**Transcript: Public Health Research and Me**

***‘Exploring mental health, substance use, and trauma for people experiencing homelessness’***

**Host and Fuse Public Partner Cheryl Blake speaks with**

**Emma Adams**

**Cheryl:** Hello and welcome to our podcast ‘Public Health Research and Me’. This podcast is led by public partners from Fuse, the Centre for Transitional Research in Public Health, and brings together the 5 northeast universities of Durham, Newcastle, Northumbria, Sunderland and Teesside in a unique collaboration to deliver world-class research to improve health and wellbeing and tackle inequalities. Fuse is also a founding member of the NIHR School for Public Health Research.

My name is Cheryl Blake, and I am a public partner, collaborating with Fuse. My interests and specialist subjects are around mental and sexual health, domestic abuse, coercive and violent behaviour, and family court and social workers within that system. I support the survivors of sexual abuse to help find female empowerment through art, poetry, meditation.

I will be talking with Emma Adams, who is an NIHR Doctoral Fellow, as well as a Fuse Associate member who is based at Newcastle University. Emma also won the Fuse Rising Star Award in 2023.

So into the questions Emma. So, the first question that we've got for you today is, ***can you share with me and our listeners a brief overview of the research that you're working on at the minute?***

**Emma:** Definitely so, I guess, as a start, I'm leading and involved in a lot of different studies, but most of them tend to be around homelessness and mental health and substance use.

I guess the thing that's most interesting to me right now, and sort of the thing that gets me up each day is my National Institute for Health and Care Research Fellowship, which is giving me the chance to understand and explore experiences of trauma during homelessness and the impact it has on mental health. And I guess with that, it's really exciting, it's new for me in that it's across the northeast of England, so I'm going to be speaking to people in Newcastle in rural Northumberland, as well as some of the more coastal areas and in the north, which is quite nice. And I have the chance to speak to people who've experienced homelessness and trauma and just get their thoughts and insights, but then also working with providers to understand what we can do with those thoughts and insights, and how we can embed some of that learning in how we deliver care and deliver health and social care more specifically for this population.

**Cheryl:** That sounds very detailed. That sounds very detailed, and I'm just picking up on how many dialects that you’re going to be coming across around the northeast, it's going be very interesting.

**Emma:** I know, I said someone the other day, by the time it's done we'll see what my accent sounds like having listened to all those audio files, with all those different accents for the next 3 years.

**Cheryl:** Yes, definitely, that'll be very interesting to listen to.

So, what was it that made you think that you want to help with some of these issues. What was the first thing that set you off?

**Emma:** Yeah. So I guess back, and before 2020, I was working in Canada at a mental health hospital, I think working in a mental health hospital, you really sort of saw people when sometimes they're at their lowest, and when they're just starting to get help. And I think I was really fortunate because I worked in a place that was full of really amazing people, but I was also given the opportunity to work with a lot of community organisations and sort of help people before they ever came into the hospital, and I started to realise, you know, I think hospitals are great, and I think they serve an amazing purpose. But I think at a fundamental level people could be getting help and support in their communities before they ever get to a stage where they need that hospital stay.

And because I worked in a mental health hospital, a lot of the work I did was around homelessness and sort of people who use substances, and maybe it’s some of those people that often - the way our health care system set up - they can't always easily access services. And I guess just being able to have that chance to talk to people and understand what was important to them, how to create services for them made me realise that there's a lot more we could be doing earlier on and earlier sort of more upstream in Public Health to really support people as early on as possible. And so I guess that's probably why I've ended up at that sort of really early stage of Public Health research where I'm working in community settings with perhaps maybe non-traditional sort of mental health substance use providers like third sector organisations, and not always NHS services to really unpack how we can be supporting people in their communities, but also, maybe recognising where more statutory services and clinicians can come in and help people in the community where they feel comfortable.

**Cheryl:** So, is it kind of like you're trying to do prevention rather than sort of the cure, should we say? At ground level.

