

Portfolio Volume 1: Major Research Project

Single Mothers' Experiences of Temporary Accommodation and Mental Health: A London-
based Study

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Contents

Abstract.....	9
Chapter 1: Introduction.....	11
1.1 Chapter Overview	11
1.2 Personal and Epistemological Position	11
1.2.1 Positioning myself as a researcher.....	11
1.2.2 Epistemological position.....	12
1.3 Current political context of housing in the UK.....	13
1.3.1 Gentrification.....	13
1.3.2 Local Authorities.....	14
1.3.3 Austerity measures.....	15
1.3.4 Attitudes.....	16
1.3.5 Who is at Risk of Homelessness in the UK and Why?.....	17
1.3.6 Temporary Accommodation in London and England.....	18
1.4 Mothering under marginalisation.....	19
1.4.1 Single Mothers.....	19
1.4.2 Attachment and intensive mothering.....	21
1.4.3 Mothering in the context of neoliberalism and austerity Britain.....	22
1.4.4 Mothers fighting against narratives of individual blame.....	23
1.5 Impact of Homelessness and Poor-quality Housing on Health and Well-being.....	23
1.5.1 Physical health.....	24
1.5.2 Maternal Mental Health.....	24
1.5.3 Child development and emotional wellbeing.....	25
1.5.4 Parenting.....	26
1.6 Community psychology and public health approaches.....	27
1.6.1 Public Health.....	27
1.6.2 Community Psychology.....	27
1.6.3 Public health and community psychology approaches for housing in the UK.....	28
1.7 Chapter conclusion.....	29
Chapter 2: Systematic Review.....	30
2.1 Chapter overview	30
2.2 Search Strategy.....	30
2.3 Results.....	32

2.3.1	Overview of papers.....	34
2.3.2	Quality of papers.....	35
2.3.3	Synthesis of findings.....	53
2.4	Summary	64
2.4.1	Gaps in the research.....	64
2.4.2	Rationale.....	65
Chapter 3:	Methodology	67
3.1	Overview	67
3.2	Design.....	67
3.2.1	Choice of a qualitative design.....	67
3.2.2	Choice of Thematic Analysis.....	68
3.2.3	Choice of individual interviews.....	69
3.2.4	Insider or outsider researcher?	70
3.3	Participants	71
3.3.1	Participation criteria.....	71
3.3.2	Recruitment.....	71
3.3.3	Sample.....	72
3.4	Ethical considerations	73
3.4.1	Ethical approval.....	73
3.4.2	Informed consent.....	74
3.4.3	Confidentiality.....	75
3.4.4	Consultations of people with lived experience.....	75
3.4.5	Financial recompense.....	76
3.4.6	Member reflections.....	76
3.5	Data collection.....	76
3.5.1	Devising the interview schedule.....	76
3.5.2	The interview process.....	77
3.5.3	Participant distress.....	78
3.5.4	Participant safety.....	78
3.6	Data analysis	79
3.6.1	Phase 1: Familiarising myself with the data.....	79
3.6.2	Phase 2: Generating initial and overarching codes.....	80
3.6.3	Phase 3: Searching for themes.....	81

3.6.4	Phase 4: Reviewing themes.	81
3.6.5	Phase 5: Defining and naming themes.....	81
3.6.6	Phase 6: Producing the report.	82
3.7	Quality assurance	83
Chapter 4:	Results.....	88
4.1	Overview	88
4.2	Experiencing neglect and abuse within a powerful, unjust system.....	89
4.2.1	“The system will abuse you, and you will not be able to say anything”: Powerlessness when facing the violence of power.....	90
4.2.2	“It feels like I’m being looked at like scum”: Feeling degraded.	94
4.3	Feeling trapped in cycles of suffering.....	100
4.3.1	“Before I leave this prison, will I be dead? Will I have killed myself?”: Suffering alone while feeling imprisoned.	100
4.3.2	“This house has rat and damp and broken house. Mama, buy new house”: The housing keeps harming our children.....	104
4.3.3	“No matter how hard you try it's just walls, walls, walls”: Striving yet stuck within the poverty trap.....	109
4.4	Mothering against the odds: Nurturing under harsh conditions.....	111
4.4.1	“It’s the hardest job in the world, but it’s the most fulfilling”: Mothering as a single parent while homeless.....	112
4.4.2	Protective cycles of love and fear.	114
4.4.3	“I just wanted to give up, but I look at my son and I could never do that”: Bearing the unbearable so my child can survive.	118
4.5	Surviving and resisting in the face of adversity	121
4.5.1	Surviving alone while struggling to cope.	121
4.5.2	Standing up and resisting.....	124
4.5.3	The necessity of relationships: Surviving and resisting together.....	128
Chapter 5:	Discussion.....	133
5.1	Chapter Overview	133
5.2	Summary of findings through the lens of the research questions	133
5.2.1	Experiencing neglect and abuse within a powerful, unjust system.	134
5.2.2	Feeling trapped in cycles of suffering.....	134
5.2.3	Mothering against the odds: nurturing through harsh conditions.....	135
5.2.4	Surviving and resisting in the face of adversity.....	136
5.3	Links to previous research, theories and models.....	137

5.3.1	Housing, homelessness and maternal and child mental health and wellbeing.	137
5.3.2	Attachment and intensive mothering for single mothers in temporary accommodation.....	138
5.3.3	Wider political and economic structures, ideology and mental health.	140
5.3.4	Power, responses to power and mental health.	142
5.3.5	Liberation Psychology.	149
5.4	Clinical implications	150
5.4.1	Applications of liberation psychology: combining individual therapy with collective social action.....	151
5.4.2	Multi agency working/social care.	153
5.4.3	Intervening at the level of policy.	157
5.4.4	Summary of clinical implications.	158
5.5	Methodological reflections.....	160
5.5.1	Consideration of the quality of the study.	160
5.6	Suggestions for further research.....	164
5.6.1	Longitudinal research and follow up studies.	164
5.6.2	Including the voices of children.....	165
5.6.3	Exploring experiences of activism and resistance.	165
5.7	Final self-reflection	166
5.8	Conclusion.....	167
	Appendix A: Ethical approval notification	198
	Appendix B: Ethical amendment approval notification 1.....	200
	Appendix C: Ethical amendment approval notification 2.....	201
	Appendix D: Consent form.....	205
	Appendix E: Participant information sheet.....	207
	Appendix F: Debrief Sheet	211
	Appendix G: Transcription contract	212
	Appendix H: Further details on recruitment	213
	Appendix I: Summary of Service User consultation	214
	Appendix J: Summary of feedback on interview schedule.....	215
	Appendix K: Interview Schedule.....	216
	Appendix L: Initial development of themes: Grouping codes.....	218
	Appendix M: Initial development of themes: Initial thematic Map	224
	Appendix N: Final themes with code groupings.....	225

Appendix O: Final Thematic Map	232
Appendix P: Example of a coded transcript – stage 1	233
Appendix Q: Example of a coded transcript: Phase 2	234
Appendix R: Extracts from reflective diary	235
Appendix S: Glossary of terms	236
References.....	166
Appendices.....	196

List of figures

Figure 1: Public health and community psychology approaches for housing in the UK.	28
Figure 2: Flowchart of selection process	33
Figure 3: Picture drawn by Monika's daughter, Freya.....	105
Figure 4: Negative operations of power.....	144
Figure 5: Threats to basic human needs.....	145
Figure 6: Possible examples of meanings made	146
Figure 7: Possible examples of threat responses.....	147
Figure 8: Social Action Psychotherapy.....	152
Figure 9: Critical approaches to social work	156
Figure 10: Diagrammatic summary of clinical implications	159

List of tables

Table 1: Terms used to search databases	31
Table 2: Inclusion and exclusion criteria for systematic review papers	31
Table 3: Papers from each database before and after title screen	32
Table 4: Summary of papers	37
Table 5: Quality evaluation of qualitative papers	45

Table 6: Quality assessment of the mixed methods study by Holtdrop, McNeil and McWey, (2015).....	47
Table 7: Quality assessment of the mixed methods study by (Thomas & So, 2016)	50
Table 8: Themes constructed from systematic review papers	53
Table 9: Consideration of alternative methodologies	69
Table 10: Inclusion and exclusion criteria for participants.....	71
Table 11: Recruitment sources, accommodation and demographic information about participants and their children.....	73
Table 12: Quality criteria for this study	84
Table 13: Table of themes and subthemes	89
Table 14: Ideas and possible applications from Re:Assure project	152
Table 15: Neglect framework and barriers posed to single mothers in temporary accommodation	154
Table 16: Member reflections	160

List of appendices

Appendix A: Ethical approval notification	198
Appendix B: Ethical amendment approval notification 1.....	200
Appendix C: Ethical amendment approval notification 2.....	201
Appendix D: Consent form.....	205
Appendix E: Participant information sheet.....	207
Appendix F: Debrief Sheet	211
Appendix G: Transcription contract	212
Appendix H: Further details on recruitment	213
Appendix I: Summary of Service User consultation	214

Appendix J: Summary of feedback on interview schedule.....	215
Appendix K: Interview Schedule.....	216
Appendix L: Initial development of themes: Grouping codes.....	218
Appendix M: Initial development of themes: Initial thematic Map	224
Appendix N: Final themes with code groupings.....	225
Appendix O: Final Thematic Map.....	232
Appendix P: Example of a coded transcript – stage 1	233
Appendix Q: Example of a coded transcript: Phase 2	234
Appendix R: Extracts from reflective diary	235
Appendix S: Glossary of terms	236

Abstract

Numbers of families experiencing homelessness and living in temporary accommodation in London are rising each year (House of Commons, 2019), with families headed by single mothers being extremely overrepresented (Shelter 2018c). This appears to be linked with a wider political backdrop of gentrification (Lees, 2008; Watt, 2017) and austerity measures (Rugg, 2016). Existing research reports homelessness is linked to reduced wellbeing in mothers (Bassuk & Beardslee, 2014; Park et al., 2012; Roze et al., 2018), and children (Holtrop, Mcneil, & Mcwey, 2015; Thomas & So, 2016), and increased strain on mother-child relationships (Anthony, Vincent, & Shin, 2018). Despite this, there is no current in-depth research looking at the experiences of mothers and children in temporary accommodation in the UK using a clinical psychology lens.

A qualitative design was employed where semi-structured interviews were completed with 12 single mothers living in temporary accommodation in London. Data was analysed using a reflexive method of Thematic Analysis (Braun & Clarke, 2006), within a critical realist social constructionist epistemology (Harper, 2011). Four main themes were constructed: 'Experiencing neglect and abuse within a powerful, unjust system', 'Feeling trapped in cycles of suffering', 'Mothering against the odds: nurturing through harsh conditions' and 'Surviving and resisting in the face of adversity'.

The results of this study suggested living in temporary accommodation was linked to potentially overwhelming distress for mothers and children. Despite this, love and care were present within mother-child relationships, and mothers strove to fight back in the face of adversity. Clinical implications are outlined in relation to existing research, models and clinical approaches. Implications suggest interventions taking place across individual, service, community and political levels are needed.

Chapter 1: Introduction

1.1 Chapter Overview

This research explores the experiences of single mothers and children living in temporary accommodation in London, in relation to mental health and wellbeing. To supplement readers' understanding of terms used in this research project, a glossary is provided in appendix S.

This project will be written in both the first and third person to enable personal reflections and considerations to be presented alongside potentially more objective considerations of literature and findings.

In this chapter, I will begin by discussing my personal position and the epistemological position that will be taken for this research. Next, in order to understand current contexts of mothering whilst homeless, the following areas will be discussed: firstly, the social and political context of housing, particularly in London, will be outlined to provide a context for homelessness and temporary accommodation. Next, experiences of mothering under marginalisation and homelessness will be discussed, using theory and literature. Literature on the links between homelessness and wellbeing for mothers and children will then be explored. Finally, approaches which may help us understand these experiences in ways which take the wider context into account, to move away from individual blame will be explored.

1.2 Personal and Epistemological Position

1.2.1 Positioning myself as a researcher.

A number of influences drew me towards this topic. I grew up in social housing, in a multi-ethnic working-class family headed by a single mother. As a child, I was therefore aware of the inequalities, stigma and discrimination faced by those in social housing, and

single mothers. As I grew older, again through lived experience, I came to understand more about the layers of oppression such as racism, classism and sexism faced by single mothers in social housing, and the impact of this on how families like my own are perceived and treated.

Throughout my life I have been aware of the strengths and resistance shown by my own family and others, and I continue to be frustrated by the lack of room for these important narratives. By becoming involved in housing activism, I have been inspired by the strength and resistance to oppressive systemic structures that is shown by housing activists.

As both clinical psychologists and researchers, I believe it is our responsibility to address these injustices, as they are often the primary cause of distress. Therefore, I enter this research process with the aim of learning about ways in which participants' experiences of distress, strength and resistance interact with the wider systemic structures within housing. I aim to subsequently formulate ways in which we can work to reduce experiences of distress and foster strength and resistance.

1.2.2 Epistemological position.

This project will be carried out within a 'critical realist social constructionist' epistemology (Harper, 2011). This stance was chosen as I believe that there exists a 'reality' and 'truth' within participants' distress and experiences of systemic oppression, which is separate from the subjective constructions of the world created by people. However, I also believe the way we understand these realities and truths is socially constructed within our current and historical context through language (Burr, 1995). In this study, this means I will consider the contextual factors which shape both participants experiences, and my interpretation of them (Harper, 2011; England, 1994).

My position in this study can be understood as "ontologically realist but epistemologically relativist" (Harper, 2011, p6), that is, assuming there are realities in the existence of distress

and oppression, but the way we learn about and understand these realities is through social constructions created through language (Oliver, 2011).

As a result, I will aim to provide constructions of participants' accounts which acknowledge the context in which they exist, and the ways they construct meanings through our conversations (Oliver, 2011). Whilst doing this I will take a reflexive stance and explicitly reflect upon the influence of my assumptions and beliefs (England, 1994).

1.3 Current political context of housing in the UK.

This section outlines recent social and political factors which may have led to an increase in homelessness.

1.3.1 Gentrification.

Large-scale property development and 'regeneration' have been cited as causes of modern gentrification (Lees, Slater, Wyly, & Taylor, 2008). Large scale property development in London involves councils working with property developers to sell parts of the city to overseas investors (Minton, 2017). As a result of this, profits made by the five biggest property developers in London rose from £372 million in 2010, to over £2 billion by 2015 (Archer & Cole, 2016). Central government have not embedded any measures requiring developers to share their profits with communities (Minton, 2017).

Compounding this is the fact that 'Regeneration' programmes involve the demolition of council estates, and whilst new properties are being built these include far fewer social homes. This results in previous residents being displaced, which may break up communities (Minton, 2017). Furthermore, in 2015 the coalition government made it mandatory for local councils to sell off low cost social housing in 'high value' areas, which undermined council

house building programmes (Shelter, 2015). As a result, low income families are displaced from these areas within inner cities in the UK (Shelter, 2015).

The number of social homes built in London under the provision of Homes England¹ and the Greater London Authority² has fallen from over 30,000 in 2009-10, to 961 in 2018-19 (Ministry of Housing, Communities & Local Government, 2019). Despite this, as revealed by a recent House of Commons briefing paper, in 2018, there were 634,453 empty homes in England, with 67,055 of these in London (Wilson, Cromarty & Barton, 2019).

Therefore, it seems that in addition to the loss of social housing, displacement and homelessness can also, in part, be attributed to gentrification (Lees, 2008; Watt, 2017).

1.3.2 Local Authorities.

An additional contributor to the increase in homeless and displaced families in the UK is the Localism Act (2011) and the concept of 'intentional homelessness' (Ministry of Housing, Communities & Local Government, 2018). The Localism Act (2011) has allowed local authorities to drop 700,000 households from council housing waiting lists in England (BBC News, 2018b). It has also led councils to prioritise people in paid employment and war veterans, who are more likely to be male, which may systematically disadvantage women and single mothers. (London borough of Newham, 2012; East London and West Essex Guardian as cited in Watt, 2018).

The criteria of 'intentional homelessness' within Local Authorities' housing assessment criteria is met when a family are deemed to have "failed to do something which has resulted in them no longer living in accommodation which has been considered reasonable for them to occupy" (Ministry of Housing, Communities & Local Government, 2018). Mothers have

¹ Homes England are a government organisation responsible for increasing the number of affordable homes built in England (GOV.UK, n.d)

² The Greater London Authority consists of the Mayor of London and a 25-member assembly and are involved in building affordable and social homes in London (Sandford, 2018).

been labelled as 'intentionally homeless' as a result of refusing to accept offers of accommodation hundreds of miles away from their families, communities and their children's schools, (Foster, 2016). When a parent is deemed intentionally homeless by a council, social services must be informed (Shelter Legal, 2017). Social services have been reported to threaten to remove the child from the family when parents become homeless, which can lead parents to become too fearful to request further assistance for homelessness (National Homelessness Advice Service, 2016).

In sum, it appears that rules and policies within local authorities may also exacerbate homelessness, creating a context of fear for working class and single mother headed families.

1.3.3 Austerity measures.

In addition to wider gentrification and policies affecting local authorities in the UK, austerity measures and housing and welfare reforms implemented by the coalition government between 2010-2015 (Institute for Fiscal Studies, 2015) have contributed to increases in hidden homelessness and numbers of families living in temporary accommodation (Powell, 2015).

The benefit cap (Rugg, 2016) reduces the amount of housing benefit or universal credit that families can receive (Department for Work and Pensions, 2018). Furthermore, there have been cuts to housing benefit for those in social housing who have an unoccupied bedroom (Department for Work and Pensions, 2018), widely known as the 'bedroom tax' (Shelter 2019). These benefit cuts are likely to impact single mothers disproportionately (Vickery, 2012); 70% of households who have had their benefits capped are families headed by single parents (Department for Work & Pensions, 2019). Research which will be explored later in this chapter states that 90% of single parent families in the UK are headed by a single mother (Rabindrakumar, 2018).

These issues are exacerbated for people with No Recourse to Public Funds (NRPF), who, due to their immigration status, are not entitled to access most benefits, tax credits or housing assistance that are paid for by the state (Home Office, 2019). Although local authorities can support children in need through Section 17 of the Children's Act 1989 (Project 17, 2019), some are ineligible due to their immigration status. Evidence suggests that local authorities repeatedly fail families with NRPF, resulting in children experiencing street homelessness and parents not having funds to feed them (Project 17, 2019).

1.3.4 Attitudes.

Narratives that individualise poverty and stigmatise those living in social housing are thought to have contributed to current marginalisation of those living in social housing (Shildrick, 2018). These ideas appear to be reflected in policy and the media. For example, David Cameron's (2016) plans to regenerate so called 'sink estates', justified by a story that estates are inhabited by 'criminals' and 'workshy' people (Minton, 2017; Shildrick, 2018). Programmes like 'benefits street' (Shildrick, 2018) appear to perpetuate this discourse, and exclude facts about political and social determinants of poverty such as benefit cuts, and the rise in low paid, insecure work (Shildrick, 2018). Further, what is notable is the exclusion of the voices of people who live on estates, who place high value on their homes and communities (McKenzie, 2013).

A devastating example of how policies interacted with wider attitudes in social housing is the Grenfell Tower fire. In June 2017, Grenfell Tower, a council housing block in North Kensington, caught fire, killing over 70 people (BBC News, 2018a). The fire was able to spread as a result of flammable cladding that covered the block (BBC News, 2018a). It is thought that classism and negative stereotypes around poverty and social housing enabled residents' safety concerns to be disregarded (Shildrick, 2018). It has also been suggested

institutional racism and islamophobia contributed to the disregard of the residents of the tower, many of whom were from ethnic minority and Muslim backgrounds (Blair, 2018).

Therefore, the stigmatisation of those who live in social housing appears to influence policy and may result in poor treatment and injustice. This may be exacerbated through poverty stigma, racism and islamophobia.

1.3.5 Who is at Risk of Homelessness in the UK and Why?

This section so far has outlined the wider political context citing this as a reason for the rise in homelessness, with particular regard to gentrification, policies and austerity measures. Perhaps as a reflection of this, research suggests there are interacting, organised and recognisable individual, social and structural determinants of homelessness in the UK, which are beyond the control of those experiencing it (Bramley & Fitzpatrick, 2018). These include current poverty, having experienced poverty as a child, being raised by and being a lone parent (Bramley & Fitzpatrick, 2018) and being from an ethnic minority background in the UK (Shelter, 2004).

This puts single mothers at a particularly high risk of becoming homeless (Shelter, 2018b). In London, mothers' reasons given to councils for homelessness include evictions from the private rental sector, domestic violence and familial conflict (Watt, 2018). It is also important to consider that the charity Project 17 (2019) reported that homelessness among migrants may not be sufficiently recorded, as Local Authorities and the Home Office have declined to respond to Freedom of Information (FOI) requests about this (Project 17, 2019). Migrant families and children may, thus, experience significant levels of hidden homelessness (Project 17, 2019).

Therefore, people with particular, often marginalised, social identities, such as women, single mothers, people of colour and migrants may be systematically disadvantaged in the housing system and, thus, at greater risk of homelessness.

1.3.6 Temporary Accommodation in London and England.

At the end of June 2018, there were 82,310 households in Temporary Accommodation in England, which included 123,630 children, with this figure rising each year since 2011 (House of Commons, 2019). 69% of these households were in London. (House of Commons, 2019). Families headed by single mothers are extremely overrepresented in Temporary Accommodation (Shelter 2018c) and disproportionately affected by homelessness (Shelter 2018b).

There are several types of Temporary Accommodation for homeless families including social housing let on short term tenancies, private sector rental housing, hostel/refuge accommodation (which often has shared kitchens and bathrooms) and Bed and Breakfast (B&B) accommodation (House of Commons, 2019). The Homelessness Suitability Order, 2003 states that families should not be in B&B accommodation for more than six weeks, and local authorities are at risk of judicial review if they fail to comply with this (House of Commons, 2019). Despite this, the number of families with children who have been placed in B&B type temporary accommodation has risen from 740 in 2010 to over 2000 in 2017, (House of Commons, 2018). Two thirds of families who left Temporary Accommodation in 2016 in London spent six months or more there (Rugg, 2016), and a FOI request from Shelter (2014) revealed that 23% of households had lived in Temporary Accommodation for more than five years, and 3% for more than ten years.

Additionally, in England, 23,640 households in Temporary Accommodation were allocated out of area placements at the end of June 2018, which was a 7% rise from the

previous year (Ministry of Housing, Communities & Local Government, 2018). This is a bigger issue in London, for example in 2018, 35% of homeless households were placed out-of-borough and 84% of all out-of-borough placements involved local authorities in London (Ministry of Housing, Communities & Local Government, 2018).

As discussed, there appears to be a lack of data on numbers of homeless families with NRPF (Project 17, 2019). Those who are not eligible for support from the local authority can apply for accommodation through the Home Office (Home Office, 2017). However, this accommodation has been reported to be unsafe and infested with vermin, where abuse and harassment towards female residents from male members of staff has been reported (Children's Society, 2013).

To summarise this broad section on the current social and political context of housing, it appears that there are links between gentrification and austerity measures with the disadvantaging of marginalised groups in the housing system. These issues can be seen to be linked to rises in families, particularly those headed by single mothers, being placed in temporary accommodation.

1.4 Mothering under marginalisation

This section will explore theory and literature around mothering. The focus will be on issues faced by mothers who experience the types of marginalisation that single mothers experiencing homelessness may be subject to.

1.4.1 Single Mothers.

Research on the statistics of UK single parent families has been conducted by charity Gingerbread, using data from the Office of National Statistics' Labour Force Survey and datasets from Understanding Society; a large longitudinal household study in the UK (Rabindrakumar, 2018). Gingerbread's report stated that in the UK, 90% of single parent

families are headed by a mother (Rabindrakumar, 2018). Further, the report stated that children in single parent families are around twice as likely to live in poverty as children in couple families, and single parents rarely receive child maintenance payments (Rabindrakumar, 2018). The report went on to state that this was the case despite 70% of single parents in the UK being in work (Rabindrakumar, 2018).

Regarding wellbeing, research has been done using longitudinal data collected over a six-year period on 27,000 households in the UK, again from Understanding Society datasets; using self-report data from children in single and two parent households (Rabindrakumar, Martínez-Pérez, Shaw, Hughes, & Jones, 2018). The results of this research suggest single parenthood in itself is not likely to have a negative impact on child wellbeing (Rabindrakumar et al., 2018). Although we cannot fully determine the accuracy of self-report measures, its conclusion may lead some to speculate on which other factors may influence the wellbeing of children in single parent families, given the research on their increased rates of poverty.

Qualitative research in the UK suggests single mothers face discrimination and stigma in relation to their status as single mothers and class-based discrimination (McKenzie, 2013). Although the qualitative sample is much less than the previous studies, the study's rich descriptions provide an important insight into additional barriers faced by single mothers. Other qualitative researchers have reflected that discrimination against single mothers may be informed by gender stereotypes and restrictive views around the role of women in their households (Sands & Nuccio, 1989), in addition to being exacerbated by racism (Roberts, 1993).

Therefore, it is likely that single mothers face a number of challenges within society, which may include poverty and experiences of discrimination. Considering this may help to get a fuller understanding of their experiences in temporary accommodation.

1.4.2 Attachment and intensive mothering.

The interaction between attachment theory and intensive mothering may enable us to further understand the experience of mothering while homeless.

According to attachment theory, for a child to develop a secure attachment, the caregiver is required to recognise and support the child's emotional needs enabling the child to feel safe and move towards independence (Rees, 2005). Research suggests difficulties with attachment are associated with mental health, behavioural, relational and educational problems (Rees, 2005).

Intensive mothering is a model which describes societal beliefs and expectations that mothers should continually and permanently dedicate the entirety of their physical, psychological, emotional and intellectual wellbeing to their children (Ennis, 2015). Research suggests low-income single mothers perform intensive mothering without larger social and economic support for their children, to the detriment of their own physical and mental health (Elliott et al., 2015).

For homeless mothers, being consumed by fundamental concerns such as housing or food may make it difficult to be emotionally present for a child, thus, impacting the attachment bond (David, Gelberg, & Suchman, 2012). There may be a potential for society to blame mothers for difficulties with their attachment bonds, particularly as attachment research has been criticised for its positioning towards concerns which pathologise mothers and police families, without considering socio-economic factors (Duschinsky, Greco, & Solomon, 2015). It has been suggested that attachment theory could be more helpful when used to advocate for sufficient resources to be provided to those who care for others (Duschinsky et al., 2015), and this may be a helpful framework for considering the impact of homelessness on attachment.

Therefore, it is important to consider wider socio-political factors which may impact on attachment. Considering this, and being critical of societal beliefs around intensive mothering may help us to better understand the experiences of mothers experiencing homelessness.

1.4.3 Mothering in the context of neoliberalism and austerity Britain.

Literature around mothering in the context of neoliberalism will be discussed while maintaining that although one cannot attribute causation to neoliberal ideology, the impact of the policies informed by it can be measured.

Individual responsibility placed on mothers alongside poverty stigma may serve to blame mothers for difficulties which emerge from poverty. This may lead mothers to experience shame, despite the poverty they experience being of socio-economic causation (Montgomerie & Tepe-Belfrage, 2016). Within feminist literature, social reproduction refers to the mental, physical and emotional labour involved in maintaining life on a daily basis, including caring for children (Laslett & Brenner, 2003). It is thought that within current neoliberalism, the responsibility for this work is placed on women as individuals (Montgomerie & Tepe-Belfrage, 2016).

It has been suggested that stigma around poverty has been used to create a “moral-political economy” (Montgomerie & Tepe-Belfrage, 2016), which centres around individual blame, enabling the justification of austerity measures that impact low income women (Montgomerie & Tepe-Belfrage, 2016). This has led to the development of policies and programmes such as the ‘troubled families programme’, which have been suggested to criticise mothers parenting ability through terms such as ‘parental literacy’. This language can suggest mothers are not ‘literate’ in domains that are deemed morally superior by policy makers, and imply that illiteracy, rather than poverty, is the main cause of their difficulties. (Montgomerie & Tepe-Belfrage, 2016).

In sum, this focus on individual blame seems to feed in to the ideology of 'intensive mothering' (Ennis, 2015), resulting in mothers experiencing shame and blame for situations of socio-economic causation (Montgomerie & Tepe-Belfrage, 2016).

1.4.4 Mothers fighting against narratives of individual blame.

Despite the shame experienced as a result of blaming narratives around mothering and poverty, particularly around homelessness mothers, mothers are fighting back. For example, activist group Focus E15 began when a group of single mothers, who were threatened with eviction and displacement, collectivised and publicised the issue, gaining support from a multitude of campaigners (Foster, 2016). This was an example of working-class women collectivising their problems and thereby finding ways to reject narratives of shame and failure directed at them, as well as highlighting the role of the state in creating their difficulties (Foster, 2016). Rather than accepting individualisation and privatisation of the real problems they faced, they worked together to help each other and spoke out in public, for example, through hosting family friendly events and providing free breakfasts for children (Gillespie, Hardy, & Watt, 2018). Focus E15's subsequent occupation of empty homes resulted in the creation of a new public space that was temporarily able to be used for the collectivisation of social life through the events described above (Gillespie et al., 2018).

This suggests collectivisation may be an effective way to resist poverty and marginalisation within the UK housing system.

1.5 Impact of Homelessness and Poor-quality Housing on Health and Well-being

Following the information on the broader context of housing, homelessness and mothering under neoliberalism in the UK, this section will provide a broad overview of research findings related to homelessness in relation to mental health and wellbeing for mothers and children. This area will be explored in more depth in the systematic review.

1.5.1 Physical health.

Homelessness and poor-quality housing are linked to physical health problems (Krieger & Higgins, 2002; Stewart & Lynch, 2018). Research also suggests homeless mothers may have higher rates of chronic health problems than those who are not (Bassuk et al., 1996; Vandentorren et al., 2016); and homeless children have been reported to have elevated rates of asthma (Cutuli, Herbers, Rinaldi, Masten, & Oberg, 2010; Grant et al., 2007; Oberg et al., 2014; Redlener et al., 2004; Weinreb, Goldberg, Bassuk, & Perloff, 1998), fever, ear infections, diarrhoea (Weinreb et al., 1998) and even mortality (Kennedy et al., 2011). Furthermore, overcrowding has been linked to poor respiratory health (ODPM, 2004), tuberculosis (ODPM, 2004) and meningitis (Jones, Urwin, Feldman, & Banatvala, 1997).

1.5.2 Maternal Mental Health.

Mothers who experience homelessness have been reported to have higher rates of depression (Bassuk & Beardslee, 2014; Min Park, Fertig, & Metraux, 2012; Roze, Vandentorren, van der Waerden, & Melchior, 2018), stress (Bassuk & Beardslee, 2014; Tischler, Rademeyer, & Vostanis, 2007) and anxiety (Park et al., 2012; Suglia, Duarte, & Sandel, 2011) compared to mothers who do not experience homelessness.

Mothers who experience homelessness have also been reported to have higher rates of psychological distress than samples of non-homeless mothers experiencing economic hardship (Banyard & Graham-Bermann, 1998; Suglia et al., 2011). The impact of homelessness has been reported to persist over time; a multi-year cohort study of mothers who had experienced domestic violence reported that mothers who had also experienced homelessness or housing instability had worse outcomes on measures for mental health than those who had not (Gilroy, McFarlane, Maddoux, & Sullivan, 2016).

Research also suggests that elevated rates of mental health difficulties among homeless mothers could be related to both the experience of homelessness itself and trauma from prior domestic violence and abuse (Benbow et al., 2011; Benbow et al., 2018; Gültekin et al., 2014; Holtrop et al., 2015; Kirkman et al., 2010, 2015). Perhaps indicative of trauma, mothers who had experienced domestic violence regarded homelessness as a form of respite from their previous experiences of violence and harassment (Tischler et al., 2007). However, homeless mothers who had experienced domestic violence were also at further risk of sexual abuse and murder (Gilroy et al., 2016).

Therefore, in addition to reporting links between homelessness and reduced wellbeing for mothers, the above research suggests mothers experiencing homelessness are also experiencing psychological distress and dangers linked to prior traumatic experiences.

1.5.3 Child development and emotional wellbeing.

Children experiencing homelessness have been reported to have higher rates of emotional, behavioural and developmental difficulties (Coker et al., 2009; Vostanis, Grattan, & Cumella, 1998). A UK based study reported that children under five had increased levels of sleep difficulties, aggression and hyperactivity in comparison to non-homeless peers (Vostanis, 2002). In addition, children experiencing homelessness were reported to show higher levels of developmental delay (Darbeda et al., 2018; Haskett, Perlman, & Cowan, 2014); and show lower achievement scores in reading and maths compared to other children of low socioeconomic status in year one (Herbers et al., 2012).

A recent meta-analysis reported that preschool and school age children experiencing homelessness had elevated levels of mental health difficulties compared to non-homeless peers (Bassuk, Richard, & Tsertsvadze, 2015). Longitudinal evidence suggests such difficulties may remain with children over a year after an episode of homelessness (Vostanis,

Grattan, & Cumella, 1998). Children experiencing homelessness may also experience psychological distress in relation to prior traumatic experiences, such as domestic violence (Kirkman et al., 2010; McGuire-Schwartz, Small, Parker, Kim, & McKay, 2015), and this may be mediated by parental mental health (McGuire-Schwartz et al., 2015).

1.5.4 Parenting.

Research describes a range of challenges faced by mothers parenting in temporary accommodation, which may lead to feelings of burn out (Baumann, 1993; Gültekin et al., 2014) and having to double the level of parenting needed if they were not homeless (Holtrop et al., 2015). Reported challenges faced by mothers include: a lack of privacy preventing toilet training (Holtrop et al., 2015) and difficulty maintaining routines (Mayberry et al., 2014) and being able to carry out daily living tasks (Schultz-Krohn, 2004). In addition, the shared space in hostels was reported to lead some parents to worry about abuse of their children by others (Lindsey, 1996; Menke & Wagner, 1997). Consequently, parents reported feelings of guilt impacting their ability to implement disciplinary strategies (Mayberry, Shinn, Benton, & Wise, 2014), in addition to disempowerment, low self-esteem, and feeling deskilled (Swick & Williams, 2010).

