Research Paper

Digital Reconnections

Reconnecting the Disconnected:

A Memory-Triggering Approach to Reconnecting Homeless Individuals with their Families in India

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Faceless Existence

Waiting for a day when you will see how hard we work to earn two meals a day when you will see how our individual lives are sacrificed to take care of our families.

Waiting for a day when the world will notice our tears that emerge every time our identity is questioned; when our dignity is being assaulted.

We are waiting for a day when our dream of leading a life of respect and dignity is fulfilled; a day when we become little more than numbers for the state.

We are the faceless, identity less invisible homeless, waiting for a day when we will come into existence.

By Mohd. Tarique (*Koshish)*

ABSTRACT

Homelessness is a pressing challenge in India with millions living on the streets or temporary shelters. These homeless individuals are devoid of shelter, safety and adequate healthcare. The disconnection from family and social isolation further worsens the challenges. This article examines the development of a memory-triggering protocol to aid in the reconnection of homeless individuals with their families. Family can aid in transitioning out of homelessness through the support networks that families provide. Using qualitative methods, including semi-structured interviews, focus groups, a dissemination workshop, and stakeholder feedback loops, this study provides a comprehensive understanding of current reconnection practices and identifies key features for the memory-triggering protocol. The protocol integrates memory-triggering questions, mental health assessment, safety, and consent mechanisms to address the barriers identified in this research. In this collaborative initiative, the groundwork is laid for advancing effective and inclusive homeless reconnection efforts. More research is needed into the barriers identified, to ensure the reconnection process can be expanded to all homeless populations.

Keywords: Homelessness, India, Memory Loss, Reconnection, Family, Digital Innovation, Protocol Development

INTRODUCTION

Homelessness In India

The long-standing social issue of homelessness affects individuals and society worldwide (Patra & Anand, 2008; Zhao, 2022). India harbours a substantial part of this homeless population, namely, 17 percent of all slum dwellers worldwide reside in India (Susmita et al., 2024; Tripathi et al., 2022). Approximately 1.77 million people are homeless in India according to outdated Census data from 2011 (Tripathi et al., 2022; Bhattacharya, 2022). However, the actual figure likely lies ten times higher due to homelessness's temporary and periodic nature (Chakravarti, 2014; Kaur & Pathak, 2016; Mander, 2009; Patra & Anand, 2008; Rai et al., 2024; Seeley & Wagner, 2020; Tripathi et al., 2022). Additionally, with nearly one-fourth of the Indian population considered multidimensionally poor, a significant portion of the population is extra vulnerable to becoming homeless (Pradhan et al., 2022).

Homelessness has been defined differently worldwide (Petra & Anand, 2008). In this research, ‘the homeless community’ will be defined based on the 2001 Census definition of India: “Those individuals who did not reside in census houses, which is as a structure with a roof, but were members of houseless households (Susmita et al., 2024). A homeless household lacks permanent structures or a census house, instead living on the streets, under flyovers, or on the platforms of railroads” (Rai et al., 2024). It can be defined as the condition of people lacking housing because they are not able to afford or maintain adequate and safe housing (Sattar, 2014).

Understanding homelessness involves recognizing its multifaceted and interrelated nature (Basu et al., 2024; Singh et al., 2018). It extends beyond issues of poverty, substance abuse, and mental health (Lal, 2024; Rai et al., 2024; Rahaman et al., 2024; Susmita et al., 2024). Individuals experiencing homelessness are often victims of circumstances rather than being there by choice, leading to chronic homelessness (Chaudry et al., 2014). In India, rural-to-urban migration plays a significant role in the homelessness crisis (Chatterjee et al., 2024; Ghosh, 2019; Lal, 2024; Singh et al., 2018; Tiwari et al., 2002). Many young men migrate to urban areas seeking better economic opportunities to support their families (Adetokunbo & Emeka, 2015; Ghosh, 2019; Tiwari et al., 2002; Rahaman et al., 2024). Due to high living costs and the prevalence of informal employment, they often struggle to secure formal housing (Chakravorty, 2013; Ghosh, 2019; Lal, 2024; Rai et al., 2024; Sheikh & Gaurav, 2020). For women, homelessness can stem from fleeing abusive environments and facing difficulties related to property rights and mental health issues (MHI) (Andermann et al., 2021; Bhattacharya, 2022; Bhushan, 2024; Lal, 2024). All these factors contribute to the complex and diverse origins of homelessness in India.

Another important driver of homelessness is the displacement of many due to environmental disasters, driven by climate change, destroying many homes (Adetokunbo & Emeka, 2015; Chatterjee

et al., 2024; Roy et al., 2024; Rai et al., 2024). Many of those who were not living in formally built houses receive no support and are bound to the streets after losing their homes. The Indian government faces distinct challenges in addressing this issue of homelessness, as opposed to high-income countries that have safety nets such as governmental entitlements and shelters. Although Indians are entitled to certain benefits, those who are homeless are unable to access them because they lack identification and resident papers. These papers, such as Aadhar cards and ration cards require a ‘permanent’ address, stigmatising the homeless as ‘non-persons’ and ‘non-citizens’ (Bushan, 2024; Chakravarti, 2014; Malik & Roy, 2012). As a result of this disconnect between policy and reality, policy development is lacking insight, disregarding the specific needs of the homeless population (Susmita et al., 2024).

The lack of identification papers in India makes it difficult for homeless individuals to access basic amenities and support services (Bushan, 2024; Chakravarti, 2014; Kalyanasundaram et al., 2023). Research from Susmita et al. (2024) showed that over 60 per cent of homeless face challenges in accessing healthcare. Moreover, violence or exploitation is common, affecting a staggering 75 per cent of homeless women and children (Bhattacharya, 2022; Susmita et al., 2024). Many homeless individuals must choose between housing or food. This shelter and job insecurity, lack of identification papers, higher exposure to crime, increased risky behaviours, mental health issues (MHI), criminalization by the state, and substance abuse increase the vulnerability of those living on the streets (Chakravarti, 2014; Fazel et al., 2014; Singh et al., 2018; Talukdar et al., 2007).

In the same way, the increase in urbanisation caused by India's remarkable economic growth rate and the G20 in 2023 has profoundly affected this cohort due to the demolition of slums and shelters (Bhan, 2009; Chatterjee et al., 2024; Dupont, 2008; Ghosh, 2019; Lal, 2024; Jazeera, 2023; Sahoo et al., 2015; Shivji, 2023). Under the "slum clearance" program, 51,461 houses were demolished, and fewer than 25 per cent were resettled elsewhere (Bhan, 2009).

Homeless individuals face numerous challenges, which demand regard for the broader societal context. Often, those who are homeless are alienated, denounced, and ignored by the community (Banerjee & Bhattacharya, 2020; Castaldelli-Maia et al., 2022; Mander et al., 2009). Their integration into city life is hindered by stereotypes portraying them as lazy and antisocial, resulting in feelings of shame and isolation (Goel et al., 2017, Singh et al., 2018). Consequently, homeless individuals may lose their dignity and feel disconnected from their past and family roots (Goel et al., 2017; Singh et al., 2018; Rai et al., 2024).