**Emma:** Yeah, I guess it's sort of like understanding sort of helping people when issues are just starting to emerge, or when things are almost maybe something people wouldn't think as a problem, but something that's almost in the back of their mind and almost helping people think to themselves: okay, this is something that could become a bigger problem and finding a way that people are able to get support before things ever really become that really big problem. And I guess often when you think of things, there's that analogy of like, you know, people hit rock bottom, and I guess I have the philosophy: no one should ever hit rock bottom, and I think it's that helping people before they hit rock bottom and helping people when they're starting to feel that they're sliding down, or even before they slide down, so that they're never having to climb back up again, and so that it almost just feels like a little bump in the road versus a big dip, and then this mountain to climb afterwards.

**Cheryl:** It sounds like a very noble thing to do. If it's as easy as that.

**Emma:** It's probably one of those things that you know you aspire to do, and I think you know, if you can just chip away, and even if you can just make a cushion at the bottom. I think that's more than just letting someone reach there without any help.

**Cheryl:** It's true though isn't it that everything does sort of pile up one on top of the other and sometimes it might seem, you know, simple to someone else but to you, who might also be carrying 10 other things, it's just sometimes it just that that one too many. And it's great to have someone try and stop that, for it happens.

**Emma:** Exactly.

**Cheryl:** So, moving on to the next question we've got, and it's ***how is public involvement and engagement being integrated into your research?***

**Emma:** Yeah. So I guess I always give people the story. So when I moved over to the UK it was just before Covid, and although, like my family's from England, I didn't really know nearly as much but England as I thought I did. I didn't understand any of this slang. I still to this day struggle with some of the Geordie dialect! I got here, and I remember going to Primark and being like: I have no idea what that person just said to me. And I think that sort of really shaped my realisation of like, I'm probably not the best person to be doing this on my own, and I think that was something I learned when I worked in practice. It's always better to work with the people who you're interested in working with versus going to people saying this is something you should do. Instead going: I think we maybe want to do something about this - how do we do that? And so I guess I was really fortunate, and because when I moved over I had the opportunity to get like an Early Career Researcher award through the (NIHR) School for Public Health Research, and was able to do a study, looking at access to mental health and substance use for people experiencing homelessness during Covid. And I worked with people who had lived experience of homelessness, mental health and substance use just to make sense of all the interviews that I did. And I think it was so rewarding, because, like there was so many things that would have been so far over my head, and like just certain words I wasn't expecting. And I think that really for me was that turning point of like, okay, this is not a one-off thing. This is something I'm doing with everything moving forward. And I think that's just really become the norm for me. And so I said to someone the other day, I don't even necessarily think about it as something separate to the work I do – it’s just the work that I do, and it's just part and parcel of it, and I couldn't imagine my work being anything else than that, and I guess now it's evolved a lot more so like I have one project where I've worked with people from the very beginning. So, we've worked together to identify the issue. I’ve developed the protocol, and it's a review so like what we were going to review the inclusion criteria and some of what we were going to unpack, and then I've forcibly perhaps dragged people through the review process and did training on how to screen for reviews and do those different stages. And so, I think what started at the beginning is just trying to make sense of things has now become this process, where, like - from the very beginning - I'm working with people, and I'm never doing something by myself. I'm working with people across the process, and I think that's been so useful because it makes the journey a lot more fun. But I also think it just gives a bit of reassurance as you go along, that what you're doing is actually going to be helpful. And it's actually something that matters to people who have that lived experience.

**Cheryl:** So have you been able to see, you know, kind of the character arc really - for want of a better word - have you been able to see sort of the change from start to - well probably not finish - but you know their sort of story as it sort of plots out?

