

Portfolio Volume 1: Major Research Project

Single Mothers’ Experiences of Temporary Accommodation: a Suffolk-based Study

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Abstract:

Family homelessness impacts mental health and wellbeing and is rising in the UK (Carey, 2019; Shelter et al., 2021; Spratt, 2022). Single mothers are most likely to be living in TA with their children, which has been found to be unfit for families (Carey, 2019; McHale, 2021; Spratt, 2022) and impact mental health. However, there is limited research, particularly in rural areas in the UK. This study aimed to explore experiences of single mothers who are living in TA in rural Suffolk, and to explore their perception of the impacts on their and their child’s mental health, wellbeing, and relationships.

Eight semi-structured qualitative interviews were conducted with single mothers who had recent experience of living in Temporary Accommodation in Suffolk. Data was analysed via reflexive thematic analysis (Braun & Clarke, 2006; 2019). Five main themes were generated: *‘Living in Temporary Accommodation harm women’s and children’s wellbeing and mental health’*, *‘Living in Temporary Accommodation: A barrier to parenting’*, *“A big black hole of nothingness”*: *Powerless and trapped in cycles of harm’*, *‘It’s like my life is on hold’*: *The double-edged nature of ‘temporary’ accommodation* and *‘Location, Location, Location: Where you are housed matters.’*

Findings suggest that single mothers’ experiences of living in TA impacted their mental health and their relationships. Living with uncertainty, being treated poorly by others and the responsibilities of being a single mother in rural TA impacted their experiences. Recommendations and ideas for further research are discussed.

Chapter 1. Introduction

Overview

This research explores the experiences of single mothers and children living in temporary accommodation (TA)¹ in Suffolk, in relation to their mental health and wellbeing and their relationships. In this chapter, I begin by introducing my own personal position to this research, and my epistemological position. This introductory chapter will provide a context for homelessness and TA, at present, in the UK. Then, I will summarise literature that highlights the impacts of living in TA on families. I will also highlight some of the similarities and differences between urban and rural homelessness. Within this chapter, a summary of the socio-political context in the UK will be provided, with a focus on how this may impact families and mothers’ experiences of being homeless. References will be made to the literature, where links between homelessness and wellbeing for mothers and children and the impacts on their relationships will be explored.

Personal and Epistemological Position Positioning myself as a researcher

There are a number of reasons for my interest in this topic. Firstly, my own experiences of living in TA in Suffolk, shortly after becoming a single parent, fuel my interest in this area. These experiences led me to become aware of the stigma and

¹ Local housing authorities in England have a duty to secure accommodation for unintentionally homeless households in priority need under Part 7 of the Housing Act 1996. Households might be placed in temporary accommodation pending the completion of inquiries into an application, or they might spend time waiting in temporary accommodation after an application is accepted until suitable secure accommodation becomes available (UK Parliament, 2022).

discrimination faced by parents living in TA. Additionally, through my clinical work I have become aware of many families who experience challenges in relation to their housing status. Therefore, both my personal and professional interests led me to explore this topic area.

Ontological position.

My position in this study can be understood as “ontologically realist but epistemologically relativist” (Harper, 2011, pp) that is, assuming there are realities in the existence of distress. Throughout this research I take a reflexive stance and reflect upon the influence of my assumptions and beliefs (England, 1994).

Epistemological position.

This project will be carried out within a ‘critical realist’ epistemology (Harper, 2011), an approach within the broad realist tradition (Harper & Thompson, 2012). Within this epistemological approach, data is assumed to tell us about reality but is not interpreted as a direct mirroring (Guba & Lincoln, 1994). As such, when I interview people about their experiences of homelessness and living in TA, I will be working from a position that they may not be fully aware of all the factors that influence their experience (Harper & Thompson, 2012). I chose this stance, 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. As a result, my data may not be able to tell me explicitly what might drive or shape these structures and practices (Willig, 2014). Therefore, in this study I will go beyond the text and draw on other evidence

such as considering the contextual factors which shape both participants’ experiences, and my interpretation of these (Harper, 2011; England, 1994).