Constant contact between parents and children within the small spaces was reported to impact the parent child relationship (Anthony, Vincent, & Shin, 2018; Lindsey, 1996). Parents and children appeared to experience higher levels of emotional closeness, which could mean that children supported parents (Lindsey, 1996) and could become parentified in their roles (Kirkman et al., 2010). Parents were also reported to struggle to hide their own emotional difficulties from their children (Lindsey, 1996).

1.6 Community psychology and public health approaches

This section will outline approaches which may help us to understand the experiences and wellbeing of mothers and children experiencing homelessness and support resistance, collectivisation and social change.

1.6.1 Public Health.

The World Health Organisation (WHO) describe Public Health as organised methods to create conditions where people can maintain and improve their health and wellbeing and prevent people's health from deteriorating (WHO, 2019). Widening inequalities and economic crises have been cited as some of the biggest challenges facing public health in the twenty-first century (WHO, 2012). Within the public health sphere, concerns have been raised that housing issues have been individualised. To counter this it has been suggested that housing inequalities should be addressed in a broad sense, considering issues of inequality, and tackling housing inequality (Shaw, 2004).

1.6.2 Community Psychology.

Definitions and principles of community psychology differ among cultures, traditions and theoretical orientations (Kagan et al., 2011). This section will outline some relevant principles. Zlotowitz and Williams (2013) posit that community psychology regards systemic oppression, social inequalities and marginalisation as causes of psychological distress, and thus, differs from other dominant psychological models which view psychological distress in a more individualised way (Zlotowitz & Williams, 2013). Community psychology has taken ideas from ecological systems theory (Bronfenbrenner, 1979) which uses a multifaceted approach to psychological distress to understand the impact of micro-systems (e.g. family and social network), meso-systems (e.g. work and school) and

macro-systems (e.g. economic systems and policies and societal views, beliefs and expectations) (Nelson & Prilleltensky, 2010). Fryer and Laing (2008) also suggest that redistributing power and resisting the oppressive divisions of power are important aspects of community psychology.

1.6.3 Public health and community psychology approaches for housing in the UK.

To illustrate the possible relevance of the above approaches to housing, ways they have been used or suggested for use for housing in the UK are outlined in figure 1. Possible uses of these models for single mothers in temporary accommodation will be explored further in the discussion.

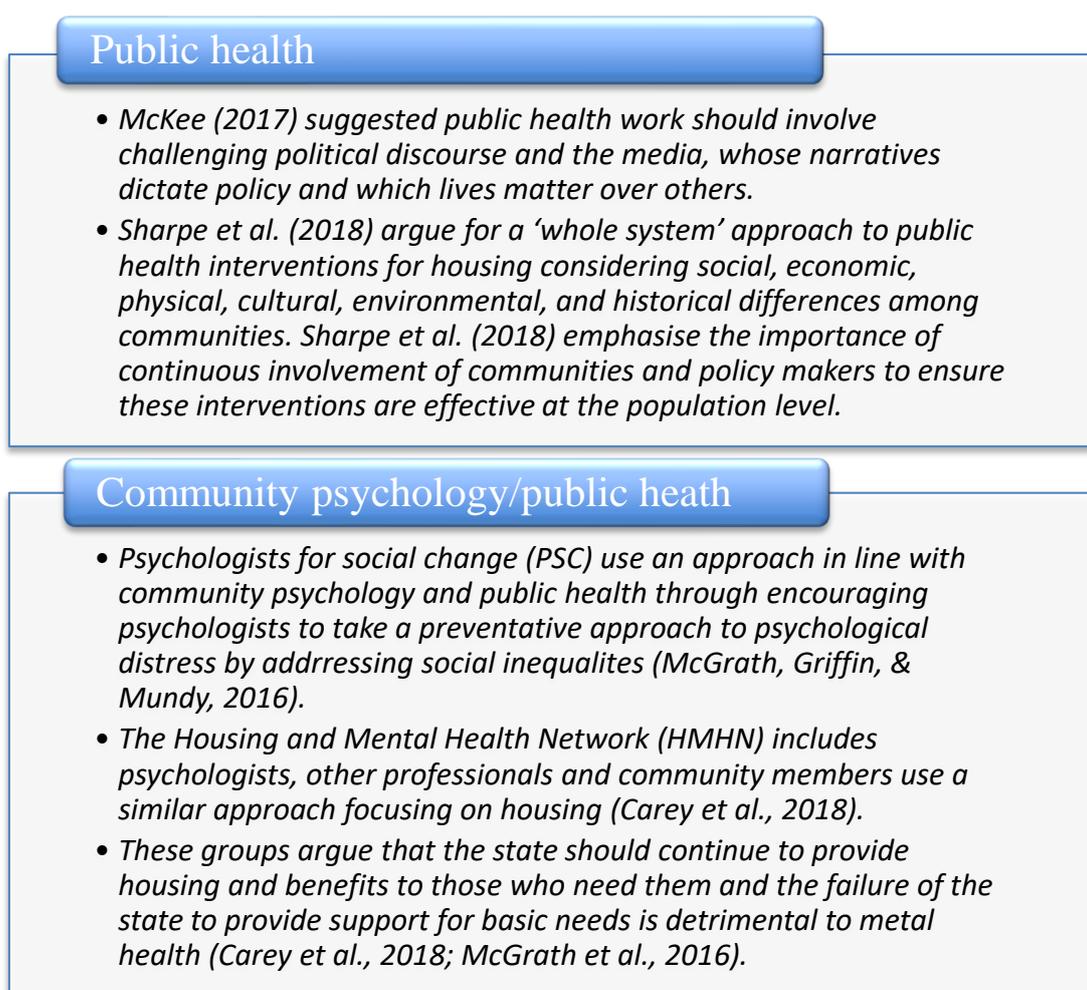


Figure 1: Public health and community psychology approaches for housing in the UK.

1.7 Chapter conclusion

A wider political context of gentrification and austerity measures can be linked to a rise in homelessness and temporary accommodation, which disproportionately affect single mothers and their children. Linked to this is stigma around social housing, which may promote individual blame for societally born issues, such as poverty. Furthermore, societal beliefs about mothering may lead mothers to be blamed for difficulties within the mother-child relationships, suggesting a need to consider the impact of wider circumstances, such as homelessness, on mothers' ability to bond with their child. Indeed, research suggests homelessness is linked with reductions in physical and mental wellbeing of mothers and children. Frameworks such as community psychology and public health may help us to understand these phenomena without perpetuating individual blame.

Chapter 2: Systematic Review

2.1 Chapter overview

The narrative review provided a wider systemic context for homeless single mothers and children in the UK, and highlighted research on the relationship between homelessness and their wellbeing. However, it has not provided information on the in-depth experiences of mothers, children and families experiencing homelessness. Therefore, a systematic literature review was carried out to answer the following research question:

What are the experiences of mothers, children and families experiencing homelessness in relation to their mental health and wellbeing?

2.2 Search Strategy

The literature search was conducted between November 2018 to February 2019. Search terms were identified through reading literature on housing, homelessness and mental health for mothers' children and families, and thorough discussion with supervisors and peers. As familiarity with related literature increased, search terms continued to be added. Searches were limited to the last ten years to capture the current and recent socio-political context shaping the experience of families experiencing current homelessness.

Five databases were searched: PubMed, Scopus, PsychArticles, PsychInfo and CINHAL Plus. These were used with the aim of capturing a broad range of psychological and medical research. CINHAL plus was added upon finding that many relevant papers had been completed by the nursing profession.

Table 1 details the search terms used to search the above databases; they were split into three concepts which were relevant to the research question.

Table 1: Terms used to search databases

Terms relating to participant group ("mothers")		Terms relating to mental health		Terms relating to homelessness
famil* OR mother* OR child* OR caregiver OR single mother OR maternal OR parent* OR single parent OR female lone parents	AND	mental health OR well-being OR distress OR depression OR stress OR anxiety OR loneliness OR isolation OR affect OR mood	AND	temporary accommodation OR temporary housing OR homelessness OR displacement OR evictions OR homeless children OR homeless parents

In order to strengthen the search, additional electronic sources (e.g. Google Scholar) and the references of extracted articles were also searched. The final inclusion and exclusion criteria are in table 2.

Table 2: Inclusion and exclusion criteria for systematic review papers

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> • About homelessness • Focus on: <ul style="list-style-type: none"> ➤ Mothers ➤ Children living with mothers ➤ Families with mothers and children • Relevance to mental health and wellbeing • Explores experiences of homelessness • Includes mothers over the age of 18 • Peer reviewed journals • Published in the last 10 years • Published in English 	<ul style="list-style-type: none"> • Papers focused on interventions • Sole focus on pathways into homelessness • Focus on prevalence not experience • Children/ young people not living with mother • Focus solely parenting competencies • Homelessness related to natural disasters • Focused on issue faced by homeless families without addressing the experience of homelessness itself, for example: <ul style="list-style-type: none"> ➤ Substance abuse ➤ Domestic violence ➤ Family separation • Focus only on physical health • Sole focus on mothers under 18 years old • Focus only on pregnant mothers only

2.3 Results

The initial search generated 4450 results, whose titles were reviewed alongside the inclusion and exclusion criteria. Table 3 shows the numbers of papers from each database from the search, and the numbers left after the titles were screened. The abstracts of the papers left after the titles had been reviewed were screened, followed by the full texts of papers left after the abstract screening. Eleven relevant papers were consequently selected. This selection process is broken down in full in figure 2.

Table 3: Papers from each database before and after title screen

Database	Number of papers found at search	Number of papers once titles screened
PubMed	2573	33
Scopus	655	76
PsychInfo	823	63
PsychArticles	53	11
CINHAL Plus	346	32
Total	4450	215
Duplicates		120
Final total		95

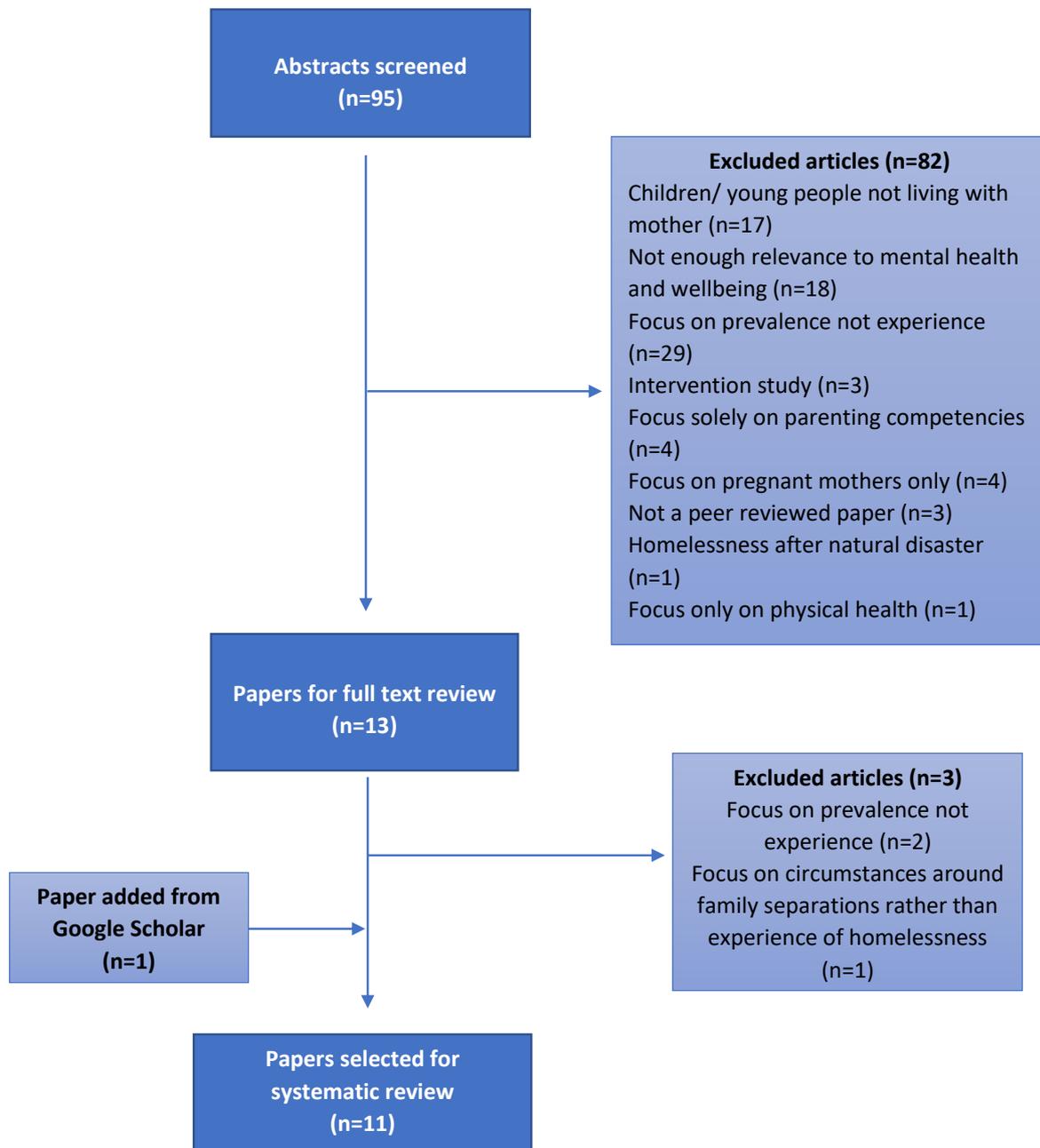


Figure 2: Flowchart of selection process

2.3.1 Overview of papers.

Eleven studies were included in the final systematic review. Nine used a qualitative design (Anthony, Vincent, & Shin, 2018; Benbow, Forchuck, & Ray, 2011; Benbow, Forchuk, Ward-Griffin, Gorlick, & Berman, 2018; Gültekin, Brush, Baiardi, Kirk, & VanMaldeghem, 2014; Kirkman, Keys, Bodzak, & Turner, 2010, 2015; Lee, 2012; Meadows-Oliver, 2009, Watt, 2018) and two used a mixed methods design (Holtrop, Mcneil, & Mcwey, 2015; Thomas & So, 2016).

Eight papers focused on the experience of mothers (Benbow et al., 2011; Benbow et al., 2018; Gültekin et al., 2014; Kirkman et al., 2015; Lee, 2012; Meadows-Oliver, 2009; Thomas & So, 2016, Watt, 2018), with three of these papers also including perspectives from service providers (Benbow et al., 2011; Benbow et al., 2018) or caseworkers (Gültekin et al., 2014). One paper focused on the experience of parents (although the majority were mothers) (Holtrop et al., 2015), one paper focused on the experiences of children through the perspective of parents (again, the majority were mothers) (Anthony et al., 2018), and one paper focused on children's experiences from the perspective of the children themselves (Kirkman et al., 2010).

Six studies were carried out in the United States (US) (Anthony et al., 2018; Gültekin et al., 2014; Holtrop et al., 2015; Lee, 2012; Meadows-Oliver, 2009; Thomas & So, 2016), two of the studies in Canada (Benbow et al., 2011; Benbow et al., 2018), two in Australia (Kirkman et al., 2010, 2015), and one in London (Watt, 2018).

A summary of the findings of each paper can be found in table 4.

2.3.2 Quality of papers.

The quality of each study was appraised in relation to relevant quality criteria (Siddaway, Wood, & Hedges, 2019). Qualitative papers were appraised using the 'Eight "Big-Tent" Criteria for Excellent Qualitative Research' (Tracy, 2010), and mixed methods papers were appraised using the Mixed Methods Appraisal Tool (Pluye et al., 2011). A summary of the quality of the qualitative studies using the criteria by Tracy (2010) can be found in table 5, and summaries of the quality of the two mixed methods studies using the tool by Pluye et al., (2011) can be found in tables 6 and 7.

2.3.2.1 *Definitions of quality criteria*

Definitions of the qualitative quality criteria by Tracy (2010) are provided below to aid readers' understanding of the evaluation of the qualitative papers in this systematic review.

Worthy topic	The research topic is “relevant, timely, significant, interesting” (Tracy, 2010, p. 840)
Rich rigor	Use of sufficient and abundant theoretical constructs, data, time spent gathering data, sample, contexts and processes of data collection and analysis. These must be appropriate for the research and display a high level of complexity.
Sincerity	Self-reflexivity about researcher's values and biases. Honesty, transparency about the research methods, process and analysis, including openness about challenges and difficulties.
Credibility	The research demonstrates that it is trustworthy and the findings are plausible. Includes thick descriptions of knowledge and showing as opposed to telling the reader the findings. There is triangulation or crystallisation and multivocality.
Resonance	The research's ability to impact and influence different audiences. The report is written in a way that is evocative of empathy and emotion. The findings feel relevant or transferable to different audiences.
Significant contribution	Research makes a significant contribution to the field through building on knowledge, theoretical understanding, clinical practice. The research provides practical suggestions and is morally significant.
Ethical	Ethical guidelines are adhered to and the researcher responds to challenges which arise in the process in an ethical way. The research ethics also consider context, relationships and the ethics at the end of the research process and dissemination.
Meaningful coherence	Whether the study achieves what it aimed to achieve, and demonstrates coherence between methodology, epistemological position, and use of literature in line with the stated goals of the study.

Table 4: Summary of papers

Author, Title, Location and Discipline	Participants and Aims	Research methodology	Key findings and implications
<p>Benbow, Forchuk, Berman, Gorlick and Ward-Griffin (2018).</p> <p>Mothing without a home: Internalised Impacts of Social Exclusion.</p> <p>Canada</p> <p>Nursing</p>	<p>Participants: 26 mothers over 18 experiencing homelessness including shelters, community homes, living with family, friends or living on the street. 15 female service providers.</p> <p>Aims: to critically explore the how socio-political context contributes to mothers' experience of homelessness To explore how this internally impacts the lives of mothers experiencing homelessness.</p>	<p>Qualitative. Critical narrative methodology.</p> <p>In depth interviews using critical narrative analysis with individuals or group.</p> <p>Data was analysed using critical narrative analysis.</p>	<p><i>Key findings</i></p> <p>Mothers felt they were not good enough mothers for not being able to provide shelter for their children and for experiencing domestic violence. Mothers felt despair due to social exclusion and homelessness. This impacted their mental health leading to low mood and hopelessness.</p> <p>Mothers resisted the marginalisation they faced through challenging the unjustness of their situations and building alliances Mothers described children as motivating them to overcome challenges.</p> <p><i>Implications</i></p> <p>Nurses working with homeless mothers can use strength based approaches, challenge their own beliefs on what makes a good mother and recognise the gravity of the barriers faced by mothers and the impact of these barriers on mothers' lives.</p>
<p>Benbow, Forchuk and Ray (2011).</p> <p>Mothers with mental illness experiencing homelessness: a</p>	<p>Participants: 54 mothers who self-identified as having a mental illness who were experiencing homelessness and 13 service providers. Ages, ethnicities and types of accommodation were not reported on.</p>	<p>Qualitative. Secondary analysis of data from critical ethnography focus groups.</p> <p>Supplementary secondary analysis/analytical</p>	<p><i>Key findings</i></p> <p>Mothers were discriminated against due to being homeless, their race and status as single mothers. There seemed to be no way out of being homeless and being oppressed leading mothers to contemplate going back to an abusive partner. Mothers resisted the oppression and homelessness through escaping abusive relationships and refusing unsafe offers or accommodation. Mothers and service providers recognised the need for wider social change.</p>

<p>critical analysis.</p> <p>Canada Nursing</p>	<p>Aim: To uncover experiences of oppression and resistance in homeless mothers experiencing mental illness.</p>	<p>expansion was used to analyse the data.</p>	<p><i>Implications</i></p> <p>Nurses can use their position to advocate for homeless mothers and increase awareness of discrimination and injustice faced by homeless mothers. Nurses can learn how to provide support from homeless mothers themselves. Nurses can help clients to resist injustices through lobbying governments for the necessary support.</p>
<p>Kirkman, Keys, Bodzak and Turner (2015).</p> <p>'I just wanted somewhere safe': Women who are homeless with their children.</p> <p>Australia – Melbourne, Victoria</p> <p>Sociology/social sciences</p>	<p>Participants: 11 mothers and one grandmother experiencing homelessness with a child or children. Most women identified as Anglo-Australian. Ages were not reported on. Only one woman was living with a partner. Most women were living in transitional support accommodation.</p> <p>Aim: To learn directly from mothers about their experiences of being homeless with children.</p>	<p>Qualitative. Semi-structured interview schedules about their own and their children's experiences of homelessness were analysed separately. Thematic analysis was used to analyse the parent's transcripts</p>	<p><i>Key findings</i></p> <p>Homelessness impacted mothers' mental health in a few ways. These included the impact of feeling uncertain about where they may live, described mental health difficulties which arose as a result of the housing system, shame arising in mothers and children as a result of being homeless. Mothers described a desire for a secure home and the improvements in mental health which could come from this. Mothers described helping themselves, their children and others in the community being beneficial.</p> <p><i>Implications</i></p> <p>The results support the need for housing to be made a priority in order to reduce the harmful effects homelessness has on mental health. The results also demonstrate that mothers needed housing responses that provided safety and stability for their families.</p>

<p>Thomas and So (2016)</p> <p>Lost in Limbo: An Exploratory Study of Homeless Mothers' Experiences and Needs at Emergency Assistance Hotels.</p> <p>USA – Massachusetts</p> <p>Social work</p>	<p>Participants: 10 homeless mothers living in an emergency assistance hotel. All had experienced domestic violence. Mean age was 30, ethnicities were African American (n=2), Asian (n=2), Latina (n=2), Biracial (n=1) and white (n=1). Ages of children were not reported on.</p> <p>Aim: To explore experiences of homeless mothers living in emergency assistance hotels and to provide a description of how accessible basic needs are for those at emergency assistance hotels.</p>	<p>Mixed methods.</p> <p>Qualitative section –10 in depth interviews with homeless mothers about the experience of living in the emergency assistance hotel, analysed using constructivist grounded theory.</p> <p>Quantitative: Using a sample of all emergency assistance hotels in Massachusetts (n=49), spatial analyses were done to calculate transit times to and accessibility of providers basic needs.</p>	<p><i>Key findings</i></p> <p>Qualitative section: Mothers had difficulties meeting their own and their children's basic needs in the hotel. Living in the small spaces were detrimental to the health of children. Participants experienced constant uncertainty about where and when they might move which was stressful and anxiety provoking. Participants experienced loneliness as a result of being isolated from their families and communities. Conflicts arose between hotel staff and homeless residents.</p> <p>Quantitative section: Spatial analysis provided physical evidence of the inaccessibility of basic amenities as a result of the hotel location and surrounding environments which supplemented interview accounts.</p> <p><i>Implications</i></p> <p>It is important for systems to consider the environment around emergency assistance hotels to ensure residents can access amenities. Funding is needed for longer term solutions such as affordable housing</p>
<p>Holtrop, McNeil and McWey (2015)</p> <p>“It’s a struggle but I can do it. I’m doing it for me and my kids” The psychosocial characteristics</p>	<p>Participants: Homeless parents living in transitional housing, mostly mothers. 69 in the quantitative part and 24 in the qualitative part. Most were single, divorced or separated. Average age: 31 (parents), 6 (children) for qualitative section and 34 (parents), 8 (children) in qualitative section.</p>	<p>Mixed methods.</p> <p>Quantitative section: Participants completed measures about parental depression, parental stress, parenting practices and perceptions of child behaviour.</p> <p>Qualitative section:</p>	<p><i>Key findings</i></p> <p>Quantitative section: On average, parents had symptoms of depression approaching clinical significance. Levels of parenting stress surpassed the clinical threshold. Scores on four positive parenting practices ranged from low to high and scores on adverse parenting practices were in the clinical range. Scores for child behaviour were above the normative level but did not exceed the clinical cut off.</p> <p>Qualitative section:</p>

<p>and life experiences of at-risk homeless parents in transitional housing.</p> <p>USA – Florida</p> <p>Family Therapy</p>	<p>Approximately 2/3 of parents identified as black and 1/3 white. Most were single/never married.</p> <p>Aims: To investigate levels of ‘psychosocial functioning’ of parents and children (quantitative). To explore how parents describe experiences of homelessness (qualitative).</p>	<p>Participants completed semi-structured individual interviews exploring experiences of living in transitional housing and homelessness. Interviews were analysed using thematic analysis.</p>	<p>Parents still held strong identities as parents despite being homeless and this causing them to feel they were not good enough parents. Parents continued to strive to be ‘good parents’ despite adverse circumstances. Children were a source of motivation for parents to persevere.</p> <p><i>Implications</i> Clinicians need to consider contextual needs of homeless families in clinical practice, while continuing to pay attention to presenting problems and not neglecting individual needs. Clinicians can support homeless families to develop resilience and address difficulties resulting from systemic barriers.</p>
<p>Gultekin, Brush, Baiaradi and VanMaldeghem (2014)</p> <p>Voices From the Street: Exploring the Realities of Family Homelessness</p> <p>USA – Detroit, Michigan</p> <p>Nursing</p>	<p>Participants: 3 homeless mothers and 5 female caseworkers. Mothers were aged 19-50. 12 identified as African American and 1 as Hispanic. All mothers were single, separated or divorced.</p> <p>Aims: To explore participants pathways into becoming homeless, to explore everyday experiences of homelessness, to find out about ‘real and perceived’ barriers to accessing stable accommodation, and to explore the impact of homeless families’ health and wellbeing.</p>	<p>Qualitative. Focus groups were done with mothers and caseworkers separately. Semi-structured interviews were used in these groups.</p> <p>A feminist participatory action research approach was used. Thematic analysis was used on the transcripts.</p>	<p><i>Key findings</i> Mothers felt proud of their role as mothers. Mothers often felt isolated and lacked familial or friend support. Many women had escaped abusive situations and had experienced intergenerational poverty. Mothers also felt stigmatised. Mothers tried to make personal sacrifices for their children. Mothers experienced stress, anxiety and depression and were often not able to access mental health support. They were, however able to maintain hope. Case workers often did not show empathy or understanding of mothers needs and hopes which was upsetting for mothers.</p> <p><i>Implications</i> Power imbalances between staff in shelters and housing services and those experiencing homelessness needs to be acknowledged. Staff working with homeless families need to be aware of the trauma associated with homelessness. Policy on homelessness needs to consider the needs of women and children as opposed to being centred around single men.</p>

<p>Lee (2012)</p> <p>Family Homelessness Viewed Through the Lens of Health and Human Rights</p> <p>USA</p> <p>Nursing</p>	<p>Key participants: 12 Appalachian mothers living with their children in a homeless shelter in an urban area. 6 were African American and 6 were European American. Mothers were aged 20-48. General participants: 23 people who had knowledge of homelessness.</p> <p>Aim: To find out about universal and diverse care meanings and expressions of the mothers living in a homeless shelter.</p>	<p>Qualitative.</p> <p>'Ethnonursing research method'. Researchers immersed themselves in the shelter prior to interviews. Key participants were interviewed 2-4 times for 1-2 hours. General participants were interviewed once for an hour.</p> <p>Data analysis using ethnonursing qualitative data analysis.</p>	<p><i>Key findings</i></p> <p>Being homeless had eroded mother's self-respect. The role of being a mother, however, was a source of self-respect, particularly in Appalachian culture where caring is valued. Mothers faced discrimination for lacking economic resources and for being homeless. Mothers tried to 'stay strong' for their children and reported that their religion and spirituality had helped them to cope.</p> <p><i>Implications</i></p> <p>Nurses can understand that homeless mothers are not defined by their experiences and would like their treatment to reflect this. As mothers' primary health need was housing, nurses can move away from only delivering healthcare and take part in advocacy and influence policy relating to housing and employment.</p>
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<p>Meadows-Oliver (2009)</p> <p>Adolescent Mothers' Experiences of Caring for Their Children While Homeless</p> <p>USA Nursing</p>	<p>Participants: 8 homeless mothers aged 18-19 living in a family homeless shelter. All single or separated. Children aged from 7 months to 5 years. Ethnicity not reported on.</p> <p>Aim: To find out about homeless adolescent mothers' lived experiences of caring for their children while living in a shelter.</p>	<p>Qualitative. Mothers were interviewed by the primary researcher.</p> <p>A descriptive phenomenological design was used, data was analysed using a descriptive phenomenological method.</p>	<p><i>Key findings</i></p> <p>Mothers experienced stress and fatigue as a result of caring for their children in the shelter. Mothers felt pushed to their limits by difficulties with their children's behaviour, which they attributed to living in the shelter. Mothers blamed themselves for being homeless. They also struggled with the emotional impact of seeing their children suffering in the shelter.</p> <p><i>Implications</i></p> <p>Nurses working with homeless adolescent mothers can help them to cope with challenges of shelter living while considering their individual support needs. Homeless adolescent mothers may need more support than adult mothers as they are transitioning into adulthood and motherhood at the same time. As adolescent mothers can be distressed and isolated, nurses can encourage them to build and keep connections and support systems.</p>
<p>Anthony, Vincent and Shin (2017).</p> <p>Parenting and child experiences in shelter: A qualitative study exploring the effect of homelessness on the parent-child relationship.</p>	<p>Participants: 16 mothers and 3 fathers who had stayed in a homeless shelter with a child aged up to 6 years, were no longer homeless but received housing support. 17 parents were African American and 2 were White American. One parent was married, one was widowed, and the rest were single.</p> <p>Aim: To elicit information to guide interventions for homeless families which help</p>	<p>Qualitative. Semi-structured interviews were done individually with parents. Interviews were analysed using an inductive approach drawing on some principals from grounded theory.</p>	<p><i>Key findings</i></p> <p>Children felt confused and wanted to leave the shelter. Parents also reported their children having internalising difficulties such as anxiety and depression which often impacted their appetite. Parents experienced more aggression and behaviour problems in their children and some children were described to regress developmentally. Parents also reported on the difficulties of parents and children not being able to have space from each other to recharge.</p> <p><i>Implications</i></p> <p>Mental health consultation focused on early childhood could be helpful for those working in homeless shelters. As homeless families may not access mental health services, staff who are trained and empathetic could be helpful. It is important for those</p>

<p>USA</p> <p>Social work</p>	<p>to improve the attachment bond between the parent and child.</p>		<p>working in homeless policy to work to meet the needs of parents and children and find ways to foster secure attachments.</p>
<p>Kirkman, Keys, Bodzack and Turner (2010)</p> <p>“Are we moving again this week?” Children’s experiences of homelessness in Victoria, Australia</p> <p>Australia</p> <p>Sociology/social sciences</p>	<p>Participants: 12 girls and 8 boys aged from 6-12 years and 11 mothers and 1 grandmother of the participating children. Most Participants identified as Anglo-Australian although there were a number of other cultural identities such as Greek, Middle Eastern, African American, Indigenous Australian and Maori.</p> <p>Aim: To increase understanding of accompanied children’s experience of homelessness in crisis accommodation in a large urban area.</p>	<p>Qualitative. Children and parents were interviewed separately about their experiences of homelessness.</p> <p>Interviews were analysed using thematic analysis.</p>	<p><i>Key Findings</i></p> <p>Children described home as a place with family and no strangers, safe and permanent, in a safe area with things to do and not too cramped. Children described feeling angry and upset about moving frequently. Children showed optimism despite their circumstances. Parents described children experiencing sadness, anger, behavioural difficulties, poor physical health, worry about their parent’s well-being and distress from past traumatic events. Children experienced difficulties in relationships with parents and siblings due to homelessness, and lost connections with extended family and communities. Children lost friendships and were bullied for being homeless.</p> <p><i>Implications</i></p> <p>Children in families experiencing homelessness require a secure and stable home and the opportunity to be part of a community. If these conditions are not met, children will experience negative consequences for their health and wellbeing, education and family lives.</p>

<p>Watt (2018)</p> <p>Gendering the right to housing in the city: Homeless female lone parents in post-Olympics, austerity East London</p> <p>London, UK</p> <p>Geography</p>	<p>18 female lone parents living in temporary accommodation in East London. 16 mothers were Black British, 1 was Eastern European and 1 was White British. Mothers were aged 18-42. Ages of children were not reported on.</p> <p>Aim: to investigate how gender, housing and austerity relate and affect the lives of female lone parents in East London.</p>	<p>Qualitative. Analysis of interviews from recent studies on homelessness in London. This additional analysis was done to focus solely on experiences of female lone parents</p>	<p><i>Key findings</i></p> <p>Housing issues were described to affect mothers mental and physical health negatively. Mothers described distress stress from interacting with council staff and being offered inadequate and far away accommodation. Mothers felt forced to accept these offers and faced threats of child removal if they resisted, which was distressing. Mothers felt unsafe in temporary accommodation and described threatening experiences with male tenants. Being moved was described to erode mothers' ability to mother, care, be a friend, student and employee. Mothers experienced isolation and felt trapped. Mothers also felt stigmatised through media narratives, and black and Muslim women experienced racism and islamophobia when moved to suburban areas.</p> <p><i>Implications</i></p> <p>Female lone parents' right to the city is being eroded through systemic and political barriers preventing access to housing. This erodes their ability to care, work and study, prevents them from accessing a safe and secure home, and separates them from support networks. Campaign groups have therefore emerged where women are working to take back their right to the city, such as the Focus E15 campaign in East London.</p>
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Table 5: Quality evaluation of qualitative papers

	Benbow, Forchuk, Berman, Gorlick and Ward-Griffin (2018).	Benbow, Forchuk and Ray (2011).	Kirkman, Keys, Bodzak and Turner (2015).	Gultekin, Brush, Baiaradi and VanMaldeghem (2014)	Lee (2012)	Meadows-Oliver (2009)	Anthony, Vincent and Shin (2017).	Kirkman, Keys, Bodzak and Turner (2010)	Watt (2018)
Worthy topic	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Rich rigor	Yes	Yes	Yes	Yes		Some Small sample and short interviews.	Yes	Yes	Some Lack of information about methodology.
Sincerity	Some No evidence of self-reflexivity There was transparency about the research methodology and analysis but no	Yes	No	Some No process was described to demonstrate reflexivity, however there was transparency about methods.	Some There was no mention of reflexivity but transparency about methods.	Yes	Some There was no mention of reflexivity but there was transparency about methods.	Some There was no mention of reflexivity but there was transparency about methods.	No

	transparency on study challenges.								
Credibility	Some There were thick descriptions of tacit knowledge but no description of triangulation or reflection.	Yes	Some There were thick descriptions but no description of triangulation or member reflections.	Yes	Some There were rich descriptions but no mention of triangulation.	Some Participants verified the final themes. However, there was one researcher and no mention of further triangulation.	Some Descriptions seemed quite thin at times. However, researchers met to discuss how to cluster codes into themes.	Yes	Some Some rich descriptions but no mention of triangulation.
Resonance	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Significant contribution	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ethical	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Meaningful coherence	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Some Limited information on methods and analysis.