**Emma:** Yeah, I've noticed a big change in me in terms of at the very beginning, when I first started doing it. I remember just like sitting before my first meeting with people with lived experience on one of my studies, and just being ill with stress. Being like, I have no idea how this is gonna go, what if they don't like me, what if they don't like the research? What if I say something wrong? And I think, like all those insecurities of like, oh, God! Am I gonna say something wrong? Is this gonna go terribly? Is this a huge mistake? I think a lot of those insecurities have gone away. And I think now for me at least, I know I'm not perfect but I also probably acknowledge that, and so like, although I've worked quite closely with a few people now, and they know me quite well. I always say I don't know this is gonna work. I don't know if this is going to be the best approach, but we're going to figure it out together and muddle our way through and like, if we don't like it, that's fine. We can change it, and like, I think that's been really nice for me. But I also think, having the confidence to say, when I go and give presentations, to actually say to people, you know I don't want to do this by myself. I think I need to have one of the people who's worked with me along the way, so they can talk to it as well, whereas maybe at the beginning I might have been a bit scared to sort of stand up for that and say, this is this is really important for me, and I really want their voice alongside mine, and like I think that now is a lot easier, and I think, like a good example, was, I had a conference last month where I co-presented, and I didn't even introduce the presentation. The person who co-presented with me did the introduction and sort of said: you know we're here today to have this conversation - I'm Jeff, and this is Emma. And I said someone it was perfect, because I didn't have to then do that initial introduction and we just had that nice back and forth. And I think even with the people who I've worked with, it's been really nice just to see how at the beginning I think they were also nervous on like, what can and can't we tell Emma? Is she gonna tell us to go away if she tells us something we don't like, to now where they just go: no Emma that's a bad idea or like that's not gonna work. And I think, having that relationship, but also building that relationship has been so rewarding because I know I now have people around me who have that lived experience that will hold me accountable, and that will also tell me, they won’t tell me what I want to hear, but they'll tell me what I need to hear, and often those are actually quite nice things, but often it's also things that can be quite challenging, but things that I think you need to be challenged on, and I think, having people that are willing to do that is - it's just essential to my process now.

**Cheryl:** It's quite a refreshing change really isn't it for you, and also, for the service users as well, for both sides to have that experience.

**Emma:** Exactly.

**Cheryl:** So, you've kind of touched on it, actually. But the next question we've got is: ***could you tell us what's been the most standout factors for you personally, and for the research in general that has given you a new insight and knowledge in helping move things forward?***

**Emma:** Yeah, so I guess one of the biggest things that always surprised me is like how much people tell me like: no one ever asks how I'm feeling. I'm like, I think often, because, like my work is all normally with people who who've experienced or are currently experiencing homelessness. And that's just that's not specific to rough sleeping, because I think there's such a broader definition, it's inclusive to people who might be hopping from couch-to-couch, staying with friends, or in sort of unstable accommodation where they don't know if they have somewhere safe to stay the next day. I think so much of those conversations tend to be focused on like there's a problem here and tell me like, can I get your housing sorted? Can I do this? Can I do that? And I think oftentimes you get so much more when you just sort of say like, hey, how's it going? I think I laugh because like in a few too many places, I’m known as the person that constantly brings baked goods to places, because, like I think you get so much more after like from talking to someone with a cup of coffee and a cookie, and a cake or a piece of apple - I always have fruit now, because I'm very aware as someone who works in Public Health, sugar’s like it's probably not the best thing, but just having that chance to actually just sit and talk to someone and hear about them, then means that you can actually ask some of those questions and get some of those answers, and people feel a lot more comfortable sharing those answers.

**Cheryl:** It puts people on a sort of equal, even keel really doesn't it?

**Emma:** Yeah. And I think it's even just that thing of like, you know it's sometimes just meeting people where they are like. If I was sitting in a university and like at my normal job, and someone just came to my desk and started bombarding me with questions. I’d find it really stressful. But like if someone said to me: Emma, do you want to grab a cup of coffee - I had a couple of questions? That's completely different, and I’d feel completely comfortable, and so it makes complete sense that others would feel more comfortable doing that than me, just going: okay, I've got these questions, I'm going to ask them to you now. And I think that's maybe one of the things that's really stood out for me and shaped the research: is how much some of those smaller gestures make sense, and I still remember during Covid, I did data collection over the phone and I handwrote ‘thank you’ cards for people and put the vouchers in to mail them out, and someone called my research phone to thank me for a handwritten note, and they were like: I've put it on my wall like I've never got a thank you note, or I've never had a handwritten note, and I hung up the phone and just started to cry because it was like I didn't think anything of it. It was just a thank you note. And I thought, you know I've got to send the voucher anyways, I’ll just put a little card in there and it was something so small that cost me next to nothing in terms of time and even money, and it just made such a difference to that person. And even now, like there's people who see me when they hear me, because my voice is different enough, and they'll go: I remember you, you wrote me a card, or I remember you: you showed me such and such. And I think that to me is that moment of like: “oh, my God!” Like you know, I'm terrible with faces and names but like this person has remembered me, and like that, just boggles my mind because it's 3 years later, and people still remember who you are from the small gestures.