Mental health issues, Trauma, and Memory Loss

Many homeless individuals are affected by MHI, further prolonging the obstacles they already face (Fazel et al., 2014; Smartt et al., 2019; Tripathi et al., 2022; Hwang, 2002; Rai et al., 2024). There is a causal relationship between homelessness and mental disorders, creating a vicious cycle from which

it is difficult to escape (Bassuk et al., 1984; Kaur & Pathak, 2016; Lal, 2024; Moorkath et al., 2018; Padgett, 2020; Sanadi et al., 2020). Specific numbers about MHI among the homeless population in India are unavailable due to a lack of comprehensive data (Tripathi et al., 2022). However, this cohort is ten to twenty times more likely to experience homelessness, with research estimating that approximately 25 per cent of the homeless population worldwide suffers from severe MHIs (Gowda et al., 2017; Banu et al., 2020; Sanadi et al., 2020; Kalyanasundaram et al., 2022; Gabrielian et al., 2021). As a result of MHI, the homeless mentally ill (HMI) often experience significant memory deficits. This frequently observed cohort often finds themselves being sent away or drifting further and further away from their homes (Gowda et al., 2017; D'Andrea et al., 2011; Ministry of Health & Family Welfare, 2014; Tripathi et al., 2022).

However, it is important to recognize that memory loss originates not only from MHI but also from traumatic experiences, which are widespread among the homeless (Padgett, 2020). Research indicates that more than 80 per cent of individuals experiencing homelessness have encountered trauma at some point in their lives (Williams, 2024). Trauma can be defined as intense psychological and physical stress reactions stemming from 'traumatic' events that are experienced by the homeless individual as physically or emotionally harmful (Centre for Substance Abuse Treatment, 2014). Exposure to harsh conditions, violence, constant feelings of insecurity, a lack of control, increased harassment, and abuse of either kind can all contribute to trauma. This trauma in turn may exacerbate existing MHI and affect one's memory recall (D'Andrea et al., 2011; Goodman et al., 1991; Harbor Mental Health, 2023; Padgett, 2020; Samuelson, 2011; Van Der Kolk, 1998).

Importance of Family Reconnection

The connection between homelessness and social isolation in India forms a detrimental cycle. Homeless individuals in India are deprived of many things, particularly an emotional deficit of love and joy (Singh et al., 2018; Susmita et al., 2024). Studies have revealed that a substantial majority, 62 per cent, of homeless individuals in India expressed a sense of disconnection from any community, highlighting the pervasive prevalence of social isolation within this demographic (Bertram et al., 2021; Mander et al., 2009; Singh et al., 2018). Around 30 per cent of homeless individuals have their families with them, leaving the other 70 per cent without any support system (Ghosh, 2019; Yadav, 2024). There is a substantial impact on mental and physical well-being because of this deep social isolation. The co-occurring loneliness can be associated with heightened MHI (Bertram et al., 2021; Valtorta et al., 2016). Reconnecting homeless individuals with their families is paramount due to the invaluable support networks and emotional bonds they provide. Family ties offer a sense of belonging, stability, and social integration that are crucial for the well-being and rehabilitation of homeless individuals (Moorkath et al., 2018; Rejaän et al., 2021; Roy et al., 2024). Moreover, familial support can catalyse accessing

resources, such as housing assistance and healthcare, and facilitate a successful transition out of homelessness (Shelton et al., 2009). It is a fundamental and neglected human right to bring back normality to one's life, and to create the very much-needed protection by having a community (Brownlee, 2013; Nicholson, 2018).

Many may have families they consider home and which they desire to return to, yet the complex societal landscape, with the largest population and large geographical area, makes the challenge of reuniting with family formidable (Chatterjee et al., 2024; Cassen & Visaria, 1999; World Bank, 2023). Homeless individuals often face societal prejudice and discrimination when attempting to reach out to family members, further impeding the reintegration process (Banerjee & Bhattacharya, 2020; Castaldelli-Maia et al., 2022; Mander et al., 2009; Goel et al., 2017; Singh et al., 2018). Additionally, due to trauma and MHI, even when individuals wish to reconnect, it is not always possible due to memory loss and loss of identity exacerbated by these years of hardship (Ghosh, 2019; Harbor Mental Health, 2023; Samuelson, 2011; Van Der Kolk, 1998). Addressing these systemic challenges is essential for supporting homeless individuals in rebuilding their lives and reconnecting with their families. This effort fosters a more inclusive society and reduces the societal burden associated with homelessness by facilitating their reintegration (Rai et al., 2024).

Current Reconnection Process

Several techniques are currently employed to aid in the reconnection of homeless individuals with their families (Banu et al., 2020). These methods include community involvement, leveraging technology such as Google Maps to pinpoint places of residence, accessing contact information of station house officers and community leaders through online platforms, and utilising video calls and messaging applications like WhatsApp (Sanadi et al., 2020). Often, details of the family and the identity of the homeless individual are sourced through news channels such as local newspapers, although this relies on some prior geographical knowledge (Kalyanasundaram et al., 2022). In one case study in this research, we encountered a participant who’s only known detail was that he was Nepalese. The social worker (SW) recounted that an advertisement was broadcast on television, accompanied by media coverage. Despite these efforts, the family was not located. In addition to technological means, recreational activities such as using songs and music videos have been found to aid in memory recovery (Brancatisano et al., 2019).

Reconnection of homeless individuals in India happens in the most extraordinary and unexpected places. During a night visit to shelters in Old Delhi, two brothers who run a small night shop talked about their experience with those who lost their families. They meet many people who are lost, and these brothers play a crucial role in helping them reconnect with their families by purchasing bus tickets, offering them jobs, and most importantly, being humble and humane. Similarly, Porters at

Kashmere Gate, India's largest bus station, demonstrate remarkable dedication by facilitating reconnections for those lost at the enormous bus station. This all exemplifies the compassion and resourcefulness that is currently used within the communities to help those who are lost.

The following case study was written by Moh. Tarique. It details the story of Kasima, a homeless woman who was brought to Myspace. MySpace is an initiative by the NGO Koshish that aims to provide a safe environment for homeless women. This initiative allows them to engage in various activities without restrictions, such as cooking, relaxing, sleeping, and socialising.

Kasima – Kasima was brought to the institution several years ago. During her early years at the institution, she would help with the chores- she would plant and water the trees, cook food, and take care of other women. However, as years went by, she grew ill and was unable to do the chores she actively did before. Because of her illness, she withdrew from everyone around her. We invited her to My Space, where she experienced a different environment. In her ward, she would feel trapped as she would not talk to anyone. Once regular at My Space she started enjoying the peaceful environment and grew active. After several months of constant care, her condition improved. She also regained some of her lost memory. She recalled living in the state of Chhattisgarh, with her son, whom she called Babu. With these details, the case worker contacted different police stations in the city of Chandigarh to find out if there was any case registered for her going missing. The caseworker used a search engine to get the details of the police stations and requested the police to help us in finding her son and family. With the help of the police, we were soon able to reach her son who was extremely happy to hear about his mother being alive. We learned from her son that she had been missing for 25 years. She had an illness and probably lost her way home. The family had desperately searched for her everywhere but couldn't find her. As the years passed, her son gave up on finding his mother but continued following up with police in between. It was only when he received the call from the police informing him about our call to the police, he realised he could see his mother again. The client had spent more than 20 years of her life at the institution before she was finally reintegrated.

Research Gap

This research aims to address a critical gap in understanding and addressing challenges faced in the reconnection process. This study has the potential to decrease the profound social isolation experienced by homeless individuals, which has far-reaching implications for their mental, physical, and social well-being (Singh et al., 2018). Homelessness has not been adequately recognized as a public health problem in India, despite its profound impact on health and well-being, as noted by Patra & Anand (2008). Moreover, there is a big lack of data considering the homeless population worldwide, specifically in India (Kaur & Pathak, 2016; Tripathi et al., 2022). If there is research, it focuses

predominantly on health and well-being issues, such as food, shelter, and health, while limited attention is given to the critical aspects of mental health, loneliness, and social contact (Singh et al., 2018; Tripathi et al., 2022). This oversight is also evident in studies conducted in India, which similarly focus on the very important basic needs of homeless people but fail to recognize social contact as part of that. The lack of comprehensive research into all the social dimensions of homelessness is problematic, as it neglects the vital role that family and a community, and thus social contact, play in the well-being, integration, and rehabilitation of homeless people. Furthermore, while loneliness is a universal phenomenon, research on reconnecting homeless individuals has predominantly focused on Western countries, neglecting the unique socio-cultural context of India (Gloria, 2021).

