arrival in the UK, but it was not always the case and some individuals began drinking problematically once their troubles began in the UK. Drinking problematically did not appear to be a direct cause of homelessness but, coupled with other adversity, was linked to destitution.

It is significant that homelessness of the kind encountered in the UK, where garages, sheds and buses are used for shelter, was rarely experienced by individuals while living in Poland where a network of friends and relations were more likely to provide some form of accommodation, thereby averting destitution. Conversely, in the UK, when things go wrong (such as accidents, loss of work, unavailability of identity documents etc) and individuals are left penniless, they are forced to rely on their own resourcefulness to survive or to rely on the informal support networks of others who are already marginalised. The social bonds that are created and maintained on a daily basis therefore serve to maintain the status quo of homelessness and street drinking without the intervention of formal support agencies and the safety net of public funds.

A larger comparative study could usefully explore the ways in which friends, relatives and other mechanisms serve to act as a buffer against destitution in Poland, contrasted against the role played by social networks and other structural mechanisms in the UK.

Often the first port-of-call for homeless street drinkers is to charitable or statutory organisations. These include local authorities, generic homelessness agencies but also involve churches which play a significant function in providing food and an environment in which to socialise and in which outreach workers can offer specialist alcohol advice. Engaging with formal and informal support services entails awareness of these agencies and, importantly, often some proficiency in English. Most participants encountered in this study had little more than a basic understanding of English and preferred to communicate in their native language.

The findings of this study highlight a number of challenges for both generic service providers and alcohol specific services in responding to and addressing the needs of this client group. Currently, the language support offered by statutory and charitable organisations was reported as being variable. Adequate language provision so that Polish speakers can be engaged and supported would optimally be a prerequisite for any such service provider, ideally by recruiting Polish speaking staff, who are culturally competent in offering support. In addition, staff should be mindful of the unfamiliar administrative processes facing newly arrived migrants to the UK. The language facilitation and cultural competence developed by the specialist alcohol services provides an example of good practice in this respect. Clearly, this presents a considerable challenge for more generic services already stretched in supporting this client group.

Some, though by no means all, Polish street drinkers lead complex and unpredictable lives; some lived in relatively tightly knit 'groups' and had very limited access to services; these again present challenges to services. In our study, the homeless advice service provider played a central role in the lives of our participants who turned to it for a range of support extending beyond housing advice, for example, for help with loss of passports and identification documents. Such services can potentially play an important transformative role in the lives of these clients, either by directing them to wider

support or services, or by developing a workforce skilled in providing the services required, though again, the challenges of achieving this with scarce resources must be acknowledged.

Within the confines of this small scale study and bearing in mind the provisos raised in discussing methodological issues, response to the specialist alcohol service provider collaborating in this study was largely positive. It offered an informal meeting place where clients could be engaged and directed towards specific alcohol support services and treatment. Nevertheless, the outreach services offered by this agency, which play a vital role in creating awareness of problematic drinking and in education, have over recent months been severely curtailed.

Alongside structural mechanisms, such as ineligibility for public funds which serves to trigger and maintain homelessness, various opportunities are evident in which Polish street drinkers could be further supported. Attending or being admitted to hospital is a potential opportunity for offering support across a range of health related issues, in particular problematic drinking, and also mental health issues; the highly variable nature of support identified at the time of this research points to the need for a more coherent and co-ordinated response to the needs of this new migrant group.