**Cheryl:** It sort of makes it more of a personable experience, but it's also just having that humanity, and just showing that there's you know, underneath it all just spreading the love around, you know. It's just it's just so nice but I mean, particularly in time of Covid, obviously like we all sort of experienced that we all wanted to make everyone else feel better. But I think it's important to continue it, because, you know, just because Covid's not as big as it was doesn't mean you can't still send a little note.

**Emma:** Yeah, and even just like meeting someone part way. I think I was talking to someone the other day, and like they had their dog with them, and they were like: are you okay if, like, my dog sits with us while we talk? And I was like: of course I love dogs like, please this will make my day. And like, you know, afterwards, he's like thanks so much for telling me I could sit and talk with my dog, and I was like: oh, my God, yeah, of course. And he goes: so many people would say like no, and I just thought well it was no bother to me. I mean, I understand a lot of people can be really scared of dogs. I'm at the opposite end, where, like I love them. But I thought, like you know something so small, and he just sort of left the conversation, he was like I really enjoyed chatting, and I was like well, I'm here every Thursday and if ever you just want to come by and have a cup of coffee, I'm here. And I think that was just yeah, it's just really nice, and I think it's those memories that I think sort of, not only shape my research, but like, keep me going each week, because I think you have bad weeks, you have good weeks and I think it's those positive things that just keep you chugging along.

**Cheryl:** So, are you finding that that sort of thing is well ,like you say, it keeps keeping you going along, but do you find that more sort of rewarding than just doing normal, you know, sit at a desk kind of research?

**Emma:** Yeah. So I think I said to someone like, I will always prefer having conversations than doing paperwork. I think there's times and place, and I do see the point of paperwork, and I think you know, I love when I get to get in the meat of things and like analyse my data. But I think being able to sit and actually talk to people and hear people stories, that's almost what gets me up each day, and that's what like pushes me through weeks when, like, maybe I've had a few rejections, or I've had some feedback from journals. I think those weeks are always really hard, but I sort of sit there and go: you know it's fine, because, like I will think back to like that moment the week before, where I was having a coffee with someone, and we were laughing over something crazy, ridiculous, or like, just yeah, just some of those more fun times. But then it's also that thing of I know, I can always go back to places like that and have those conversations, and it sort of, I guess, grounds me a bit as a researcher. I think someone said to me once like you know, you might do all this research but I know way more on this topic than you do. And I said, yeah, you definitely do, and you probably always will, and that's one of those things where, like, I think, when you're actually talking to people on a daily basis, it sort of keeps you grounded, reminds you, you don't know everything and reminds you, maybe, why you do what you do.

**Cheryl:** I’m just thinking, you know, from my point of view, as sort of you know, as a service user over the years for varying things, you know, how important that is from my side of it as well. Like you're saying it's from the researcher side but, like you said: you know these people that are coming to you or you’re coming to them, you know, they've getting as much like enjoyment out of it as you are, and I've definitely felt the same, and that I think, the way forward is definitely having public interaction with researchers and things that definitely gives everything a refreshing pace.

**Emma:** I also think like, it just makes people less scary. Like I think, someone the other day was like, said to me: you're not a real researcher, like, you're not like the normal ones at the University, and I thought I'm going to take that as a compliment. And someone I told after was like that is such a compliment, they were like in that they don't - they're not afraid of you, they see you as someone that they can be comfortable with. And I said to someone like, that's all I could ever want like, I never want to have conversation with someone and someone leave it thinking: oh, my gosh, this person just took everything from me, and I didn't get anything from it. And I think that's where, you know, having those conversations where people leave it feeling like, you know, maybe I didn't get that mental health help but I had someone listen to me for 30 minutes and that was way more rewarding than me just sitting at home by myself, and I think that's really important. And I think that's the, as you say, hopefully, the way forward for quite a few people.