This research aims to explore ways to streamline the reconnection process, increase the success rate of reunification, and ensure the approach is inclusive and sustainable. Numerous organisations and individuals are dedicated to facilitating the reconnection process for the homeless in India; however, they have encountered numerous obstacles. It is essential to extend research beyond the currently studied ‘basic survival’ needs to a more holistic and inclusive care for the homeless population in India. This research not only addresses existing gaps in knowledge regarding social isolation among homeless individuals but also seeks to provide context-specific insights and interventions tailored to the Indian context.

METHODOLOGY

Research Context

This research is set within India, a country marked by vast socioeconomic, cultural, and geographical diversity, home to 18 per cent of the world population (India Population, 2024). India's rapid urbanisation and internal migration have led to significant homelessness, particularly in urban centres where housing and social services are insufficient. Additionally, India's strong cultural emphasis on family and community ties provides a unique context for developing a memory-triggering protocol aimed at reconnecting homeless individuals with their families (Chadha, 2012.; Sahoo et al., 2015). The theoretical problem addressed is the intersection of homelessness with social and psychological factors impeding family reconnection. India's diverse population and cultural norms offer a rich backdrop for this study, allowing for the development of a culturally sensitive and effective protocol.

Furthermore, this context facilitates an exploration of gender dynamics, mental health issues, and systemic barriers. Additionally, with the DRP we aim to develop an application specifically tailored for India, given the high prevalence of homelessness and the large number of individuals who have lost contact with their families due to India's unique context.

The Digital Reconnections Project (DRP) is a collaboration between the Digital Empowerment Foundation (DEF) and the Vrije Universiteit in Amsterdam. This paper is part of the initial pilot phase of the DRP, focused on laying the first foundations of the development of a '*Digital Reconnections Application'* (DRA), aimed at aiding the SW in the reconnection process. Unlike traditional methods, DRA leverages digitalisation and innovation to facilitate family reunification. The end goal of the DRA is to facilitate the reconnection of homeless individuals in India through the development of an AI-based application utilising a memory-triggering protocol (MTP), open-source census data, and citizen science.

The central focus of this research is the design of an MTP as part of DRP. This protocol will serve as a structured framework for interviewing homeless individuals, assisting SWs in asking specific questions that produce location-specific information, as well as triggering memory, contributing to identity restoration. In navigating the complex landscape of family reunification for homeless individuals, memory plays a pivotal role. It serves as the bridge that connects fragmented past experiences with present realities. Memory not only facilitates the identification and location of families but also contributes to identity restoration, reaffirming one's sense of self and familial roots. By employing specific questioning techniques and memory prompts, the protocol aims to trigger memory recall in homeless individuals, ultimately assisting SWs in the reunification process.

Next to the MTP, the essential features for the design of the application and how public data sources are integrated within this application will be researched by another co-researcher. Lastly, the

DRP will also study how we can enable community leaders to aid in the reconnection process and provide the socio-ecological markers that delineate a community.

Research Questions

The purpose of this study is to investigate how an MTP can be employed to facilitate the reconnection of homeless individuals with their families in India. The study aims to explore several key questions. Firstly, it aims to determine the essential components of the MTP and the rationale behind their inclusion. This includes what specific types of MTQ should be incorporated, and how these questions contribute to the reconnection process. Secondly, the study will investigate how the SWs as end users can effectively facilitate the receptiveness of homeless individuals. This aspect of the study will investigate the strategies and techniques that SWs can use to build trust with homeless individuals. Finally, the research will address the barriers in the reconnection process for homeless individuals and how these challenges can be addressed within the MTP. This includes identifying potential barriers, and developing solutions to overcome them, ensuring that the protocol is robust, sustainable and adaptable.

Qualitative Approach

A qualitative study was chosen as the research method for this research to allow for more depth and meaning to the research based on an individual's knowledge and experience. Furthermore, it can be used to answer questions that are difficult to quantify, such as the ones addressed in this study (Cleland, 2017; Tenny et al., 2022). Moreover, qualitative research was especially important to gain an in-depth understanding of the researchers' unknown research context. This qualitative data collection will be an interactive process, which will enable the theory to be updated and improved in real-time, leading to a more comprehensive understanding of Indian contexts and homeless phenomena, and laying the foundation for the development of the MTP. Data collection methods included 26 interviews, two focus group discussions (FGD), field observations, and a dissemination workshop.

This research is based on the principles of co-creation with society rather than working in isolation. The objective of this project is to integrate knowledge from diverse disciplines as well as non-academic stakeholders to produce a protocol that is developed by them, for them (Lawrence et al., 2022). Transdisciplinary Research (TDR) can help with solving complex and multidimensional problems, such as homelessness in India as it starts with an actual current problem, compared to traditional studies that involve the conceptualization of a problem (Lawrence et al., 2022; Wickson et al., 2006). By therefore pushing the disciplinary academic boundaries, and fostering collaboration among various stakeholders, a comprehensive understanding of the issue will be cultivated, transcending singular perspectives (Lawrence et al., 2022). Guided by TDR, this research methodology

will include FGDs and a dissemination workshop, where knowledge is co-created and shared through expertise. Furthermore, the implementation of feedback loops ensured that the protocol was consistently updated and reviewed before implementing each phase, thereby facilitating co-creation. This approach goes beyond mere data collection, instead emphasising the active involvement of all participants in generating knowledge.

Sampling and Selection

The primary aim of these interviews was to gain profound insights into the complexities of homelessness, identify essential components for the MPT, and explore both the barriers and facilitators in this context. A total of 26 individuals were interviewed through a mix of purposive and snowball sampling. The participants were purposefully selected based on their potential to provide rich, relevant data that addresses the RQ but also provides background context. Those participants in their turn gave us recommendations on stakeholders or individuals to talk to. The respondents included individuals who are homeless, NGO employees, researchers, psychologists, SWs, SoochnaPreneurs (community leaders from DEF) and activists/individuals associated with different organisations.

Next to the interviews, two FGDs were conducted with a total of six SoochnaPreneurs and four SWs, providing a collaborative environment for experiences and insights. The choice for two smaller, instead of one large FGD was guided by the principle that a smaller group of four allows more opportunity for each participant to contribute actively. Insights from preliminary interviews and collaborative teamwork informed participant selection for the FGDs. Initial interviews revealed the necessity of involving both end users, SWs, and data providers, SoochnaPreneurs. SWs provided practical insights into the application and the desired outcomes from the protocol, while SoochnaPreneurs, offered insights on data input. This dual representation was crucial for a holistic understanding of the challenges and opportunities within the reconnection protocol. By integrating these insights into the participant selection process, we aimed to enhance the relevance and applicability of our findings, ensuring that the developed MTP would be both effective and feasible for implementation. These discussions aimed to identify common challenges and successful strategies in reconnecting homeless individuals with their families and communities, validating and expanding upon the findings from the individual interviews while fostering collaboration.

Additionally, a dissemination workshop with 18 participants was held. This workshop served as a platform for presenting preliminary findings, gathering feedback, and fostering dialogue among participants. The interactive nature of the workshop facilitated the exchange of ideas and perspectives, contributing to the refinement of the MTP and overall DRP.