Table 6: *Quality assessment of the mixed methods study by Holtdrop, McNeil and McWey, (2015)*

PART I. MMAT criteria & one-page template (to be included in appraisal forms)

Types of mixed methods study components or primary studies	Methodological quality criteria (see tutorial for definitions and examples)	Responses			
		Yes	No	Can't tell	Comments
Screening questions (for all types)	• Are there clear qualitative and quantitative research questions (or objectives*), or a clear mixed methods question (or objective*)?	X			
	• Do the collected data allow address the research question (objective)? E.g., consider whether the follow-up period is long enough for the outcome to occur (for longitudinal studies or study components).	X			
	<i>Further appraisal may be not feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions.</i>				
1. Qualitative	1.1. Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question (objective)?	X			
	1.2. Is the process for analyzing qualitative data relevant to address the research question (objective)?	X			
	1.3. Is appropriate consideration given to how findings relate to the context, e.g., the setting, in which the data were collected?	X			
	1.4. Is appropriate consideration given to how findings relate to researchers' influence, e.g., through their interactions with participants?	Some			

2. Quantitative randomized controlled (trials)	2.1. Is there a clear description of the randomization (or an appropriate sequence generation)?	N/A			
	2.2. Is there a clear description of the allocation concealment (or blinding when applicable)?	N/A			
	2.3. Are there complete outcome data (80% or above)?	N/A			
	2.4. Is there low withdrawal/drop-out (below 20%)?	N/A			
3. Quantitative non-randomized	3.1. Are participants (organizations) recruited in a way that minimizes selection bias?	N/A			
	3.2. Are measurements appropriate (clear origin, or validity known, or standard instrument; and absence of contamination between groups when appropriate) regarding the exposure/intervention and outcomes?	N/A			
	3.3. In the groups being compared (exposed vs. non-exposed; with intervention vs. without; cases vs. controls), are the participants comparable, or do researchers take into account (control for) the difference between these groups?	N/A			
	3.4. Are there complete outcome data (80% or above), and, when applicable, an acceptable response rate (60% or above), or an acceptable follow-up rate for cohort studies (depending on the duration of follow-up)?	N/A			
4. Quantitative descriptive	4.1. Is the sampling strategy relevant to address the quantitative research question (quantitative aspect of the mixed methods question)?		X		
	4.2. Is the sample representative of the population understudy?		X		
	4.3. Are measurements appropriate (clear origin, or validity known, or standard instrument)?	X			
	4.4. Is there an acceptable response rate (60% or above)?	X			

5. Mixed methods	5.1. Is the mixed methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed methods question (or objective)?	X			
	5.2. Is the integration of qualitative and quantitative data (or results*) relevant to address the research question (objective)?	X			
	5.3. Is appropriate consideration given to the limitations associated with this integration, e.g., the divergence of qualitative and quantitative data (or results*) in a triangulation design?		X		
	Criteria for the qualitative component (1.1 to 1.4), and appropriate criteria for the quantitative component (2.1 to 2.4, or 3.1 to 3.4, or 4.1 to 4.4), must be also applied.				

*These two items are not considered as double-barreled items since in mixed methods research, (1) there may be research questions (quantitative research) or research objectives (qualitative research), and (2) data may be integrated, and/or qualitative findings and quantitative results can be integrated

Table 7: Quality assessment of the mixed methods study by (Thomas & So, 2016)

PART I. MMAT criteria & one-page template (to be included in appraisal forms)

Types of mixed methods study components or primary studies	Methodological quality criteria (see tutorial for definitions and examples)	Responses			
		Yes	No	Can't tell	Comments
Screening questions (for all types)	• Are there clear qualitative and quantitative research questions (or objectives*), or a clear mixed methods question (or objective*)?	X			
	• Do the collected data allow address the research question (objective)? E.g., consider whether the follow-up period is long enough for the outcome to occur (for longitudinal studies or study components).	X			
	<i>Further appraisal may be not feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions.</i>				
1. Qualitative	1.1. Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question (objective)?	X			
	1.2. Is the process for analyzing qualitative data relevant to address the research question (objective)?	X			
	1.3. Is appropriate consideration given to how findings relate to the context, e.g., the setting, in which the data were collected?	X			
	1.4. Is appropriate consideration given to how findings relate to researchers' influence, e.g., through their interactions with participants?		X		
2. Quantitative randomized	2.1. Is there a clear description of the randomization (or an appropriate sequence generation)?	N/A			

controlled (trials)	2.2. Is there a clear description of the allocation concealment (or blinding when applicable)?	N/A			
	2.3. Are there complete outcome data (80% or above)?	N/A			
	2.4. Is there low withdrawal/drop-out (below 20%)?	N/A			
3. Quantitative non-randomized	3.1. Are participants (<i>organizations</i>) recruited in a way that minimizes selection bias?	N/A			
	3.2. Are measurements appropriate (clear origin, or validity known, or standard instrument; and absence of contamination between groups when appropriate) regarding the exposure/intervention and outcomes?	N/A			
	3.3. In the groups being compared (exposed vs. non-exposed; with intervention vs. without; cases vs. controls), are the participants comparable, or do researchers take into account (control for) the difference between these groups?	N/A			
	3.4. Are there complete outcome data (80% or above), and, when applicable, an acceptable response rate (60% or above), or an acceptable follow-up rate for cohort studies (depending on the duration of follow-up)?	N/A			
4. Quantitative descriptive	4.1. Is the sampling strategy relevant to address the quantitative research question (quantitative aspect of the mixed methods question)?	X			
	4.2. Is the sample representative of the population understudy?	X			
	4.3. Are measurements appropriate (clear origin, or validity known, or standard instrument)?	X			
	4.4. Is there an acceptable response rate (60% or above)?	N/A			
5. Mixed methods	5.1. Is the mixed methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and	X			

	quantitative aspects of the mixed methods question (or objective)?				
	5.2. Is the integration of qualitative and quantitative data (or results*) relevant to address the research question (objective)?	X			
	5.3. Is appropriate consideration given to the limitations associated with this integration, e.g., the divergence of qualitative and quantitative data (or results*) in a triangulation design?		X		
Criteria for the qualitative component (1.1 to 1.4), and appropriate criteria for the quantitative component (2.1 to 2.4, or 3.1 to 3.4, or 4.1 to 4.4), must be also applied.					

*These two items are not considered as double-barreled items since in mixed methods research, (1) there may be research questions (quantitative research) or research objectives (qualitative research), and (2) data may be integrated, and/or qualitative findings and quantitative results can be integrated.

2.3.3 Synthesis of findings.

The literature was synthesised through a process of gaining a broad, conceptual view of the studies based on guidance by Baumeister & Leary, 1997 as cited in Siddaway, Wood, & Hedges, (2019). The researcher began this process by reading each paper twice to gain familiarity with the papers. The researcher then read the papers again to identify and highlight central concepts within the findings and implications of each paper. The concepts identified by the researcher within each paper were written down on a large sheet of paper so concepts across all papers could be seen together. The researcher then linked the concepts identified across the papers by grouping them into four broader themes, (Baumeister & Leary, 1997 as cited in Siddaway, Wood, & Hedges, 2019) using mind maps. These themes can be seen in table 8.

Within the themes, findings and conclusions are critically considered in light of the quality criteria, sample, methodology, and theoretical and contextual issues (Baumeister & Leary, 1997 as cited in Siddaway, Wood, & Hedges, 2019).

It is important to acknowledge that this process, and thus the themes constructed by the researcher, are likely to have been influenced by the biases and perspectives of the researcher.

Table 8: Themes constructed from systematic review papers

Theme 1	Overall experiences of homelessness and wellbeing
Theme 2	Impact of the physical accommodation and surrounding area on wellbeing
Theme 3	Treatment of homeless families within the housing system and society: discrimination and stigma
Theme 4	Relationships and wellbeing

2.3.3.1 Overall experiences of homelessness, and wellbeing.

All studies described mothers', children's or families' broad experiences of being homeless in relation to their wellbeing. Kirkman et al. (2015) reported that homeless mothers in Australia experienced interacting difficulties with mental and physical health, which were attributed to homelessness. The authors concluded that housing needs to be a priority to reduce the harmful effects homelessness has on health. A strength of the study is the contextualisation of the results within the wider socio-political context. Policy suggestions are made, for example, the US Housing First model in Australia, adding to the practical significance of the research (Tracy, 2010).

In the study by Gültekin and colleagues (2014), mothers linked their experiences of homelessness to transitional suicidality, although they denied current suicidality. Whilst it was possible that discussing current suicidality was difficult due to power differentials between participants and researchers, who were clinicians (perhaps for fear of social services involvement or child removal), this may have been mitigated by the study's use of a feminist participatory action (PA) approach. This considers power differences between researchers and participants and demonstrates relational ethics (Tracy, 2010) through the collaboration of investigators and community members to define the rules of the research.

A number of studies reported that homelessness caused distress for mothers due to uncertainty, instability and feeling stuck (Benbow et al., 2011; Kirkman et al., 2010, 2015; Thomas & So, 2016; Watt, 2018). Constant moving was described to be a source of distress for parents and children and was disruptive for children's routines (Kirkman et al., 2015). Furthermore, mothers were reported to be trapped in cycles of being placed in dangerous accommodation, being homeless and having to go back to abusive relationships (Benbow et al., 2011). Feeling trapped was also expressed by mothers living in temporary

accommodation in London for an undefined period of time (Watt, 2018). Mothers also described that experiences of homelessness compounded past experiences of trauma and, at times, felt even worse, leading them to question whether they could continue living (Benbow et al., 2018).

Within studies which explored children's experiences, reports from parents (Anthony et al., 2018; Holtrop et al., 2015; Meadows-Oliver, 2009, Kirkman et al., 2010) and children (Kirkman et al., 2010) suggested that homelessness had a detrimental effect on children's mental and physical health. This was described to manifest through children's behaviour (Anthony et al., 2018; Holtrop et al., 2015; Meadows-Oliver, 2009, Kirkman et al., 2010), and emotional difficulties including depression, sadness and anxiety were reported (Anthony et al., 2018; Kirkman et al., 2010). Further, child development was reported to be impacted by homelessness; for example, children were described to regress in their ability to use the toilet (Anthony et al., 2018; Kirkman et al., 2010).

Anthony et al. (2018) and Kirkman et al. (2010) considered ethics very carefully; Kirkman et al. (2010) used play based approaches to try to make the experience less anxiety provoking for the children, who were also given the option of being interviewed with or without their parents. This may have made children more comfortable with sharing their experiences in an open or authentic way, and therefore, could have increased the credibility of the findings (Tracy, 2010). Anthony et al., (2017) employed community members from a housing initiative who were trained in ethical research and interviewing to interview participants. This may have made participants feel more comfortable and able to share, also possibly increasing the credibility of the findings (Tracy, 2010).

In summary, the research suggested that homelessness is likely to have a negative impact on the mental and physical health of mothers and children. For mothers, in addition to the general impact homelessness was reported to have on their mental and physical health, the

experience of feeling trapped and uncertain seemed particularly poignant. For children, mood, behaviour and possibly child development appeared to be impacted by the experience of homelessness. The careful ethical considerations of some of these studies while eliciting distressing information is a strength of this research. Those that considered these distressing findings in relation to wider systemic factors enabled readers to understand this distress in its' context. Nevertheless, this London based study lacked reflexivity and triangulation processes, so despite its strength in placing findings into context, the findings must still be interpreted with caution.

2.3.3.2 Impact of the physical accommodation and surrounding area on wellbeing.

Further to the overall experience of not having a home, six studies addressed the impact of the quality of temporary homes or safety of the surrounding area (Gültekin et al., 2014; Holtrop et al., 2015; Kirkman et al., 2010, 2015; Thomas & So, 2016; Watt, 2018).

Regarding families' living spaces, qualitative interviews with parents within two mixed methods studies reported that having to live in small spaces and being deprived of a place to play led children to become distressed or overactive (Holtrop et al., 2015; Thomas & So, 2016). Regarding parents' own experiences of the living spaces, a lack of privacy (Thomas & So, 2016) and sharing bathrooms with strangers (Holtrop et al., 2015) was reported to make daily living difficult. In interpreting the generalisability of the results, we must note these were US based, with Thomas & So (2016) sampling mothers living in an emergency assistance hotel and Holtrop et al., (2015) sampling parents in transitional housing. Whilst these findings may be applicable to different types of temporary accommodation in the UK the population characteristics cannot be generalised.

Furthermore, qualitative interviews with mothers in both Australia (Kirkman et al., 2015) and London (Watt, 2018) reported that mothers and families felt unsafe in shared

accommodation due to people visibly expressing their suffering from drug addictions (Kirkman et al., 2015; Watt, 2018) and mental health difficulties (Kirkman et al., 2015). Mothers perceived this as damaging to their own and their children's mental health (Kirkman et al., 2015). However, both of these studies may lack sincerity (Tracy, 2010), as researchers did not address reflexivity, or provide information about the analytic process, thus, the findings could be influenced by researcher biases. In the UK and London, black and Muslim women experienced threats to their safety as a result of racism and islamophobia when they were moved from diverse areas in London to suburban areas where far right parties had high levels of support (Watt, 2018).

Research has also reported that living in a location where distance, transport accessibility and transport costs are barriers makes it difficult to access healthcare, childcare and food (Thomas & So, 2016). Thomas and So (2016)'s mixed methods methodology enabled these findings to be strengthened through the addition of a quantitative spatial analysis, which showed that many emergency shelters in Massachusetts were far away in distance and travel time from basic amenities (Thomas & So, 2016). The integration of the quantitative and qualitative aspects of this study were, therefore, relevant to the research aims (Pluye et al., 2011) creating a sense of meaningful coherence (Tracy, 2010).

In summary, many aspects of the physical accommodation appeared distressing for both mothers and children, such as small spaces and a lack of privacy. Living in areas which were deemed unsafe, were also considered detrimental to wellbeing, and living where basic amenities were hard to access appeared to make life difficult. Again, some of these studies lack reflexivity, so potential reductions in the sincerity (Tracy, 2010) of the findings must be considered. Findings about the experience of the physical homes were not UK-based potentially impacting on generalisability. However, we can understand issues about difficult

experiences in relation to the specific and current political context of racism and islamophobia in London and the UK.

2.3.3.3 Treatment of homeless families within the housing system and society: discrimination and stigma.

Nine studies addressed mothers experiences of being treated with a lack of empathy, experiencing stigma or being discriminated against within the housing systems and society (Anthony et al., 2018; Benbow et al., 2011; Benbow et al., 2018; Gültekin et al., 2014; Holtrop et al., 2015; Kirkman et al., 2010, 2015; Thomas & So, 2016; Watt, 2018).

Interviews with homeless mothers in the US by Gültekin et al., (2014) reported that mothers experienced a lack of empathy from staff within the housing system, and rules which led to distress, loneliness and separation. The credibility (Tracy, 2010) of these findings are strengthened by a detailed triangulation process.

Further to experiences with staff, mothers reflected on how rules enforced by housing systems were perceived to worsen their wellbeing (Kirkman et al., 2015; Watt, 2018). For example, interviews with 18 single mothers revealed distress resulting from being threatened with child removal for not accepting an unsuitable, out of area property (Watt, 2018). This UK based study contextualised findings which was particularly useful to draw on when considering experiences of homeless mothers in the UK. However, this study did not mention any triangulation processes and did not address researcher reflexivity, potentially compromising the credibility of the analysis (Tracy, 2010). Furthermore, the results may be biased by researcher perspectives, thus, possibly reducing the study's sincerity (Tracy, 2010).

Although many experiences mothers had with staff were difficult, some mothers in Canada reported positive relationships with particular staff, valuing their knowledge and understanding of the housing system (Benbow et al., 2018). Mothers reported these staff

“stood up” for them, “actually cared” and “made them feel safe, deserving and understood” (Benbow et al., 2018, p7). The staff expressed frustration about “working within and challenging the system” and highlighted the importance of advocating for mothers and supporting them to know their rights (Benbow et al., 2018, p7). Mothers asked for service providers’ perspectives to be included in this study. Relational ethics was, thus, demonstrated through the researchers modifying the study’s methodology to enable this to happen (Tracy, 2010). However, this also meant that service providers selected by mothers may be more likely to be those who built supportive relationships with mothers, and as the study took place in Canada, it is likely that their role may be different to that of staff within the UK housing system. Therefore, precaution should be taken if generalising this finding when considering mothers’ experiences of staff within the UK housing system.

Regarding discrimination, Benbow et al. (2018) conducted in depth interviews of 26 mothers experiencing homelessness in Canada, reported that mothers experienced discrimination from landlords based on homelessness, poverty status, race, single motherhood, nationality, and mental illness. This led to feelings of shame and self-blame (Benbow et al., 2018). Furthermore, through conducting multiple interviews of 12 homeless Appalachian mothers, Lee (2012) found that discrimination experiences due to their lack of economic resources and homelessness left mothers concerned about facing further discrimination.

In addition to using a large sample (Benbow et al., 2018) or multiple interviews (Lee, 2012), both of these studies used methods which payed particular attention to the relationship between social, political and cultural contexts and wellbeing. Benbow et al. (2018) analysed data using critical narrative enquiry through multiple lenses, including the lens of context, and Lee (2012) used an ethnonursing method which focused on human care and wellbeing in different cultural contexts.

Furthermore, two qualitative studies paid particular attention to a multitude of ways mothers resisted this marginalisation and oppression (Benbow et al., 2011; Benbow et al., 2018). For example, when mothers took control and escaped abusive relationships to protect themselves and their children, even though they then become homeless (Benbow et al., 2011), or when refusing unsafe offers of housing. Researchers constructed these experiences as acts of resistance (Benbow et al., 2011).

In summary, in studies outside of the UK experiencing a lack of empathy from staff, and rules perceived as punitive, appeared to be detrimental to mothers' wellbeing; with the exception of some staff who demonstrated care and understanding. Mothers reported being discriminated against within the housing system, and society. Within the previous section, we also learnt that discrimination was experienced by mothers who had moved out of London, therefore, identifying that this was also experienced in the UK. The credibility (Tracy, 2010) was mixed, and some studies appeared to lack reflexivity and, thus, potentially sincerity (Tracy, 2010) if the findings were consequently influenced by researcher biases. However, the understanding of mothers' resistance and resilience through a critical feminist approach enabled the reader to gain an important perspective around mothers resisting discrimination. However, information on resistance and resilience in homeless mothers is lacking in the UK.

2.3.3.4 Relationships and wellbeing.

Many studies addressed relational issues experienced by homeless families. This included separations and losses of support, experiences of mothering and parenting while homeless and relational issues between parents and children.

Families in the US (Thomas & So, 2016) and the UK (Watt, 2018) described experiencing isolation and loneliness through being placed in accommodation far away from friends,

family and networks. Children described experiencing separations from siblings and lost community connections due to frequent moves (Kirkman et al., 2010).

Regarding experiences of mothering, mothers were reported to blame themselves for experiencing homelessness (Benbow et al., 2018; Meadows-Oliver, 2009), poverty, and for suffering from domestic violence (Benbow et al., 2018). Meadows-Oliver (2009) found that young mothers regretted their life choices and attributed these to their homelessness, hence the self-blame. This study provided a unique perspective on the experiences of young mothers through the interviews of eight homeless mothers aged 18-19. The sincerity (Tracy, 2010) of the findings were enhanced by the researcher keeping a field journal to enable her to bracket her own ideas and assumptions from participants' experiences. Perhaps sincerity could have been enhanced further through a self-reflexive approach involving openly acknowledging and reflecting on the researcher's reactions throughout the report (Tracy, 2010). This may involve engaging in epistemological reflexivity; in which the researcher could reflect on their beliefs about how knowledge of participants experiences was obtained (Willig, 2019), and considering whether it is possible to find 'truths' about participants' experiences which are fully separate from our own.

Additionally, Lee, (2012) reported that homelessness had temporarily eroded Appalachian mother's self-respect. However, drawing on the Appalachian value placed on caring rather than viewing homelessness as a defining feature of themselves helped mothers reclaim it (Lee, 2012). The author concluded that mothers who were guiding their children through homelessness must be given respect and support within their roles as mothers, and value must be placed on the dignity and strength they show during these adverse experiences.

Lee (2012) demonstrated rich rigour in a number of ways. Firstly, the author spent time getting to know participants, which may have made participants more open to share and elicit rich data (Tracy, 2010). Secondly, the authors spent a large amount of time interviewing

mothers a number of times to obtain interesting and significant data (Tracy, 2010). Thirdly, the use of an ethnonursing theoretical perspective enabled the elicitation of rich information relating to the study's aim of finding out about universal and diverse care meanings and expressions of the mothers living in a homeless shelter.

Regarding experiences of parenting, the quantitative section of the study by Holdrop et al. (2015), where 69 parents completed self-report measures around parenting, reported that levels of parenting stress surpassed the clinical threshold. All these measures were reported to have appropriate validity to enable the study to measure these constructs (Holdrop et al., 2015). However, as self-reports may be unreliable precaution should be taken when interpreting these findings.

Despite parenting difficulties, some mothers described seeing their children as the motivator to persevere through adversity (Holdrop et al., 2015; Lee, 2012). Through carrying out interviews with 24 homeless mothers, Holdrop et al. (2015) described their maintenance of strong identities as parents despite being homeless and striving to be what they deemed good parents (Holdrop et al., 2015). This qualitative finding integrated with the quantitative findings of the study to provide a multiple dimensional view of the experiences of parenting whilst homeless (Pluye et al., 2011). Sustaining this may be more problematic, for example, other research has found that participants' roles as mothers were difficult to balance alongside their other roles as carers, friends (Watt, 2018), students and employees (Meadows-Oliver, 2009; Watt, 2018).

A consistent report was that parents worried about the impact of homelessness on their children's wellbeing (Gültekin et al., 2014; Kirkman et al., 2015; Meadows-Oliver, 2009) and described seeing their children suffering as profoundly distressing and painful for them (Kirkman et al., 2015; Meadows-Oliver, 2009).

Furthermore, Anthony et al. (2018) reported that maternal depression in homeless mothers may have impacted on mothers' ability to interpret and respond to children's signals through the attachment bond (Anthony et al., 2018). However, it should be noted that the authors did not use a critical lens when utilising attachment models for parents experiencing homelessness. Without a broader understanding regarding the impact of homelessness attachment becomes only situated within individual families. Instead, it seems crucial to consider the complex interplay between wider societal oppression on mothers' ability to interpret children's signals. Therefore, contextualising issues of attachment could offer further understanding on how parental homelessness is experienced and thus could have increased theoretical significance of this area of research (Tracy, 2010).

In summary, being moved away from friends, families and communities appeared to have a negative impact on the wellbeing of families. Parents and children seemed to worry about each other's wellbeing whilst they were homeless, and the experience was thought to impact on the parent-child bond. Parenting was reported to be experienced as difficult whilst homeless, although some parents were able to find motivation to cope through being parents of their children. Mothering and parenting whilst homeless was therefore, a multifaceted experience.

Findings on the experience of mothering were strengthened by the sincerity (Tracy, 2010) and rich rigour (2010) of many of the respective studies, and interviews with children enabled a direct insight into their experiences of isolation. Furthermore, whilst the impact on the parent-child relationship was presented with reference to attachment theory, the impact of the wider social and political context on attachment should be considered further to minimise stigmatisation.

2.4 Summary

This systematic review has identified that whilst there have been fairly few studies looking in depth at the experiences of mothers and children experiencing homelessness, there are consistencies between them. All studies reported links between the experiences of homelessness and distress for mothers and some did the same for children. Distress was linked to the physical environment of accommodation, difficulties within actual accommodation or accessing it and distressing rules enforced by systems. The reported stigma and discrimination faced by homeless families appeared to be internalised by mothers at times. Despite this, mothers, children and families showed remarkable strength and found ways to resist the multiple levels of oppression they faced. The uncertainty about where families would go next, and feelings of being stuck, were associated with distress and an impact on families' mental health and wellbeing. Mothers were also living with trauma from previous experiences which were reported to be exacerbated by homelessness. Many families became isolated from their support networks and communities as a result of becoming homeless and moving away, and relationships within homeless families, such as the parent-child relationship appeared to be strained.

2.4.1 Gaps in the research.

Within this systematic review, many of the qualitative studies, and the qualitative parts of the mixed methods study made little or no attempts to address researcher reflexivity; this could reduce the sincerity (Tracy, 2010) of these studies; possibly making the findings subject to researcher bias. The qualitative studies also varied in their levels of credibility (Tracy, 2010), as triangulation or crystallisation processes were seldom documented making it hard to identify if multiple perspectives were utilised (Tracy, 2010).

Regarding samples and locations of all studies, although many included single mothers in their samples, none of these explicitly looked at the experience of being a single mother in the context of homelessness. Most studies did not explore the experiences of children or the mother-child relationship in detail. Most of the research was also done in the US, with a small amount in Australia, so may have limited generalisability to a UK or London-based sample.

The studies were mostly led by the nursing profession, social workers or those working in sociology or social sciences research, with none of the studies reviewed were conducted by psychologists. A clinical psychology lens could be useful, not only to inform the way we formulate and support families experiencing homelessness, but to support others to understand the needs of homeless families in our leadership and consultancy roles. As clinical psychologists are recognising their role in informing policy, and public health (Harper, 2016), it is also important for us to be able to demonstrate the links between material conditions and emotional states so that policies focusing on preventative strategies can be implemented.

2.4.2 Rationale.

As a result of the above, the present study aims to fill these gaps by addressing the experiences of single mothers who are experiencing homelessness in London, from a clinical psychology lens. There will be a particular focus on mental distress. The study will aim to use methods such as researcher reflexivity to ensure sincerity; and triangulation and crystallisation processes alongside the integration of multiple voices to enhance credibility. The study also aims to contribute further to the limited literature on children's experiences and the mother-child relationship from the perspective of the mother and will also address issues faced by mothers and children with no recourse to public funds.

Therefore, the present study seeks to explore the following research questions:

- What are experiences of single mothers who are living in temporary accommodation in London and how is their mental health or wellbeing related?
- What are single mothers' experiences of how temporary accommodation is related to their relationship with their children, and their children's mental health and wellbeing?

Chapter 3: Methodology

3.1 Overview

This section will begin by discussing the use of thematic analysis to explore the experiences of single mothers and children living in temporary accommodation in relation to mental health and wellbeing. The process of recruitment, the sample and the choice of semi-structured interviews for data collection will then be discussed; followed by ethical considerations for this study. The process of data analysis will then be described, with signposting to appendices to further the reader's understanding of this process. Finally, the steps taken to ensure the quality of this research will be outlined.

3.2 Design

This study was a thematic analysis of data from individual interviews undertaken with self-identified single mothers living in temporary accommodation.

3.2.1 Choice of a qualitative design.

This section will outline the reasons for choosing a qualitative design. Firstly, a qualitative approach was chosen due to the lack of in-depth research on the experiences of mothers and children experiencing homelessness and temporary accommodation. Most research on this area is quantitative and focuses on prevalence rates. Although quantitative research is useful, it does not tell us about subjective experiences in depth and meanings made of these experiences by families, which qualitative research aims to do (Barker, Pistrang & Elliott, 2002).

Furthermore, qualitative research is thought to enable exploration of participants' contexts (Clarke & Braun, 2013). Therefore, it seemed more appropriate to use a qualitative method as

it enables people's contexts to be explored, and as previous chapters highlight the difficulties faced by marginalised groups may often be individualised, leading to narratives of blame.

3.2.2 Choice of Thematic Analysis.

Thematic analysis is a qualitative research method which aims to identify, analyse and report on patterns of meaning of a data set (Braun & Clarke, 2006). For the current study, this would enable the reporting on interpretations of collective experiences and to construct shared meanings from mothers in different types of temporary accommodation.

Thematic analysis is considered a flexible method which can be used with a range of epistemological positions (Braun & Clarke, 2006). This fits with my critical realist social constructionist position (Harper, 2011), which provided a framework for me to report my constructions of the shared realities of mothers, while also considering their socio-political context. Braun and Clarke's method of thematic analysis is 'reflexive', encouraging researchers to explore the influence of their own beliefs on the research process and make these explicit (Braun, Clarke, Hayfield, & Terry, 2019). This enables the acknowledgement of researcher influence on the study and further supports my epistemological position: although there may be a 'reality', we cannot access it in an objective form (Harper, 2011), particularly as we view the world through the lens of our own experiences and assumptions (Clarke & Braun, 2013).

Furthermore, although it has been suggested that a disadvantage of thematic analysis is that it does not have a focus on interpreting the use of language (Nowell, Norris, White, & Moules, 2017), this was in fact part of the reason for the choice of thematic analysis for this study. Given that some participants had English as a second language, it was possible they may not have been able to use the language they were most comfortable with to express their experiences or distress in ways that felt representative of those experiences. Therefore, a

method that does not focus on making claims about language may give participants a more equal chance for their data to be interpreted in a way they feel represents their experiences.

3.2.2.1 *Consideration of alternative methodologies.*

Table 9 details the process of consideration of alternative methodologies before deciding on thematic analysis.

Table 9: Consideration of alternative methodologies

Methodology	Brief description	Considerations and reason for exclusion
Interpretative Phenomenological Analysis (IPA)	Explores individual, subjective experiences in depth and is interested in individual participants' internal worlds (Smith, Flowers, & Larkin, 2009)	Exploring participants subjective experiences in depth could be a useful way to answer the research question. However, there would be a lack of consideration of the collective shared meanings in the data and may limit focus on the context. Also, the heavier focus on bracketing may not fit my epistemology and prevent reflexive integration of my own perspectives as a researcher.
Grounded Theory (GT)	Aims to develop a useful theory which is grounded in participant data (Charmaz, 2011) to explain social processes in their contexts (Willig, 2013).	This method could usefully explain participants' experiences while considering the social context. However, a more flexible approach which did not require the development of theory was deemed important to enable exploration of participants differing experiences, and to obtain a collective overview of participants' experiences. Due to difficulties recruiting participants, the large sample size required for GT may have been unrealistic for the scope of this research.
Narrative analysis (NA)	Explores stories told by participants with a focus on how they are told (Burck, 2005; Riessman, 2008) and which stories are privileged and which are subjugated (Wells, 2011).	Exploring how stories are told could enable the researcher to construct meanings around how the socio-political context impacted how participants spoke about themselves. However, participants may have felt obliged to portray their stories in a particular light due to societal stigma, however, this would not address the main aim of the study which was to investigate their collective experiences rather than how they tell their stories.

3.2.3 *Choice of individual interviews.*

Qualitative, semi-structured interviews were used incorporating a flexible interview guide enabling the researcher to be responsive to the participant (Clarke & Braun, 2013). This was important, as although I aimed to elicit information about social and contextual factors and generate shared meaning, an in-depth exploration of participant's experiences was also required. Additionally, as some participants' first language was not English, individual semi-structured interviews helped ensure participants had an equal chance at understanding and responding to the questions.

3.2.4 Insider or outsider researcher?

An insider researcher has been defined as a researcher who shares a social identity or characteristic such as gender or ethnicity with the research, whereas an outsider researcher has been defined as a researcher who does not (Mercer, 2007). However, it has also been suggested that those who research issues which do not belong to them are outsider researchers (Breen, 2007). Therefore, the concept can seem quite vague, as I have areas of both similarity and difference with participants. I am female and have lived most of my life in social housing, yet it was not temporary accommodation; and I have been raised by a single mother, yet am not a mother myself.

It has been suggested that there is a "space between" (Dwyer & Buckle, 2009, p.60), which challenges the dichotomous notion of the insider and outsider researcher. Dwyer & Buckle (2009) suggest researchers may only ever be able to operate in the space between and may move between being closer and further from insider and outsider positions. Therefore, through processes of researcher reflexivity, I consider how my possible insider and outsider positions may enhance or bias my understanding of the topic and may enhance my ability to relate to participants.

3.3 Participants

3.3.1 Participation criteria.

Table 10 shows the inclusion and exclusion criteria for the study. Whether or not participants met these criteria was determined on the telephone or in person before interviews took place.

Table 10: Inclusion and exclusion criteria for participants

Inclusion criteria	Exclusion criteria
Self-identified single mothers	Non single mothers
Age 18 or older	Under the age of 18
Living with one or more children under the age of 18	Not living with children
Living in temporary accommodation in a London borough	Living outside of a London borough
Able to speak and understand the level of English language required to understand and respond to questions in the interview schedule	Level of spoken English not sufficient to understand and respond to the interview questions

3.3.2 Recruitment.

A purposive sample of participants were recruited in person through meetings at a housing campaign group and visits to a community project providing support to mothers living in temporary accommodation. Participants were also recruited online through social media. Further information on recruitment can be found in appendix H.

A limitation of purposive sampling is that another researcher may recruit a sample with different characteristics within the population being investigated (Battaglia, 2008). However, this study aimed to gain an overview of subjective experiences, and not to generalise the findings to this population. Furthermore, purposive sampling was considered appropriate to recruit single mothers in temporary accommodation in London for this particular study, as it

is considered appropriate for recruitment of small samples from a specific geographic area or population (Battaglia, 2008).