**Cheryl:** As we're talking about all these, this lovely interaction that we have with EbEs, which, by the way, is Educator by Experience, or some people say, Expert by Experience. I personally prefer educator. I mean, I would like to think I'm an expert in some things, but I go with educator because to me, as an EbE, when I've helped out with the university, the students have said to me, and like I’m sure people have said to you: you know you do feel like you're being educated, and you do feel like they're helping you learn things because it's just a different way of doing things. I've never been asked before, as sort of you know, ‘Joe Public’, what's your opinion on this? You’re normally just handed things, but having the EbEs working alongside the universities, alongside Fuse and NHS and Public Health - it's just, it's amazing. Being able to have that - I'm trying to think of the word - just that extra aspect of purity and help rather than just being handed things.

So, with your acquired awareness from speaking directly to these lovely EbEs: ***how can we improve things for people experiencing homelessness?***

**Emma:** Yeah. So I guess the big one, which, like I feel like so obvious, is just talking to people who have experience and are currently experiencing homelessness. I think, like, my work would be nothing if I did it in my office by myself, not talking to people, and I think it's one thing to interview people for a study, or do like a survey with people, but I think it's a step further, and it's talking to people about how you do that - what you do with that information afterwards, how you make sense of it? I think the other thing is this element of like, so much around homelessness is this thing of like, it should only ever be a short period of someone's life, and like no one should ever experience homelessness but unfortunately a lot of people do. And I think it's that element of making it a small portion of their life journey, and not a large portion, and I think people maybe experience rough sleeping, get accommodated, but end up back on the streets for a whole host of different reasons. A lot of times completely out of their control, and I think really there should be more of an effort made to make sure that when someone experiences homelessness they never experience it again. And I think what that looks like will vary by person-to-person. And I think that's where working with people who have that lived experience is really the only way we're gonna, we're going to do anything about that and help people when they're homeless to make sure that they get the support they need, so they can have the best life that they want and achieve everything they want to achieve. And I think, you know, we will never know what people want to achieve, and I think we might have different things that we want to achieve, and I think that's where working with people collectively to find ways, so that people have the life they want to have, whatever that looks like.

**Cheryl:** I know you've mentioned in our previous little conversations that we've had that you help out at the homeless shelter and how, like, rewarding that's been for you to be able to sort of be on that level of things. I think it's the same thing really isn't it? That, just for you to be to talk to them, and them to be able to talk to you and make it personable rather than just a statistic, to actually be able to help someone and talk to them directed. And like you said before, you know, some of them have said that they don't even feel heard, or no one asks how they are. So, the fact that you've been able to come in to do that is just, it's well, it's pretty ground-breaking, really.

**Emma:** And I think, like I am so fortunate in that, like the place, I spend a day a week at the [Joseph Cowen Centre](https://www.tynehousing.org.uk/what-we-do/wellbeing/joseph-cowen-centre/), which is run by Tyne Housing, and they graciously let me go there a day a week, and I think, spending the day a week there I see some amazing people helping people. I said to someone the first day I was there I was so shocked at just like the banter, and like just the relationships that were formed between people, and just the familiarity of someone going like - I think I went on a Monday or a Friday - and every person that came in towards the end of the day was going: have a nice weekend see you on Monday, and I thought like that is so nice like, you maybe see that occasionally at the office, but, like I would very rarely expect a stranger to ever say to me while I'm in the grocery store, hey, have a nice weekend like that's just not a thing that happens, and I just thought it was so lovely. And I thought, like, you know, there's people that are coming in there that have these relationships, and are actually probably giving people that connection they need, and like, you know, I think part of that is just their personalities, and just how wonderful and caring they are. But I think that's only possible because they're sitting there thinking: okay, we're not going to judge people for the situation they're in, like, and I think you know they have a lot of safety processes in place to make sure people are kept safe, but they're there with the idea of, we're not here to judge, whatever that person needs we're going to see if we can support them in that. And I think that's such a beautiful thing.