Category	Total	Interview	FGD
Homeless Individuals	4	4	-
Family of Individual that used to be homeless	1	1	-
Social Worker	13*	10	4
NGO Professional	2	2	-
Porter	1	1	-
Psychiatrist	1	1	-
Sociologist/Academia	1	1	-
Executive NGO Director	4	4	-
Deputy NGO Director	1	1	-
Paul	1	1	-
SoochnaPreneurs	5	-	5
District Coordinator SoochnaPreneurs	1	-	1
Total	**35**	**26**	**10**

Table 1. *Distribution of Total Participants between Interviews and FGDs.*
**One of the social workers was a participant in both the interviews and FGD.*

Data Collection & Analysis

Data collection took place from April to June 2024. The questions in the interviews were dynamic and continuously adapted to the insights from previous interviews. Since there was a lack of previous research, a comprehensive exploration of the background was necessary. These semi-structured interviews allowed for a more conversational flow, enabling participants to share their

perspectives, motivations, and experiences in-depth, thereby enriching the data collected and aiding in this background exploration (Adams, 2015; Longhurst, 2009; Swain, 2018). Due to this iterative process of adaptation and refinement, constant triangulation was ensured, thereby enhancing the credibility and reliability of the findings. The interviews were conducted both in person and through digital platforms such as Zoom, Google Meet, and Microsoft Teams, and recorded. The primary language of communication was English; however, a translator was available when necessary to facilitate translation from Hindi to English, ensuring inclusivity and comprehensive data collection.

Once the data was transcribed through GoodTape, it was coded in Atlas.ti, analysed, interpreted, and verified. The qualitative data analysis (QDA) was done thematically and is a combination of inductive and deductive QDA. Initially, an open coding approach through constructed and in vivo codes was applied to categorise and organise the qualitative data (Blair, 2015; Khandkar, 2009). This was followed by iterative re-coding to identify more overlapping themes and subgroups, based on the fieldwork, previous literature, and (sub)-RQs to reduce the individual perspective. These predefined questions help shape the coding to ensure that the analysis addresses the research objectives (Khandkar, 2009). The themes that emerged were assigned a specific code accordingly. The coding is an outcome of the QDA and previous research, reflecting the emergent nature of the themes. The coding scheme was continuously revisited and refined to ensure clarity and to accurately capture emerging patterns. This iterative process ensures that the coding framework remains robust and capable of explaining the data comprehensively, ensuring validity (Morse et al., 2002). The following stage involved interpreting the QDA by identifying any recurring patterns throughout and highlighting any similarities and differences in the data.

Ethical Considerations

The research project obtained ethical approval from the DEF board. The study was conducted according to the Scientific Social Responsibility (SSR) Guidelines of India and following the principles of the Declaration of Helsinki and Good Clinical Practice. Participants of the study were informed about the goal of the research, their rights to refuse the interview or withdraw from the study at any moment, and the confidential handling of the data. Only participants who were willing to sign the written informed consent (See Annex X) were included in the study. For those unable to understand English, the necessary information was given by co-researchers, with a witness, and signed using a thumbprint. All data is stored in a password-protected SurfDrive, which can only be accessed by the researcher and research team. All interviewees are processed anonymously in the SurfDrive with their study identification number.

FINDINGS

The development of the MTP was a dynamic, iterative, and collaborative process aiming to achieve consensus on the foundational elements. In response to insights gathered from interviews and FGDs, the memory-triggering protocol evolved substantially. The findings from the qualitative data are presented in four main themes, with eight sub-themes. First, the MTQs are presented. Then, the identified challenges and co-created strategies for addressing these challenges, which emerged during the iterative study, are presented.

Memory-Triggering Questions: Facilitating Reconnections

Participants proposed different MTQs in the interviews to include in the protocol that could evoke memories and facilitate reconnections. The MTQ that arose from the interviews and FGDs can be found in Appendix 1. The MTQ could be systematically categorised into the following themes: basic personal information, administrative information, food identifiers, family and friends' information, geographical information, cultural and religious landmarks, and personal memories/nostalgia. Although SWs encountered challenges in creating new memory-triggering questions in the interviews, the collaborative FGDs provided rich complementing data for the memory-triggering questions.

Notably, most respondents consistently emphasised the pivotal role of natural conversational approaches alongside MTQ. Interviewees noted that it must be a 'social conversation' where you address the homeless individuals as a friend, ensuring a natural conversation. A social worker explained this by emphasising the value of organic exchanges and invoking meaningful memories and emotions:

> It's more about naturally having conversations and seeing what are the things that they focus on more, when they talk, when you have natural conversations. Suppose a woman is saying that she had a very good relationship with her brother, so then they bring up her brother, more in the conversations, to invoke positive memories and positive emotions.

Exploring the Barriers to the Utilisation of the Memory Triggering Protocol

Gender and Reconnection: Understanding the Dynamics

The trauma endured by many homeless individuals complicates their ability to share their origins, as shared by a social worker: 'In that toxic environment where they've already faced so much abuse, there is so much background of facing abuse and all of that, they are traumatised and that's why they are unwilling or incapable also, to share'. Moreover, the reasons why women and men become

homeless are often markedly different, the acceptance of the family is different and consequently, their ideas and perspectives about reconnecting with their families are too. Participants reported that many women run away from their families, escaping an environment of violence and unsafety, with domestic violence being a primary catalyst for their departure. Conversely, men on the other hand often run away because of economic drivers, and find themselves in the vicious cycle of poverty, accompanied by feelings of shame and guilt causing them not to want to be reconnected. A SW stated:

> It's like you came out giving big promises to his family that I am going to go to the city, I am going to become a big man, I am going to earn a lot of money, and I am going to come back after that. I have made something of myself. So, when he is not able to make something of himself, he has a lot of shame. He doesn't want to go back then.

Families' attitudes and patriarchal norms hindering the acceptance of homeless women in their families emerged as a vast barrier towards successful reconnection. When visiting a shelter for homeless women with MHI, a social worker leading the shelter said that of the women of which they found the family, only two out of ten women were willing to accept the women back home. Interviewees emphasised this stark contrast with the societal acceptance of men:

> There is a huge difference. Men are easily acceptable. (...) Women are not acceptable because of the social stigma. Many times, you know, they get to know that their daughters or daughters-in-law have been found somewhere. They will not go in. She is not acceptable back in their family. A man, if he leaves his home and goes, he is very much acceptable in the family, back. But if a woman leaves her home once, that stigma stays with her all her life. She will not be accepted. In the Indian context. (…) But in the Indian context, if a woman leaves home, she will not be accepted back. Normally, because of the stigma associated that she would have been abused and she would have been this and you know. Because gender issues [are] a very big issue in our country.

Similarly, an academist echoed similar sentiments regarding the challenges homeless women face in re-establishing contact with their families, particularly the stigma surrounding a woman's purity after prolonged periods of homelessness: 'But again, the gender aspect will still work in these cases, because a lot of families will not take girls back once they have left home. It is impossible, it is just completely impossible…'. Participants discussed these compounded challenges women face due to societal perceptions and experiences. When a woman seeks to be reconnected with her family, there are often multiple questions within the family and community about the nature of her circumstances, specifically scrutinising her perceived 'purity' or moral standing. The results shed light on the

multifaceted barriers encountered by homeless women, such as their origin of homelessness, societal stigma, gender norms, and family dynamics.

Mental Health Issues

Participants highlighted the profound impact of mental health on the reconnection of homeless individuals. They underscored the burden of mental illness, particularly among women, again showing the complexities and intersectionality of gender and mental illness. Women often endure abuse and domestic violence, exacerbating their likelihood of developing MHI: ‘Now, women are homeless. Some have mental health issues. They get abused on trains. (...) And what happens is because of a prolonged nature of abuse, they start having mental health issues.’ Furthermore, participants highlighted the lack of accessible mental health treatment in India, especially in economically disadvantaged families, contributes to prolonged homelessness, as families may lack the resources or knowledge to adequately support their mentally ill relatives, therefore not being able to accept the homeless individual back into the family. According to one participant: ‘So it's like, especially in the case of mental illness, the... Unfortunately, the burden of treatment is huge and if the family is poor and for a range of reasons, the treatment is not available’.