3.3.3 Sample.

Twelve participants aged between 26-45 took part in the study. Table 11 contains information about the recruitment sources, accommodation and demographic information about participants and their children. Participants moved between types of accommodation and providers, with varied lengths of accommodation ranging from weeks to over two years, with often longer periods of housing instability and homelessness. Many of the social homes were managed by private companies and landlords. Some participants had lived in shelters for survivors of domestic violence prior to moving to other, or their current, accommodation. Participants and their children were allocated pseudonyms which will be utilised throughout the study. Pseudonyms were also used to conceal the names of participants' accommodation when named by participants, and where a participant mentioned her number on a housing waiting list, the number was adjusted very slightly for anonymity.

Table 11: Recruitment sources, accommodation and demographic information about participants and their children

Participant/housing characteristic	Number of participants (<i>n</i>)
Recruitment source	
Community project	<i>n</i> =6
Social media	<i>n</i> =5
Housing campaign group	<i>n</i> =1
Type of accommodation	
Self-contained home	<i>n</i> =4
Hostel	<i>n</i> =6
Bed and Breakfast	<i>n</i> =1
Hotel	<i>n</i> =1
Provider of accommodation	
Council	<i>n</i> =7
Social care (Section 17 accommodation)	<i>n</i> =4
Home office (NASS accommodation)	<i>n</i> =1
Ethnicity of participant	
Arabic	<i>n</i> =1
Black African	<i>n</i> =4
Black Caribbean	<i>n</i> =1
Mixed Race	<i>n</i> =2
South Asian	<i>n</i> =3
White European	<i>n</i> =1
Number of children	
One	<i>n</i> =7
Two	<i>n</i> =5
Age ranges of children	
0-5	<i>n</i> =12
6-12	<i>n</i> =2
13-18	<i>n</i> =3

3.4 Ethical considerations

3.4.1 Ethical approval.

Ethical approval with two additional amendments was granted from the University of Hertfordshire ethics board (ethics number: aLMS/PGT/UH/03424(2)). The first amendment involved a change in lone working method to include home visits, and additional lone

working buddies to increase accessibility to participants for the purpose of interviews, the use of telephone interviews and the use of a transcription service. The second involved recruitment of mothers from all types of temporary accommodation providers, not exclusively councils and local authorities, and to place recruitment posters in community venues. Ethical approval notifications for the study and the amendments are in appendices A, B and C.

3.4.2 Informed consent.

Prior to interviews, participants were made aware of confidentiality and its limits, the aims of the study, what would happen if they participated, , how their data would be stored and used, the possible benefits and costs of taking part and their right to withdraw at any time without giving a reason. Participants were made aware once the data was analysed this was no longer an option. Having been given a participant information sheet (appendix E) and through a verbal conversation it was checked that participants understood this information before agreeing to take part. Participants were reminded that they could choose not to answer any of the questions and to give only the information they felt comfortable sharing. A consent form (see appendix D) was then discussed, verbally and signed by the participants. For telephone interviews, these forms were sent via email and these discussions took place over the phone. Signed consent forms were returned by participants via email before the interview began.

Initially, some participants, unclear about my role as a researcher, asked whether I could provide advocacy or therapy. I therefore, ensured that participants understood my researcher role and that I would not be able to provide any individual support, before they agreed to take part.

3.4.3 Confidentiality.

Participants were informed that their data would be anonymised and stored confidentially. Participants and their children were assigned pseudonyms, which were used during transcription. Eight transcripts were transcribed using a transcription service, and four by the researcher. Participants were informed about this prior to consenting to take part, and a confidentiality and non-disclosure agreement was put in place with the transcription service (appendix G). All data was stored electronically under password protected conditions. Audio data was deleted from the audio recording device after uploading to the computer, and audio files on the computer were deleted after transcription. Names and contact details of participants were stored separately from transcripts. The data was stored in accordance with the Data Protection Act (UK Government, 1998), and only the researcher and principal supervisor at the university were granted access to the data.

3.4.4 Consultations of people with lived experience.

A consultation was carried out with a campaign group who raise awareness of housing injustices and provides support to those affected. This group included mothers currently or previously living in temporary accommodation, some of whom were single mothers. During one of their monthly meetings, I asked the group to provide feedback on the initial design of the study and interview questions, and to suggest further ideas they considered relevant. To maintain transparency, before the discussion began, I let the group know that not all ideas suggested may be used, for example, if an idea seemed beyond the scope of this study. The group provided feedback and suggested ideas, which were discussed with the principal supervisor and were selectively incorporated into the interview schedule. A summary of the feedback can be found in appendix I.

3.4.5 Financial recompense

Participants were given a voucher of their choice to the value of ten pounds as recompense for their time and effort.

3.4.6 Member reflections.

Tracy (2010, p844) describes “member reflections” as a process which allows for “sharing and dialoguing with participants about the study’s findings, and providing opportunities for questions, critique, feedback, affirmation, and even collaboration” (Tracy, 2010, p844). Upon commencing the interviews, all participants gave verbal consent to be contacted about the study’s findings and to be asked for feedback. Therefore, after the data had been analysed, participants were contacted by text message to ask if they consented to a telephone conversation to share their views and discuss whether they felt the analysis was representative of their experiences. Although a number of participants responded to the text message, giving consent to the conversation, unfortunately it was only possible to obtain reflections from two participants in the time remaining before submission. Details of the member reflections in addition to the strengths and limitations of this process are outlined in the discussion.

3.5 Data collection

3.5.1 Devising the interview schedule.

An interview schedule (see appendix K) was developed based on literature and the consultation process, alongside guidance from Clarke and Braun (2013). Open ended questions were used to explore participants experiences in more depth, and for questions to be non-leading (Clarke & Braun, 2013). Short questions, free of jargon, were developed to be

accessible to all participants (Clarke & Braun, 2013). The schedule was designed to be used flexibly to enable spontaneous follow up questions and individualised conversations to happen. This was particularly important given that participants were experiencing high levels of distress.

The principal research supervisor contributed ideas to the draft schedule based on her expertise on parental and child mental health. The second draft of the interview schedule was sent to a single mother with lived experience of temporary accommodation to gain feedback which was integrated into the interview schedule (see appendix J). Upon realising that many of my participants had babies and infant children, a child psychotherapist with expertise on mothers and infants was consulted and helped to adapt child related questions for babies and toddlers. After discussion with a research tutor, it was agreed that pilot interviews would not be done, as it did not seem ethical for a participant to take part and not have their experiences, particularly distressing ones, included in the final study.

3.5.2 The interview process.

Ten face to face interviews and two telephone interviews took place. The interviews lasted between 30-120 minutes. Face to face interviews were conducted during convenient times and locations for participants, in spaces such as libraries, community centres and rooms used by the organisations I recruited from. These were places participants already used or visited and were in walking distance of the participants' homes. Telephone interviews took place at my home and others did not enter the room during the interview process.

As many mothers did not have childcare, young infants or children under the age of two were allowed into the interviews when necessary. In these cases, a discussion took place with the parent prior to the interview where the appropriateness of discussing topics in front of children was considered.

The participant information sheet stated that I, as a researcher, had grown up in a household headed by a single mother in social housing. I did not emphasise this specifically in the interview or invite conversation about it unless a participant enquired, which happened twice. In light of the levels of distress and adversities participants faced, it felt important to de-centre my own experience but still disclose the information about my own experience.

I offered telephone interviews due to difficulties arranging face to face interviews. Despite concerns from qualitative researchers about the use of telephone interviews, such as barriers in building rapport and increased possibility of misunderstandings (Novick, 2008), research also highlights that telephone interviews can reduce the power imbalances between researchers and participants and increase the level of privacy and anonymity felt by participants (Volg, 2013). Following face to face interviews with telephone interviews. It was my experience that the rapport I built with participants on the phone was similar to the rapport in the face to face interviews.

3.5.3 Participant distress.

Considering the high levels of distress faced by participants, I used my clinical skills to respond to potential distress in a compassionate manner. I consistently checked in with participants regarding whether they needed to take breaks and reminded them to share only what they felt comfortable sharing.

At the end of each interview, as a debrief, I checked in with participants about how they had found the interview and acknowledged the emotional challenges of this process. Participants were given the opportunity to ask questions and make comments and were provided with a debrief sheet (appendix F).

3.5.4 Participant safety.

In some cases (n=4), it was necessary to conduct risk assessments as participants had disclosed suicidal ideation or plans. This was managed sensitively, moving away from individual blame, acknowledging how participants had been pushed into these feelings by systems. One participant was unable to guarantee that she would be able to keep herself safe if a meeting with the council the following week resulted in a feared decision. Therefore, I called the principal supervisor and sought advice immediately after the interview. Acting on the supervisors' advice, I asked the participant for consent to contact her GP, which she gave, and I was able to pass on the information to the GP.

3.6 Data analysis

Data was analysed using Braun and Clarke's (2006) method of thematic analysis. Data was analysed from a critical realist epistemological stance, with social constructionist thinking (Harper, 2011), thus, *semantic* themes and codes, (looking at explicit, surface level meanings in data) and *latent* themes and codes, (looking for underlying assumptions, issues and ideas in the data) were generated (Braun and Clarke, 2006). The analysis was *inductive*; generating themes and codes in a 'bottom up' way, meaning they came from the data itself rather than being theory driven (Braun and Clarke, 2006). Reflexivity was maintained using a reflective log (see appendix R for extracts) and reflexive conversations with supervisors and peers. Braun and Clarke (2006) detail six phases of thematic analysis; below I will describe how each stage was completed for the present study. It should be noted that the analytic process involved moving back and forth between the phases, as necessary.

3.6.1 Phase 1: Familiarising myself with the data.

To familiarise myself with the data I transcribed four transcripts. The remaining eight transcripts were transcribed by a transcription service. I read over all transcripts three times to

further immerse myself in the data (Braun and Clarke, 2006) and used my reflective log to make note of ideas of shared meaning, codes and potential themes.

3.6.2 Phase 2: Generating initial and overarching codes.

Two phases of coding were undertaken, with revisions taking place throughout the other stages of the analysis. During the first phase transcripts were coded in a line-by-line manner (Braun and Clarke, 2006). The aim of this phase was to remain true to the text. A coded transcript from this phase can be found in appendix P. During this process it was difficult to move away from the details of each individual transcript to find shared meanings across the transcripts. Therefore, a second phase of coding took place where line by line codes were combined to form overarching codes which were entered into Nvivo. A coded transcript from this stage can be found in appendix Q.

A number of processes took place to improve the credibility (Tracy, 2010) of the coding process. Firstly, the principal supervisor and primary researcher met to read through and discuss a coded transcript that was coded by the researcher. Points of difference in opinion were identified and reflexive conversations took place where the researcher reflected on potential biases which could have influenced the coding process. Codes which reflected both perspectives were integrated into the transcript. Secondly, the external supervisor coded an anonymised transcript using line by line coding. The researcher and external supervisor then met to look at coded transcripts and explore points of similarity and difference through reflective, and reflexive, conversations. Following this, the external supervisor and primary researcher decided on the overarching codes to be added to Nvivo. These processes of crystallisation enabled the researcher and supervisors to synthesise multiple perspectives and obtain a deeper understanding of the data without searching for a “more valid, singular truth” (Tracy, 2010, p.844).

3.6.3 Phase 3: Searching for themes.

This stage of the analysis involved movement towards exploring broader themes across the data (Braun and Clarke, 2006). Initial ideas for themes generated during the coding process were developed through further revisions of the data set after coding had been completed. Mind maps attempting different groupings of codes and a number of preliminary thematic maps were drawn to see how these ideas of themes and subthemes fitted together. An example of preliminary combinations of codes can be seen in in appendix L, with an associated preliminary thematic map in appendix M.

3.6.4 Phase 4: Reviewing themes.

This stage involved ensuring themes conveyed participants' accounts in a meaningful way which reflected the data set and codes, while ensuring themes and subthemes were distinct from each other (Braun & Clarke, 2006). Another aim was to ensure that the themes captured the shared meaning in enough depth, rather than providing a simple summary of the issues raised in response to my questions (Clarke, 2017).

3.6.5 Phase 5: Defining and naming themes.

This phase of defining and refining the themes involved identifying what the "essence" of the individual and overall themes were, and which part of the data set they represented (Braun & Clarke, 2006, p.92). It was important to consider how each theme fit into the wider story being constructed about the data, with regard to the research question, to make sure themes did not overlap too much (Braun & Clarke, 2006).

Meetings with the research mentor were held where the nuances of the themes and subthemes were refined to ensure the stories of the individual and overall themes were coherent and built on each other to form a story. Names were then refined to reflect this. The research mentor also supported the researcher to develop the names of themes and subthemes to make them concise, memorable and reflective of the powerful accounts given by participants. The researcher retained awareness of the potential limitations of language due to the language barriers of participants. Thus, care was taken to ensure that the names of the themes were constructed using the language of participants, to further ensure they were reflective of the data. This led to a conversation with the research mentor around the articulate, powerful, emotive language used by the participants despite language barriers, and the possible perceptions of this language by professionals was reflected on. It was decided that the inclusion of participants' language in the names of the themes was necessary to ensure the themes captured the data set. Final themes with groups of codes can be seen in appendix N, with the associated final thematic map in appendix O..

3.6.6 Phase 6: Producing the report.

This phase involved writing up the analysis of the data to form the results chapter. During this stage, the large amount of highly emotive data became overwhelming and some difficulties arose with constructing a clear and concise story from the data as all of the data seemed important. Meetings were, therefore, held with the research mentor where the presentation of themes and subthemes were reviewed further, and the researcher was supported to develop a concise story from the data. The researcher engaged in reflexive conversations with the research mentor to reflect on how researcher experiences or biases may have impacted which parts of the data were included or excluded, and balanced decisions were made and revised following this.

3.7 Quality assurance

It was important to select a measure of quality which fitted the needs of this study and aligned with my personal and epistemological position. Measures which focus on assessing objectivity, generalisability, consistency or reliability have been deemed unsuitable for qualitative research (Tracy & Hinrichs, 2017). These measures take a more positivist position of aiming to uncover an objective truth, which was unsuitable for my critical realist social constructionist epistemological position, from which I aimed to understand participants' experiences in their contexts and the meanings they made from these (Harper, 2011). However, the "Eight Big-Tent Criteria for Excellent Qualitative Research" (Tracy, 2010) can be used for critical realist and social constructionist epistemologies. I was particularly drawn to Tracy (2010)'s tool, as many of the criteria seem compatible with a social justice ethos which were important for this study given the participants faced marginalisation. Therefore, table 12 details the processes taken in this research to meet Tracy (2010)'s quality criteria.

Table 12: Quality criteria for this study

Criteria for Quality (Tracy, 2010)	Description of criteria ways to achieve it (Tracy, 2010)	How the current study met this criterion
Worthy topic	The research topic is “relevant, timely, significant, interesting” (Tracy, 2010, p. 840)	<ul style="list-style-type: none"> • The topic is timely and significant given the social, political, and economic context of housing, homelessness and discrimination of single mothers and those experiencing poverty. • The topic is relevant to the work of clinical psychologists given the severe impact of homelessness on the mental health and wellbeing of mothers and children. • The topic is indicative of social injustices which harm mental health and wellbeing of which awareness needs to be raised through dissemination of research. This process may encourage clinical psychologists and other professionals and members of the public to take action in smaller or larger ways.
Rich rigor	Use of sufficient and abundant theoretical constructs, data, time spent gathering data, sample, contexts and processes of data collection and analysis. These must be appropriate for the research and display a high level of complexity.	<ul style="list-style-type: none"> • A sufficient sample size (n=12) of mothers of a range of ethnicities, ages and types of housing, recruited from various sources supports the claims made from the data. • The full process of recruitment and data gathering took place over a six-month period, with a period of relationship building ground work which took place for a period of two years prior to data collection. This was sufficient to obtain a significant level of rich, relevant and interesting data. • The recruitment of a sample of single mothers living in temporary accommodation and gathering of data through interviewing them about their housing and wellbeing enabled the content of the data to align clearly with the aims of the study. • The methodology chapter provides in depth descriptions and discussion of the process of data collection and analysis. This is supported by an audit trail and samples of the reflective diary in the appendices.
Sincerity	Self-reflexivity about researcher’s values and biases. Honesty, transparency about the research	Self-reflexivity was achieved through the following processes: <ul style="list-style-type: none"> • A reflective diary was used throughout each stage of the research, including before the research began. This was used to explore and make sense of personal subjective experiences in relation to how they may affect the research process.

	<p>methods, process and analysis, including openness about challenges and difficulties.</p>	<ul style="list-style-type: none"> • Reflective discussions with the internal and external supervisor and the research mentor took place throughout the research process. These were used to explore reflections from the reflective diary and to reflect on how personal experiences could have impacted the collection and interpretation of data and the write up of the research. <p>Honesty and transparency about the research process were demonstrated through the following processes:</p> <ul style="list-style-type: none"> • The research process was documented clearly within the methodology and this was supported by the audit trails in the appendices which provide detailed descriptions of the processes of data collection and analysis, including worked examples of these steps. • Details of challenges and difficulties in the process of data collection and analysis, including personal challenges to the researcher can be seen in the methodology and reflective diary extracts within the appendices.
Credibility	<p>The research demonstrates that it is trustworthy and the findings are plausible. Includes thick descriptions of knowledge and showing as opposed to telling the reader the findings, triangulation or crystallisation and multivocality.</p>	<ul style="list-style-type: none"> • Throughout the results chapter, quotes from the participants are used abundantly to provide the reader with 'thick' and 'rich' descriptions of the data, and researcher descriptions and names of themes and subthemes constantly use the language of participants. Therefore, the report aims to "show rather than tell" (Tracy, 2010, p. 843) the story of the data and enable readers to draw their own conclusions. • The processes of crystallisation in the coding process enabled the researcher and supervisors to synthesise multiple perspectives and enhanced the credibility of the coding process. • Consulting with a group of people with lived experience created some multivocality in the research process. However, this was impacted by time constraints and more consultation and participation would have taken this further. • Steps were taken to ensure that strengths and resistance were shown in the report rather than solely focusing on the dominant, though highly important, stories of distress. In some parts, interpretations were made on what was not said, but this was done carefully to ensure that the report was still able to "show rather than tell" (Tracy, 2010, p. 843) the story of the data. These steps enabled the descriptions and interpretations to be further enriched.
Resonance	<p>The research's ability to impact and influence different audiences. The</p>	<ul style="list-style-type: none"> • The data itself was highly emotive, due to the extreme levels of distress caused to participants by housing injustices. Therefore, by using many detailed extracts from the

	<p>report is written in a way that is evocative of empathy and emotion. The findings feel relevant or transferable to different audiences.</p>	<p>data, the study aimed for readers to connect with these distressing experiences directly and feel moved to act.</p> <ul style="list-style-type: none"> • Within the discussion these findings and experiences are intertwined with the role of psychologists to enable readers in the field to feel the connections between the experiences of the participants and their roles as clinicians. This enabled the study to demonstrate “aesthetic merit” (Tracy, 2010, p.845) through enabling the readers to feel that the findings affect them. Ways that clinicians could help are outlined, so that clinicians feel that they are able to act and enable social change, rather than feel powerless.
Significant contribution	<p>Research makes a significant contribution to the field through building on knowledge, theoretical understanding, clinical practice. The research provides practical suggestions and is morally significant.</p>	<ul style="list-style-type: none"> • The research provides a detailed exploration of a population group who are under researched in the UK; particularly regarding qualitative research, and sheds light on a current, timely and important problem. • As limited qualitative research has been done on this population, particularly in the UK, and no quantitative research from a psychological lens has been done at all in the UK, methodological significance is demonstrated. • The study clearly links the findings with psychological theory in the discussion, including critically highlighting where some theories and approaches may be unhelpful for this population, thus demonstrating theoretical significance. • The study makes suggestions for future research, policy and action.
Ethical	<p>Ethical guidelines are adhered to and researcher responds to challenges which arise in the process in an ethical way. The research ethics also consider context, relationships and the ethics at the end of the research process and dissemination.</p>	<ul style="list-style-type: none"> • Ethical approval was granted from the University of Hertfordshire ethics board. This, in addition to steps taken to ensure confidentiality, informed consent and the right to withdraw, demonstrated procedural ethics. • Situational ethics were addressed through considering if potential harm to participants outweighed the moral goals of the study. With careful consideration of managing distress and using my clinical skills to judge how to proceed or not in interviews, it was considered that the risk of harm was low enough to be outweighed by the moral goals of the research. It was also considered that some participants may benefit from the opportunity to share their stories. Furthermore, financial recompense was given, which was deemed ethical considering the housing and financial situations participants were in. • Relational ethics were considered through continually aiming to show participants respect warmth and enabling participants to answer questions without asking leading

		<p>questions or attempting to elicit a particular story from them. Being open about my position and experiences of social housing was also important, given the marginalisation and stigma they faced to aim towards an environment that felt as free of judgement as possible in the context of research. This was done without centring my own story and allowing participants to engage with it only if they chose to.</p> <ul style="list-style-type: none"> • Exiting ethics were demonstrated through a thorough debrief at the end of each interview including information on additional support, and the opportunity to be informed on the progress and findings of the research. Exiting ethics was further ensured through ensuring the study was not written up in a way that could further marginalise participants through highlighting the role of the social and political context in their difficulties and moving away from societal narratives of individual blame and stigma. This will be continued throughout all methods of dissemination of this research, including journal publication.
Meaningful coherence	Whether the study achieves what it aimed to achieve, and demonstrates coherence between methodology, epistemological position, and use of literature in line with the stated goals of the study.	<ul style="list-style-type: none"> • Considerations and steps to ensure the study was carried out in alignment with the epistemological position are detailed in the introduction, method and discussion. • Research methods were chosen in line with the study aims and epistemological position, which is explained in the methodology section. • The analysis and write up of data and discussion of findings are done in relation to the research questions. • Ways that the study achieved its aims are discussed in the discussion chapter. • Literature is carefully connected with the aims and findings of the research.

Chapter 4: Results

4.1 Overview

This study aimed to explore the following research questions:

- What are experiences of single mothers who are living in temporary accommodation in London and how is their mental health or wellbeing related?
- What are single mothers' experiences of how temporary accommodation is related to their relationship with their children, and their children's mental health and wellbeing?

This chapter will present the results of the thematic analysis. Four main themes were constructed from the data set, namely '*Experiencing neglect and abuse within a powerful, unjust system*', '*Feeling trapped in cycles of suffering*', '*Mothering against the odds: nurturing through harsh conditions*' and '*Surviving and resisting in the face of adversity*'. These can be seen in table 13. This chapter will explore each of these themes and their corresponding subthemes in depth.

Table 13: Table of themes and subthemes

Theme	Subtheme
4.2: Experiencing neglect and abuse within a powerful, unjust system	4.2.1: <i>"The system will abuse you, and you will not be able to say anything"</i> : Powerlessness when facing the violence of power
	4.2.2: <i>'It feels like I'm being looked at like scum'</i> : Feeling degraded
4.3: Feeling trapped in cycles of suffering	4.3.1: <i>"Before I leave this prison, will I be dead? Will I have killed myself?"</i> : Suffering alone while feeling imprisoned
	4.3.2: <i>"This house has rat and damp and broken house. Mama, buy new house"</i> : The housing keeps harming our children
	4.3.3: <i>"No matter how hard you try it's just walls, walls, walls"</i> : Striving while stuck in the poverty trap
4.4: Mothering against the odds: nurturing through harsh conditions	4.4.1: <i>"It's the hardest job in the world, but it's the most fulfilling"</i> : Mothering as a single parent while homeless
	4.4.2: Protective cycles of love and fear
	4.4.3: <i>"I just wanted to give up, but I look at my son and I could never do that"</i> : Bearing the unbearable so my child can survive
4.5: Surviving and resisting in the face of adversity	4.5.1: Surviving alone while struggling to cope
	4.5.2: Standing up and resisting
	4.5.3: The necessity of relationships: Surviving and resisting together

4.2 Experiencing neglect and abuse within a powerful, unjust system

"Being treated like this, like you are a disgusting nobody, that you don't matter, and you don't count, you are never going to get heard. It really feels like it's an oppressive regime. It feels fascist, it doesn't feel like a democracy. And the children, they are scared"

Monika

In this theme, participants spoke of how the interplay between the ways they were treated and expected to live led them to feel powerless and degraded. Within their experiences of the housing system, participants appeared to feel threatened, blamed and punished. They felt degraded when they described being expected to live in conditions that seemed inhumane. They spoke of their distress when they felt they were not seen as worthy of having their basic

human needs met. Participants experienced this as a violent one, and this is explored in the first subtheme.

**4.2.1 “The system will abuse you, and you will not be able to say anything”:
Powerlessness when facing the violence of power.**

“They’re talking about abuse and violence, but they are violent as well. They played out abuse on us as well. But there's no law which can help us to take them to court, to show that they are violent to us and get justice”

Maha

Participants described feeling powerless as a result of actions, interactions or decisions made by a seemingly all-powerful system. Participants described unjust uses of power, creating feelings of distress, anger and fear. Participants described feeling threatened by the housing and political system, feeling they had no choice but to accept unsuitable, or perhaps unacceptable offers of accommodation. Mothers described feeling unable to improve their own and their children’s lives, because power lay in the hands of others. As a result, participants said they experienced these systems as unjust, ‘*abusive*’ or ‘*violent*’.

Many participants seemed to feel attacked by staff in housing services, whose behaviour was experienced as ‘*rude*’ and ‘*unprofessional*’. Staff were perceived to be using their power to make participants feel powerless.

Valerie: It's just been attacks, attacks, attacks from them. They've been absolutely so rude and unprofessional... You could tell that it's a lack of power kind of thing. I'm up here and you're down there, so I'm speaking, you listen.

Participants also described feeling threatened with severe consequences if they did not accept offers of accommodation. For Maha, it seemed that these consequences could leave her and her children powerless or helpless, with nowhere to turn.

Maha: They play this threatening thing. But they hide it. They say, you have to move, otherwise, you have to pay for it. Or if we gave you a temporary accommodation, and you refuse it, we're not going to house you anymore, we're going to close your file, where you going to go with two boys?

Participants with no NRPF seemed to experience a lack of power to change their situation as a result of their immigration status, or the impact of not being able to access public funds.

There was a sense of powerlessness and emotional pain when Maureen described crying while telling a friend she had to 'go back' to prostitution. It appeared that thinking about the perceived impact on her daughter enabled her to rethink this potential decision. Later themes illustrate participant's discussions around the role of the relationship with their children in how they navigated their experiences and the housing system.

Maureen: Like the first day they gave me the place, when I got there, I thought, oh God, they didn't give me any option. You have to stay because you don't have no recourse to public funds. I cried, but I told my friend, I

have to go back. I used to work as a prostitute before. My friend was like no you have to keep strong... what about your daughter? She's a girl, so she's not going to be ok if you go back to the job like that. I said ah, that's true, for my daughter let me just stay.

A few participants reported incidents where they felt punished for speaking out or complaining about hardships caused by their housing, in ways perceived to be above the law.

Monika: I went to complain about the hardship it caused us... and they just dropped me, as a revenge. They dropped me from the housing register a couple of months later, totally unlawfully.

Maha described feeling punished by her council for not moving back in with her ex-partner, who violently abused her and posed a threat to her children, and that this perceived punishment might be above the law, as it happened despite her having a 'restraining order' and being warned by social care 'threatening' her with losing her children if she visited her ex-partner's home.

Maha: they were like pushing me to contact my ex, because my ex, he's got his own house...But it was not safe for me because he found me and he tried to kidnap one of my children. I told them this, but they don't care. She was like, no, we're not going to give you anything...but I can't do that... I've got a restraining order... Social services were threatening me not to go to his house. Otherwise, my children will be taken from me.

Most participants expressed their view that the current housing and political system as a whole was unjust. There was a further sense of the housing system as unchallengeable, when Maha said that domestic violence could seem more bearable than the abuse within the system, for which *'you will not be able to say anything'*.

Maha: To be honest with you, I will advise them not to get out of their husbands' houses, even if they were abusive, because the system will abuse you, and you will not be able to say anything... At least if your husband abused you, you can say it, you can threaten him. So the system, you can't threaten them... Sometimes I feel like I should have stayed with my ex, I'll be beaten up, but at least I'll have a clean house and a roof on top of me and my children.

Many participants described the impact of these experiences of abuse within the housing system on their wellbeing. For Monika, there was a sense that a perceived loss of control of her life resulted in her experiencing continuous mental distress (*'PTSD, intrusive thoughts, and on and on and on and on....'*); and perhaps a further loss of control of her thoughts and emotions. She appeared to feel shocked and demoralised that the injustices she experienced could happen *'in a democracy'*.

Monika: The loss of control, of us, of our life is eating me inside. I have high blood pressure, I have sugar problems, I abuse alcohol sometimes as a means of relieving anxiety. I got PTSD, intrusive thoughts on and on and on and on and on in my head. ... the fact that they can do this, in a democracy. They can do this and then I can't do anything about this. It's takes your breath away. You

are in a state of shock about how much you are not protected, how much demoralising you, the whole thing is so demoralising.

Indeed, Monika appeared to suggest that the only way to be heard, seen or noticed in a system which seemed so powerful would be to take her own life in a disturbing way, perhaps to shock the system into hearing her suffering (this is explored further in theme 4.5).

Monika: I am thinking how can I get out of this situation? Let's just kill myself. I know that it's not good for the children but if I kill myself theatrically enough, set myself on fire with a banner saying 'fuck you XXX council' and invite lots of journalists to come, or on social media; that will raise awareness.

Thus, participants noted the overwhelming impact the sense of powerless had on them. Experiences of degradation within the housing system also appeared to impact on participants' wellbeing, which will be explored in the next subtheme.

4.2.2 “It feels like I’m being looked at like scum”: Feeling degraded.

Participants spoke about their experiences of feeling looked down upon within the housing system for being single mothers, and for having low incomes. They described this sense of feeling degraded as being actively produced through being refused basic items for daily living, expected to live without their families and support networks and expected to live in unsafe and dirty conditions, with poor sanitation and a lack of privacy. This appeared to be a distressing and degrading experience for participants, described as inhumane and creating a sense of indignity. It was apparent that participants were continually questioning this treatment, resisting it knowing it was unacceptable or unjust.

Ava described the unintentional nature of her homelessness in relation to the domestic violence she experienced, and that this should engender empathy, but '*there's none*'.

Ava: It feels like I'm being looked at like scum. I feel like I'm judged because I'm on benefits, I'm a single mum. And I feel like who are you to look at me like this when I live here? And unintentionally homeless. I've been placed here because I left domestic violence. So there should be empathy, respect, understanding, and there's none.

Many participants described these experiences having a negative impact on their wellbeing and sense of self. Valerie described her happiness and sense of self being '*snatched.... away*' and being made to feel like '*nothing*'.

Valerie: My experience with the council has been absolutely degrading to a sense where it snatched my happiness away for a minute, it snatched who I was for a minute... One of the ladies said to me that, 'Oh, because you're not working and you can't afford to pay for your rent, you should take whatever that's been given to you...' ... Because I'm coming from a background of anxiety, it makes me feel like I'm nothing.

Valerie reported being told that she should '*take whatever that's been given*', exacerbating a sense underlying deprivation.

A number of participants described not being allowed items in their homes that were usually considered essential or basic. Rules and decisions around which items were deemed necessary did not seem to match participants' needs, resulting in significant distress through acts within systems perceived as deliberate deprivation.

Maria: She doesn't even have a bed right now. They refuse to provide a bed for her. So it's really- it's terrible.

There was a further sense of degradation when a number of participants described being expected to live without, or far away from their family and networks. This appeared to be very distressing for participants and seemed as if it were something '*horrific*' to endure:

Ruqayya: So they then take me all the way to the Docklands.... that was absolutely horrific, like horrendous. I was grateful to have a roof over my head, but sending a single mum to genuinely like almost an hour and a half away from the support system is so bad.

Ruqayya went on to say:

So I ended up like suicidal by about months 11 of being there, with the two babies.

This seemed to trigger a particularly vulnerable position, with more basic needs unmet driving her to become '*suicidal....with the two babies*'.

Being expected to live without or being denied access to family appeared to have a devastating consequence when Monika described not being able to visit her dying mother in Europe. There

seemed to be an overwhelming sense of pain and loss when she described having '*forever lost that opportunity*' with her mum who had died; again evoking a sense of inhumane degradation.

Monika: My mum had her fourth cancer, so this was final, and we knew we were going to lose her. I had a short haul tenancy with the council which means I am not allowed to leave the accommodation for more than 72 hours....I forever lost that opportunity with my mum who has died and we couldn't be there....she had to die knowing we were homeless, and she couldn't see us.

Participants spoke about a further mismatch between the decisions of housing services around health needs and the views of medical professionals. This perceived dismissal of participants' needs, despite medical documentation contributed to the sense of degradation, where it seemed they would be uncared for despite the gravity of their suffering; regardless of documentation from medical professionals.

Valerie: They overlooked my mental illness completely because I've had two medicals done and they didn't accept one of them. My GP literally written letters to the council to plead my case. No one absolutely cares about you or your mental issues.

Participants described their health needs not being cared about when the health needs were reported to have arisen from the housing itself, and participants seemed to perceive this was the case despite having '*suffered*' extensively.

Aisha: I got alopecia, from all the stress, I lost hair. That was my breaking point...I had two bald patches in my hair. I told the council this. They didn't give a crap. ...I've really, really, really suffered in that place, really suffered and they don't give a flying- -they don't give a shit.

An additional factor in participants' circumstances of degradation was their experience of unsafe and unsanitary living conditions. These conditions were seen as inhumane.

Ava: It's unsafe, unsanitary and is not fit for human living. ...the window locks are broken ... a child could jump and fall out. The playground is not a playground, it's a concrete jungle.

A lack of safety was repeatedly spoken about, both environmental and relational. Some participants expressed concerns that their children's safety could be at risk through being placed in shared accommodation with people deemed inappropriate or unsafe for children to be around. For example, Ruqayya described interactions with people intoxicated with 'drugs and alcohol', which she suggested was a 'welfare issue' for children.

Ruqayya: It was actually what seemed a drug and alcohol hostel, like addicts and alcoholics can go. So there were people coming in and out at midnight off their face saying, "excuse me, do you know where the McDonald's is?" Which is again, fine if you're single, but not when you have young children. It's a welfare issue.