Current Political Context of Housing In the UK.

This section outlines homelessness is the chosen area of focus for this study.

Homelessness: The national and local picture.

Homelessness has been considered one of the most pressing social issues in the western world (Shelton et al., 2015). In 2018, before the COVID-19 pandemic, data suggested that 1 in every 200 people in the United Kingdom (UK) were homeless (Shelter, 2021). Since the pandemic, family homelessness has increased, with 274,000 people in England recorded to be homeless and thousands more likely to lose their homes in the near future (Shelter, 2021). In June 2020, 127,400 children were reported to be living in TA in England (Spratt, 2022). In the period between April to June 2021, 91 families were made homeless every day in England (Shelter, 2021). In November 2021, Shelter warned that more than 1,000 people called their helpline each day and that 200,000 children are at risk of being evicted, signalling a further surge in homelessness as a result of the current cost of living crisis and lack of affordable housing (Shelter, 2022).

Social housing and the UK’s housing system

To understand the reasons for the surge in homelessness it is important to understand the UK’s housing system and how it relies on different types of homes to buy and rent (Shelter, n.d.)

An Approach called ‘Housing First’ was first developed in the USA in 1992 and it has since been widely adopted in the USA and become central to national

homelessness strategies in countries such as Canada, Denmark, Finland, and France (Aubry et al., 2019). This model has been found to be effective at supporting people who are experiencing and have experienced homelessness alongside complex mental health and social care needs, to find a stable home from which they can rebuild their lives (Aubry et al., 2019; Tsai, 2020; Spratt, 2022). The approach is underpinned by the belief that people are better to move forward with their lives if they have appropriate housing. A core part of the Housing First approach is to provide intensive, person-centred, holistic support with the person being able to decide on the location of the housing and the services they receive. Some recent research found that this approach can lead to improved mental health and feeling more connected with one’s community, a more enhanced quality of life and greater improvements in perceived recovery from mental illness (Aubry et al., 2019; Tsai, 2020). It has been argued that people experiencing homelessness in England would be better supported if the Housing First model was the framework that was drawn on in homelessness accommodations (Spratt, 2022).

Social housing² has been described as the only truly affordable, secure housing option for people in the UK (Shelter, n.d). Historically, social housing has been a key part of the homes available on the housing market. However, due to

² The terms social housing and registered provider are defined in the 2008 Act. Social housing includes low-cost rental (such as affordable rent properties) and low-cost home ownership. Registered providers of social housing include local authority landlords and private registered providers (such as not-for-profit housing associations, co-operatives, and for-profit organisations) (Regulator of Social Housing, 2022).

changes in legislation and funding, significantly fewer homes have been built (Spratt, 2022). A timeline of key policies, decisions and laws to support understanding of different legislation and political decisions that led to this housing crisis can be found in Appendix A.

As there have not been enough affordable homes, there have been several consequences throughout the UK housing system. Such as less people buying a house, increased reliance on private house building and less remaining social housing stock (Shelter, 2022a). It is argued that a home is a fundamental human need (Shelter, 2022) but right now, as a result of what has happened over the last few decades as outlined above, not enough housing has been built to meet the country’s needs. The current shortage of social homes means there are not enough for homeless families who urgently need it, and there are over a million households currently on social housing waiting lists in England (Shelter, 2022b). In 2021 alone, around 17,000 more social homes were lost than built and since 1991, there has been an average net loss of 24,000 social homes each year (Shelter, 2022). Shelter (2022) highlighted that the demand for social housing outweighs supply. They report that this shortage significantly impacts the lives of people who are unable to access suitable, affordable accommodation that fits their needs (Shelter, 2022a). The health impacts, outcomes and inequalities experienced by homeless people are often significant. Ill health can be both a cause of homelessness and a consequence of it. This will now be discussed.