Trust Issues in Protocol Utilisation

Lack of trust was identified as a crucial factor for the successful implementation of the DRP and the associated MTP. Interviewees reported that lack of trust significantly hindered success and negatively affected the duration of reconnections. Many homeless individuals have experienced extensive trauma and abuse, leading to low trust in those attempting to help them. A SW with experience in reconnections noted: ‘Most of the people that you will be meeting with on the streets would have gone through some sort of abuse or violence. (...) So the abuse, violence and neglect, all these negative experiences sort of prevent anybody from trusting the other person’. Another SW highlighted misinformation they receive due to shame and mistrust: “You never know what’s the truth. You are thinking this homeless person has lost his memory. But maybe he hasn’t lost his memory, maybe he knows fully well where he’s from. But his family doesn’t want him back and he doesn’t want to go back because the police will nab him for whatever crime he’s committed.” Many homeless individuals lie about their origins because they are unsure whether they can trust those who want to help: ‘So, it is mostly about building trust, like many people, in the beginning, when they come, they lie about their identity and all that. But then when they see that they are doing something good for them, they tell them their truth’.

Navigating the Barriers: An Inclusive Protocol

Fostering Trust: Techniques for connecting with the homeless

Barriers highlighted the importance of incorporating trust-building guidelines into protocol development. A strategy emphasised by the interviewed SWs is the need for the focus on the present situation, rather than only probing into past traumas. These findings underscore the fact that trust forms the cornerstone of the successful implementation of the MTP: 'Letting them know that they are their existence matters, that will allow them to trust you and share their lives with you'. Interviewees highlighted that by prioritising the present, sharing vulnerabilities, utilising non-verbal communication, and treating the individual with respect, SWs are more likely to establish trust with the homeless individual to have a successful reconnection. This trust is fundamental for successfully implementing MTPs and facilitating family reconnection. Other strategies that emerged during the interviews include SWs sharing their vulnerabilities and life experiences to establish mutual trust. This tactic makes sharing in a relationship more balanced and encourages homeless people to open up about their lives, leading to deeper and more meaningful interactions. Additionally, non-verbal communication is deemed important, highlighting the importance of body language and undivided attention. Consistent engagement in activities over time, such as addressing medical needs or providing personalised meals, was noted to gradually build trust.

MySpace Initiative by Koshish

The findings have also highlighted a case study called MySpace from Koshish. MySpace is a space that is created where the homeless individuals are allowed to do anything they want. From singing, to dancing, eating, sleeping and much more. According to the SWs engaged in the MySpace initiative the program is a 'very, very critical component in preparing the people for the Calling Home program'. Because the homeless individuals are released from violence and fear, and trust is created they open and share about their origins:

'People who are part of MySpace, within two days they show remarkable response to the queries on, about their families and, and this has also been supported by, on a, simultaneously through the counselling process. So, then people begin to, you know, recall things and then that is when the Calling Home program begins.'

The Significance of Mental Health Assessment

A comprehensive and inclusive mental health assessment was identified as the initial and essential step in the MTP for homeless individuals grappling with trauma, challenges related to homelessness and MHI. A psychiatrist with considerable reconnection experience stressed that in previous reconnections he saw that reconnection efforts are futile without addressing mental health:

> First, identify and treat mental illness. Try and have a talk before that. It's not going to work. The guy is either in an active state of whatever schizophrenia or delusional disorder or whatever or a residual state. (...) You're not going to get anywhere. (...) But as an objective observer, first, effective diagnosis and treatment. Wherever you find the person.

This same psychiatrist also emphasised that while trauma is a significant factor, mental health itself is often the primary driver of memory loss. Other participants underscored the importance of prioritising treatment before reconnection because by treating the mental health issues the memory and therefore reconnection process are improved at the same time. Another interviewee underscored the importance of streamlining mental health assessments, advocating for a process that integrates objective measures alongside social workers' observations. During the interview process, the interviewees suggested that the social worker carry out an initial visual assessment and that the trained individuals perform further assessments:

> See, if the person is… one is incoherent in (...) when the person is talking. So if there is incoherence, if there is looking at the person if you feel that if there is any.. So, there are, you know, there are checklists, there are symptoms and signs that any person with mental illness would display. At least in many forms of illnesses. So, if those are there, you can definitely have a, you know, have a follow that you put the call to get the person examined, you know, by a clinical psychologist. It could be, it may not be a psychiatrist, it could also be a psychologist. Or let a counsellor, most NGOs would have a counsellor, let the counsellor make an initial assessment and if the counsellor feels that the person needs to be sent for an evaluation, then that process could be initiated. Social workers should not be deciding, social workers should only be giving his or her impression of the person. I feel there is a need for an evaluation.

These insights highlight the consensus among participants regarding the critical need for professional mental health assessments within the reconnection process, and how this should be best achieved.

Role of Safety and Consent Questions

The barriers in this research underscored the necessity of integrating robust measures in the memory-triggering protocol to address the vulnerabilities of homeless individuals and ensure a secure environment for family reconnections. Although a space might be deemed safe by conventional standards, it may not be perceived as such by the individual, as highlighted by a participant: 'Even if it is the safest of places you know from all the usual parameters (...) but if I don't feel safe, it is not a safe space for me'. This same participant emphasised this need for the inclusion of consent and safety protocols, ensuring autonomy for the homeless individual: 'And so you [the social worker] might have [found] my family, but I don't want to be with them. It is only, and only me who can decide whether it is a safe space" and "no social worker can decide that'. Subsequently, almost all participants emphasised the ethical imperative of obtaining consent from homeless individuals. Consent emerged as a critical component of the protocol, necessitating clear communication and mutual understanding between the SW and the homeless individual.

Furthermore, participants elaborated on the complexities of family dynamics, particularly for women. One participant stated, 'Birth families can be absolute sites of control and violence', highlighting the importance of empowerment and autonomy through the implementation of safety protocols within the memory-triggering process. Safety concerns were a primary reason for including safety-ensuring questions and protocols in the reconnection process. The interviews revealed that participants highly valued these protocols, which safeguarded both the emotional and physical well-being of the homeless individuals. Safety-ensuring questions were crafted to assess potential risks and provide necessary support mechanisms.

It was also observed that there was disagreement among SWs about how important consent was, as one SW stated that they look for the family regardless since they feel obliged to inform them of the lost loved one. This alignment between SWs and the homeless individual is crucial for ensuring that reconnection efforts are consensual and respectful of the individual's autonomy. Consent can thus be obtained through ensuring consent ensuring mechanisms, in the format of questions asked to the homeless individual. Yet, a participant also highlighted the significance of body language, such as facial expressions and interactions in gauging consent and information about the safety of a family.

Training for Social Workers

The participants in this research underscored the critical importance of training SWs in the reconnection process, highlighting the need for a nuanced understanding of psychosocial dynamics and the ability to navigate sensitive conversations. Participants argue that training should encompass technical aspects of using the MTP, as well as the development of empathy and the ability to overcome

personal biases. This comprehensive approach ensures SWs can provide empathetic and knowledgeable guidance throughout the protocol, integrating trauma-informed and culturally sensitive practices valued by participants:

> Does a good heart make a good counsellor by itself? I don't think so. It can help. If you have nobody to help, a well-meaning human being, [a] citizen with a good heart can be a great help. But it would be so much more meaningful if that person also has a bit of orientation or sensitization or training, you know.