References

- Adriansen, H.K. (2012). Timeline interviews: A tool for conducting life history research. *Qualitative Studies*, 3(1) pp. 40-55.
- Amsden, J. and Van Wynsberghe, R. (2005) *Community Mapping as a Research Tool with Youth*. Action Research, 3 (4) pp. 357 -381.
- Awan, F, (2008) *Young People, Identity and the Media: A Study of Conceptions of Self-Identity Among Youth in Southern England*, PhD thesis
<http://www.artlab.org.uk/fatimah-awan-phd.htm> (Accessed 26th April 2013)
- Braun, V. and Clarke, V. (2006) Using thematic analysis in Psychology, *Qualitative Research in Psychology*, 3, 77-101
- Broadway (2011) *Street to Home Annual Report: 1st April 2010 to 31st March 2011*
London: Broadway
http://www.broadwaylondon.org/CHAIN/Reports/S2H_201112.pdf (Accessed 19th April 2013)
- Burrell, K. (ed.), (2009) *Polish migration to the UK in the 'new' European Union: after 2004*. Farnham: Ashgate Publishing Ltd. *Trends in Drug Use: Community Epidemiology Work Group*, Rockville, MD, Division of Epidemiology and Prevention Research, National Institute on Drug Abuse, pp. 173-192
- Byrne, S., Everitt, G. and McKeown, S. (2008) *Good practice report: New directions Volume 2: supporting street homeless people with complex needs*. London: Shelter
http://england.shelter.org.uk/_data/assets/pdf_file/0008/57770/New_directions_in_street_homelessness_Vol_Two.pdf (Accessed 17th April 2013)
- Cornwall, A. (1992) *Body mapping in health RRA/PRA*. RRA Notes Applications for Health (Special Edition) London, IIED
- Emmel, N. (2008) *Participatory Mapping: an Innovative Sociological Method*. NCRM Toolkit 3
- Emmel, N. and Clark, A. (2009) *The Methods Used in Connected Lives: Investigating Networks, Neighbourhoods and Communities*. NCRM Working Paper Series 06/09
- Fitzpatrick, S., Johnsen, S. and Glen Bramley, (2012) Multiple Exclusion Homelessness amongst Migrants in the UK, *European Journal of Homelessness*, 6 (1), pp. 31-58
- Garapich, M. P. (2010) *The Unwanted - Social and cultural determinants of homelessness and alcohol abuse among Eastern European migrants in London*. Report from a study funded by the Southlands Methodist Centre, Roehampton University
- Guba, E. and Lincoln, Y. (1981) *Effective evaluation*. San Francisco: Jossey-Bass

Hatch, A. and Wisniewski, R. (1995) *Life history and narrative: Questions, issues and exemplary works*. Washington DC: Falmer

Herring, R., Bayley, M. and Hurcombe, R. (2012) *Young people who drink little or no alcohol: Exploring their lives and choices*. York: Joseph Rowntree Foundation

Home Office (2009) Accession Monitoring Report May 2004 – March 2009 A8 Countries. UK Border Agency.
http://webarchive.nationalarchives.gov.uk/20100422120657/http://www.ukba.homeoffice.gov.uk/sitecontent/documents/aboutus/reports/accesion_monitoring_report/report-19/may04-mar09?view=Binary (Accessed 19th April 2013)

Kapborg, I. and Bertero, C. (2002) Using an interpreter in qualitative interviews: does it threaten validity? *Nursing Inquiry*, 9 (1), pp. 52–56

Lakasing, E. and Mirza, Z.A., (2009) The health of Britain's Polish migrants: A suitable case for history taking and examination. *British Journal of General Practice*, 59 (559), pp.138-139.

Mills, K. and Knight, K (2010) Offering Substance Misuse Services to Accession Eight Migrants in London: Findings from a Qualitative Study, *Drugs, Education, Prevention and Policy*, 17 (6) pp. 853-869

Mitchell, M. and Jolley, J. (2012) *Research Design Explained*, Belmont: Cengage Learning

Morris, J. (2004) *Report on East European Homeless People in London*, London: East European Advice Service <http://eeac.org.uk/Reports/Alcoholism.pdf> (Accessed 25th May 2012)

Murray, C.D. and Wynne, J. (2001) *Using an interpreter to research community, work and family*. *Community, Work and Family*, 4(2), pp.157-170

Pollard, N., Latorre, M. and Sriskandarajah, D. (2008) *Floodgates or turnstiles? Post-EU enlargement migration flows to (and from) the UK*. London: Institute for Public Policy Research.
<http://www.ippr.org/publication/55/1637/floodgates-or-turnstilespost-eu-enlargement-migration-flows-to-and-from-the-uk> (Accessed 18th April 2013)