Further, Naveeda described not being able to leave her children alone in the shared accommodation and not having 'any option' but to take them into the bathroom with her, resulted in them seeing her naked and having to change her sanitary towel in front of them. As this potentially infringed her religious values, it left her feeling 'uncomfortable' and 'embarrassed' and, thus, degraded.

Naveeda: My daughters they are growing, I am Muslim and I don't like that my daughter will see me naked, but I do not have any option. I cannot leave them in the room or the living anywhere... I need to take them in the toilet so they are seeing me in my naked body which I am feeling uncomfortable in...I have to use a sanitary napkin in front of them .. I feel very embarrassed.

Additionally, participants spoke about a sense of invasiveness, feeling unable to escape unsanitary conditions within their own room.

Maureen: I try complaining all the time that I don't like this place, especially my room, it's very close (to the toilet), everybody is using (the toilet). Sometimes they poo, it's there, it's (the smell) in my room. I normally leave my room when everybody is poeing. They bang the door. When I want to sleep I don't sleep because of the public house. It's not easy.

Overall, there was a sense of these experiences of degradation being a distressing aspect of the housing journey. The next theme explores participants' experiences of distress in more detail.

4.3 Feeling trapped in cycles of suffering

In this theme, participants spoke of their and their children's distress, which appeared to be triggered and maintained by their housing situation. Participants described experiencing psychological distress arising from the uncertainty around how long they would remain in temporary accommodation. Participants felt trapped and isolated in the temporary accommodation. Furthermore, participants described housing conditions as a barrier to children's development that resulted in children becoming physically unwell and psychologically distressed. Finally, participants reported being in a 'poverty trap', unable to escape, which was attributed to rules and structures within housing and wider economic systems. This was an experience which appeared to trigger feelings of worthlessness and distress.

4.3.1 "Before I leave this prison, will I be dead? Will I have killed myself?": Suffering alone while feeling imprisoned.

Extending aspects of theme 4.3, this subtheme explores a strong sense that participants were being kept in a state of poor mental health because of their housing. Participants' overall sense of mental distress appeared to be exacerbated by painful experiences of isolation. Temporary accommodation was reported to put a strain on participants' relationships, creating barriers to new relationships, perpetuating isolation.

Many participants described experiencing distress around differing forms of uncertainty about their housing.

For Valerie, the fear of being evicted and not having '*anywhere to go*' was associated with her anxiety being '*heightened*'.

Valerie: I'm scared because I'm thinking okay, tomorrow they're going to call me and tell me that I have to leave and I don't have anywhere to go. And then you start thinking, oh my God, if I leave, where am I going to go? Am I going to be on the street? And obviously, because of my anxiety, everything is heightened... it's triggering off everything that I suffer from.

There was a sense that some participants felt trapped by not knowing if they would remain in temporary accommodation for a number of years, severely impacting on mental health. There was a strong sense of feeling trapped and of suffering when Ava described wondering if she would have killed herself before she left the 'prison'.

Ava: You're lied to when you move in, and you're told you'll be here two years. It's closer to five because we have families that are in there now that have been there nearly four years, and I've been there 14 months. I was told that I am number 376 on the list, so I'm literally and probably at least another two years... It's a time limit that's imposed, but I think will I die in this period of time? Before I leave this prison, will I be dead? Will I have killed myself?

Some participants reported needing to take increasing amounts of psychiatric medication to manage the mental health difficulties caused by their housing.

Naveeda: The house really affects my mental health badly, because previously I was taking 25 milligrams of sertraline and day by day it is increasing. Now I am on 200 milligrams of sertraline and there is also quetiapine.

Others suggested their housing situation was driving them back to their past; it seemed possible that some were alluding to past experiences of trauma.

Maria: It's really bad for me emotionally and it makes me sad going to my past, start thinking and all that.

For Monika, there seemed to be a sense of hopelessness and despair when she described the impact of trauma, which she earlier suggested was caused by her housing situation (see subtheme 4.2.2). Monika's description illustrated a profound impact on her; she felt trapped in a state of 'trauma', feeling 'so worthless'.

Monika: In the past when I saw people emotionless after trauma I didn't believe it, but I am now. Now I can never consider to have a boyfriend, I can never consider that I am sexy, that I am a full person anymore. I feel like I am a used, empty- I am just a person that everybody endures. I feel so worthless, that is just constant you know.

A number of participants described not being able to access services to improve their mental health as a result of being moved around. For Maria, there was a sense of continually having to 'start all over again'.

Maria: I was always moved by the government ... They just give you like one weeks' notice. It's not nice because if I have appointment or anything I have to cancel it with moving, changing GP, you change everything. Like I'm always

starting all over again. ..That's why I've been waiting for the therapy for so long, because where I was It was closed, so they had to move me, so I had to start all over again

Alternatively, Valerie described being able to access help by mental health services. However, it appeared that her housing situation led her to feel she had 'relapsed' with what she had learnt going 'through the window'.

Valerie: Before going into the housing situation, I had just done an extensive program of a group session therapy. And I learned so much from it and I was able to move on with the little techniques that I had learned to deal with my anxiety and my panic disorder. When I went into the housing, everything absolutely collapsed. Everything, like I just relapsed. Everything that I learned gone through the window.

Most participants described feelings of isolation and difficulties forming or keeping relationships as a result of their temporary housing situation, which appeared to keep participants in cycles of loneliness, pain and suffering. Experiences of isolation seemed particularly pertinent for participants who were asylum seekers or refugees, and as such, were new to the UK.

Maria: Right now, I don't know anybody in this country. I only have one friend.

Some participants described how their housing situation put strain on their relationships, further exacerbating distress. For some this was due to the extensive travelling required for families to see each other.

Ruqayya: Oh my God, it was awful between my mum and my brother and me (while in out of borough placement), like so, so bad, because my mum had to travel so much. Basically everyday was like, a meltdown, yeah a meltdown. So it puts a hell of a lot of pressure and strain on families, because then yeah, all my family from here were having to come up to visit.

The overall experience of living in temporary accommodation seemed to feel like a barrier to being able to form new relationships for some. For example, Ruqayya, mocked the idea of being able to have a romantic relationship.

Ruqayya: Romantic relationship? What do you think this is? (laughs) So what did you say? Romantic?!

The experiences in this theme suggested mothers' temporary accommodation cause them to experience distress in a multitude of ways. This also seemed to be the case for children, which is explored in the next subtheme.

4.3.2 “This house has rat and damp and broken house. Mama, buy new house”: The housing keeps harming our children.

There seemed to be a strong sense that participants felt their children were suffering greatly as a result of the housing. Participants described lack of space and facilities preventing children from engaging in age appropriate behaviour, and the housing conditions as distressing for

children. Children seemed to get repeatedly sick, developing physical illnesses because of the conditions of their homes.

Representative of this subtheme, Monika provided the picture below for this report, which her daughter, Freya, drew to represent her experience of homelessness.



Figure 3: Picture drawn by Monika's daughter, Freya

For some participants, the physical accommodation seemed unsuitable for babies and pre-school children to move around and explore. This seemed hard for the children. Some participants noted their young children were very active, which was difficult in typically confined spaces of temporary accommodation.

Grace: Now that she's trying to walk, trying to crawl, the room is very small... it's quite hard for her. She's very active. She wants to go everywhere.

The described restrictions on young children's ability to move in a developmentally appropriate way appeared to raised concerns in the medical profession.

Zainab: When she's outside, you can tell she doesn't have the space to play, because when she comes out, she's like a maniac, sorry- she just wants to be free, even my GP notices it, to tell the council, this child is so active... When she wakes up in the morning, the first thing she does is go on the door and start banging on the door that she wants to come out to run around.

Monika described the impact she had perceived for her son who was transitioning into adulthood. It appeared that limitations within the hotel and financial consequences of the family living in poverty seemed to limit her son's educational progression and future options:

Monika: The council was not allowing us internet in the accommodation and so my son was doing GCSEs on his mobile, on an ironing board as we had no table, he is in A level and now he may have to go to work because he has to support me and us.... So he was disadvantaged throughout GCSE and now further ... They are transitioning to become an adult and they are sitting every day in this situation in transit waiting for it to change, and it's not.

Many described how their children seemed to dislike living in the temporary accommodation and wanted to move as a result of the conditions.

Fouzia: Sometime my daughter, she said, "Mama, moving this house." My five-year-old. I said, why? (she said) "This house has rat and damp and broken house. Mama, buy new house."

Many participants described how their children were upset by the home.

Maha: He always cries while we're moving. And whenever we move to a new property there, he's like, No, we should go back. He wants to go the other way, to the other property ... for the bed-bugs rooms, he was crying because he doesn't want to sleep, because he will feel pain afterwards.

A few participants also described concerns that their children may be suffering through having to hear potentially unsuitable conversations.

Ava: She's suffering, my daughter is suffering mentally, because she sees and hears conversations that I try to hide. The children know everything, so I can't hide it all the time.

Many participants also described emotional or behavioural difficulties or changes which they seemed to attribute to their experiences of the temporary accommodation. Aisha appeared concerned about her four-year-old son's fears of something bad happening.

Aisha: I have seen some behavioural issues, where he doesn't listen. And there are things that he comes up with, like really hurtful things. He thinks that

something bad is going to happen to him and just little, little things. Why is he saying that at that age?!

Participants also described their children's physical health being impacted by the temporary accommodation. There was a sense that the children's physical health may not improve until their housing conditions improved.

Maureen: Before we go to that house my baby doesn't sick. I don't take her to hospital but since I take my baby to that house she's sick always. I call GP, her body is hot...Then I will call the GP and they will give me some drugs. And it's not good. And the child is ok before, I don't give her drugs. But now I normally give her if she is not feeling ok.

There was a sense that involvement or support from social care was dictated by the housing, which was seen as the main cause of families' difficulties.

Some participants described how social services became involved with their family due to needs which occurred because of the housing. Ava indicated the perceived severity of the 'stage two' child protection plan, which she seemed to suggest may not have been necessary if she had a suitable home.

Ava: So I'm being supported social services, my daughter's on the child protection plan at stage two. Which, if she was stage one, it be removal from parent. So this is all because of where I live.

Alternatively, social services appeared to have decided that they were unable to help Monika's family as they suggested '*the only problem is the council accommodation*'

Monika: I was phoning the suicide line, but that is when the social services got involved you know. They were saying there is nothing wrong with me, it's the circumstance we are dealing with that is the problem ... they said the only problem is the council accommodation and we can't help with that.

Therefore, in addition to the descriptions of children's distress and ill health resulting from the temporary accommodation, Monika conveyed a sense of futility, a catch-22, where others were not able to help whilst she was in temporary accommodation, even though she needed help. Participants' experiences of striving while stuck in a futile situation are explored in the next subtheme.

4.3.3 “No matter how hard you try it's just walls, walls, walls”: Striving yet stuck within the poverty trap.

“You can't do anything, but service your babies, like to keep them alive. So we're meant to be in a 'first world country', which means that technically we're meant to be able to have the liberty to work and etc. But when rent is so high, you would pretty much be expected to work for free, if not at a minus because of the childcare. Which then means like, technically we're slaves. So

on top of being a mother, a single mother, to twins, I'm now going to be a slave. That does not make any sense at all. So yeah, it does grind you down and makes you feel a bit like worthless, effects your self-esteem, yeah, it's shit"

Ruqayya

Participants described wanting to work and come out of poverty, yet they felt trapped and unable to progress, resulting in feelings of worthlessness or feeling left behind. Participants described how systemic structures and policies worsened the trap. Indeed, participants conveyed a sense of injustice being imbedded within these systems which seemed to set them up to fail.

There was a sense of participants continually trying to progress but experiencing 'a constant knock-back'.

Aisha: I wanted to go for progression... I got this job in April, my salary went up by 7K and I hit the benefit cap. So, they can't pay me no housing benefit. And guess what? I have to pay 1200 pounds rent. They're taking the piss. I was so happy to start...then they hit the bombshell with the 1200 pound rent. And the last 10 months have been the worst, financially ... It really put me down because I'm a very ambitious person, (crying) sorry, I get a little bit emotional about this. I'm a really ambitious person and I'm really trying, but it's been a constant knock-back, constant...I've had no stability in these five years at all. And I've just suffered.

In contrast to Aisha, Valerie described wanting to get a full-time job but feeling unable to due to the financial impact; this affected her mood and sense of self.

Valerie: A few months ago, I wanted to get a full-time job. I couldn't find anything and then it started affecting me. I started feeling really, really, really low because I'm like, I didn't feel like I was worthy, or I was doing anything with myself.....it made me feel so isolated that I wasn't the same as everyone.

Monika implied that for her to be able to improve her financial situation, the system must change.

Monika: No matter what I do it doesn't seem to change. And I am living in a system that intentionally makes people homeless. And they want to force me back to private rent ... for them to provide me with housing benefit costs me more money than for me to live in social housing. Not to mention that we are just a throw stone away from living a normal life.

She seemed to suggest that a more hopeful life could be attained in a changed system and suggested she and her children were '*just a throw stone away from living a normal life*'. Indeed, mothers' efforts to keep trying to give their children the life they deserved, despite this adversity, are explored within the next theme.

4.4 Mothering against the odds: Nurturing under harsh conditions

In this theme, participants described a challenging, yet fulfilling, experience of being a mother. Difficult aspects appeared to relate to the lack of financial support from children's

fathers or financial barriers from the state. Participants spoke about managing cultural and familial expectations of single mothers alongside their own values and experiences.

Participants described cycles of fear and love between themselves and their children. There was a strong sense of participants' pain and distress from seeing their children suffer in the housing. Participants described putting their children first, having to neglect their own needs to ensure their children's survival. Finally, participants described their children as motivation to carry on and persist through their own difficulties, even when they felt like giving up.

4.4.1 “It’s the hardest job in the world, but it’s the most fulfilling”: Mothering as a single parent while homeless.

In this subtheme, participants described that being a single mother was difficult, this often seemed to be due housing, financial limitations, or mental health difficulties. Despite these difficulties, many participants appeared to convey a strong sense that their role as a single mother was fulfilling, which seemed to result from their love for their children. Participants also discussed their children's fathers, who often had little or no involvement in their or their children's lives.

Valerie suggested that single motherhood was not a negative experience in itself; she described the negative aspect of it as '*not being financially stable enough*' to support her child in the way she would like to.

Valerie: There's no negative about being a single mum... but what I think is negative is not being financially stable enough to give your child the best life that you can.

Ava similarly described being fulfilled in her role as mother, but '*being a single mum with mental health issues*' appeared to be '*challenging*'.

Ava: Being a single mum with mental health issues, it's the hardest job in the world, but it's the most fulfilling...Every day's amazing as a single mum, seeing her achievements, but being a single mum with mental health issues can be challenging.

Most participants described little or no parenting or financial support from their child's father. Many suggested that mental health difficulties also impacted fathers' ability to be supportive and seemed understanding about this. However, it seemed that this could not negate the impact of the lack of financial involvement given they did not have enough to buy basic items for their children.

Ruqayya: I was kind of expecting you know, the dad to be around a lot more, like he plays zero part in their life. Gives me £7 a week financially. It equals £3.50 per child per week, which I don't think can even buy a pack of nappies... So he has zero-part to play because he has his own mental health issues... I don't know if it was just all a bit too much for him, which sounds really pathetic, but when you have mental health, it can be just the icing on the cake, where you're like, actually, I just can't cope with this because it is a good hour and 15 minutes to get there.

Perhaps consequently, Valerie stated that mothers held '*more responsibility than fathers*' and appeared to suggest people may think single mothers had some sort of special ability, to parent alone without support.

Valerie: I feel like mothers hold that responsibility more than fathers. It's very hard because you see women just do it with their children and you think, oh, she's super mummy, she's getting on. But you're just forced to. You have to get on, because if you don't get on who's going to care for your child? Who's going to look after your child?

However, she then suggested this belief could negate her view that single mothers were '*just forced to*' do this, as nobody else will look after their child. Thus, whilst mothering was a valued role, many aspects impacted on the experience. Considering those factors further, as mothers worried about their children, the children also worried about their mothers almost creating a protective cycle of love and fear, which will now be discussed.

4.4.2 Protective cycles of love and fear.

In this subtheme, participants described feeling fearful about their children's safety and wellbeing in temporary accommodation and wanting to protect children from harm and distress. Participants described seeing their children in distress and pain, which, in turn, caused distress and pain for participants. A fear of losing their children to social services was described as an unbearable outcome for participants. Participants reflected on the potential impact of their own distress on their children. They described their children becoming upset or concerned about them and trying to comfort them. Despite all of these difficulties, there seemed to be a

prevailing sense of care, love and respect in the mother-child relationships, and most participants described having a good overall relationship with their child.

Most participants described experiencing emotional distress through seeing their children in distress or pain. There was a sense that the powerlessness of not being able to do anything about to control the housing situation was very difficult emotionally.

Maha: It was always hard to see your children crying. They don't like to stay in that place. They're crying from pain and you know where the pain came from, but you can't do anything. It's really hard.

A few participants described their fear of losing their child. For Ava there appeared to be an overwhelming sense that losing her child would be a completely unbearable experience, which would not feel survivable.

Ava: If they ever remove my child, I'd kill myself. I won't be able to survive. I gave birth to her, she was wanted, ...but if they ever took her, I would die.

Many participants suggested that their housing situation impacted their relationship with their child.

For Valerie, there was a sense of her and her daughter feeling trapped in stressful cycles of conflict, due to not being able to get away from each other to have time to calm down and reflect.

Valerie: If we were able to step away from the situation, even for 10 minutes, and I (could) say, go in your room and sit down and think about what you've done, and then come back to mummy and apologise, but I can't do that...So it does affect our relationship in a way, where she's screaming, I'm screaming, I'm shouting, she's shouting...sometimes I go in the bathroom and I lock myself away and I leave her to just get over what she's going through. But I take that away, don't let her see it, but it does affect her.

Some participants reflected on how their distress may have been impacting their children. There was a sense that Aisha felt this prevented her from being able to give her son 'what he deserves'.

Aisha: It's like a food chain. If the housing is affecting me, I can't be a fully operational mother to my son. I can't give him what I meant to be giving him, so naturally that's going to affect him....I didn't want to leave the house, I didn't want to do anything, and that was impacting my son, because my son deserves to go out and play, go out and do these little adventures, but I wasn't physically well myself.

It was evident protection in these circumstances was not always possible due to confined living conditions, and a number of participants spoke about their children being distressed as a result of witnessing their mother's distress. Participants were aware of even younger children being able to understand the distress.

Zainab seemed to have interpreted her infant daughter's behaviour as trying to comfort her after seeing her cry.

Zainab: When she sees me crying she shouts because she thinks something's wrong, because she's understanding more. So when she sees me crying she just goes "aaaah!", pulls me for attention and I guess that's a way to tell me not to cry.

A number of participants described feeling upset about their children worrying about them or wanting to support them. For Monika there seemed to be a strong sense of distress and perhaps guilt when she described her teenage son thinking about needing to provide for her.

Monika: When he is thinking of his future he is always thinking of me, that he is going to have to feed me, and give me a place to live. And that is killing me.

There seemed to be an overall sense that participants felt their children should be protected from seeing their mothers in pain or distress. Participants appeared to think this was important for their children's health, and perhaps to also maintain perceived roles of parents and children. However, it appeared that their housing situations made it very difficult.

Despite the difficulties within the mother-child relationships, which were attributed to housing, most participants reported that the mother-child relationship was going well overall. Indeed, there was a strong sense of participants love and care for their children.

Ava: I love my daughter, she loves me, so we have a very good mother-daughter relationship. I'm trying to be the best mum, and she's the most amazing daughter that anyone could hope for.... Seeing her smile, hearing her laugh,

watching her do new things every day, seeing her growing, the person she's becoming, ...I'm excited for her future.

This love carried them through difficult times, which forms the next theme.

4.4.3 “I just wanted to give up, but I look at my son and I could never do that”: Bearing the unbearable so my child can survive.

Participants described continually putting their children first and making sure their children were well, despite adversities, through their continued efforts as mothers. Participants described being willing to go without for their children, and some said they had no choice but to neglect their own needs to ensure their children's survival. Participants described children as their motivation to carry on and wanted to continually improve their mental health, to be able to parent their children the way they wanted to. However, the need to also address their own needs to do so was acknowledged.

Many participants created a strong sense that they put their children first at all times.

Valerie: Because I am a mother and I've got a daughter, what I have to do is take the sacrifice and stay there for my daughter, for her to be stable ... if you're attacking me, that's fine, I can deal with it. But seeing the strain on my daughter is that extra pressure on me, because she's not well...financially, it's very, very expensive...you're having to not have money after, because I'm one of those

parents where I put my daughter completely first, she's my priority... if I'm going to get something for myself, I get it for my daughter. I rather not have, but she has.

For some participants, it seemed that they had no choice but to neglect their own needs to enable the survival of their children.

Ruqayya: You can't do anything but service your babies, like to keep them alive.

This also included participants neglecting their own health needs due to the 'battle' to 'provid(e)' for their children.

Aisha: I'm a single mother, I have to pay for my son, and I want my son to have a normal life. And I've literally neglected myself in these five years... Like, if I have an issue, I wouldn't go to the doctor. When I fell down the stairs, I'm hurt, my back's hurt and I didn't go to the doctor... because it was the constant battle of trying to make sure there's food on the table and I'm providing.

Many participants described their love for their children helping them to keep going; despite their own internal struggles and distress.

Aisha: I've been depressed, I've had some dark days where I just wanted to give up, but I look at my son and I could never do that, cos I'm a fighter.

There was a sense that participants wanted to be '*right*' for their children and perceived that being psychologically healthy was the '*right*', or perhaps ideal, way to be as a parent; perhaps stemming from an aim to create the best conditions possible to foster their children's wellbeing.

Ava's daughter appeared to motivate Ava to get her '*mental health right*' and strive for better housing, seemingly for the sake of her daughter's wellbeing.

Ava: I have to get right before I can look after my daughter...I've always been in trauma or abuse. Now it's got to stop, and it starts with getting my mental health right, getting my daughter in a safe environment, and my housing being what it needs to be, because it's not right at the moment.

Overall, as with the protective cycles of love and fear discussed in section 4.4.2, there was a sense that participants oscillated between recognising the importance of addressing their own needs and feeling that they had no choice but to put their own needs aside, to ensure the survival of their children

Some participants seemed to describe trying, or making, sure their child was well, despite the adversities they faced. There was a sense that participants felt proud of this.

Zainab: Even though I'm stressed in life, I've made sure that I look after her properly, because I know if I look after her and do a good job, I'll be proud of myself, and I think I've done that. She's doing fine. She's very active, she's nice, she sees people, she says hello. I think she's alright, I've done my best to make sure nothing affects her.

These reports of children doing well could be seen to juxtapose earlier reports of children suffering because of their housing situation. Perhaps this demonstrated that mothers had done everything they could to protect their children and continued to do so even though their persistent efforts did not fully protect their children; this still appeared to be 'greatly affected' by their housing situations and mothers found ways of trying to protect them further. This leads onto the final theme.

4.5 Surviving and resisting in the face of adversity

In this theme, participants described how they tried to cope with and resist the adversities they faced in temporary accommodation. Some participants seemed to be barely coping at all, and others appeared to have found ways to cope better than they had previously; however all demonstrated resistance. Repercussions of resisting were acknowledged and linked back to issues raised in relation to power and powerlessness in the first theme; followed by factors which enabled them to cope. Participants described the value of relationships and connection with family, friends, local communities and community-based organisations. Finally, the importance of being supported to resist and the value of speaking out for others in similar situations is discussed.

4.5.1 Surviving alone while struggling to cope.

In this subtheme, participants discussed the internal strategies they employed to cope with a highly distressing and unbearable situation. Some participants appeared to be barely coping, whereas others, although still struggling to cope, seemed to be coping a bit better than they had been before.

After describing Cognitive Behavioural Therapy (CBT) as unhelpful for her, Monika appeared to 'shut out' 'the bigger picture' to cope. There was a sense that she needed to focus on tasks and responsibilities to get by, perhaps through feeling unable to experience enjoyment.

Monika: I had CBT which didn't do anything. The only thing that is working is to not think of the bigger picture any more... I am going to work and I am going to do this and that, and what I am going to cook for dinner for the children and do homework. And this is how I go, just trying to shut out the rest.

Some participants described being grateful for not being on the street and this helped them cope. It appeared that Zainab used the fact that she was not 'dead' or 'on the street' to 'console (her)self'.

Zainab: At first, I was really stressed and it really got to me, but then I thought that okay they are actually doing me a big favour, because I could have been dead and being on the street. So obviously, I use that to kind of console myself.

In addition to 'trying to take each day as it comes', for Aisha there was a sense that remaining hopeful that her situation would change whilst 'trying to love herself' was helpful.

Aisha: I'm actually just trying to be content with life and I'm trying to love myself and not let anything get to me and I'm really positive that it's going to come soon... There's just a lot of things and it's stressful. I'm not trying to let it get to me, if that was me last year, I don't know how I would have coped, I really don't know, but I'm just trying to take each day as it comes.

Perhaps remaining hopeful or trying to practice 'self-love' was a way of trying to counteract feelings of hopelessness and worthlessness, which participants previously suggested were engendered by experiences of the housing system (see sections 4.2 and 4.3).

Indeed, while describing still caring about her difficulties within the housing system, Valerie described deciding it was not worth '*worrying or stressing*' about outcomes of decisions about her housing which she could not control. Within section 4.3, participants described the lack of control and uncertainty within their housing situations as very difficult to cope with. Hence, it seemed Valerie made a conscious effort to consider how to cope with this difficult aspect of her situation.

Valerie: I'm growing and I'm learning...It's so emotional because it was affecting me so much. But I've had to take a little timeout, and I'm thinking about it. It's not like I don't care, but I'm just like, at the moment, whatever the outcome is going to be, just let it be... I can't control it, so what's the point of me worrying or stressing about it?

A small number of participants reported the use of unhealthy '*addictions*' to cope, but then trying to find alternative '*healthy*' coping mechanisms.

Ava: I was drinking, I had an addiction to tobacco... you find what gets you through, and I am trying now to have my addiction as the gym...I want healthy addictions, not bad addictions.

Partially stepping away from coping through internal sources, one participant reported that finding religion helped her to cope with her housing situation.

Ava: My religion and faith has saved my life. I've been a Christian seven months, and before that, I didn't know God, but God knew me. So for the first time in my life, I feel like I can get through... if you do not know God, you cannot live in Oakland Lane, because God gets you through.

Applying more active coping strategies, often from a position of resistance will now be discussed in the final theme.

4.5.2 Standing up and resisting.

In this theme, participants described the ways they resisted oppression within their housing situations. Resistance was demonstrated in many ways, such as through voicing concerns, refusing to move and ending abusive relationships. The path of resistance was complex, some suffering as a result; and others resisting to avoid suffering.

A number of participants reported having spoken to housing services about unacceptable conditions or situations. Participants appeared to convey a sense of injustice within their experiences and were able to assert that they should not have to live in such conditions.

Valerie: When you say stuff like that to me, like I'll always be on a low income, if I wasn't the person who I am, I could easily have taken that on board in a wrong way, and feel like, what's the point of getting up and doing anything? ...It

affects me greatly, but I'm not going to let the situation change me, I won't. ...I'm fighting with all of my mind not to go back to that place... I was being treated so bad by the council by certain individuals, being so nasty to me, it just made me want to be nasty to people out there. But I was like, no, it doesn't help, it doesn't make it right.

Some participants conveyed a sense that images or videos of conditions deemed unsafe, unsanitary, or perhaps 'shocking' (as described in section 4.2) were considered a route to being believed or taken seriously and communicating that action should be taken.

Naveeda: I made the video which clearly shows that there is a damp property and that there is a toilet that is very dirty as well... I went to the social services' offices and showed the manager...a duty social worker came, and they agreed that it showed the damp. So, I said at the moment I am homeless, please find us suitable accommodation.

For Ruqayya there was a sense that trying to repeatedly shock the council, by sending them images of her faeces, was a way of trying to shake the system into action and remind them that they were 'breaking the law'; conveyed through a medium (photography) that was harder to ignore.

Ruqayya: The toilet broke, then the toilet just did not stop breaking...

Researcher: So, did you have to go to the toilet somewhere else- in a different place?

Ruqayya: So, I pooped in a bucket (laughs nervously). But I was sending the council emails of my poo in the bucket. And said, I will not stop until you pay for a working toilet. I said, I don't mind, I can poo in a bucket and send you these emails, doesn't bother me. But you're going to get pissed off at me. You have to eventually do something, because technically you're breaking the law, because you're not providing a suitable form of accommodation.

To be heard, Ruqayya may have felt the need to resort to extreme measures to resist what may have also been humiliating. Indeed, given the reality of her situation was humiliating perhaps her sense of pride was also lost leaving her with nothing left to lose, thus providing a context for her resistance.

In addition to descriptions of participants speaking up about housing conditions, Valerie described refusing to accept an offer of accommodation outside London, where it seemed she would be isolated without support. It appeared that Valerie had a strong sense of the potential impact of this on her wellbeing and was, therefore, unwilling to compromise her mental health.

Valerie: Moving outside London to me is like moving outside the country. I don't know anyone, I have no support, I have no network. I suffer from anxiety... I refuse to put myself in a position or in a predicament where I know it's going to have a detrimental effect on my wellbeing. I'm not even willing to see what the outcome of that could be. I'm not willing to step into it because I know my

state of mind. I won't be able to control it. I can't do that on my own. Even having a job, who's going to help me with my daughter?

Perhaps similarly, Naveeda resisted by refusing to compromise her child's safety.

Naveeda: I think for my children, I am a very protective mother and if I have an issue, I will not compromise it at any cost... I need to ensure my child's safety first.

Maha resisted abuse by bravely stepping away from the abuser, against the expectations of others and with the consequence of becoming homeless, to protect her children's wellbeing and to prevent them from internalising an idea that domestic violence was acceptable.

Maha: I had to either live with my ex, with the fact that my children, they will see their father abusing me. Or I have to move for their mental health and wellbeing... But when you see that your children are seeing that their father is abusing their mum... They will feel that that's the right thing. I did not want my children to feel that this is how a man should treat his wife, or this is how a father should be. So that's it, I decided.

In section 4.2, Maha described experiencing abuse from the system, which felt worse than the abuse from her ex-partner. This led her to sometimes feel she should have stayed in the abusive relationship; in the quote above she fully resisted the abuse, yet, seemed less able to take control when faced with perceived abusive systemic experiences. Indeed, within section 4.2, participants described feeling punished for speaking out about issues with their housing, suggesting that resisting within the housing system resulted in detrimental ramifications.

This theme explored individual acts of resistance; the next theme explores collective ones.

4.5.3 The necessity of relationships: Surviving and resisting together.

Participants described a strong need to connect with other people to cope and survive. Being with others appeared to alleviate loneliness and help participants to manage difficult emotional experiences. Being close to family and friends seemed important for emotional and practical support. Local communities and community-based organisations also seemed central to wellbeing. Community-based organisations were described as providing a space and opportunity to connect with others; particularly those with similar experiences.

Grace suggested being with people was important for those in her situation, as being alone appeared distressing and led her to start '*flashing back*' to past events, implicating a traumatic response.

Grace: Go out with people, because if I'm just sitting alone, I'm thinking if bad things happen (and) I'll start flashing back to what has happened to me in the past.

Some participants described initially keeping to themselves or feeling as though they wanted to hide from others. Coping alone in this way was described as difficult, however, participants then described connecting with others and finding it very helpful.

Aisha suggested her life would have been much lonelier and more difficult to cope with if she was not able to connect with people who '*love and support*' her.

Aisha: Initially, I was like, maybe I need this to be away from everyone, be away from people and nobody could see me, I could just do this on my own. But, it was a real struggle... I just surrounded myself with people that could love and support me. And that's really key because if you don't have that, you can find yourself in a very lonely situation. And if it wasn't for that love and support, I don't know what I would have done.

Some participants described the importance of family and friends. However, the physical distance between the participants and their friends seemed a barrier to accessing support. Indeed, having family and friends within close proximity and relationships within participants' local communities appeared to be important for emotional and practical support.

Valerie described the importance of being able to have childcare support from her mother, who lived nearby, so Valerie could have the alone time she needed for her 'mental wellbeing'.

Valerie: If I go to visit my mother, we're completely happy. My mum was able to help me with her. So sometimes, I could just be sitting by myself and my mother's just dealing with her, looking after her...I do need time for myself, just for my mental wellbeing.

Ava described feeling 'invigorated' by support and 'love' from those in her 'community', which appeared to make her 'mental health....a lot better'.

Ava: My links are strong, and I love people in the community. I feel invigorated by the community when I see people that I know, who tell me

they're supporting me, who love me in the community, I'm very lucky... My mental health is a lot better because of the links I have in the community.

Many participants discussed the importance of community-based organisations for their mental health, affording the opportunity to meet other mothers in similar situations, which perhaps fostered a sense of solidarity. For example, Zainab described valuing life more through meeting other mothers in similar situations at a community project.

Zainab: now I've met other mothers and just meeting other mothers, seeing other people go through things, I've become friendlier. Now I value life more ...Emotionally, it has helped me...You need to come out and look for organizations, places like (local Community project)... someone is going through what you're going through and been through what you've been through. And they will tell you it's not the end of the world.

For Ruqayya, there was a sense that some of her basic emotional needs were attended to by staff in a Children's Centre. It seemed that being shown compassion and being given a 15-minute break from her babies was experienced as '*a massive deal*'; perhaps suggesting compassion, childcare and a break from her babies were otherwise hard to come by.

Ruqayya: The Children's Centre was amazing, really, really, really amazing...most of the time I was having meltdowns, like, just struggling, like in tears, and then they would be like come inside, go in the kitchen, have a coffee and we're going to watch them for 15 minutes That was a massive deal for me.

Valerie suggested community relationships involving advocacy and support to resist the housing system, led to a positive response from the system that she could not have achieved alone.

Valerie: The most communication I've gotten out of the council is since joining (local campaign group). When they've contacted them on my behalf on my consent, they've replied. When I've contacted them by myself, they ignored me. So it makes me feel bad for a lot of people that don't understand and they don't have help and they don't know where to go to seek help. They're doing it on their own, that's terrible...