Furthermore, ethical concerns surfaced during the dissemination workshop regarding the interpretation of consent from non-verbal cues among this vulnerable group. This concern was underscored during discussions on the complexities of assessing consent through body language, a sentiment echoed by insides shared by a SW. These observations underscore the significance of clear consent procedures and the necessity for proper training in establishing trust and fostering participant engagement within the protocol. This training not only promotes inclusive and empathetic practices within SWs but also aligns with broader goals of enhancing service delivery and facilitating societal reintegration.

From Reconnection to Reintegration & Rehabilitation: A Holistic Approach

This research resulted in the proposition that family reconnection should “revisit the idea of family itself” and should not be reduced to simply a reductionist concept. To achieve a "truly meaningful complete rehabilitation," interviewees suggested moving away from only the biological family to examining other definitions of family, such as communities. When asked about their definition of family, women residing in the Sofia-run shelter in Kabir Basti, New Delhi, responded with the following: ‘This is our home and the people who live here, they are like a family’. A SW with experience in reconnection confirms this by saying:

> The conception of family changes. The longer you've been away from your bio family, the more connections you would have established in other spaces, which would have taken the place of family. And so in a lot of cases, let's say women who are in certain shelters, and let's say there are women who have run away from abusive domestic situations. For them, that shelter would be family.

DISCUSSION

The research aim was to create the foundations of an MTP to assist SWs in reconnecting homeless individuals with their families. Based on the findings in this study, a robust protocol can be formulated when the identified elements are integrated into the protocol. The elements included in the protocol consist of MTQ, comprehensive mental health assessment, safety and consent queries, SW training, and trust-building guidelines. Moreover, throughout this research, the barriers hindering the use of this protocol, and the reconnection process were identified, as well as the co-creation of sections included in the MTP to minimise their impact. The main barriers influencing the implementation of the MTP and the DRP were gender-related inequalities, the intersection with MHI, and lack of trust. In the discussion, the implications of the findings, and the alignment within the existing literature will be examined. Moreover, strategies will be proposed on how this protocol can be refined to better serve the needs of all homeless individuals. Lastly, the broader impact of these findings on policy and practice will be laid out, emphasising the need for a holistic and adaptable approach to reconnection efforts.

Integrating Natural Conversing and Memory-Triggering Questions

The research uncovered an important result concerning the incorporation of natural conversation with the structured MTQ. Boon and Noon (1974) highlight the significance of structured MTQs as valuable tools for memory restoration, offering multiple avenues for social workers (SWs) to access memories when a single question is insufficient. Nevertheless, although these questions are essential for uncovering the background of a homeless individual, the study's findings suggest that they might restrict the depth of engagement needed for meaningful reconnection. Participants reported that natural, unstructured conversations promote greater openness and responsiveness. These findings align with cognitive interviewing (CI) techniques, originally developed by Geiselman to enhance the effectiveness of police interrogations (Fisher & Geiselman, 1992). In CI, the process is designed to avoid the rigid structure of a formal interrogation and instead favours a more natural conversation, enabling the respondent to share their thoughts and memories in a serene and composed manner. CI utilizes open-ended questions as cues for memory retrieval like the MTQ proposed questions by the participants, which markedly improves the accuracy of information gathered (Dando & Milne, 2009; Prescott et al., 2011). The preference for natural conversating expressed by the participants in this study in combination with the MTQ aligns with the principles of CI, suggesting that integrating such techniques could improve the reconnection strategies. Existing research underscores the importance of question formulation, interviewer demeanour and cultural sensitivity in enhancing memory recall (Dando & Milne, 2009; Milne & Bull, 2001). Therefore, combining natural conversation with structured MTQ, guided by CI principles, has the potential to make reconnection efforts more effective for the

homeless in India. Given the demonstrated value of natural language in achieving successful reconnections, future research should focus on integrating these elements into the DRP app, particularly within the MTP framework. This could involve advancing natural language processing (NLP) technologies to support genuine and empathetic interactions.

Factors Limiting Adoption of the Memory Triggering Protocol

According to the findings of this research, the reintegration of homeless women into familial structures is significantly impeded by familial rejection and the women's reluctance to initiate reconnection efforts. The findings have shown that only two out of ten women are accepted back into their families, within an already low success rate of reconnection, showing that the current design of the reconnection process excludes a large part of the homeless population.

This observation is consistent with existing literature, which repeatedly shows that Indian families, influenced by societal and patriarchal norms, are often hesitant to reintegrate homeless women into their households (Bhattacharya, 2022; Bhushah, 2024; Moorkath, 2018; Rahaman et al., 2024). Societal expectations impose significant pressure on women to adhere to roles as devoted caregivers and view them, from the perspective of normative femininity, as central to the home (Bretherton, 2020; Chakravarti, 2014). Women in general must maintain these societal notions of cleanliness and are often seen as the property of the father or husband and the idea of home remains tied to normative femininity constructions (Bhattacharya, 2022; Chakravarti, 2014). Failure to conform to these expectations and existing outside this controlled home can result in familial shame and ostracization (Bhattacharya, 2022; Bretherton, 2020; Moorkath, 2018; Dhawan, 2005).

Moreover, the findings and previous literature indicate that homeless women frequently face sexual abuse and mistreatment while living on the streets, with many originally becoming homeless because of such abuse (Bhattacharya, 2022; Bretherton, 2020; Rahaman et al., 2024; Moorkath, 2018). These experiences of violence further undermine their societal acceptability according to patriarchal norms, diminishing their chances of reconnecting with family (Bhattacharya, 2022; Chakravarti, 2014; Human Rights Watch, 2013). This cycle of abuse and marginalization underscores the severe safety concerns faced by homeless women and the difficulties in reestablishing familial ties in unsafe conditions.

Additionally, many homeless women fled their homes in the first place to escape domestic violence or abuse, seeking some refuge from this aggressive environment. They often return to violent living situations on the streets, leading to prevalent trauma and MHI within this vulnerable cohort (Bhattacharya, 2022; Chakravarti, 2014; Alloh et al., 2018; Andermann et al., 2021; Bhushan, 2024; Rahaman et al., 2024; Tripathi et al., 2022). The combination of these traumatic experiences, from the

initial abuse to ongoing difficulties, makes it even more challenging to return to family environments that may either continue to perpetuate or fail to prevent further violence (Bhargava & Mor, 2024).

Another significant barrier in the reconnection process for homeless individuals in India is the pervasive lack of treatment for many of those struggling with MHI. This finding is consistent with studies indicating that mental health services for homeless populations are severely underdeveloped in many low and middle-income countries (Narasimhan et al., 2019; Bhargava & Mor, 2024; Moorkath et al., 2018; Mahapatra & Seshadri, 2024). These findings are consistent with research by Castadelli-Maia et al. (2022), which revealed that between 76 and 85 per cent of the homeless population does not receive any treatment. Participants stressed that addressing mental health issues is a vital preliminary step before pursuing family reconnection, reflecting existing literature that highlights the necessity of mental health stability for successful social reintegration (Gowda et al., 2019; Langlard et al., 2018). Gowda et al. (2019) found that when mental health treatment is provided, the rate of successful family reintegration is 50 per cent. However, the scarcity of mental health services intensifies the challenges in this process, as families frequently feel either unprepared or reluctant to care for relatives with mental health conditions (Dehbozorgi et al., 2022; Ministry of Health & Family Welfare, 2014). Financial constraints hinder the families' ability to provide adequate support, creating this cycle where the mental health of homeless individuals remains unaddressed (Shamsaei et al., 2015). This (untreated) MHI also impairs the homeless individuals' ability to recall personal histories and engage in memory-triggering activities, thereby complicating efforts to reconnect with family (Gowda et al., 2019). The challenge according to this research, lies in how these individuals access mental health institutions. Due to many MHI homeless individuals wandering the streets of India without causing any problems, they remain disconnected from these treatment centres (Gowda et al., 2019). This highlights a critical gap in the outreach and accessibility of mental health care, which must be addressed to improve reintegration outcomes. This intersection of often untreated MHI and familial incapacity explains this enormous barrier explained by participants and underscores the need for this mental health assessment as a foundational element in the protocol, to ensure those with MHI receive adequate treatment.