Riley, M. (2010) Emplacing the Research Encounter: Exploring Farm Life Histories. *Qualitative Inquiry* 16 (8) pp. 651 – 662

Ryan, L., Sales, R., Tilki, M. and Siara, B. (2007) *Recent Polish migrants in London: Social networks, transience and settlement*. Research report for ESRC study. London: Middlesex University

Thom, B., Lloyd, C., Hurcombe, R., Bayley, M., Stone, K., Thickett, A., and Watts, B. (2010), *Black and Minority Ethnic Groups and Alcohol: A scoping and consultation study*. London: Department of Health. <http://www.alcohollearningcentre.org.uk/Topics/Browse/BME/?parent=6108&child=6320> (Accessed 17th April 2013)

Weishaar, H.B. (2008) Consequences of international migration: A qualitative study on stress among Polish migrant workers in Scotland, *Public Health*, 122, 1250-1256

Williams, J. and Skellington, K. (2012) *The complex role of alcohol use among hard to reach groups and what this means for practice*. Presentation given to the Cyrenians Conference, 27 March 2012, Edinburgh (unpublished)

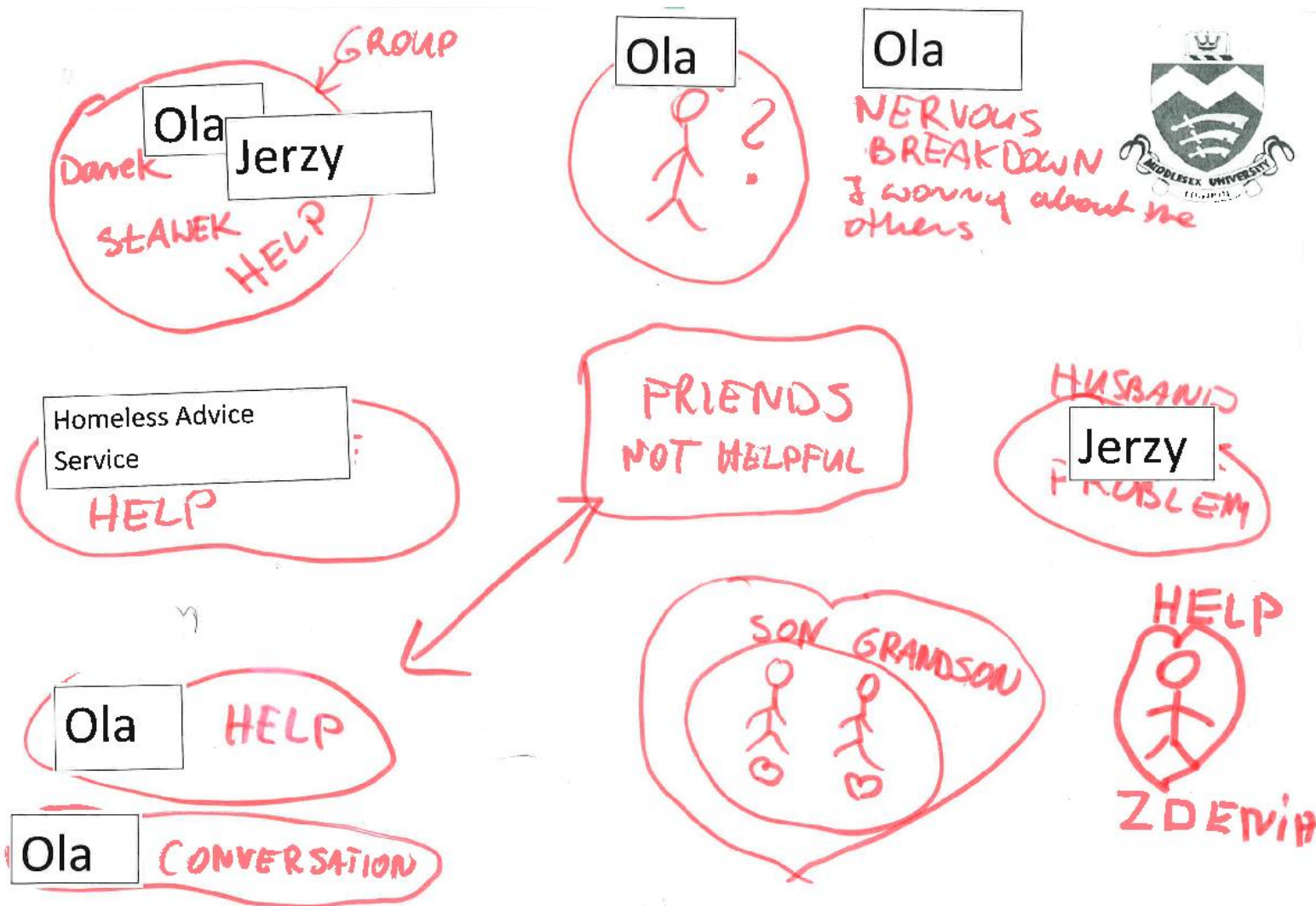
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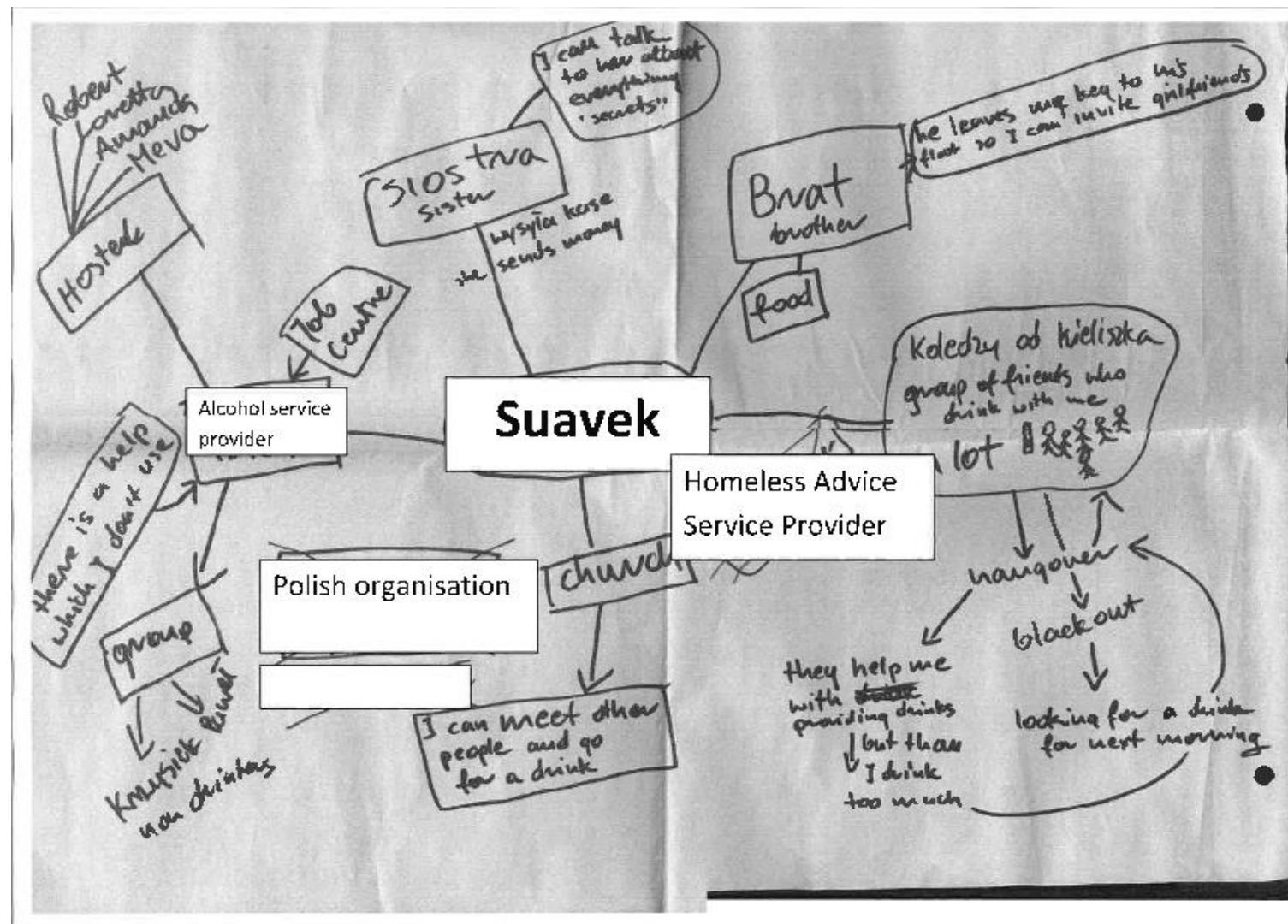
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Appendix I