Homelessness and Health

People who do not have somewhere to live often experience poor physical health (Crisis, 2016; Mental Health Foundation, 2021; Spratt 2022). Smith et al.

(2019) found that older adults who had previously been homeless in the UK had poorer physical and mental health.

Homelessness can also impact mental health. People who are homeless have been found to have more mental health difficulties than people who are housed (Shelton et al., 2015; Zima et al., 1996) including for homeless mothers (Buckner, Bassuk., & Zima, 1993; Bassuk et al., 1996, Bassuk & Beardslee, 2014; Bimpson et al., 2022; Mayock, Sheridan & Parker, 2015). Homelessness has also been found to be associated with a high risk of suicidality and suicide attempts (Shelton et al., 2015). Researchers who have explored family homelessness suggest that homelessness leads to mental health difficulties for both parents and children (Fletcher, Barraso., & Croft, 2020; Holtrop, Mcneil, & Mcwey, 2015; Thomas & So, 2016).

Temporary Accommodation

Temporary Accommodation (TA) is the type of accommodation the Local Authority’s are legally bound to provide for people presenting as homeless who meet the needs outlined in the ‘duty to house’ guidance (Spratt, 2022). Generally, councils recognise two types of Temporary Accommodation amongst their housing stock; short-term and long-term accommodation. Short-term accommodation is for the ‘relief stage’ of homelessness and whilst the council assess whether a person’s homelessness application meets their local criteria for qualifying for more permanent accommodation. Often, this is self-contained or shared accommodation, either through a private proprietor arrangement, through a Registered Provider, or within the Council’s owned and managed stock. The Council may offer longer-term accommodation to people if they have accepted an on-going accommodation duty to

them (Shelter, 2022). Generally, the long-term accommodation is provided until suitable accommodation is found and offered and the duty to rehouse is ‘discharged’.

Hostels and B&Bs

Due to the shortage of TA and housing stock, many families and children are placed in a hostel. A building evidence base highlights the distressing effects that living in TA has on people’s health, their children’s education and their opportunities to work (Shelter, 2004). Policy highlights that accommodation with shared facilities, such as Bed & Breakfasts (B&Bs) with shared facilities (bathroom or kitchen) should be used in exceptional circumstances only (Suffolk County Council, 2018). Councils are legally bound to offer emergency B&B style temporary accommodation for a maximum of 6 weeks, to families with dependent children or pregnant women (East Suffolk Council Report, 2021). However, the literature shows that due to the current housing crisis, many families are staying in these types of accommodations on a long-term basis (Bimpson et al., 2022; Carey, 2019; Spratt, 2022).

Mothers who live in shared TA such as hostels and B&Bs with their children, have reported that their own wellbeing and their children’s wellbeing were affected by the shared living environments (Carey, 2019; Joomun, 2019; Pleace et al., 2018). Fitzpatrick, Watts and Sims (2020) comment on how shocking it is that dormitory-style accommodation is still used in England. The authors recommend a shift away from communal forms of sleeping provision and less emphasis on hostels or accommodations with shared facilities.

The Local Picture

Due to the housing crisis, LAs have found it more difficult to source TA (East Suffolk Council Report, 2021). Shelter (2022) highlights that TA is becoming the new social housing. However, TA is rarely ‘temporary’ (Shelter, 2022; Spratt, 2022). TA is often described as ‘insecure’, ‘unsuitable’, ‘unregulated’ and ‘expensive’ (Shelter, 2022). Some families live in TA for over a decade, particularly in areas of urban homelessness (Shelter, 2022; Spratt, 2022).

In London and the South of England, families are likely to experience longer stays in TA than in the North of England and the Midlands (Fitzpatrick et al., 2008). This is relevant when noticing that across the UK, people’s experiences of living in TA varies and can be impacted by how long people live there, whether they have to share their accommodation with others and whether they have to move more than once (Fitzpatrick et al., 2008; Pleace et al., 2018; Watts, Littlewood., & Blenkinsopp, 2018). Shelter highlight that families who are ‘stuck’ living in cramped TA are the people who tend to suffer most in the current housing crisis (Shelter, 2022a).