A significant finding of this research is therefore the recognition that family might not always be the safest or most feasible option for all homeless individuals, especially women and those struggling with MHI. This adds to the body of research on social exclusion from families towards homeless women and those with MHI (Bhattacharya, 2022; Rahaman et al., 2024). Most participants emphasised broadening the concept of family to include alternatives that embrace and support women. These findings align with studies underscoring the necessity of creating facilities for women to be reconnected, while recognising the limitations and possibilities of emancipation of women within homelessness (Moorkath, 2018; Chakravarti, 2014). Expanding the idea of reconnection beyond the 'biological' family could enable homeless women to reconnect with their chosen support networks, granting them autonomy and providing a haven away from the streets. In conclusion, these findings underscore the

multifaceted barriers homeless women and those with MHI encounter in their efforts to reconnect with their families. Addressing these challenges requires not only a nuanced understanding of patriarchal and societal norms but also the development of gender-sensitive policies and interventions that promote safety, dignity, and equitable reintegration opportunities for homeless women in India.

Fostering Trust and the Role of Safety and Consent Questions within TIC

The findings significantly prioritised safety and consent considerations in response to identified barriers, recognizing the unique vulnerabilities and trauma histories of homeless individuals in India. Central to Trauma-Informed Care (TIC), these principles—autonomy, safety, collaboration, and consent—were underscored by participants' experiences with family reconnection. Initiatives like 'MySpace', which foster autonomy, trust, and safety, align with TIC principles and play a crucial role in building trust among participants, thereby supporting the reconnection process. Extensive research supports these principles as essential for ethical and effective interventions (Fallot & Harris, 2009; Levenson & Willis, 2018). Participants emphasised the importance of homeless individuals having autonomy and consent in decisions regarding family reconnection, aligning with TIC's emphasis on respecting personal agency and the focus on providing care without re-traumatisation (Levenson & Willis, 2018; Muskett, 2013). The data collected underscores the critical need to ensure a safe reconnection environment, both physically and emotionally, particularly through thoughtful family assessments, thereby aligning the MTP with TIC's focus on safety, especially for individuals with trauma histories. The qualitative data analysis also highlighted the collaborative effort required to identify secure reconnection environments and emphasised the importance of mutual respect and shared decision-making, principles central to effective reconnection efforts guided by TIC.

Practical Implications & Recommendations

It can be argued that the current study represents the first step in the research on reconnecting homeless individuals with their families in India. Several recommendations can be made based on the findings of this study to enhance the applicability of MTP and DRP to the reconnection of homeless individuals. Reducing homelessness and facilitating reconnection is not a problem that can be solved overnight, it requires some bold steps.

Firstly, Indian policies must be broadened and strengthened based on existing frameworks, such as the safe housing policy under the National Urban Livelihoods Mission (NULM) and the "Housing for All by 2022" mission, so that all homeless individuals have secure housing (Ministry of Housing & Urban Poverty Alleviation, 2013; Goel et al., 2017; Singh et al., 2018). Furthermore, it is essential to broaden the scope of Self-Help Groups (SHGs) within the NULM, which focus on the mobilisation of

vulnerable populations (Sharma & Pandey, 2022). This expansion must be undertaken to meet the social needs of all homeless individuals, particularly those who face additional marginalisation, such as the mentally ill, physically handicapped, or women.

Secondly, improving mental health services not only enhances individual well-being but also facilitates smoother reconnections with families and communities. This, in turn, supports the effective application of MTQ, making it easier to elicit and reinforce positive memories critical to the reintegration process. Policies such as the National Mental Health Policy (NMHP) and Mental Healthcare Act (MHCA) need enhancement to ensure equitable access to mental health treatment while minimising costs and providing support to families caring for HMI (Mahapatra & Seshadri, 2024; Ministry of Health & Family Welfare, 2014). The government has implemented policies and programs, but significant challenges remain in providing mental health care for the homeless population (Narasimhan et al., 2019; Bhargava & Mor, 2024; Moorkath et al., 2018; Mahapatra & Seshadri, 2024). Gaps such as lack of awareness and accessibility to the schemes, weak monitoring and evaluation mechanisms and inadequate support services should be addressed to increase the effectiveness of programs such as the NMPH, MHCA and NULM (Rai et al., 2024).

Moreover, future research should prioritise conducting a pilot trial to implement the DRP and MTP on a limited sample, such as men aged 18-35. The outcomes of this pilot trial should undergo rigorous analysis. Concurrently, research should initiate investigations into reconnecting women through similar methodologies. Gender and mental health significantly influence the reconnection process, necessitating thorough exploration. Variations exist between genders and mental health conditions in experiencing reconnection, highlighting the need for tailored interventions. Future research should address how rehabilitation initiatives, particularly for homeless women in India, can be effectively implemented, expanding the concept of family inclusively beyond conventional definitions. Subsequently, integrating the results from the pilot trial and additional research is recommended. Expansion of the pilot trials to encompass larger and more diverse samples, including women, should be pursued thereafter. Understanding the implications of and developing strategic responses to support communities and alternative family structures will be essential to creating effective and inclusive reconnection protocols.

Finally, the implementation of community-driven efforts to address mental health challenges has demonstrated significant success in addressing MHI within vulnerable populations (White, 1993). Moreover, the implementation of the Canadian Collaborative Care Model (CCCM) has shown to be an effective tool for destigmatizing mental illness, homelessness, and poverty (Stergiopoulos et al., 2015). Adopting similar strategies in India could lead to a more comprehensive and sustainable solution to homelessness. This includes developing policies that prioritise prevention, creating inclusive support systems, and fostering a societal mindset that views mental health and poverty without stigma. These

measures, supported by robust research and international best practices, could significantly improve social integration and rehabilitation in India.

CONCLUSION

"Homeless is what I am, not who I am" (Parsell, 2010)

This pilot research represents the first transdisciplinary, qualitative research to develop a memory-triggering protocol to facilitate the reconnection of homeless individuals in India. This investigation has provided insights into the types of memory-triggering questions that should be included in such a protocol, as well as identifying potential barriers to its implementation and suggestions for overcoming them. It is by addressing these insights that this research lays the groundwork for future efforts to refine and implement a more inclusive and effective reconnection protocol. In addition, this study emphasises the importance of adopting a compassionate and holistic approach to homelessness interventions that emphasises understanding individual narratives and needs. The purpose of this research endeavour is to advocate for a paradigm shift towards more personalised, dignified, and inclusive reconnection processes by emphasising the voices and experiences of homeless individuals themselves. This pilot study charts a path towards a more compassionate and inclusive framework for supporting homeless individuals in India, thereby enhancing their chances of meaningful reintegration into society while recognizing the limitations and strengths of the Memory Triggering Protocol.

Strengths & Limitations of the study

This academic research is the first study about the development of a memory-triggering protocol for homeless individuals in India. The focus did not lay on the development of the protocol but paid special attention to the key barriers that need to be overcome. A key strength of this study lies in its methodological approach, which combines a relatively large sample of qualitative interviews with FGDs. These FGDs brought together diverse stakeholders, fostering a co-creative environment and ensuring comprehensive awareness of the app's development and research. The inclusion of a dissemination workshop further underscores the study's practical impact, bridging the gap from conceptualisation to implementation. The transdisciplinary nature of this research, involving end-users as participants and incorporating the expertise of those experienced in the reconnection process, significantly enhances the study's validity and feasibility. Moreover, since this research is part of the DRP, it provides ongoing context and allows for deeper understanding. This collaboration enhances the

credibility and applicability of this research, improving the study's methods, findings and ultimately the development of the MPT.