**Cheryl:** It is definitely, it’s a beautiful way of going forward and hopefully may it long continue. So, you've mentioned that you've worked in different roles around the world. ***Did you find that there's a combined running factor that links all these challenges that people are faced with, and are there any common answers to the problems?***

**Emma:** It's such a good question and I think, like I've been really fortunate, and I recognise the privilege I've had to have lived in a variety of places and done research throughout: from Norway, which is, like, I think, probably like almost a gold standard for health care to places like Sri Lanka, Canada, and even being involved in studies around the US. And I think something that's always been really obvious to me is how important it is that when you're doing research, you understand the context and almost the entire environment that surrounds the area you're doing. And I think it comes back to that idea of like, I do research in the northeast of England, I live in the northeast of England. When I first came here there was a lot of things that went over my head just because I didn't know all the references. I still don't know all the references, but I'm getting a lot closer, and I'm learning a lot of the slang along the way, and I think being able to be part of those communities, and understanding that a bit more is, is so important, I think, especially when we think about issues around inequalities, and even like topics that are often stigmatised or marginalised. I think being able to be part of a community helps to unpack a bit more about why some of those things exist, but also some of the stigma that's around there.

And I guess the other thing is, which sort of is part and parcel of understanding the context, is that very rarely do things happen on their own. I'd love to meet the person that, like only has one challenge in their life, like that, that's very rarely the case. People are balancing so many different things, and dealing with so many different things, and I think, you know, people deal with different things and very rarely is it just one thing and I think that there's that element of having that recognition that when you're talking to someone about their mental health, or in my case, sometimes substance use, that doesn't happen as a standalone, like very rarely am I talking to someone who only has sort of challenges with their mental health. There's normally something else, and I think that's something that transcends, no matter where you are, that you can't just look at one issue, you almost need to have a conversation and understand sort of everything that's going on in that person's life, because that then helps, helps unpack some of the issues that people are having.

**Cheryl: *With the experience from your research and time spent with EbEs and community-based projects. What do you think has been the most rewarding and heart-warming memory personally. And have you had any positive feedback from the people that you work with?***

**Emma:** I think for me it's those conversations that are had over coffee and cake. I have what I call like mini end of study parties. We all get together, have some coffee, cake, sandwiches, and talk about what we liked, talk about our favourite moment from the studies and I think that's some of the best memories. But then I also think it's those small things, like I still remember one of the Christmas times when I've been working with people, and someone had got me like a Christmas card. And I was like: oh my God! Like completely shell shocked, and in it they were like, you know: thank you so much for everything you've done this year, you've really made my year, and you gave me something to get up for and look forward to. I said to someone, I'm like, if I get nothing else this year, that's a success and I think it's those moments like, I think, as a researcher, there's a lot of focus on academic outputs like blogs and journal articles and conferences. And I said to someone, you know, like you can win prizes and awards on that. And I think that's really rewarding, because it can be about how amazing your research is, how excellent, how novel and innovative it is - which I never know what those words mean - but they always seem to be the title for awards. But I think it's those actual things where someone says, you know: because of you I'm going back to school, or because of you I decided to apply for a job, or because of you, I'm going to do this now. That to me is like the best thing that could ever happen, because, like those are the things that are almost immeasurable of the difference it's had. But you can actually sit there and go wow! Just the interactions I have with this person has made a big difference to them. I mean, they make a big difference to me, and that like…

**Cheryl:** No, I can see! It’s so nice to see your face go all warm and smiley and that, I guess, proves it really doesn't it? It's just as important. Yes, you got all your facts, figures and numbers but to have that sort of personable experience where you’re just helping one another out and being kind. And again being human, I suppose.