Suffolk County Council (SCC, 2021) states that it aims to accommodate homeless families within the district area of the given area of Suffolk, as far as is reasonably practicable, and as close to where they were previously living as possible, unless the person’s choice is to move further afield (East Suffolk Council, 2021). However, as there is a shortfall of TA across Suffolk, but particularly in the south of the district in East Suffolk, accommodation offered is not always close to where a family were previously living and there has been a need to use accommodation outside the district (East Suffolk Council, 2021). A LA in Suffolk described it as ‘regrettable’ that there is such limited access to out of hours accommodation, which is usually only B&Bs and nightly paid placements. As such, in certain circumstances this leads to families being placed out of district (East Suffolk Council, 2021).

Importantly, the geographical location of the TA can affect families’ experiences of living in it (Fitzpatrick et al., 2008; Pleace et al., 2018; Watts et al., 2018). For example, people who are homeless in rural areas can experience much stronger stigma than in urban areas (Snelling, 2017; Mind, 2017). It is important that researchers recruit participants from different geographical areas to explore their experience of living in TA and to explore how this differs from urban, city locations. Currently, little is known about the experience of families in temporary housing in the South East of England including the rural location of Suffolk.

Rural homelessness

Often the consequences of becoming homeless in a market town or village, where support services for those in need tend to be fewer and further between than in larger urban areas, can be overlooked (Snelling, 2017). Difficulties accessing LA services can mean households are not included in official records and therefore go unaccounted for (Snelling, 2017). Rural homelessness may receive less attention than urban homelessness because it is often less visible (Shelter, 2021). Yet, without homes people can afford, rural communities suffer (Action with Communities in Rural England, 2020; Campaign to Protect Rural England [CPRE], 2020) and the stigma of being homeless in rural areas can be much stronger than in urban areas (Snelling, 2017). Hidden homelessness such as living in TA, is often not considered as serious as rough sleeping (Spratt, 2022). Therefore families experiencing hidden homelessness in rural areas may experience multi-layers of stigma and be overlooked by services for a number of reasons. Last year, government figures showed that the number of families classified as homeless in rural towns and villages across England has increased by 85% between 2018 and 2019 (CPRE, 2020). Between 2015 and

2016, 6,270 households were accepted as being in priority need in rural Local Authorities (Snelling, 2017).

Homelessness in Suffolk

Suffolk is classified as a predominantly rural county (Healthy Suffolk, 2019). Numbers of families experiencing homelessness and living in TA in Suffolk are rising each year (Healthy Suffolk, 2022) and families headed by single mothers are overrepresented (Shelter 2018c). The causes of homelessness in rural areas are often similar to urban areas, such as the ending of an assured short hold tenancy or family breakdown (Snelling, 2017). However, there can be extra challenges in rural housing markets, which can exacerbate the struggles of providing for homeless families in rural areas (Snelling, 2017). In Suffolk, which is in the South East of England, the local authority finds it difficult to prevent and relieve homelessness, due to the rurality of the area (Suffolk County Council, 2018). There are around 340,000 homes in Suffolk (Healthy Suffolk, 2021). Although Suffolk is a largely rural county, most properties (61%) are located in urban areas. Districts with the highest number of homeless households in 2017-18 were Ipswich (175), St Edmundsbury (138) and Forest Heath (103) (Healthy Suffolk, 2021). The most recent published figures show that 640 households were recorded as homeless and in priority need in Suffolk in 2017-18 and that 55 people were reported to be sleeping on the streets, which is more than double the number in 2010 (Healthy Suffolk, 2021).

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.