This research project also has several limitations. Firstly, the participants were mostly selected from a limited geographical region (Delhi, India and Uttar Pradesh), which could affect the application of the MTP to other regions in India. Additionally, there is a risk of misinterpretation or loss of nuanced meanings due to translation and interpretation of responses. As a result of significant background noise, interruptions and non-alignment in timing, the FGDs were not transcribed. Transcription of these interviews would have been costly and time-consuming which was deemed not feasible within the limited time constraints this research posed. Given these limitations, we opted to have participants in the FGDs write down their contributions on sticky notes or large papers during each round, providing us with valuable insights. We acknowledge the limitation of not being able to use the recordings and transcription directly. To mitigate this, co-researchers assisted in summarising the FGDs, and a follow-up analysis meeting was organised to discuss and brainstorm key insights. As a result of these same time constraints, the snowball sampling method was prematurely discontinued. Finally, researcher bias could have affected data collection, especially in less structured methodologies where unknown contextual factors, as well as cultural behaviour, may have made interpretations more difficult.

Ethics statement

The study obtained Ethics approval from the Ethics Board of the Digital Empowerment Foundation, New Delhi, India in April 2024. The participants provided their written informed consent to participate in the study.

Conflict of Interest

There is no conflict of interest in this research.

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APPENDIX

APPENDIX 1: Full Overview of Memory Triggering Questions.

Reference	Original Quote	Derived Question	Theme (Location Identifier)
A01	If I am a social worker, I am going to a person and I ask him, what is your name? What is your name?	What is your name? What is your surname? What is your last name?	Basic Personal Information
	Now the name. If they know their surname there is in the first part and first name and last name. By the last name you can reconnect which region they are from		
A06	I don't think that, see, if not trigger questions but if you can ask about what makes them happy, if there is anything you want to share about you, is there anything you want me to know about you, you know. If, what do they like, you know, so very basic, very general questions and when you say what makes you happy, then maybe this person will say, you know, in my village I have this person who is my friend and when I meet her I am happy, you know.	What makes you happy? Who makes you happy? What do you want to share about yourself? What do you want me to know about you?	Family/Friends Information
			Personal Memories/Nostalgia
A16	Name, village name, district, state. That's what they keep asking again and again. If you find this then your job becomes much easier to do.	What is the name of your district?	Basic Personal Information
		What is the name of your state?	
		What is the name of your village?	
A16	So first they ask, how did you come to us? What incident happened that you lost your way and where did you come from? So they ask the most obvious questions first	How did you get here? What happened that you lost your way? Where did you come from?	Personal Memories/Nostalgia

A01	In some parts of the country people used to eat rice only and they didn't like meat. Some parts of the country people only like meat. They don't eat rice in some parts of the country. They used to eat beef and uh you know pork and other things. But there are like Kujarat Maharas, you know Bihar or Uttar Pradesh, Madhya Pradesh, there are some states where people didn't eat beef and pork, they only eat fish, mutton and chicken that's it. Even no shop is allowed to sell beef and pork, so eating habits is also a you know uh and not only non-vegetarian and people in bengal always eat fish their eating habits. They do only eat fish, you know. Or that people who live in coastal areas eat fish daily so that you know the eating habit this is also a part okay. So if people don't remember anything but if you see a food he or she understands oh my I like this but it is this eating habit so eating habit is also a thing."	Did you eat meat when you were younger? Do you eat meat now? Do you eat fish? Are you vegetarian or non-vegetarian?	Food
A06	All I will ask is, you know, if there is anything that makes you happy. Tell me what makes you happy. Do you have friends?	What makes you happy? What made you happy when you were younger? Do you have a friend?	Family/Friends Information
A02	"Like, you can ask the name of the things which [are] famous."	Who or what is famous in your village/district/state?	Cultural/Religious Landmarks
A02	"Name of the temple. Name of the mosque. Name of the Gurudwara."	What is the name of the temple in your village?	Cultural/Religious Landmarks
		What is the name of the mosque in your village?	

		What is the name of the Gurudwara in your village?	
A16	“They were able to tell the phone number of his wife.”	What is the telephone number of your wife/husband?	Family/Friends Information
A12	“What do you remember from your childhood? What did your home look like? Was there a river nearby? Were there mountains? So starting with the geography. Then the population. Was it very populous? Were there many people? Were there shops nearby?”	What do you remember from your childhood?	Personal Memories/Nostalgia
		What did your home look like?	
		Was there a river nearby?	Geographical Information
		Were there mountains?	
		Was your village very popular? Was it busy?	Village popularity/Infrastructure
		Were there shops nearby?	
A06	“What's your name? Where were you born? Do you feel sad? How long have you been sad? It has to be a social conversation. A chat. And say, hey buddy, do you remember last, when were you with your family? Do you remember who all you have?	Do you feel sad? How long have you been feeling sad?	Personal Memories/Nostalgia Family/Friends Information
		Do you remember the last time you were with your family?	
A21	“Yes, we conduct some activities for them. Because sometimes the women or men who come are educated. So sometimes we write such basic questions on the pages, like we wrote on the page that what is your favourite food? What are your favourite colours? Or what did you like? What is the name of your school? Indirectly, we frame a lot of such questions where they write themselves.”	What is your favourite food?	Food
		What is your favourite colour?	Personal Memories/Nostalgia
		What is the name of your school?	Basic Personal Information
A21	“What places do you like? What's the name of your school?”	What places do you like?	Personal Memories/Nostalgia

A22	We ask them the reason for leaving. We ask them about their family history, or we tell them that when you left, they will remember their village. Okay. In whichever area they live, if there is a small village, we tell them the name of the We search online where this village can be. Okay. Or we tell them that you left the house 30 years ago, so you had reached a nearby hostel or if there is a fight in your house or there is a fight today, then you have to leave. After that, we will see if he has told us the name of the school station. We will search the address and find out which state and district the school station is in. Then we will contact the district control room and reach their families	Why did you leave your family?	Family/Friends Information
		What is your family history?	
		Was there a fight in your family?	
A22	Came from what's their native place and who their family is. So, what they do, they trace, like, they ask, is there any particular area you have remembered or any bus stands or any native places? So, if you have, if you have a fight with your family, if this is the reason that you have [left] your place, then is there any nearby police station that you have remembered?”	Do you remember any bus stands?	Village popularity/Infrastructure
		Is there a nearby police station you remember?	
A24	“… and language markers. And caste names and identities, including the father's name, the name of the village, the landscape. Geographical landscape.”	What language do you speak?	Language
		What is your father’s name?	Family/Friends Information
FGD		What was the weather in your region?	Geographical Information
		What religion do you practise?	Basic Personal Information

		What food would you eat? What food do you like?	Food
		Can you describe the city/town where you grew up in?	Village popularity/Infrastructure Geographical Information
		Which monument/famous place/pilgrimage site is there in your region?	Cultural/Religious Landmarks
		Can you write or read?	Basic Personal Information
		What caste do you identify with?	Basic Personal Information
		What place/town is near your home address?	Geographical Information
		How did you end up here?	Personal Memories/Nostalgia
		Do you remember any phone numbers?	Basic Personal Information
		What is your son's name?	Family/Friends Information
		Tell me about your childhood	Personal Memories/Nostalgia
		Can you give me information about your family?	Family/Friends Information
	If someone comes from a cold place they will feel very warm here	Do you feel cold or warm here?	Personal Memories/Nostalgia Geographical Information