Furthermore, Valerie seemed to trust the organisation to advocate for her if '*anything happens to her or her daughter*', adding to an overall sense that the campaign group mediated power imbalances between mothers in temporary accommodation and the system; mothers were able to reclaim power through this.

Valerie: "There's one thing I told my mother and I know it seems extreme, I said to her, 'Anything happens to me and my daughter, I'm just asking you to please reach out to the organization, the campaign and just to hold the council accountable for what ever happened to my daughter.'"

Further to Valerie's concerns about others in the same situation, Ava appeared to express a wish to use her voice to advocate for others in the same situation, thus, highlighting her value in these collective community relationships.

Ava: I know that my voice is one of many and I speak for a lot of single mums who are in this situation. And we're in similar, we're not the same, we're similar. So hopefully, I can be the voice for single mums in temporary accommodation in London with mental health issues.

Speaking out for others to alleviate 'suffering' appeared to be experienced as a therapeutic process; almost like an indirect relationship that helped others. For Monika, speaking out for others through social media appeared to make her feel she was making a difference for them, and was, perhaps, a way of ensuring her own suffering was not in vain.

Monika: I want to get my story out there, to raise awareness. That's why I am having my twitter account, as an outlet. Anything to feel like I am doing something, as a partisan. That's a good thing, that makes me feel a bit better about this. So thinking that maybe my suffering will prevent other people's suffering.

Therefore, the need for connection and resisting together seemed clear. This, along with aspects of all themes, will be examined in the discussion.

Chapter 5: Discussion

5.1 Chapter Overview

This chapter will begin by returning to the research questions and will summarise the results in light of them. It will then move on to consider the findings in relation to current literature and theory. Clinical implications of the findings will be considered, and recommendations will be made for clinical practice and social action. Next, the methodological strengths and limitations of this study will be considered, and suggestions for future research will be discussed. Finally, personal reflections on the research process will be given, and conclusions will be drawn.

5.2 Summary of findings through the lens of the research questions

This study aimed to explore the following research questions:

- What are experiences of single mothers who are living in temporary accommodation in London and how is their mental health or wellbeing related?
- What are single mothers' experiences of how temporary accommodation is related to their relationship with their children, and their children's mental health and wellbeing?

Four themes were constructed; '*Experiencing neglect and abuse within a powerful, unjust system*', '*Feeling trapped in cycles of suffering*', '*Mothering against the odds: nurturing through harsh conditions*' and '*Surviving and resisting in the face of adversity*'.

The links between these themes and the research question can be understood by considering how each theme links to the experiences of mothers and children in temporary accommodation, and their wellbeing and relationships.

5.2.1 Experiencing neglect and abuse within a powerful, unjust system.

The theme '*Experiencing neglect and abuse within a powerful, unjust system*' illustrated single mothers' interrelated experiences of feeling abused, attacked and neglected by a powerful housing and political system in the UK. The theme also illustrated how experiences of this system were perceived to impact on mothers' mental health and wellbeing.

Mothers described suffering psychological distress through experiences of being threatened, blamed and punished by the housing system, leading them to feel powerless. An uneven distribution of power appeared to be strengthened by the housing system seeming to be above the law, so mothers felt unable to challenge it. Mothers' resulting feelings of powerlessness and loss of control over their lives were associated with severe psychological distress, '*trauma*', and anxiety.

Rules within the housing system, which resulted in mothers being expected to live without basic necessary items, seemed to lead mothers to feel degraded, deprived, and subsequently distressed. Distress appeared to be exacerbated by treatment from staff which seemed to be experienced as inhumane and was attributed to being single mothers and on low incomes. Mothers also described feeling deprived of the ability to see their families and networks, through unwanted geographical relocation, resulting in isolation, loss and loneliness. Furthermore, feelings of degradation, sadness and fear resulted from being expected to live in the conditions of the temporary accommodation, which were experienced as inhumane, unsafe and unsanitary.

5.2.2 Feeling trapped in cycles of suffering.

The theme '*Feeling trapped in cycles of suffering*' illustrated mothers' descriptions of feeling trapped in a state of distress and poor health, through being trapped in poverty and poor living conditions by the housing and political systems. The theme also illustrated children

experiencing a poor state of physical and mental health, in addition a loss of opportunities to develop due to poor living conditions.

Mothers' described experiencing great distress due to living in temporary housing and uncertainty around how long they would have to stay. Mothers' housing situations were associated with trauma; including exacerbation of past experiences which may have been traumatic. Some mothers described the experience causing them to feel they had no choice but to take their own lives. Benefit caps and financial uncertainty meant participants felt trapped in poverty by the system despite how hard they strove to change their situation. This impacted mothers' mood and sense of self and led to fear and anxiety about the future.

The condition of the housing was described to cause some children to become sick. Children experienced distress resulting from their housing which was understood through crying and behavioural changes.

5.2.3 Mothering against the odds: nurturing through harsh conditions.

The theme '*Mothering against the odds: nurturing through harsh conditions*' demonstrated how wider systemic issues influenced mothers' experiences of parenting and mental health. It illustrated the interaction between the influence of housing and wider systems and the influence of mother's love for their children, on the mother-child relationship.

Mothers experienced single motherhood as difficult yet fulfilling. The impact on mothers' and children's lives of the lack of financial support from children's fathers and the political system, were understood as the difficult and distressing aspects of single motherhood; which was exacerbated by having to mother under the harsh conditions of temporary housing. This was contrasted with mothers' love and care for their children, which underpinned the fulfilling experiences of mothering.

Mothers described experiencing emotional pain from seeing their children's distress. Children also appeared concerned about their mothers' distress, which led to further distress for mothers. The small spaces families lived in was described to lead to stress and conflict and hence impacted the mother- child relationships as there was no room for separation. Despite this, mothers described maintaining an overall positive and loving relationship with their children.

Indeed, mothers' love for their children meant they constantly put their children first within the mother-child relationship. Sometimes mothers had no choice but to ensure their children's survival. Some mothers described this to impact their health by preventing them from addressing their own needs. Mothers strived to improve their mental health and lives for the sake of their children, who continually motivated them to carry on when they felt unable to.

5.2.4 Surviving and resisting in the face of adversity.

The theme '*surviving and resisting in the face of adversity*' illustrated mothers' methods of coping with, and resisting, the adversities they faced within the housing system. Although internal, solo methods of coping were sometimes effective, the importance of coping and resisting together for improving mental health and creating social change became more prominent.

Mothers tried to cope alone and internally with their distress using methods such as avoiding thinking about or being near their housing, trying to maintain hope, or tried to internally reduce their anxiety and worry about outcomes they could not control. Some appeared to be barely coping, whereas others, despite still struggling, experienced improvements in their coping. Mothers individually resisted abusive situations within the system, and within relationships with men. Providing photographs as evidence or needing to resort to methods which could be humiliating appeared to be necessary. However, as in the theme '*Experiencing neglect and*

abuse within a powerful, unjust system', resistance could result in experiences of being punished by the system.

Despite using individual methods of coping and resistance, mothers described a strong need to connect with others to both cope and resist. Relationships with friends, families and communities were extremely important for mothers' mood and mental health. Community organisations also supported mothers to meet basic physical and mental health needs. Support and advocacy from a campaign group increased the power of resistance in creating change. Indeed, resistance with others appeared more helpful for wellbeing than resisting alone.

5.3 Links to previous research, theories and models

The above findings can be understood further through consideration of their links to a range of previous research, theories and models.

5.3.1 Housing, homelessness and maternal and child mental health and wellbeing.

A salient report in this study was that living in temporary accommodation and, thus, experiencing homelessness, was linked with distress and a negative impact on the mental health and wellbeing of single mothers and their children. Indeed, reports in this qualitative study support previous quantitative reports that low mood (Bassuk & Beardslee, 2014; Park et al., 2012; Roze et al., 2018), stress (Bassuk & Beardslee, 2014; Tischler et al., 2007) and anxiety (Park et al., 2012; Suglia et al., 2011) are higher in mothers who experience homelessness compared to those who do not. The results also supported reports of a link between homelessness and transient suicidal feelings (Gültekin et al., 2014); in the current study this was to the point that risk assessments were conducted in some of the interviews and in one interview the GP had to be contacted. Mothers described wishes to end their own lives were particularly concerning in the current study, and possibly related to the severity of the

experiences of homelessness in London, or possibly that the mothers felt comfortable to disclose this in the research. An exacerbation of past trauma by homelessness was also described in this study and in previous qualitative literature, (Benbow et al., 2011; Benbow et al., 2018; Gültekin et al., 2014; Holtrop et al., 2015; Kirkman et al., 2010, 2015).

Regarding children, the mothers in this study described homelessness as linked to their children's mental health, emotions, behaviour, and in some cases, development. This appears to support previous research which reported homeless children had elevated rates of emotional, behavioural and developmental difficulties (Coker et al., 2009; Vostanis et al., 1998; Vostanis, 2002). Reports that having to live in small spaces and being deprived of a place to play led children to become distressed or overactive in this study replicated similar reports in previous research (Holtrop, Mcneil, & Mcwey, 2015; Thomas & So, 2016).

On the subject of mother-child relationships, similar to the mothers in this study, previous research suggested that parents experiencing homelessness worry about their children (Gültekin et al., 2014; Kirkman, Keys, Bodzak, & Turner, 2015; Meadows-Oliver, 2009), feel distressed through seeing their children suffering (Kirkman et al., 2015; Meadows-Oliver, 2009) and go to great lengths to protect their children (Kirkman et al., 2015). Children were also described to worry about their parents in this study, which was reported in previous research (Kirkman et al., 2010).

Therefore, the links between housing, homelessness and the wellbeing of mothers and children appear deeper, with this research extending reports from previous research to a UK based sample.

5.3.2 Attachment and intensive mothering for single mothers in temporary accommodation.

Our understanding of mother-child relationships in temporary accommodation may be enhanced by considering the current findings alongside pre-existing literature and theory on attachment and intensive mothering.

Within this study, mothers appeared to sacrifice their physical, psychological and emotional wellbeing for their children; which was in line with the idea of intensive mothering (Ennis, 2015). It appeared mothers had little choice other than to neglect themselves, as this was necessary to keep their children safe in circumstances of homelessness, poverty, and a lack of social support. The current study supports research suggesting low-income single mothers performed intensive mothering without larger social and economic support for their children, at a detriment to their own physical and mental health (Elliott, et al., 2015), extending these findings to homeless single mothers

Some mothers recognised an impact of not being able to attend to their own needs on their children. This was described by one mother as a '*food chain*'³, wherein as her health or mental health was impacted by the housing, the impact would then transfer onto the child. Mothers' housing and economic situations also meant that mothers and children could not escape from each other, as they often lived in one room and mothers were not able to access childcare. Despite this, many mothers reported having good relationships with their children, and it appeared that their love for their children enabled this, despite their circumstances. This perhaps mirrors the aspect of the results where mothers reported their children experiencing distress and illness, while, conversely, stating that their children were doing well. This appeared to suggest mothers did everything they could to protect their children, which may have mitigated some of the effects of homelessness. However, children's wellbeing still appeared to be impacted by homelessness.

³ This was said by Aisha in the subtheme: Protective Cycles of Love and Fear

This may suggest single mothers in temporary accommodation are able to foster good attachment relationships, with possible attachment difficulties being due to socio-economic factors and homelessness, rather than parenting ability. Therefore, if mothers and children had a stable, safe home, and did not have to face such financial hardship, attachment bonds and wellbeing may be largely improved.

In conclusion, the results of this study appear to strengthen the argument for addressing socio-economic factors in attachment, and using attachment theory to advocate for sufficient resources to be provided to those who care for others (Duschinsky et al. 2015).

5.3.3 Wider political and economic structures, ideology and mental health.

Given the current social and political landscape of housing in the UK, it is important to contextualise the findings of this study by exploring how the interaction of wider political and economic structures, policies, ideologies, and attitudes impacted on mental health and wellbeing in relation to previous literature.

This study demonstrated how policy and legislation had a direct impact on mothers' mental health. Mothers described experiencing psychological distress through feeling trapped in poverty, no matter how hard they tried; a distressing experience linked directly to recent government policies. Others described not being able to work due to reaching the benefit cap (Rugg, 2016; Department for Work and Pensions, 2018). This meant that they ended up financially worse off as a result of working, and efforts to get work were made to no avail. The futility of this situation negatively impacted mother's mental health, mood and sense of self.

Furthermore, the impact of wider political ideology and societal attitudes on distress can be understood through mothers' experiences within the housing system, including interactions with staff, which in this study led mothers to feel uncared for and degraded. Mothers' with staff in this study support some literature in the systematic review where mothers experienced a lack

of empathy (Gültekin et al., 2014) from housing staff and perceived interactions with them as stressful and detrimental to wellbeing (Watt, 2018). Mothers in the current study reported being treated in a way that felt degrading by staff because they were single mothers on low incomes, reflecting findings in the literature that mothers in London experienced stigma from housing staff due to being single mothers, on low incomes, and living in social housing (Watt, 2018).

Degrading treatment on the basis of income and being a single mother could be caused by attitudes and ideologies that individualise poverty, and so stigmatise poverty and social housing (Shildrick, 2018), in addition to attitudes which stigmatise single mothers (McKenzie, 2013). It can be hypothesised these wider societal views or attitudes affected the housing staff mothers interacted with. Experiencing poverty has been associated with shame (Chase & Walker, 2013; Walker et al., 2013) and in this study, degradation and shame were experienced by mothers and this appeared to be related to the attitudes and ideologies described above. Shame has been found to have a negative impact on mental health (Gutierrez & Hagedorn, 2013). Indeed, the shame and degradation mothers experienced in this study impacted negatively on their mental health. However, it is important to note the systematic review demonstrated that some mothers in the US found staff who demonstrated care and made them feel deserving as helpful (Benbow et al. 2018). These staff expressed frustration at “the system” (Benbow et al., 2018, p7), perhaps suggesting that they had resisted internalising potentially stigmatising attitudes and policies. Therefore, it could be helpful if some staff took this approach in the UK, indeed there may be some already doing so. However, it would be important that this happens alongside wider political change.

Prevailing attitudes around poverty and social housing may have also influenced policies and decisions that left those in social housing in unsafe conditions. Researchers have discussed how attitudes, interrelated policies and decisions contributed to the traumatic deaths of 72 people in Grenfell Tower (Shildrick, 2018; Watt, 2017). Participants in the current study

described feeling as if they were left in unsafe conditions, ignored, and treated as though they did not count. This parallels the dynamics described by Watt (2017) and Shildrick (2018) as having contributed to the Grenfell disaster. For example, participants' experiences of displacement could in part be attributed to gentrification and council estate demolition; both aspects of a neoliberal policy agenda (Lees, Slater, Wyly, & Taylor, 2008). Such an agenda can be thought to view the poor as disposable, which is then reflected in corresponding attitudes (Lees, 2008; Watt, 2017). Being displaced out of area was associated with mental distress, isolation and loneliness in this study and in previous literature (Holtrop et al., 2015; Kirkman et al., 2010, 2015; Thomas & So, 2016). This enables the link between gentrification, health and psychological distress to become clearer.

Overall, neoliberal policies and decisions around housing appeared to influence attitudes within wider society and to justify policies and decisions around housing, poverty and single motherhood. Mothers' and children's mental health was detrimentally affected, not only by the direct effects of the policies, but by the impact of the corresponding attitudes on both policymakers, workers and themselves. This suggested that action needed to be taken at the political and ideological level to address, and prevent, distress.

5.3.4 Power, responses to power and mental health.

Given powerlessness in the face of powerful systems was experienced by mothers in this study, the impact of the above wider political and economic structures on mental health can be further explored through the lens of power.

5.3.4.1 The impress of power.

David Smail (2005, p26-34)'s theory on the 'impress of power' may further our understanding of how wider political, economic and ideological powers caused distress.

Smail (2005) stated that language, particularly as used within psychology, to describe subjective emotional experiences, such as 'beliefs' or 'intentions' creates a false sense of internal agency over our subjective experiences. Smail (2005) posits that these experiences were largely formed without our awareness; through sources of power within our environments which were impressed upon us. The suggested powers that influence us the most are furthest away from us, here known as 'distal powers', such as economic and political powers (Smail, 2005). Smail (2005) suggested that distal powers can be mediated by closer or 'proximal' powers, such as families and networks, but to a much lesser degree.

Regarding the current study, the political policies and ideologies participants described could be seen as distal powers, which influenced their distress in a powerful way. The results suggested participants had little agency to individually influence their emotional experiences through internal coping mechanisms which, at times, focused on changing their 'beliefs'. The results of this study also suggested families and social networks were able to influence their experiences and levels of distress, but to a lesser degree, as Smail (2005) suggested.

Consequently, the application of Smail (2005, p.26-34)'s theory supports the previous suggestion that action must be taken at the political and ideological level to address and prevent distress. The theory also seemed suggestive that individual therapy, which focuses on individual agency, may have limited effectiveness for single mothers and children experiencing homelessness. Therefore, alternatives to therapies which focus on individual agency, and which consider the influence of distal powers, will now be considered.

5.3.4.2 *Power Threat Meaning Framework.*

Similar to Smail's (2005) suggested distal powers, the Power Threat Meaning Framework (PTM) (Johnstone et al., 2018) emphasises the impact of wider types of power on distress. This recent framework aims to identify patterns within distress and behaviour, as an alternative to psychiatric diagnosis (Johnstone et al., 2018). The PTM describes the relationship between misuses of power, the threats these pose to human needs, the meaning made from these misuses of power and threats, and subsequent threat responses (Johnstone et al., 2018). Sections of this framework could be used to formulate and understand the experiences of participants in the current study, which will be described in this section.

Firstly, a range of interconnecting negative operations of power as described in the PTM seemed to impact the lives of participants and lead to distress. Examples of this can be seen in figure 4.

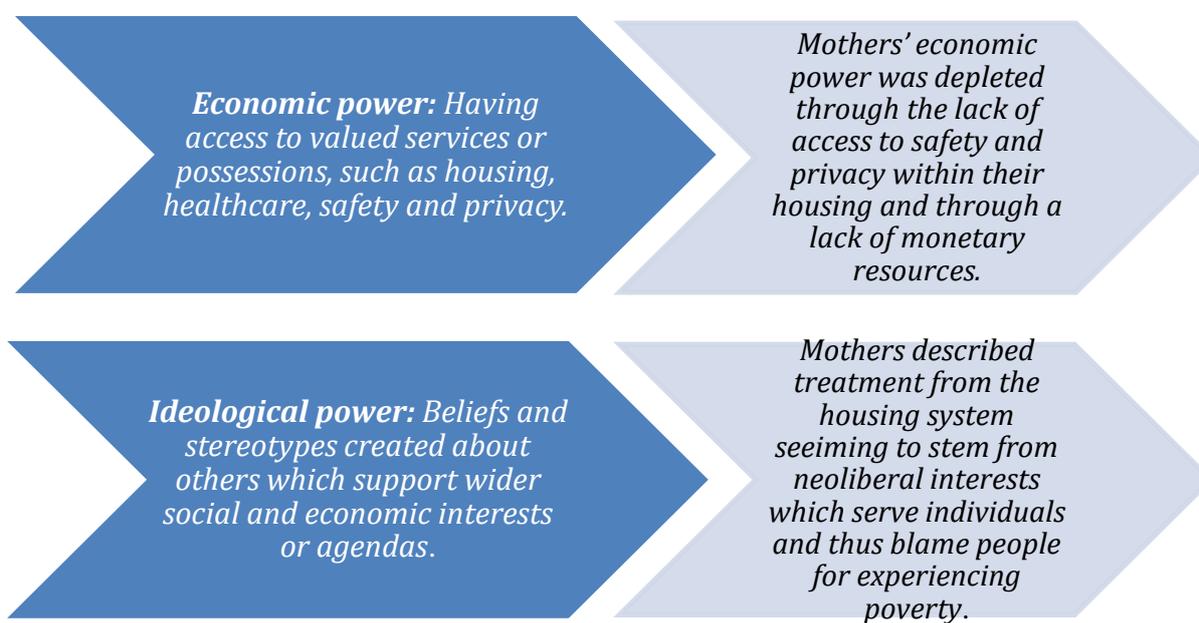
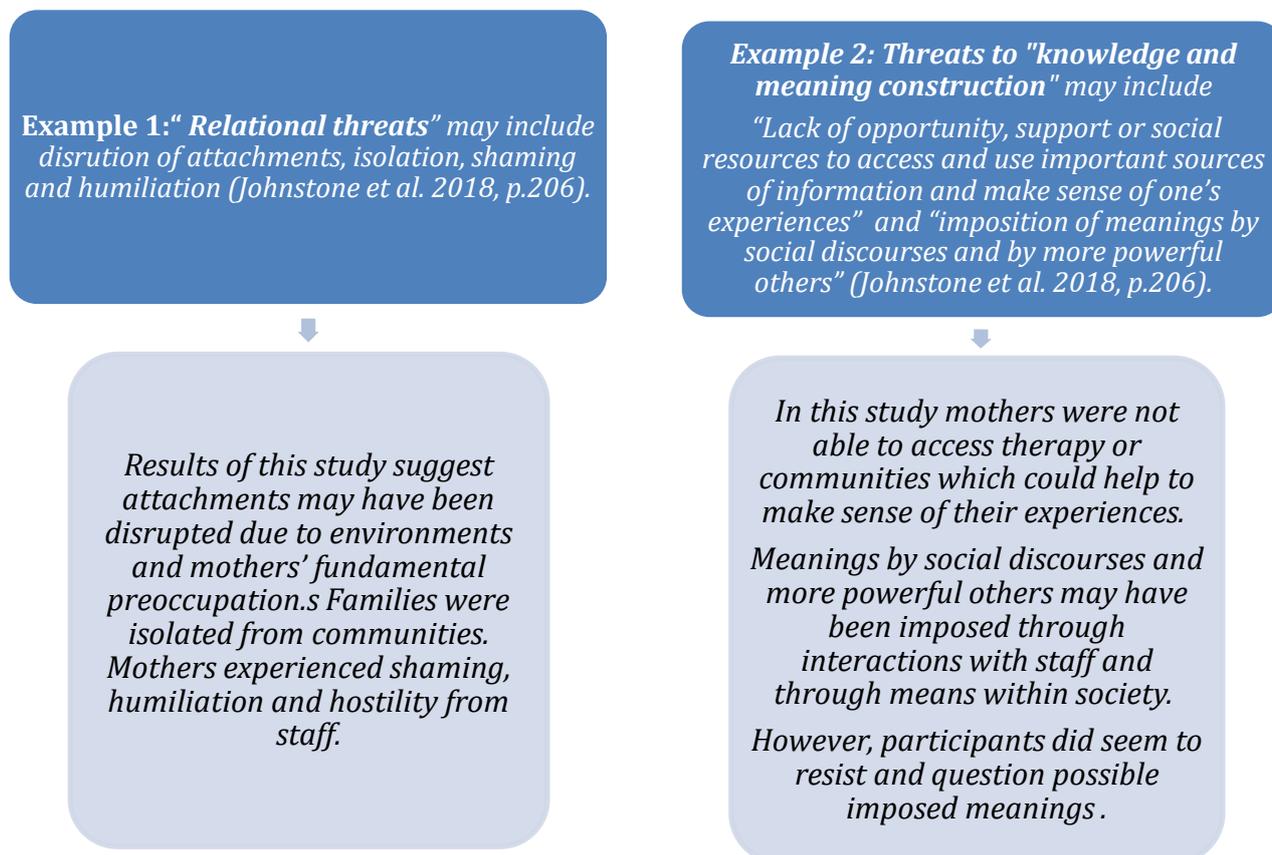


Figure 4: Negative operations of power

Furthermore, negative operations of power are suggested to result in threats to basic human needs (Johnstone et al, 2018). It seemed apparent that a number of such were experienced by participants (Johnstone et al., 2018). Examples of these are illustrated in figure 5.

Figure 5: Threats to basic human needs



However, Johnstone et al., (2018) suggest that the operation of power, and the threats this poses, can only be understood in relation to the meaning made by an individual or group. Meaning is thought to be established socially, relationally and personally; through beliefs, emotions and bodily experiences, which are seen as inseparable and multi-layered (Johnstone et al., 2018). Similar to Smail, (2005), Johnstone et al., (2018) suggest that we do not have full control over the meanings we make, as the narratives we make about ourselves are limited by broader social and cultural context and norms. For participants in this study, it appeared that wider economic and political structures (and the subsequent ways that power was directly and

indirectly or ideologically imposed on them through these structures), may have influenced the meanings they made. Examples of meanings defined in the PTM (Johnstone et al., 2018) which may have been made by participants are illustrated in figure 6.

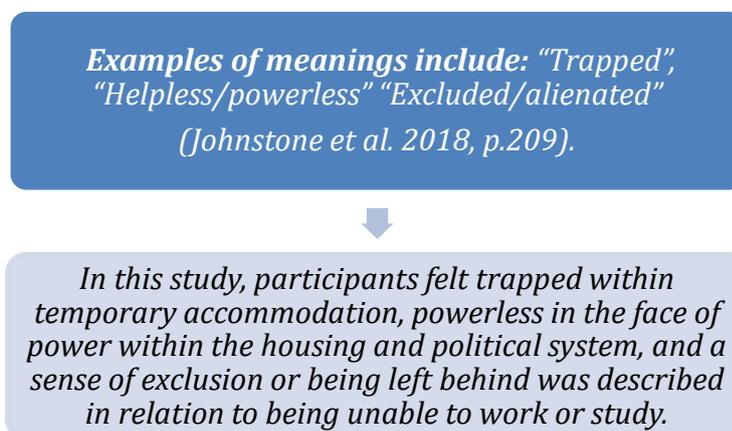


Figure 6: Possible examples of meanings made

Consequently, Johnstone et al., (2018) suggest people may use varied combinations of threat responses depending on their access to power resources or cultural meanings. These responses are seen as understandable responses to power and threat, as opposed to 'symptoms' (Johnstone et al., 2018). Examples of threat responses described in the PTM (Johnstone et al. 2018) are illustrated in figure 7. Johnstone et al., (2018) noted that threat responses may be an adaptive response to one's circumstances. They, therefore, suggested that we must consider how much attention we give to the responses, and how much we need to give to the circumstances which create these threat responses (Johnstone et al., 2018).

*Examples of threat responses include:
 "Hypervigilance, startle responses, insomnia"
 "flashbacks", "emotional numbing", and "self-neglect"
 (Johnstone et al. 2018, p.211).*



In this study, mothers reported being anxious and unable to sleep, flashbacks and emotional numbing were described in relation to PTSD which was attributed to experiences with a council, and self-neglect was described as a strategy to preserve the wellbeing of children.

Figure 7: Possible examples of threat responses

Johnstone et al., (2018) propose that patterns in threat responses can be identified in the context of different types of operations of power, for example, patterns may be different between those who have experienced social exclusion and coercive power than someone who experienced disruptive attachments and adversities as a young person. However, Johnstone et al. (2018) acknowledge that these patterns do not have to be fixed, and are subject to variation.

5.3.4.2.1 Critical reflection.

Overall, it seemed apparent that the PTM could be useful when formulating the experiences of single mothers living in temporary accommodation. Formulating how structural power within the housing system led participants to experience threats to their basic needs, and understanding possible meanings made from this, enabled us to understand their possible threat responses. Thus, there is the capacity to view their distress in its context of injustice rather than as occurring in a vacuum, which typically occurs through psychiatric labels and could be individually blaming (Harper, 2016). It is similar to Smail's (2005) argument that people have limited individual agency over their emotional experiences as these are largely influenced by power.

However, although the PTM acknowledges the importance of social action, it is not a fully integrated part of the formulation, and the formulation is used within individual therapy. This means it could perpetuate the idea of individual agency and have limited effectiveness for addressing the forms of power that led to participants' distress in the current study.

Furthermore, the idea of 'patterns', for threat responses, no matter how flexible, may lead us to place our assumptions as professionals on marginalised people, perhaps leading people to be seen as a set of disadvantages as a result of their experiences. The language used to describe these patterns appears similar to psychiatric language, which the authors suggest may be individually blaming (Johnstone et al., 2018). Some may find psychiatric language helpful to communicate the severity of their distress. However, medicalisation of language can also be used to cover up the role of injustice, oppression and violence within distress (Reynolds, 2012), making it important to consider for single mothers living in temporary accommodation. This issue of potentially blaming language within the PTM may be perpetuated by a seemingly small emphasis on resistance and strength.

To illustrate how threat responses could serve to cover up the role of injustices for participants in this study, the threat response "self-neglect" (Johnstone et al. 2018, p. 211) can be considered. In addition to being a threat response, 'self-neglect' could have been necessary at times for mothers to enable their children to survive. Therefore, a more just term could be 'neglect from the state', to represent the operation of power and threats - mothers were unable to tend to their own needs if they were to keep their children alive. This could avoid the implication that a choice was made to neglect the self, or that it was even possible to make this choice.

Additionally, the results of this study in part appeared to challenge the idea within 'the impress of power' (Smail, 2005) and the PTM (Johnstone et al., 2018), that people are often unaware of the operation of power in their lives, and how it may impact their experiences.

Many of the mothers in this study appeared to have a clear understanding of the influence of distal powers on their subjective experience, although at times, this oscillated with ideas around individual or internal responsibility. This understanding appeared to underpin their resistance and ability to challenge the injustices within the system. Such an assumption could therefore underestimate the abilities of single mothers living in temporary accommodation.

5.3.4.2.2 Conclusion.

The recent introduction of the PTM (Johnstone et al. 2018) by the British Psychological Society (BPS) represents a step towards enabling clinical psychology to account for structural power, and therefore, better understand the difficulties faced by families in temporary accommodation. However, the PTM may be less able to recognise the knowledges, abilities, strengths and resistance of single mothers in temporary accommodation. Other approaches will be addressed below that may do this whilst acknowledging the impact of power.

5.3.5 Liberation Psychology.

As with the PTM (Johnstone et al., 2018) and community psychology (Fryer and Laing, 2008), liberation psychology posits that social structures and discourses leading to violence, poverty and prejudice are the underlying causes of oppression, and thus distress (Afuape, 2011; Afuape & Hughes, 2016). Liberation psychology philosophies and practices are centred around the voices and experiences of those who experience marginalisation and oppression (Afuape & Hughes, 2016). Afuape (2011) described a useful approach to liberation psychology as one that honours the complex layers of power, resistance and liberation, whilst focusing on people creating their own ways for action, which honour their interests and abilities. Such an approach could honour the extensive knowledges of single mothers about the impact of power and

oppression on their lives, whilst challenging the power and oppression they face within the housing system and recognising the way they resist oppression every day (Afuape, 2011).

Liberation psychology approaches emphasise social action as a way of reducing both individual and collective distress, and can be used to combine individual therapy with social action (Afuape, 2011). In this study participants experiences of resisting alone were described to have both a positive and negative impact on their wellbeing, whereas group resistance appeared more beneficial for wellbeing. Therefore, as clinicians it would be important to foster relationships within groups to cultivate collective wellbeing and cohesive social action. Additionally, due to the level of distress experienced by single mothers in temporary accommodation, which at times can be linked to trying to resist a powerful system, individual therapeutic spaces will also be important to provide support with potentially overwhelming experiences of distress.

In sum, compared to PTM, liberation psychology places more emphasis on social action, resistance and a collectivisation, whilst also making space for individual therapy. This multi-layered approach may be more helpful for the study population, however, the PTM could be used within individual therapeutic spaces within this approach where helpful. Practical examples of how liberation psychology approaches could be used are discussed in the clinical implications section.

5.4 Clinical implications

This section will describe the clinical implications this study, based on the conclusions drawn above through relating the results to existing literature, theories, models and approaches to formulation.

The following implications will be discussed:

- Applications of liberation psychology: combining individual therapy with collective social action
- Multi agency working and models of social care
- Intervening at the level of policy

5.4.1 Applications of liberation psychology: combining individual therapy with collective social action.

On reflection of the importance of combining individual therapy with social action, in practice, clinicians can draw inspiration from the Social Action Psychotherapy model developed by Holland (1992). The model intervenes at the individual and community level whilst also using a resistance based social action approach. Social action psychotherapy (Holland, 1992) was developed by Sue Holland when working with a group of women who were predominantly lone parents living in an ethnically diverse council estate in London (Holland, 1992). The stages involved can be seen in figure 8.