Local Authorities

The structure of local government varies from area to area. In most of England, there are 2 tiers, county and district. Responsibility for council services are split between them. In London, other metropolitan areas and parts of shire England they operate under a single tier structure with councils responsible for all services in their area. In total there are 333 local authorities in England made up of 5 different types:

- county councils
- district councils
- unitary authorities
- metropolitan districts
- London boroughs

Unitary authorities operate mainly in the cities, urban areas and larger towns.

There are 24 county councils in 2-tier areas. In these 2-tier areas, district councils are responsible for housing applications and managing and responding to homelessness applications. Although Suffolk County Council covers the rural county of Suffolk, housing is managed by three district and borough councils in Suffolk; Babergh and Mid Suffolk District Councils, East Suffolk Council, Ipswich Borough Council and West Suffolk Council. Although the law states who is entitled to social housing, and who should get preference on the waiting list, Local Authorities decide on a local level who qualifies for social housing (Shelter, 2022b). The Localism Act (2011) is an Act of Parliament that changed the powers of local government in England. The aim of the act is to for central government to have less control over individuals and communities (Gov UK, 2011; Spratt, 2022). This puts much more power in the hand of an individual authority and could mean that an applicant will or will not qualify for

social housing depending on which authority they are applying to. This Act means that LAs can and often do offer more out of borough placements (Spratt, 2022).

Accommodation could be far away from the area people are applying to, which could lead to applicants becoming isolated if moved away from their support networks.

Often LAs discharge their duty to rehouse families if out of area placements are not accepted (Spratt, 2022).

The COVID-19 Pandemic

The year of 2021 was dominated by the twin major events of the COVID-19 pandemic and Brexit (Crisis, 2021). During the COVID-19 pandemic people were legally mandated to stay home for periods that was referred to as ‘lockdown’, in addition to having to isolate under certain criteria, staying away from their workplaces and many industries were forced to close (Gov UK, 2020). The UK Government introduced new legislations such as an evictions ban and furlough schemes to provide families with financial support in a bid to prevent many families losing their homes during the COVID-19 pandemic. However, the consequences of pandemic highlight the underlying systems of inequality within societies (Came, Matheson & Kidd, 2021). During the pandemic, the marginalised have suffered the worst health and social impacts. This is true for women globally, who have been reported to be disproportionately affected through the health, social and economic consequences of the pandemic (Came, Matheson & Kidd, 2021).

Austerity and social welfare reforms

Austerity measures reduce social spending and increase taxation, and are suggested to have the worst impacts on the most deprived groups of people (Stuckler

et al., 2017). Cummins (2018) suggest that austerity and associated policies have increased the overall burden of mental distress and marginalisation within the UK. ‘Welfare reforms’ refer to changes to the UK’s welfare system. One example of this is the introduction of the Universal Credit System. Welfare reforms have been found to harm the mental health of those who use the welfare system (Barr et al., 2016; Wickham et al., 2020). The overall benefit cap for non-working households (of £20,000 for families and couples and £13,400 for single people) makes it harder for the Council to find affordable private rented accommodation for non-working households [Gov UK, 2021]. The impact of Universal Credit (UC) has also been felt with private landlords being unwilling to take on households claiming UC without additional guarantees or incentive (East Suffolk Council, 2021).

Lack of affordable housing

Rising rents and a very competitive housing market in Suffolk, continues to create challenges for local authorities to procure new properties for homeless families (Suffolk County Council, 2018). Additionally, there is a need for a wide spread of TA across the district to minimise distances that placed households may have to travel. Frequently, given the current demand for rented property, when current leases end, landlords often move into the open market, where they can achieve higher rents. It is expected that the impact of the pandemic will exacerbate this (East Suffolk Council, 2021).