**Cheryl:** ***Which areas of research would you like to see being developed further?***

**Emma:** Yeah. So I think like, especially when we think about homelessness. There's this big push around integrated health and social care, and I think that's amazing. And like especially having spent time in this drop-in centre, that sort of does that integration element at a single point like, I'm so excited for it. But I guess with it I think it's like some thoughtful research on, like what needs to be integrated together, and how it's integrated. Because, I think, like you know, it comes back to that idea of like, how do you define integration? And I think that's so hard. And I think there's some really interesting stuff right now around how people are going to work with people with lived experience to create those integrated systems. And I think that makes me really excited just to see where that's going to go and to see the path of that, because I think you know, that's probably where we can learn the most. And I think you know, selfishly, I'm just really happy that that's something people are looking to do. During Covid there was some integration of housing and health services through the ‘Everyone in’ initiative for people who experienced homelessness. And I thought that was such a beautiful thing, because, for like this blissful time-period, nobody was on the streets and, like you know, it wasn't perfect. It was not without its fault by any means, but there was this understanding that we can do something about the housing element of this problem. And now there's almost this thing of like: hey, we've done it before, let's do it, let's do it better and let's help people.

**Cheryl:** I thought it was amazing when all of a sudden they were like right we're going to do this, and I was just like, wow, like why can't we do this normally?

**Emma:** Exactly. And I think that's like what excites me, is it’s like obviously, it's something thatpeople have thought and gone, we can do something about it. And I think this integration element, if it is done right, will be amazing. And you know, like, maybe it means **-** I don't know - 10, 15, 20 years down the line, that almost this idea of services not being integrated seems archaic, and seems like something that was never happening. And I think that's where, you know, there could be a lot of research done around that, but also around understandingwhatthe experience of being homeless is like, and how people experiencing different types of homelessness have different issues and sometimes common issues, and how we can create services that make surepeople get the support they need for any challenges or any needs that they have.

**Cheryl:** It sounds like a dream come true.

**Emma:** Right? Live in hope. I think that's like my blue sky-dream right there!

**Cheryl:** Exactly. Well, on that. ***If you had one message for our listeners to take away. What would it be?***

**Emma:** So, I guess the one thing I would want people to take away is that really anyone can become homeless? So many people are only one or two pay cheques away, and although we know some common causes for why people become homeless, we'll never know that person's reason, because it's individual. And I think you know there's that idea of understanding why someone's become homeless. But also then, you know, being homeless isn't fun and there'll be so many other things going on there, and I think if we just have a bit of self-awareness to realise it's probably not a situation you’d wish on anyone and giving people a bit of respect and saying, you know, that's a really bad situation to be in. And like, it might mean that someone maybe a bit aggressive, or a bit loud, or you know, might be having a bad day, but like, I'd be having a bad day if I was in that situation too. And I think there's just that element of you know, giving people that bit of common decency to say, I don't know why you've ended up like this but it could easily happen to me and I'm going to treat you with the respect and dignity that you deserve, and that means, you know, making sure you have support, that you may be needed which led to you becoming homeless, but also making sure that whatever has gone on while you've experienced homelessness, you have the right support to help someone move on from that, because, like being homeless can be quite traumatic and really negative. And I think there needs to be a lot more there around how we help people process that experience, and how we help people move on from that and move on in such a way that, you know, they can have a place to call home, and they can live the best life that they want.

**Cheryl:** Some very wise words there.

So, I would like to thank you Emma, for our lovely chat today. It's been very interesting and, as always, I want to delve more into everything with you. You seem to have led such an interesting life, and I love listening to you, your stories are fascinating, the way you see things is fascinating and incredibly refreshing and I wish you the best, and hope it all keeps coming to fruition.

**Emma:** Thanks, Cheryl. I was gonna say: I imagine this will not be the last time we have a conversation. Hopefully next time, though, it's over coffee and cake, or fruit! Got to offer the healthy option as well.

**Cheryl:** If you’ve been a fan of our ‘Public Health Research and Me’ podcast, please subscribe on your preferred streaming platform and let us know how we are doing with a rating or review and share with your friends, families, colleagues, and networks. And don't forget to check out our website which is [www.fuse.ac.uk](http://www.fuse.ac.uk) and we're also on social media and Twitter is where we post most, so please be sure to follow along, and you can keep up with everything that we are planning going forward.