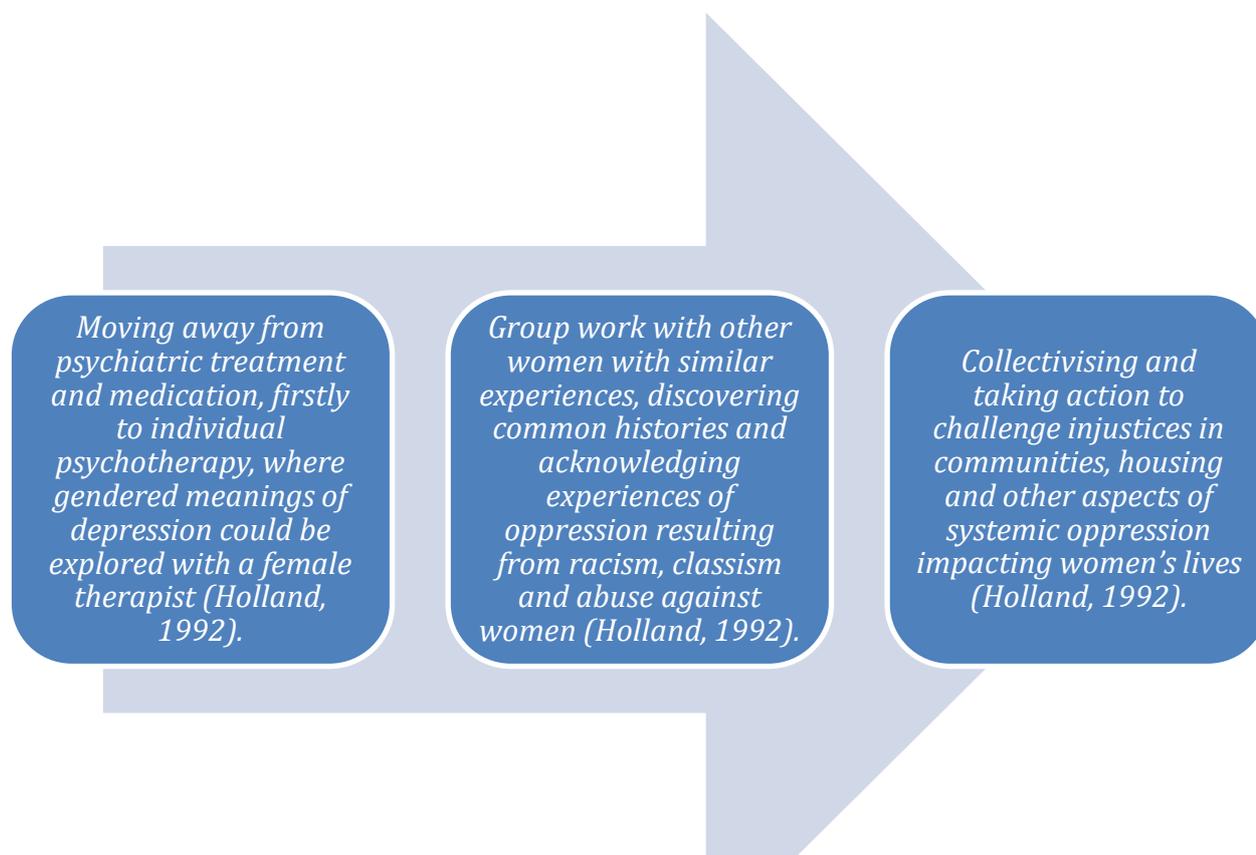


Figure 8: Social Action Psychotherapy

More recently, inspired by the social action psychotherapy model (Holland, 1992), Byrne et al., (2016) led a community project called Re:Assure. Re:Assure is a project for refugee, asylum seeking and migrant women who were living with a diagnosis of HIV. Table 14 outlines some of Byrne et al. (2016)'s ideas and discusses how they may be applicable to the population of this study.

Table 14: Ideas and possible applications from Re:Assure project

Ideas from (Byrne et al. 2016)	Applications to the study population
Critiquing our role: The importance of critiquing psychology from the perspective of those who experience marginalisation and oppression.	CPs work in a wider state system where people cannot get access to therapy as they are moved around by Local Authorities. CPs need to critique this system rather than being complicit within it, to limit the perpetuation of distress.
Critical consciousness: Enables movement from an individual to a social focus.	Participants made differing amounts of connections to wider structures of oppression in relation to their own

	<i>experiences. This could be a way of resisting and removing individual blame for their situations, suggesting it may be helpful for clinicians to explore these links in more detail.</i>
“Cycle of liberation” (Moane, 2011, as cited in Bryne et al., 2016, p118): This addresses the personal level; which includes building strengths, the interpersonal level; which includes making connection, and the political level; which involves taking action.	Personal level: <i>Clinicians could provide outreach service to increase accessibility to therapy where strengths can be built. However, it is important that this happens alongside action regarding homelessness and being moved around rather than being complicit by working around these systems of oppression.</i>
	Interpersonal level: <i>As participants described connection with others as essential for survival; specifically, those in similar situations, clinicians could support clients to connect with housing campaign groups such as Focus E15 to challenge isolation.</i>
	Political level: <i>Connecting with campaign groups such as Focus E15 who collectively take action and challenge injustices within the housing system. Enabling local groups to form close to the mothers living environment and with the provision of child care.</i>

Therefore, links made in table 14 demonstrate the potential value of social action psychotherapy approaches being drawn on by clinical psychologists in the UK, to support single mothers living in temporary accommodation across a range of levels.

5.4.2 Multi agency working/social care.

Mothers in this study described some difficult experiences with the social care system which arose due to their homelessness and poor-quality temporary accommodation. These included experiencing fears around child removal or being unable to meet the demands set by social care due to their housing. As discussed previously, within current neoliberalism, mothers can be individually blamed for problems caused by poverty or other social disadvantages

(Montgomerie & Tepe-Belfrage, 2016). This ideology can underpin approaches used currently in social care, for example, when considering what constitutes child neglect (Gupta, 2017b). However, viewing neglect in terms of individual pathology has been argued to ignore research on the complex relationships between poverty, inequality and neglect, which may lead to the blaming of families and social workers for not being able to solve the problem (Gupta, 2017b). This has been argued to fail to meet the needs and address the rights of many children and families (Gupta, 2017b).

Using the example of a neglect framework developed by a local authority in England (Child and Young Person's Neglect Toolkit For assisting in the identification of Child Neglect, n.d.), table 14 illustrates how this issue may be relevant for the study population.

Table 15: Neglect framework and barriers posed to single mothers in temporary accommodation

Criteria to be met to obtain the 'green' score or score '1'	<i>Barriers faced by study population</i>
<p>Area 1 Physical Care: Quality of housing:</p> <p>"The accommodation has all essential amenities such as heating, shower, cooking facilities, adequate beds and bedding and a toilet and is in a reasonable state of repair and decoration. Carer understands the importance of the home conditions to child's well-being" pp 9</p>	<ul style="list-style-type: none"> • <i>Mothers reported being placed in accommodation which at times had inadequate heating facilities, showering or toileting facilities and which was not always in a reasonable state of repair or decoration.</i> • <i>Mothers appeared to understand the importance of the conditions of the home regarding child wellbeing yet did not have power to change these. They were fearful of blame and child removal based on these limitations that were out of their control or financial ability to address</i>

<p>Area 2 Health:</p> <p>“There is suitable bedding and carers having an awareness of the importance of the room temperature, sleeping position of the baby and carer does not smoke in household. There are appropriate sleeping arrangements for children.”</p>	<ul style="list-style-type: none"> • <i>A mother reported the housing provider refusing to provide a bed for her infant daughter.</i> • <i>Mothers lived in shared accommodation and could not control whether people smoked in the home.</i> • <i>Mothers with older children had to share a bed or room with their children as they were not provided with enough space to make sleeping arrangements they deemed suitable for their children.</i>
<p>Area 4 Love and Care: Adult behaviour</p> <p>“Carer does not talk about feelings of depression /low mood in front of the children and is aware of potential impact” pp41</p>	<ul style="list-style-type: none"> • <i>Mothers described experiencing severe distress from the confined spaces in the temporary accommodation; or poverty, which may be difficult to hide, especially given the lack of space.</i>
<p>Area 5 Stimulation and Education: 2-5 years</p> <p>“Carer provides all toys that are necessary. Finds a way even if things are unaffordable (uniform, sports equipment, books etc)” pp 49</p>	<ul style="list-style-type: none"> • <i>Mothers reported doing what they could to make sure their children had everything they needed, but this was difficult in the context of poverty and the confined living spaces and external unsafe environments. They were threatened with removal of their child if they resisted accommodation they deemed unsafe</i>

Therefore, this framework illustrates that single mothers in temporary accommodation may be trapped by their circumstances, making them unable to meet the criteria of neglect frameworks. Current ways of working in social care may serve to disadvantage or blame single mothers in temporary accommodation, as implicated by the findings in this study.

Given the above, one clinical implication for psychologists when engaging in multi-agency working, is to advocate for and draw from alternative, critical approaches within social work which take a less individualistic approach and consider the impact of poverty on one's capability to parent. Examples of such approaches can be seen in figure 9.

Capability approach

- *Based on human rights and social justice framework (Nussbaum, 2011 as cited in Gupta, 2017a)*
- *Focus on 'capabilities' which represent people's ability to exercise their human rights and freedom to choose the kinds of life they may value (Nussbaum, 2011 as cited in Gupta, 2017a)*
- *Emphasises that structural inequalities create barriers to people's capabilities and the subsequent outcomes framework (Nussbaum, 2011 as cited in Gupta, 2017a)*
- *Both material and emotional aspects of poverty are central (Gupta, 2017a).*
- *Recognises the power of professionals to foster strength and increase capabilities but also to reduce or destroy capabilities or create shame (Gupta, 2017a).*

Poverty aware social work paradigm (Krumer-Nevo, 2016)

- *Views poverty as a violation of human rights.*
- *Those experiencing poverty are seen as active agents who resist poverty against a severe lack of economic and symbolic capital.*
- *Ethics are centred around solidarity and extending the notion of 'we' as opposed to 'us and them', thus minimising othering and power imbalances.*
- *The relationship with service users is seen as the foundation for knowledge and interventions.*
- *Through solidarity, layers of oppression facing service users are addressed using privilege, active mediation and advocacy.*

Figure 9: Critical approaches to social work

In sum, building on the idea of critiquing our role (Byrne et al. 2016), as psychologists, we could encourage the use of these frameworks which acknowledge structural inequalities and work with people to address these, without individual blame. These models may be useful for informing some areas of housing services, however, it is important to bear in mind that these organisations have a role in creating the structural inequalities described within these models.

Reynolds (2013) reflected on the importance of collective accountability, where we are not responsible for just our own acts; this is a way of resisting the ideas of personal responsibility inherent within capitalism and individualism. Therefore, working within these systems, if we see individually blaming approaches within social care, or indeed housing services, we must assume this is something we have a role in addressing.

In sum, the described critical approaches to social care could inform our thinking when formulating, sharing these formulations with networks and providing consultation to other professionals, such as social workers or housing staff.

5.4.3 Intervening at the level of policy.

In addition to intervening on individual, group and service levels, psychologists can intervene at a wider level by influencing policy. The link between the social and political context of housing and participants' wellbeing, appears to support literature in the introduction chapter which highlighted the use of public health (McKee, 2017; Sharpe et al., 2018) and community psychology approaches (Carey et al., 2018; McGrath et al., 2016) to impact macro-systems directly to reduce distress. Psychologists could, therefore impact macro-systems through advocating for changes in policy and legislation in direct and indirect ways through media, social media and think tanks (Harper, 2016).

Reynolds (2013) discusses the importance of addressing power as a principle of social justice work, which is important to consider when working to achieve social change at the macro level. This would involve challenging neutrality, paying attention to intersections of privilege and oppression, witnessing injustices and resistance, and collective accountability (Reynolds, 2012). We should, therefore, challenge those within and outside of our profession who appear neutral to the injustices within the housing and political system which lead to distress, paying attention to the intersecting oppressions experienced by single mothers in social housing, some of whom are also migrants and women of colour. We must also attend to our power as psychologists in relation to those who we work with and be aware that communities resist power in many ways (Reynolds, 2012). It is important to continuously work with communities when influencing policy and taking a preventative public health approach (Sharpe et al., 2018) for it to be effective, valuable and ethical.

Collaborative research could also be used to influence policy. Although we bring specific research skills as psychologists, perhaps we could work together with those in temporary accommodation to find other ways to report on and disseminate information on the issues around temporary accommodation. A way of achieving this could be through coming together with those who live in it and combining our skills and methods to resist. For example, those in this study used photography to demonstrate their conditions. Maybe this could be integrated through photovoice research or different types of participatory action research.

Further to working with those in temporary accommodation to develop ways to influence policy, it may be helpful to support the activism which is already being done by women, and to support the ways in which they have collectivised and fought against narratives of individual blame. Those within temporary accommodation would be best placed to know what action needs to be taken and how psychologists could help, so being led by them would be important.

5.4.4 Summary of clinical implications.

In sum, the clinical implications demonstrate the need to intervene at a range of levels to support single mothers in temporary accommodation. These implications are summarised diagrammatic form in figure 10.



Figure 10: Diagrammatic summary of clinical implications

5.5 Methodological reflections

5.5.1 Consideration of the quality of the study.

Aspects of the research process which are strengths, limitations, or a combination of both can be considered to reflect on the quality of this study.

5.5.1.1 Member reflections.

Table 16 outlines participants' feedback on the analysis regarding whether it captured their experiences. Monika explained that she had now been housed and provided further reflections relating the results to the impact of her time in temporary accommodation on her current wellbeing. This is discussed later in the chapter within the suggestions for future research.

Table 16: Member reflections

Participant (pseudonym)	Summary of feedback on analysis
Valerie	<p><i>“This is brilliant...it has captured the experience... it represents and explains what is going on...(it is) absolutely accurate...I felt like it (experiences described in themes) was all happening and that it was happening to me, the things I dealt with and experienced (are there) I am sure so many women in temporary accommodation can relate to this (themes described in the results), every avenue was relevant, I can't add anything more”</i></p> <p>Regarding theme four: <i>“I've stood up for myself and overcome - with the threatening language and bullying, I didn't read one bit I couldn't relate to- surviving and resisting was my stance from day one and I've been trying not to internalise the stigma, it (theme four) captures the psychological experience”</i></p>
Monika	<p><i>“Super good, very good ...overall I am happy with the themes, they are accurate...it is a great topic, someone needed to do it”</i></p>

As discussed in the method, despite all participants being invited to give member reflections, only two were able to. The small number of member checks is an obvious limitation. A small

number was somewhat expected, given the busy nature of participants lives, and the distress they described experiencing in relation to their housing.

However, despite this limitation, it is in the interest of relational ethics to give the participants an opportunity to provide feedback and reflect on the findings. Many participants described wanting to take part in the study to contribute to social change, with some citing wanting to prevent others experiencing the distress they had experienced as a reason for participation.

Therefore, it seemed fair to provide all participants an opportunity to engage with the results of the study. Furthermore, the feedback from participants suggesting they felt the results represented their experiences provides at least some contribution to the credibility of the study, although, this of course would be improved with more member reflections. Furthermore, as discussed, one participant shared reflections which were indicative of future research, which is valuable.

5.5.1.2 Topic

It has been suggested by Gordon and Patterson (2013) that a worthy topic (Tracy, 2010) should address societal concerns in addition to the researcher's interests. A major strength of this study was its choice of a timely, important topic which is currently under researched, Given the high levels of distress experienced by families as a result of these rises in temporary accommodation, it is important that awareness is increased, and action is taken by clinicians and others to reduce distress. For this reason, this study included many participant quotes which illustrated the levels of distress caused and followed this up through situating these experiences in the current social and political context and asking for their feedback on the results where their voices were, again, included. This set the context to make tangible and meaningful suggestions for action for clinicians, many of which can be done by other professionals and

community members. Furthermore, the topic being aligned with my interests and motivations meant that I brought additional knowledge to the research, which I continually sought before and during as a result of my interest. This also meant that I was able to use my knowledge of the topic to bring political and psychological aspects together to understand participants' experiences and draw clinical implications.

5.5.1.3 Reflexivity.

The systematic review suggested existing research on subjective experiences of mothers and children experiencing homelessness lacked researcher reflexivity. However, reflexivity is a strength of this study. In light of my interchanging positions within the “space between” (Dwyer & Buckle, 2009, p.60), I reflected on my intersecting identities and personal connection to the topic continually, using a reflective diary and reflexive conversations with supervisors and peers. I also maintained a reflexive approach and outlook throughout the research process (Probst & Berenson, 2014). Being aware of how researcher identities may impact the way qualitative data is analysed and interpreted supports social justice principles by increasing the trustworthiness of how participant's voices are represented (Lyons et al., 2013). Furthermore, the research topic was particularly emotive generally, and in relation to my own experiences and identities, I practiced emotional reflexivity; holding that emotional experiences may have influenced how I interpreted data, practiced reflexivity and made choices during the research process (Burkitt, 2012). This further enabled me to increase the trustworthiness of how participant voices were represented. It is important to acknowledge that despite taking a reflexive approach, it is impossible to fully remove one's own biases. Therefore, all aspects of this thesis are likely to have been shaped by my position as a researcher in some way.

5.5.1.4 Participant and community involvement.

There were some strengths regarding participant and community involvement. The consultation with people with lived experience was useful in terms of ensuring the literature I reported on met the needs of the community and population being researched. Having the interview schedule checked by a person with lived experience also helped to ensure the content and structure were appropriate for participants. Additionally, although the utility of the member checks was reduced through lack of numbers, the two member checks that did occur went some way to ensure the themes represented participants experiences.

Considering the limitations of the research, whilst time limitations impacted on this, the involvement of participants and others with lived experience could have been developed further through more consistent involvement and participation, for example, during the data collection and analysis process. This continuous involvement allows researchers to remain fully attentive to the needs of communities throughout the research process (Lyons et al., 2013).

To this end, in addition to submission to academic journals, this research will be disseminated through platforms which are accessible to communities and can support the enablement of social change. The research will also be disseminated to community and activist groups, including those where recruitment took place. Furthermore, as stated participants will again be given the option of being informed about the research and whether they would like to support the dissemination process.

5.5.1.5 Individual interviews.

As focus groups can prove difficult for participants who are geographically dispersed to access, are more time consuming for each participant than individual interviews (Clarke & Braun, 2013), it was decided that focus groups would pose major difficulties in accessibility

for participants. Focus groups were also deemed unsuitable as the potential for all individual voices to be given space may be minimised. However, the use of individual interviews rather than focus groups may have prevented participants from accessing some of the benefits of focus groups. Participants may feel more able to speak openly about sensitive issues in a group (Clarke & Braun, 2013), where they can support each other, (Rabiee, 2004; Willig, 2013) and the power imbalances between researcher and participant may be reduced (Wilkinson, 1998). Focus groups may have, therefore, been helpful for my participants as members of multiple marginalised groups relating to their gender, class and race, (Wilkinson, 1998).

5.5.1.6 English Language.

Unfortunately, as it was not possible to hire an interpreter, a limitation of this study is that participants were required to speak and understand enough English to take part in the interviews. This may have excluded some people from taking part in the research, including people who are further marginalised by the housing and immigration systems in the UK; this should be a consideration for future research.

5.6 Suggestions for further research

There are a number of possible avenues for future research, and considering the importance of this topic, I would urge researchers to consider taking up these possibilities.

5.6.1 Longitudinal research and follow up studies.

During a member check, a participant explained that she had now been housed, and described feeling that this process made her realise she had “*irreversible damage*” to her “*mental health*” and described how this led her to experience difficulties with “*living a normal life*”. Perhaps one may assume this could be likely for many, but also many may have a

different experience so it would be useful to explore this. This could be done through longitudinal research, or a follow up study to the current one, exploring the experiences of mothers and children who have lived in temporary accommodation but have since been housed. This could yield clinical implications and suggestions which could support families to make sense of their experiences in the long term.

5.6.2 Including the voices of children.

Although this study addresses children's experiences from the perspectives of mothers, exploring the experiences of children directly could help us to understand their experiences in more depth, and could serve to triangulate the findings about children's experiences in this study. Perhaps inspiration could be taken from the previously discussed study by Kirkman et al. (2010), where creative methods were used to engage children, and the ethics of this were carefully considered to minimise distress.

5.6.3 Exploring experiences of activism and resistance.

Participants in this study described both helpful and harmful experiences of resistance. Indeed, research has suggested for some groups, activism can mitigate the psychological effects of discrimination whereas for others, activism can exacerbate the effects (Hope, Velez, Offidani-Bertrand, Keels, & Durkee, 2018). Furthermore, some types of activism which were used by this study's participants, such as social media activism, have been associated with experiences of stress (Hisam et al., 2017). Therefore, further research exploring experiences of activism and wellbeing for this population group could be helpful. This may yield results which could support clinicians to foster wellbeing within social action.

“Doing solidarity” (Reynolds, 2012, p.22) involves being allies to each other in the face of the discrepancies of access to power which may lead to division. Given the importance of

clinicians being involved in social change, such research could also support clinicians. Clinicians and community members may wish to take on different aspects of activism in relation to their own emotional needs, to increase effectiveness and reduce distress during activism. This may support clinicians to be “imperfect allies” (Reynolds, 2013, p23) to communities; supporting their activism while acknowledging that these alliances may not always be perfect, but are necessary for justice work (Reynolds, 2012).

Finally, such research could be done around children and young people who engage in housing activism, such as members of the Children’s Rights Alliance England (CRAE, n.d).

5.7 Final self-reflection

Upon beginning this research, I expected that living in temporary accommodation would be a cause of distress in mothers and children. However, despite expectation, my lived experiences, and involvement in housing activism, the levels of distress and abuse described by mothers surpassed any expectation I could have had. With the emotional challenges this posed, perhaps it could have been easy to slip into hopelessness. However, in the face of this extreme distress, mothers showed astounding strength, and continued to persist to give their children the best lives they could. The women continued to resist a powerful, unjust and abusive system and refused to give up, even when this system led them to feel hopeless; for the sake of their own, their children’s and their communities’ wellbeing. I will remain forever grateful for the opportunity to hear their stories.

As a result, this process further strengthened my belief that we can, and must, maintain hope and continue to fight in the face of a powerful, unjust, and cruel political system. The women’s stories of collectivising and fighting and healing together tell us that we must come together, are stronger together, and can resist the divisive individualism being driven through

our society. Finally, this research has strengthened my belief that everyone can do something, we can all show solidarity and activism is for everyone. I hope that anyone who comes across this research and would like to see a change holds that their solidarity is valued and there are infinite ways to make a difference.

5.8 Conclusion

This study aimed to explore the experiences and wellbeing of single mothers and children living in temporary accommodation. The results suggested that mothers experienced grave levels of distress, resulting from how they were treated within the housing system, through the experience of homelessness, and through living in poor conditions. Distress was also experienced by children in relation to living in poor conditions. Although the stressors of the housing and the housing system presented challenges and distress within the mother-child relationship, a strong sense of love and care between mothers and children was present. Although mothers tried to cope and resist alone, and showed remarkable persistence with this, coming together to support each other, and resist together, appeared to be more beneficial for wellbeing. Therefore, clinical implications need to take place over a number of levels. Approaches in individual therapy must acknowledge the influence of social and political factors on wellbeing. Multi-agency working should involve promoting strengths-based approaches, which acknowledge structural inequalities. Supporting collectivisation and opportunities for mothers to come together are important for wellbeing. Social action approaches alongside individual therapy also provide opportunities to reduce isolation, in addition to enabling action at the political level. Finally, action at the political level needs to be taken through involvement in developing and influencing the political system, through avenues such as policy and media.

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Appendix A: Ethical approval notification

HEALTH SCIENCE ENGINEERING & TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO Nina Carey
CC Dr Emma Karwatzki
FROM Dr Simon Trainis, Health, Science, Engineering & Technology ECDA Chair.
DATE 05/11/2018

Protocol number: LMS/PGT/UH/03424

Title of study: Single Mothers' Experiences of Temporary Accommodation and Wellbeing: A London Based Study

Your application for ethics approval has been accepted and approved by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

This approval is valid:

From: 05/11/2018

To: 20/08/2019

Additional workers: Dr Emma Karwatzki

Please note:

If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and your completed consent paperwork to this ECDA once your study is complete. You are also required to complete and submit an EC7 Protocol Monitoring Form if you are a member of staff. This form is available via the Ethics Approval StudyNet Site via the 'Application Forms' page <http://www.studynet1.herts.ac.uk/ptl/common/ethics.nsf/Teaching+Documents?Openview&count=9999&restrictcategory=Application+Forms>

Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A. Should you amend any aspect of your research, or wish to apply for an extension to your study, you will need your supervisor's approval (if you are a student) and must complete and submit form EC2. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately. Failure to report adverse circumstance/s would be considered misconduct.

Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Students must include this Approval Notification with their submission.

Appendix B: Ethical amendment approval notification 1 - use of telephone interviews, home visits in some cases, change to lone working policy and use of transcription service.



HEALTH SCIENCE ENGINEERING & TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO Nina Carey
CC Dr Emma Karwatzki
FROM Dr Simon Trainis, Health, Science, Engineering & Technology ECDA Chair.
DATE 29/01/2019

Protocol number: aLMS/PGT/UH/03424(1)

Title of study: Single Mothers' Experiences of Temporary Accommodation and Wellbeing: A London Based Study

Your application to modify and extend the existing protocol as detailed below has been accepted and approved by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

Modification: Detailed in EC2

This approval is valid:

From: 29/01/2019

To: 20/08/2019

Additional workers: Dr Emma Karwatzki

Please note:

If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and your completed consent paperwork to this ECDA once your study is complete. You are also required to complete and submit an EC7 Protocol Monitoring Form if you are a member of staff. This form is available via the Ethics Approval StudyNet Site via the 'Application Forms' page <http://www.studynet1.herts.ac.uk/ptl/common/ethics.nsf/Teaching+Documents?OpenView&count=9999&restricttocategory=Application+Forms>

Any conditions relating to the original protocol approval remain and must be complied with.

Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1/EC1A or as detailed in the EC2 request. Should you amend any further aspect of your research, or wish to apply for an extension to your study,

you will need your supervisor's approval (if you are a student) and must complete and submit a further EC2 request. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately. Failure to report adverse circumstance/s would be considered misconduct.

Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Students must include this Approval Notification with their submission.



HEALTH SCIENCE ENGINEERING & TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO Nina Carey
CC Dr Emma Karwatzki
FROM Dr Simon Trainis, Health, Science, Engineering & Technology ECDA Chair.
DATE 15/03/2019

Protocol number: aLMS/PGT/UH/03424(2)
Title of study: Single Mothers' Experiences of Temporary Accommodation and Wellbeing: A London Based Study.

Your application to modify and extend the existing protocol as detailed below has been accepted and approved by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

Modification: Detailed in EC2

This approval is valid:

From: 15/03/2019

To: 20/08/2019

Additional workers: Dr Emma Karwatzki

Please note:

If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and your completed consent paperwork to this ECDA once your study is complete. You are also required to complete and submit an EC7 Protocol Monitoring Form if you are a member of staff. This form is available via the Ethics Approval StudyNet Site via the 'Application Forms' page <http://www.studynet1.herts.ac.uk/ptl/common/ethics.nsf/Teaching+Documents?Openview&count=9999&restricttcategory=Application+Forms>

Any conditions relating to the original protocol approval remain and must be complied with.

Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1/EC1A or as detailed in the EC2 request. Should you amend any further aspect of your research, or wish to apply for an extension to your study,

you will need your supervisor's approval (if you are a student) and must complete and submit a further EC2 request. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately. Failure to report adverse circumstance/s would be considered misconduct.

Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Students must include this Approval Notification with their submission.

Appendix D: Consent form**UNIVERSITY OF HERTFORDSHIRE
ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN
PARTICIPANTS
(‘ETHICS COMMITTEE’)****FORM EC3
CONSENT FORM FOR STUDIES INVOLVING HUMAN PARTICIPANTS****CONSENT FORM**

Please read the following statements before you agree to take part in this study.

- 1) I confirm that I have read and understood the participant information sheet and I understand what my participation in this study involves.**

Yes No

- 2) I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. If I withdraw from the study, the data that I have submitted will also be withdrawn at my request.**

Yes No

- 3) I understand that the information that I will submit will be confidential and anonymous, used only for the purpose of this study**

Yes No

- 4) I agree that research data gathered for the study may be published and if this occurs precautions will be taken to protect my anonymity.**

Yes No

- 5) Contact information has been provided should I wish to seek further information from the investigator at any time for purposes of clarification.**

Yes No

6) I agree to take part in the above study

Yes No

Appendix E: Participant information sheet

FORM EC6: PARTICIPANT INFORMATION SHEET

Participant Information Sheet

UH ethics protocol number: LMS/PGT/UH/03424

Title of study

Single Mothers' Experiences of Temporary Accommodation and Wellbeing: A London Based Study.

Introduction

You are being invited to take part in a study conducted by Nina Carey, a Trainee Clinical Psychologist at the University of Hertfordshire. This thesis is supervised by Dr Emma Karwatzki, who is a Senior Lecturer on the Doctorate in Clinical Psychology.

I am looking for single mothers who are living in temporary accommodation allocated by a council/local authority in London to take part in an interview for my research which is part of my doctorate in clinical psychology.

What is the aim of the study?

The research aims to find out about the experiences of single mothers living in temporary accommodation and how living in temporary accommodation has impacted their wellbeing and the wellbeing of their children. Therefore, some questions will ask about experiences related to general mental health and quality of life.

Why am I interested in this research?

I have grown up in social housing in London with a single mother, and we experienced housing inequality as a family. As a person with lived experience of housing insecurity and in my role as a Trainee Clinical Psychologist, I am concerned about the experiences of single mothers and children who are being placed in temporary insecure accommodation during the current housing crisis. I would like to increase awareness and levels of action within my profession, other professionals, policy makers and the public about the impact of temporary accommodation on the wellbeing of families.

What does taking part involve?

It is completely up to you whether or not you decide to take part in this study. If you do agree to take part, you will be asked to give your consent to complete an interview as well as some information about yourself (age range, education). There will be a short 10-15 minute phone call to discuss eligibility. If eligible, and you are still interested we will agree to a time and place for a face to face interview that will be no longer than 60 minutes. It may be possible to arrange telephone interviews in the case that a face to face interview is not possible.

Vouchers

Participants will receive a voucher to the value of £10 as recognition for the time involved in taking part in the interview. Travel costs will also be covered up to £5.

Can I take part in this study?

To take part, you need to be a single mother living with your child/children in temporary accommodation provided by a London council. You will need to be over the age of 18. Your participation in this study is entirely voluntary. You are free to withdraw at any time before the data is analysed, without giving a reason. Any data provided will not be used in the results if you do withdraw before the analysis takes place. If you would like to support this research further, I would be grateful if you would forward the leaflet to your contacts that might meet the eligibility criteria.

What are the benefits of taking part?

There is a lack of research looking at how housing can affect the wellbeing of single mothers and their families in the UK. This study aims to fill this gap by exploring the experiences and mental health of single mothers who are facing housing instability and living in temporary social housing in London. There is also a lack of research on the impact of experiencing housing problems on the relationships between mothers and children, which is something this study aims to explore. Therefore by taking part, you will be helping to build up a body of research which addresses the experiences of single mothers living in temporary accommodation in London and the impact of this on their wellbeing and the wellbeing of their families.

What are the possible disadvantages of taking part?

During the interview you may be asked some sensitive questions about your situation and the impact it is having on you and your family, which may cause some discomfort. If you are concerned about this, we recommend speaking with your GP or other health professional. Other sources of support can be found at:

Anxiety UK (www.anxietyuk.org.uk) phone 08444 775 774 (Mon-Fri, 09:30am – 5:30pm)

Mind info line: 0300 123 3393

Confidentiality

All information you provide in this study is completely anonymous and confidential and will be used only for research purposes. The only limit to confidentiality would be in the case that any information is given which indicates that you or someone else is at risk of harm – in this

case I would need to inform the appropriate agency but would aim to inform you first. The interview will be recorded and transcribed, without any identifying information attached so responses cannot be attributed to any person. There may be some short anonymised quotes used in publications. Your data will be stored in accordance with the Data Protection Act 1998, and only research team will have access to the data. The data will be stored on a password-protected computer.

Due to the time constraints on this project an approved transcription service may be used to transcribe your interview. The service will sign a non-disclosure, confidentiality agreement, and recordings will be anonymously labelled.

Who has reviewed this study?

This study has been reviewed by:

The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority

The UH protocol number is LMS/PGT/UH/03424

What will happen to the results of this study?

The data collected during the study will be used as a part of a Doctoral Clinical Psychology project at the University of Hertfordshire. Research findings will be submitted as part of doctoral thesis. In addition, I will write up an article for publication in a journal, again no participant will be identifiable. The research may be presented at conferences and written up for mainstream media. Ethical approval for this study has been obtained from the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority and the UH ethics protocol number is:

Taking part in this study

If you wish to take part in this study please contact me on cn16abm@herts.ac.uk.

Further information

If you would like further information about the study, please contact me by email (cn16abm@herts.ac.uk).

This study will be reviewed by The Health, Science, Engineering and Technology ECDA at the University of Hertfordshire.

The UH protocol number is LMS/PGT/UH/03424

Further support

If participation in this research has caused you any distress, discomfort or upsetting feeling, you may wish to contact immediate sources of support such as your family, friends, GP or a therapist.

If you would like further support, please find below the details of some organisations that may be useful. These sources of support will be able to help you regarding any concerns or worries you have regarding your emotional and psychological wellbeing.

Your GP

Please consider contacting your GP if you are feeling low or anxious.

Psychological therapies

If you think that you may benefit from engaging in a talking therapy (such as cognitive behavioural therapy), then you may wish to consider self-referring to your local psychological therapies service, or asking your GP to refer you.

To find your nearest service, you can search on the NHS choices webpage:

[https://www.nhs.uk/Service-Search/Psychological-therapies-\(IAPT\)/LocationSearch/10008](https://www.nhs.uk/Service-Search/Psychological-therapies-(IAPT)/LocationSearch/10008)

NHS Choices

If you're worried about an urgent medical concern, call 111 and speak to a fully trained adviser.

Website: <https://www.nhs.uk/pages/home.aspx> Helpline: 0113 825 0000

Samaritans

This is a 24 hour a day, free and confidential helpline for anyone experiencing any emotional distress.

Freephone: 08457 90 90 90 Website: www.samaritans.org

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University's Secretary and Registrar at the following address:

Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Herts
AL10 9AB

Thank you very much for reading this information and giving consideration to take part in this study.

Appendix F: Debrief Sheet

Debrief Sheet

Thank you for giving your time to take part in this research project. I hope this research will help improve people's understanding of the issues faced by single mothers living in temporary accommodation.

The information that you have provided will be kept confidential and all data will be destroyed after the completion of the research. You can ask to have your contribution removed from the study without giving a reason up to 1 month after participation.

If participation in this research has caused you any distress, discomfort or upsetting feeling, you may wish to contact immediate sources of support such as your family, friends, GP or a therapist.

If you would like further support, please find below the details of some organisations that may be useful. These sources of support will be able to help you regarding any concerns or worries you have regarding your emotional and psychological wellbeing.

Your GP

Please consider contacting your GP if you are feeling low or anxious.

Psychological therapies

If you think that you may benefit from engaging in a talking therapy (such as cognitive behavioural therapy), then you may wish to consider self-referring to your local psychological therapies service or asking your GP to refer you.

To find your nearest service, you can search on the NHS choices webpage:

[https://www.nhs.uk/Service-Search/Psychological-therapies-\(IAPT\)/LocationSearch/10008](https://www.nhs.uk/Service-Search/Psychological-therapies-(IAPT)/LocationSearch/10008)

NHS Choices

If you're worried about an urgent medical concern, call 111 and speak to a fully trained adviser.