Over half (58%) of rural local authorities’ waiting lists for social housing have grown between 2018 and 2019, according to analysis of the government’s own housing figures. On current building rates, it will take 154 years to clear the backlog in social

housing (CPRE, 2020). Campaign to Protect Rural England listed Suffolk Coastal as one of the councils that saw one of the biggest increases in its waiting lists. In 2020 there were 1,751 households on the waiting list in Suffolk Coastal area, which increased to 4,321 with no social homes delivered for the last three years (CPRE, 2020). The low agricultural wage structure combined with the high price of houses, many of which are empty second homes owned by people living in urban cities, is thought to have caused the problem to escalate (CPRE, 2021b).

In November 2021, the Government released new statistics on affordable housing supply in England that stated that only one social home was built for every 192 households stuck on the housing waiting lists (Shelter, 2021). An assessment of housing need suggests that more than 62,000 new Suffolk homes will need to be built over the next 20 years to meet demand. Without significantly increased investment in social housing, the numbers of homeless households living in unsatisfactory TA is likely to remain high (Shelter, 2004). A backlog in unmet demand for social housing continues to grow each year, with fewer affordable houses delivered last year compared to the year before, resulting in what has been called a rural housing crisis (CPRE, 2020).

Affordability

In 2016, 10% of Suffolk households were in fuel poverty in 2016 (33,889 homes). The average house price in Suffolk has increased by 34% over the last five years and the median house price in Suffolk is now more than eight times higher than the median salary (Healthy Suffolk, 2021). For the lowest priced quartile of houses, the increase has been even greater, at 40% (Healthy Suffolk, 2021). Such a rapid

increase in house prices makes it considerably harder for all people to afford housing, particularly those on low incomes and women (Spratt, 2022).

The next section will explore the literature on the experiences of and impacts on women and their families.

Homeless women with dependent children are commonly placed in TA. Some people who live in TA and participated in research did not describe their housing as feeling like a ‘home’ (Harris et al., 2020; Sixsmith, 1986; Spratt, 2022). A disproportionate amount of people in TA are women, as they are more often in lower-paid, less-secure work and likely to have caring responsibilities. There has been an increase from 40,030, 10 years ago in 2011, to 75,410 today. About 60% of the people in TA in England are women. The number of women requiring help is causing concerns among homeless charities, with the increased cost of living expected to cause a surge in homelessness (Shelter, 2021; Spratt, 2022).

Almost one in three lone mothers are either in arrears with their rent or facing a constant struggle to keep their home. It has been argued that patriarchal systems of power still shape the lives of women (Bimpson et al., 2020; Carey, 2019), as well as many important aspects of societies relevant to health and well being, such as who economies work for, and who is valued. Some evidence highlights ways that women are undervalued (Matheson, Kidd & Came, 2021; Spratt, 2022).

Single parents in the UK

There are 1.8 million families in the UK are headed by single parents, which is nearly a quarter of all families with dependent children (Office for National Statistics [ONS], 2019). Women account for 90% of single parent families, with dependent children (ONS, 2019). Single parents are exposed to increased stigma, the challenge

of juggling work with childcare demands and increased risk of poverty (Stack & Meredith, 2018). In the UK, one out of every fifty-five single parent families become homeless. In 90% of these cases, the homeless parent is a single mother (Fitzpatrick et al., 2018). Family homelessness is closely associated with families headed up by single mothers (Bassuk et al, 1996; Fertig & Reingold, 2008; Shinn, 2005). In 2019, single female parents with dependent children were the third largest group who were accepted for housing (ONS, 2019). A study found that single parents had poorer mental health than married and cohabiting parents and financially single parents living in the UK were substantially worse off (Stack & Meredith, 2018; Van de Velde et al. 2014).

Single Mothers in the UK

Research has shown that working class mothers are often excluded from society, which negatively impacts their lives (Benbow et al., 2019; Gillies, 2006). Despite the meaningful progress in the path towards gender equality over the past few decades, important gender gaps remain (Spratt, 2022). Women experience inequality acutely in relation to housing, which is sometimes referred to as ‘the gender housing gap’ in Britain (Spratt, 2022). In 2019, there was nowhere in the country where it was affordable for a single woman on an average salary to buy or rent a home (Spratt, 2022).