Participatory map produced by Ola

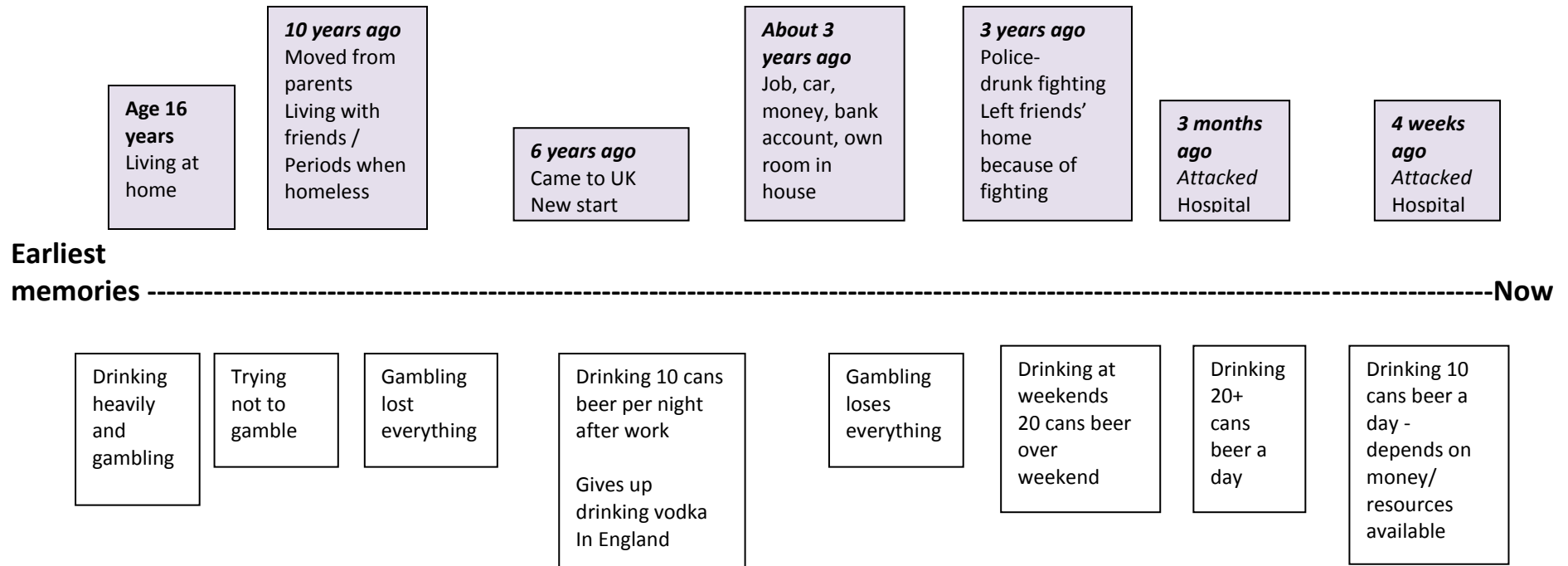


Appendix II Participatory map produced by Suavek



Appendix III

Timeline for Viktor, male 32 years old



N.B. Italicised details were changed to preserve the anonymity of the participant