Website: <https://www.nhs.uk/pages/home.aspx> Helpline: 0113 825 0000

Samaritans

This is a 24 hour a day, free and confidential helpline for anyone experiencing any emotional distress.

Freephone: 08457 90 90 90 Website: www.samaritans.org

If you have any further questions, or would be interested in being informed in the outcome of this study, then please contact the researcher, Nina Carey, by email on cn16abm@herts.ac.uk

If you have any complaints about the study, please contact Dr Emma Karwatzki by email (e.karwatzki@herts.ac.uk).

Thank you again for your participation and support.

Appendix G: Transcription contract

University of
Hertfordshire



Doctorate in Clinical Psychology
University of Hertfordshire

Transcription confidentiality/ non-disclosure agreement

This non-disclosure agreement is in reference to the following parties:

Nina Carey

And

Ramsha Abid

The recipient agrees to not divulge any information to a third party with regards to the transcription of audio recordings, as recorded by the discloser. The information shared will therefore remain confidential.

The recipient agrees to stop transcription immediately if they recognise any parties mentioned on the audio recording, and to return the recording to the discloser.

The recipient also agrees to destroy the transcripts as soon as they have been provided to the discloser.

The recipient agrees to return and or destroy any copies of the recordings they were able to access provided by the discloser.

Signed:

Name: Ramsha Abid

Date: 25-02-2019



Appendix H: Further details on recruitment

Participants were recruited from the following sources:

Focus E15: a grassroots housing activist group in east London

As part of the housing and mental health network and as an individual I had the opportunity to work with Focus E15 for campaigns, street stalls, presentations and panel talks around the impact of housing inequalities in London. I spoke to potential participants at events and meetings and shared information about my research onto their social media pages. Some potential participants provided me with their telephone number and I made telephone contact to discuss the study further, and recruit them if they were eligible and still interested.

The Magpie Project: a community project in east London providing practical support and advice to mothers of children under five living in temporary accommodation in London.

I became aware of the magpie through working with the housing and mental health network. After making contact with the founder of the project, I was invited to spend some time at the project getting to know the mothers, and to do a verbal presentation about my research. After the presentation, a discussion was held where some mothers began to share some experiences and I was able to answer any questions. I also handed out copies of my leaflet (appendix). Those who were interested provided me with their telephone numbers and I made telephone contact to discuss the study further, and recruit them if they were eligible and still interested.

Twitter

I shared an advertisement about my study (appendix) on twitter which provided information about this study. My university email address and telephone number for a temporary research phone shared in the advertisement, and I responded to emails and calls from those who were interested to arrange a telephone call to discuss the study further and recruit them if they were eligible and still interested.

Appendix I: Summary of Service User consultation

Ideas from research and my knowledge which the group agreed are helpful/important

- Parenting in temporary accommodation/in housing difficulty may lead to parents having reduced wellbeing.
- Parenting can be affected as the requirements to parent are higher under stress, so this may make parenting harder.
- Housing instability can make it hard to maintain social networks and support as a result of being moved around in temporary places
- Temporary accommodation may lead to mental health difficulties in children, some of which may manifest in behaviour, which may impact on mothers' mental health.
- Before reaching temporary accommodation, parents may have experienced difficulties with wellbeing related to housing or other past events.
- Threats of child being taken away because of parents of being 'intentionally homeless' – may be distressing for mothers.
- Threats of being moved far away may be very distressing.
- The importance of discussing activism or support from activist groups has helped.
- Access to services can be difficult due to frequent moves in temporary accommodation.
- The lack of space in temporary accommodation can affect mother-child relationships and mental health.

New ideas from consultation

- Pressures of the benefit system and interruptions in benefits due to moving around are distressing.
- The insecurity of properties can be anxiety provoking for families.
- Access to legal aid and dealing with the bureaucracy around this is an added stressor.
- Pressures on mothers from media/society add to the stress they experience.
- Wellbeing can be impacted through the physical effects of chronic stress, panic, high blood pressure and other physical health problems resulting from temporary accommodation. Members of the group expressed concern about what this can lead to regarding health and pointed out that the poverty experienced by many who live in temporary accommodation can mean they do not have money for medicine.
- Being labelled as 'Intentionally homeless' by councils and the implications of this in terms of housing and in terms of this label which was experienced as abusive.
- When people are relocated, there may be problems in the new community, as there are views in the home counties about people from London 'coming in and taking all the space'
- Society makes people feel that they are hopeless, such as those in temporary accommodation, which can impact on wellbeing.
- People are placed in hostels and hotels which means they can't cook and can only wash at certain times, the council keep saying they will find somewhere but this does not happen, which is another source of distress.

Appendix J: Summary of feedback on interview schedule from a self-identified single mother (pseudonym Laura). Sections in italics relate to how her feedback was used.

There are a lot of questions, so it may be useful to have a list of question options with the view that they may not all be used. This is because it may be very exhausting to answer a lot of questions about this situation which is painful/difficult. Some interviews may need to be shorter and it is important to be mindful of the person you are taking to and 'tuning' in to their cues.

Although it was not possible to cut out many of the main questions, as enough data was required to complete the thematic analysis to a high enough standard, the follow up questions were used as a guide and only used when it seemed appropriate or helpful. Participants were continually reminded that they could choose not to answer any question. I used my clinical judgement to monitor participants' distress levels and continually checked if they needed a break or to stop the interview. A small number of interviews were shorter than the allocated 60 minutes for this reason. However, a small number were longer than 60 minutes, as participants wanted to talk about some aspects in more detail.

Regarding the possible follow up question about involvement of services in question six: Be very careful about asking about services being involved (Q. 5) as going through the housing/court system alone with your is terrifying and a constant fear is having social services swoop in. Asking directly about this might cause interviewees to shut down a bit. If they want to talk about it, it will come through from the main question.

Participants were not asked a direct follow up question about social care unless they had already brought it up initially.

Ask women how they choose to define themselves. Laura self-defines as a single mother, but explained that many women prefer to be defined as lone parents. Some women may also have a partner but be housed as a 'single parent' for various reasons so maybe just be aware that this could be a touchy/complex subject, particularly in the questions about relationships.

Participants were asked how they would define themselves prior to starting the interview, so that their chosen terms could be used throughout.

It's also really important to flag up at the beginning that women can 'opt out' at any time - not answer any of the questions or withdraw consent for the interview at any time. Equally that they could withdraw consent for the interview to be used after the interview has happened.

As per the ethics section within the method section, participants were made aware that they could withdraw from the interview at any point without giving a reason, and could withdraw their data until it had been analysed. Participants were informed that they could choose to not answer any of the questions and were reminded of this throughout the interviews as appropriate.

Appendix K: Interview Schedule

Summary of areas to discuss before commencing the interview.

This research aims to look at how being placed in and living in temporary social housing affects single mothers and their children, and how it may affect family relationships as a whole. Therefore, I will ask some questions about yours and your child's mental health or wellbeing.

Mental health and wellbeing will refer to how people are doing psychologically and emotionally and will include all types of distress people experience. It does not have to mean you have a diagnosis of a mental health problem, or feel that you suffer from a particular problem, but it can mean this, and this is very relevant too.

People have different views on terms like mental health or wellbeing, so I would prefer to use your own terms, how would you like to describe this for yourself? You may choose to stick to mental health or wellbeing if that fits for you, or we can agree to use your own terminology.

We discussed that you self-define as a single mother before we both agreed to you taking part in this research. Would you like to continue using this term for the interview, or would you prefer to use any other term, such as 'lone parent', or another term of your choice?

Interview questions:

General experience of being placed in and living in TA

1. Could you tell me about your current housing situation? *What kind of accommodation is it, e.g. hostel, council, housing association, B and B. What it is like living in temporary accommodation?*
2. What is your experience of services who provided your housing? *E.g. the local council, housing association, or home office, how did this affect you and your children*

Practical aspects and finance

3. Could you tell me how living in temporary accommodation affects your day to day living? *E.g. cooking and laundry, sleeping, bathroom. What is this like for you and your children?*
4. Has your housing situation affected you financially? *If yes ask how, e.g. changes in jobs, benefits, rent- Does this impact you?*

Mental health and wellbeing

5. Could you tell me a bit about your wellbeing and mental health and how this has been over time? *What affects your mental health? Is there a relationship with housing and your mental health? Have services contributed? (e.g. AMH, CAMHS, Social Care).*
6. How would you describe the health of you and your children? *-what do think affects this -do you think the housing affects this?*
7. How would you describe your child's emotional wellbeing/mental health? *How does this affect home and school, how does this affect you?*
8. What do you think your child's experience of the temporary accommodation has been? *How has it affected them, how does this affect you?*

9. Can you tell me about your experience going into temporary accommodation? *What was happening before and what led up to it? What was that like?*

Relationships and community

10. What affects your relationship with your children? For mothers of babies: What affects how you are able to enjoy the time with your baby/babies? *When does it go well, when does it go less well, why, how does the Temporary Accommodation impact on this?*
11. What are your experiences of being a single mother? *Includes relationship with father, do you think being a single mother affects how you are perceived, does this interact with housing?*
12. Could you tell me about your networks/relationships? E.g. Family, romantic, friends etc. Does living in temporary accommodation affect your relationships? *What is this like for you and your children? How about any relationships with professionals e.g. teachers, doctors etc.?*
13. Could you tell me about your community (local or not)? *What is the experience of your community like for you and your children?*

Strengths and resources

14. What helps you to cope with your situation?
15. Is there any advice that you would want to tell other people who are going through a similar experience?

Additional information

16. Is there anything else you would like to say that we have not already discussed?

Appendix L: Initial development of themes: Groping codes

Themes	Subthemes	Codes
Powerlessness and dehumanisation	Being powerless	<ul style="list-style-type: none"> • Being blamed for issues in the home • Being expected to go back to violent partner • Being punished for not complying or resisting • Being threatened • Calling out and being aware of violation of rights and unfairness • Coercion • Distress and anger at unfair treatment from system • Future at mercy of system • Helpful member of staff having limitations in power • Impact of rules and systems • Pitted against others • Positive impact of supportive staff member • Powerful systems covering up abuse • Repercussions of survival • Ruthlessness of staff and systems • System as violent and abusive • Taking own life as only way to fight abuse • Threat of displacement • Threat of loss of child from social care • Threat of loss of family • Unlawful • Withdrawal of home as exertion of power
	Dehumanisation	<ul style="list-style-type: none"> • Being denied and expected to live without basic items • Being expected to live without enough resources • Being treated like nothing • Destitution • Dignity - ruthlessness of staff and systems • Feeling as though services want them to die • Financial abuse • Forced to live in inhumane conditions • Forced to survive on little • Impact of not being able to buy for self • Intersecting discrimination • Discrimination for mental health • Discrimination single mother • Poverty discrimination • Racial discrimination or xenophobia

		<ul style="list-style-type: none"> • Lack of privacy • Loss of dignity or dehumanisation • Loss of family or network • Made to feel dehumanised and like nothing • Needs of single mother not accommodated by systems or work • Rules denying humanity • Sacrificing some needs to enable others to be met • Violation of cultural beliefs • violation of rights • Neglect or being uncared for by system • Being ignored or not taken seriously • Challenges of single motherhood not taken into account or understood • Child safety compromised • Left alone with no help or support • Needs being ignored • Organisations passing the buck • Safety compromised • System leaving people in harmful conditions • They don't care about us • Shared housing safety concerns child • Small spaces • Things broken not working • Cannot be comfortable or live a normal life in shared accommodation • Conditions unsuitable for living • Dirty or unhygienic • Housing conditions causing distress
Being trapped	Psychologically and relationally trapped	<ul style="list-style-type: none"> • Anxiety and uncertainty about how I will survive • Can't care properly for child until housing improves • Existing mental health exacerbated by housing • Feeling as if it may be best to go back to abusive partner/father of child • Housing affecting ability to parent • Housing and abusive system leading to suicidality • Housing as trauma • Housing bottom line of issues so other services can't help • Housing making mothers go back to past trauma or difficult events • Housing preventing recovery

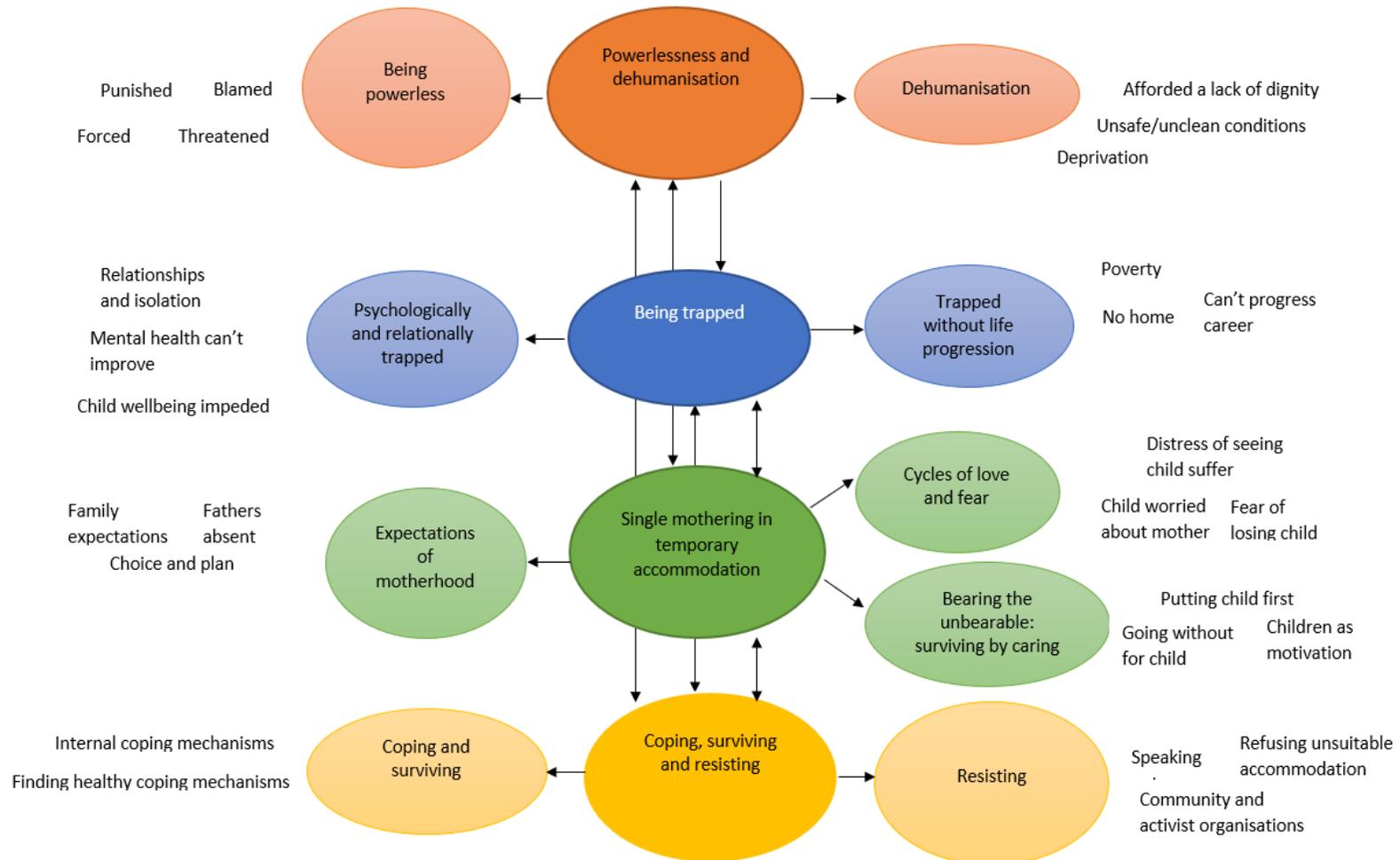
		<ul style="list-style-type: none"> • Housing preventing social care or mental health services expectations being met • Housing situation undoing mental health improvements and undermining efforts • Emotional impact of frequent moves • Frequent moves prevent access to new services • Loss of previous services through moving • Impact of TA on everyday life • Impact of TA on daily living or routine • Impact of displacement on everyday life • Isolation • Mental health dependent on a permanent home • TA does not feel like home • Needing mental health support for impact of housing • Needing to take medication to manage distress from housing • Not being able to get help from services to manage problems caused by other services • Physical manifestations of emotional difficulty • Difficulties with community in new area • TA situation as barrier to new relationships • TA situation putting strain on relationships • Uncertainty or feeling trapped
	Trapped without life progression	<ul style="list-style-type: none"> • Dreams lost • Financial impact of frequent moves • Financial impact of living in temporary accommodation • System preventing career progression • System preventing life improvement • System trapping mothers in poverty • System trapping mothers in homelessness • Dream of home unattainable • Life on hold due to housing • Permanent home would be life changing • System causing repercussions of trying to progress • Meaning of home
Single mothering in temporary accommodation	Expectations of motherhood	<ul style="list-style-type: none"> • Being a single mother difficult • Being a single mum difficult yet fulfilling • Child's father • Child's father absent or uninterested • Child's father abusive • Child's father has mental health difficulties • Child's father not contributing financially

		<ul style="list-style-type: none"> • Housing impacting relationship with father • Impact of father choosing not to help • Negative impact on mum but good relationship with children • Choice or lack of choice re single motherhood • Cultural beliefs around motherhood for single mums • Hard but no regrets re being a single mother • Impact of additional and multiple stressors • Impact or exacerbation of impact of additional care responsibilities • Motherhood changing life course and plans • Oscillation between satisfaction as single mother and wanting two parent family • Rejection due to situation • Wanting to protect family from their own suffering
	Cycles of love and fear	<ul style="list-style-type: none"> • Care for child • Distress of seeing child suffer • Fear of losing child • Formulating child to move from individual blame • Housing affecting mothers' wellbeing which then affects child wellbeing • Impact of worrying about child safety on maternal mental health • Impact on mother of managing children's escalating needs in context of TA • Impact on relationship with child • Feeling bad for impact of mothers' stress on child • Positive relationship with child threatened by housing • Impact on worry about impact on child • Mum worry about child worry about mum • Worry about child safety due to TA situation • Child caring or concerned for mother • Housing impacting child's existing needs • Impact on child development • Impact on child mental health • Impact on child physical health
	Bearing the unbearable: Surviving by caring	<ul style="list-style-type: none"> • Self-sacrifice and putting child first • Guilt or self-blame • Made sure child is doing well • Needing and wanting to be well to support child • No time for self

		<ul style="list-style-type: none"> • Surviving • Surviving by caring • Bonding with child • Child or relationship with child helping mother to cope • Responsibility for child helping mum to cope • Staying strong for child • Wanting to protect children but needing children to protect mum • Issues with housing hard to manage as single mother
Coping, surviving and resisting	Coping and surviving	<ul style="list-style-type: none"> • Constantly working hard to survive • Coping to preserve life • Faith and religion needed to survive • Finding psychological ways to cope and bear the situation • Grateful although still bad • Keeping busy or avoiding home to cope • Keeping expectations low • MH services helping with coping and survival • Stepping back to look after self • Trying to carry on and manage in the circumstances • Wanting to learn or grow from situation
	Resisting	<ul style="list-style-type: none"> • Relationships needed to cope • Community support or solidarity • Family supportive • Friends supportive • Need for social support • Resistance • Being aware of rights to take action • Leaving abusive man • Leaving unhealthy relationship • Power of resistance psych or action • Psychological resistance • Refusal to compromise child safety • Refusing to compromise mental health • Representing or speaking for other mums and families • Repercussions of resistance psych or action • Resistance as coping • Resisting discriminatory narratives • Resisting forced 'stuckness • Systems to be held to account • Taking action

		<ul style="list-style-type: none">• Talking about what should be done to improve lives or conditions
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Appendix M: Initial development of themes: Initial thematic Map



Appendix N: Final themes with code groupings

Themes	Subthemes	Codes
Experiencing neglect and abuse within a powerful, unjust system	Powerlessness when facing the violence of power	<ul style="list-style-type: none"> • Being blamed for issues in the home • Being expected to go back to violent partner • Pitting against others • Being punished for not complying or resisting • Being threatened • Being threatened with displacement • Calling out and being aware of violation of rights and unfairness • Experiencing coercion from housing system • Distress and anger at unfair treatment from system • Experiencing the threat of loss of child from social care • Experiencing the threat of loss of family • Experiencing distress from rules and systems • Feeling future is at mercy of system • Helpful member of staff having limitations in power • Housing system as unlawful • Positive impact of supportive staff member • Powerful systems covering up abuse • Repercussions of survival • Ruthlessness of staff and systems • System as violent and abusive • Taking own life as only way to fight or end abuse • The withdrawal of home as system's exertion of power
	Feeling degraded	<ul style="list-style-type: none"> • Being denied or expected to live without basic items • Being expected to live without enough resources • Being forced to live in inhumane conditions • Being forced to survive on very little • Being made to feel dehumanised or like nothing • Being treated like nothing

		<ul style="list-style-type: none"> • Cultural beliefs being violated • Destitution • Experiencing financial abuse • Feeling as though services want them to die • Feeling the impact of not being able to buy clothes or other items for self • Cannot be comfortable or live a normal life in shared accommodation • Conditions unsuitable for living • Housing conditions causing distress • Issues with housing hard to manage as single mother • Shared housing safety concerns child • Small spaces • Intersecting discrimination • Discrimination for mental health • Discrimination for being a single mother • Poverty discrimination • Racial discrimination or xenophobia • Lack of privacy • Losing dignity or experiencing dehumanisation • Being expected to live without family or network • Needs as a single mother not being accommodated by systems or work • Neglect or being uncared for by system • Being ignored or not taken seriously • Challenges of single motherhood not taken into account • Child safety compromised • Left alone with no help or support • Needs being ignored • Organisations passing the buck • Safety compromised • System leaving people in harmful conditions • They don't care about us • Rights being violated • Rules denying humanity • Ruthlessness of staff and systems • Sacrificing some needs to enable others to be met
	Suffering alone while feeling imprisoned	<ul style="list-style-type: none"> • Anxiety and uncertainty about how to survive • Emotional distress manifesting physically • Essentiality of a home

<p>Feeling trapped in cycles of suffering</p>		<ul style="list-style-type: none"> • Dream of home unattainable • Permanent home would be life changing • Housing worsening previous mental health difficulties • Feeling as if it may be best to go back to abusive father • Feeling isolated • Feeling trapped by uncertainty • Housing and abusive system leading to wish to end life • Housing as trauma • Housing bottom line of issues so other services can't help • Housing making mothers go back to past trauma or difficult events • Housing preventing recovery • Housing preventing social care or mental health services expectations being met • Housing situation putting strain on relationships • Housing situation undoing mental health improvements and undermining efforts • Experiencing an emotional impact of frequent moves • Frequent moves prevent access to services • Losing of services through frequent moves • Managing practicalities of frequent moves alone as stressful • Impact of TA on everyday life • Displacement creating new obstacles in daily life • Disruptions to daily living and routines • Housing having a financial impact • Mental health and wellbeing as dependent on a permanent home • Needing support with mental health or wellbeing for impact of housing • Needing to take medication to manage distress from housing • Not being able to get help from services to manage problems caused by other services • Difficulties with community in new area • Severity of emotional pain caused by housing
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		<ul style="list-style-type: none"> • Temporary accommodation as barrier to new relationships • Temporary accommodation does not feel like home
	The housing keeps harming our children	<ul style="list-style-type: none"> • Housing causing severe emotional distress for children • Housing increasing difficulties faced by children with disabilities • Housing making children sick • Housing preventing children from exploring and developing
	Striving while stuck in the poverty trap	<ul style="list-style-type: none"> • Dreams lost • Life on hold due to housing • System causing repercussions of trying to progress • System preventing career progression • System preventing life improvement • System trapping mothers in poverty or homelessness
<p>Mothering against the odds: nurturing through harsh conditions</p>	<p>Mothering as a single parent while homeless</p>	<ul style="list-style-type: none"> • Being a single mother is difficult • Being a single mum difficult yet fulfilling • Child's father absent or uninterested • Child's father abusive • Displacement preventing father from being more involved • Father having good relationship with child • Financial difficulty due to child's father not contributing financially • Mother's distress about father choosing not to help • Understanding of father's mental health difficulties • Choice or lack of choice re single motherhood • Cultural beliefs around motherhood and single mothers • Having no regrets about being a single mother despite difficulty • Housing affecting ability to parent • Increased stress through having to care for other family members • Lack of finances and secure housing as only negative part of being a single mother • Lack of finances make it harder to parent • Love for children making single parenthood worthwhile

		<ul style="list-style-type: none"> • Mental health difficulties making single motherhood harder • Motherhood changing life course and plans • Oscillation between satisfaction as single mother and wanting two parent family • Rejection due to being a single mother • Wanting to protect family from their own suffering
	Protective cycles of love and fear	<ul style="list-style-type: none"> • Child caring or concerned for mother • Feeling fearful of losing child • Feeling unable to care properly for child until housing improves • Housing affecting mother's wellbeing which then affects child wellbeing • Making active efforts to bond with child and valuing this • Mother feeling distressed by managing increasing needs of child in temporary accommodation • Mother 'mentalising' • child's distress in housing to prevent blaming them for behaviour • Mother wanting to protect children but needing children to shield her from abuse from housing staff • Mother worrying about children's safety in temporary accommodation • Mother worrying about the child worrying about mother • Mother's care for child • Mothers experiencing distress by worrying about child's safety in temporary accommodation • Mother's overall distress from worrying about children • Seeing child suffer as distressing • Temporary accommodation straining mother-child relationship • Mother feeling guilty about the impact of her stress on the child • Positive relationship with child threatened by temporary accommodation
	Bearing the unbearable so my child can survive	<ul style="list-style-type: none"> • Guilt or self-blame • Keeping children alive as mothers only role in life • Making sure child is doing well

		<ul style="list-style-type: none"> • Needing and wanting to be well to support child • Needing to neglect self so children can survive • No time for self • Surviving by caring for children • Child or relationship with child helping mother to cope • Importance of staying strong for child • Seeing child progress making mother feel stronger • Staying strong for child
Surviving and resisting in the face of adversity	Surviving alone while struggling to cope	<ul style="list-style-type: none"> • Being grateful although situation still bad • Constantly working hard to survive • Coping to preserve life • Faith and religion needed to survive • Finding psychological ways to cope and bear the situation • Keeping busy or avoiding home to cope • Keeping expectations low • Mental health services helping with coping and survival • Stepping back to look after self • Taking each day as it comes • Trying to carry on and manage in the circumstances • Trying to worry less about things that are out of mother's control • Wanting to learn or grow from situation
	Standing up and resisting	<ul style="list-style-type: none"> • Being aware of rights to take action • Leaving abusive ex male partner • Leaving unhealthy relationship • Power of psychological or action-based resistance • Psychological resistance • Refusal to compromise child safety • Refusing to compromise mental health • Repercussions of resistance • Resistance as coping • Resisting discriminatory narratives • Resisting forced 'stuckness' • Taking action
	The necessity of relationships: Surviving and resisting together	<ul style="list-style-type: none"> • Community or activist organisations helping to keep housing system accountable • Community support or solidarity • Importance of support from family • Importance supportive friendships

		<ul style="list-style-type: none">• Need for social support• Representing or speaking for other mums and families• Talking about what should be done to improve lives or conditions for others
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Appendix O: Final Thematic Map



Appendix P: Example of a coded transcript – stage 1

Removed for the purpose of confidentiality.

Appendix Q: Example of a coded transcript: Phase 2

Removed for the purpose of confidentiality.

Appendix R: Extracts from reflective diary

Removed for the purpose of confidentiality.

Appendix S: Glossary of terms

Term/concept	Discussion of use
Activism	Activism has been defined as “the process of campaigning in public or working for an organization in order to bring about political or social change”. (Collins Dictionary, n.d.)
Benefit Cap	The Benefit Cap is “a limit to the total amount of money one can get from benefits” (Citizen’s Advice, 2019)
Dominant narrative	A dominant narrative has been defined as “an explanation or story that is told in service of the dominant social group’s interests and ideologies”. (Inclusive Teaching, n.d.)
Gentrification	Gentrification has been defined as “the transformation of a working-class or vacant area of the central city to a middle class residential and/or commercial use” (Lees, 2008). Gentrification has been promoted in policies to decrease segregation in communities; however, research suggests it results in inner cities being claimed by the middle classes, to the detriment of existing communities and working-class people (Lees, 2008).
Homelessness	Homelessness is defined by not having a home, which can involve sleeping on the streets (Shelter, 2018a). However, in this study, the term homelessness will refer to ‘hidden homelessness’, which refers to those who do not have a home but reside in a building (Shelter, 2018a). This includes temporary accommodation (National Audit Office, 2016).
Intersectionality	Intersectionality is defined by the Oxford Dictionary as “the interconnected nature of social categorisations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.” (Intersectionality, n.d.) The term was originally developed by Kimberlé Crenshaw in 1989 (Sigle-Rushton & Lindström, 2013).
Marginalisation	Marginalisation has been defined as the “treatment of a person, group, or concept as insignificant or peripheral” (Oxford Dictionary, n.d.)
Mental Health	The World Health Organisation (WHO)’s definition of mental health is “a state of well-being in which every individual realizes (their) own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to (their) community” WHO (2014). The WHO (2018) argues that mental health is beyond an absence of “mental disorders”. However, there is an international lack of consensus on a definition of mental health and it has been suggested that a useful definition would be dependent on the epistemological and ethical framework of its development (Manwell et al., 2015).

	<p>Within this study 'mental health' may encompass experiences some may describe as 'mental health disorders' in addition to other experiences of psychological distress or wellbeing. This study will retain that people may have different perspectives on the use of the mental health or language which may be perceived as 'psychiatric' or 'diagnostic' and will see all perspectives as equally valid. The study will also honour perspectives suggesting psychiatric diagnostic language perpetuate individual blame for societally born distress e.g. (Harper, 2016) or may hide the role of wider oppression within experiences of distress e.g. (Reynolds, 2012). The term 'mental health' was chosen for this study due to its common use in the public domain and policy, with the hope of increasing the accessibility of the findings to a range of audiences.</p>
Neoliberalism	<p>Neoliberalism has been defined as an ideology and approach to policy which favours a free market* capitalism (Bloom, 2017). It is associated with economic policies including reductions in public spending, transferring services or industries from public to private ownership and removing regulations or restrictions to services or industries (Haymes, de Haymes & Miller, 2015). Some researchers and scholars suggest neoliberalism may lead to individuals being blamed for issues which may stem from its perceived ethical shortcomings (Bloom, 2017; Montgomerie & Tepe-Belfrage; 2016; Shildrick, 2018)</p> <p>*A Free market is defined by the Oxford Dictionary as "an economic system in which prices are determined by unrestricted competition between privately owned businesses" (Free market, n.d.).</p>
Oppression	<p>Oppression has been defined by the Cambridge dictionary as "a situation in which people are governed in an unfair and cruel way and prevented from having opportunities and freedom" (Oppression, n.d.)</p>
Patriarchy	<p>Patriarchy has been defined by the Oxford Dictionary as "a system of society or government in which men hold the power and women are largely excluded from it". (Patriarchy, n.d.)</p>
Resistance	<p>The term resistance will be used in this study to refer to any examples of individuals or groups resisting oppression, particularly systematic oppression. The study will hold that it is important to honour the ways people resist oppression every day in a multitude of ways (Afuape, 2011).</p>
Single mothers	<p>It is difficult to provide a definition of single mothers that encompasses the wide range of experiences and levels of involvement, support or absence by the other parent. Therefore, for the present research, mothers will be asked if they would define themselves as single mothers, and a more fluid definition will be held.</p>
Social Housing	<p>Social housing has been defined by the Cambridge dictionary as "houses and flats that are owned by local government or by other organisations that do not make a profit, and that are rented to people who have low incomes". For the purpose of this study, social housing will refer to homes that are owned by the government e.g. the Home</p>

	Office, councils or housing associations. However, in some cases the responsibility for these homes will be outsourced to private companies.
Social identities	Social identities can be thought of as aspects of people which are linked to their membership of groups within society. Some examples include, race, religion, gender, relationships (e.g. being a mother), (Deaux, 2001) and class (Devine, 1992). Some social identities, such as that of a “homeless person” (Deaux, 2001, p.2) are thought to be stigmatised within society (Deaux, 2001).
Systematic/ institutional oppression	Systematic or institutional oppression is thought to happen when “laws, customs, and practices systematically reflect and produce inequities based on one’s membership in targeted social identity groups” (Cheney, LaFrance & Quinteros, 2006, p.1).
System/(s)	Systems have been defined by the Oxford Dictionary “as a set of principles or procedures according to which something is done; an organized scheme or method”, with examples of ‘ <i>a multiparty system of government</i> ’ and ‘ <i>the public-school system</i> ’ given to support this definition ((Oxford Dictionary, n.d.). This study will use the term systems to refer to systems within the state, such as housing, political and economic systems and attention will be given to ideologies or narratives which could be linked with these systems.
Systemic or systematic oppression	These terms will be used in this study to refer to oppression which may result from ideologies or narratives which could be linked with the above described ‘systems’.
Universal credit	<p>Universal Credit is a payment from the government which is suggested to be to help with living costs (UK government) It is a payment which replaces the following benefits, and one cannot claim universal credit while claiming any of these benefits (GOV.UK, n.d.):</p> <p>“Child Tax Credit Housing Benefit Income Support Income-based Jobseeker’s Allowance (JSA) Income-related Employment and Support Allowance (ESA) Working Tax Credit” (GOV.UK, n.d.).</p>
Wellbeing	As with mental health, there lacks consensus over a definition of wellbeing. Based on a four year study of what wellbeing means to people, the What Works Centre for Wellbeing (2013), defined wellbeing as “How we are doing’ as individuals, communities and as a nation and how sustainable this is for the future. The dimensions are: the natural environment, personal well-being, our relationships, health, what we do, where we live, personal finance, the economy, education and skills and governance”. This broad definition will be used for this study, and ‘wellbeing’ will be used alongside ‘mental health’ as an alternative term.