Parental Mental Health

Parenting itself brings many challenges and pressures that a woman has to cope with, and a growing body of research has considered the mental health and emotional well-being of mothers experiencing homelessness (Benbow, Forchuck &

Ray, 2011; Buckner, Bassuk & Zuma, 1993; Tischler et al., 2007). Depression and anxiety are often experienced (Banyard & Graham-Bermann 1998; Duke & Searby, 2019). Maternal mental health plays a key role in parenting. Mothers with poor mental or emotional health are more likely to have difficulties with parenting and their relationship with their child compared to mothers with no mental health problems (Ghate & Hazel, 2002). It has been shown that the stress of the physical, psychological and social aspects of living in TA impact a mother’s perception of being able to meet the needs of her children (Kissman, 1999; Tischler et al., 2007).

Relationships and homelessness

Social support can be defined as both the number of people available to offer assistance, i.e., a social network, and also, the strength of support offered by those individuals (Cunningham & Barbee, 2000). Despite support from others being a potential key aspect of coping with a stressful situation such as homelessness, a number of studies have suggested that individuals become socially isolated and that their relationships break down on becoming homeless (Czechowski et al., 2021; Kissman, 1999). Evidence within the literature suggests many connections between journeys into and experiences of homelessness and family relationships. Research shows that relationships and dynamics within families can be significantly affected by the experience of homelessness (Czechowski et al., 2021; Tischler et al., 2004; 2007) and that relationship difficulties have an impact on family resources and can cause considerable psychological distress (Tischler et al., 2007). Research also shows that mothers are often made homeless following a relationship breakdown with a romantic partner and/or spouse (Tischler et al., 2004; 2007) and that homeless women feel

estranged from sources of support that they accessed prior to becoming homeless (Meadows-Oliver, 2005).

In the UK, accessing services can be challenging for many reasons when a person is experiencing homelessness (Fletcher et al., 2020; Joomun et al., 2019). Even if there is no reluctance to approach services, homeless people often have difficulty accessing services. Factors such as living in an area where there is limited or no service provision and where transport to services elsewhere is also limited and inaccessible on a financial level, which is particularly an issue in rural parts of Suffolk. Within mental health services, Maslow’s (1943) Hierarchy of Needs has been used to suggest that a person must first have their physical needs met first, including having a safe and secure place to live, before they are in a position to work on the higher stages of the pyramid such as self-actualisation (Rosebert, 2000; Xenophonotos, 2020). However, more recently, the role of Clinical Psychologists has been recognised as valuable in supporting people experiencing homelessness and staff working within homeless services (Carey, 2019; Maguire et al., 2006; National Institute for Health and Care Excellence [NICE], 2022; Rosebert, 2000; Watson, Nolte & Brown, 2019; Xenophonotos, 2020; Yousefzadeh, 2021). Maguire’s (2006) study showed that Clinical Psychologists can use Cognitive Behavioural Therapy (CBT) support people who are homeless to increase perceived self-efficacy. Additionally the study showed that support by a Clinical Psychologist led staff to perceive themselves as more effective, less hopeless and less stressed (Maguire, 2006). Watson, Nolte & Brown (2019) also highlight the value of Clinical Psychologists working within housing services.

A recent study concluded that clinical psychologists have a significant role in ending psychological distress rooted in health and social inequalities (Xenophonotos, 2020) and as trauma-informed interventions are recommended for people experiencing homelessness, focusing on fostering the development of positive, trusting relationships (Keats et al., 2012; NICE, 2020; Winiarski et al., 2020). Additionally, ‘gender sensitive’ approaches in the homelessness sector have been recommended (Bimpson et al., 2020; Keats et al., 2012; Hutchinson et al, 2014). Clinical Psychologists appear to be well placed to support both people who experience homelessness and staff working within housing services (Breedvelt, 2016; Carey, 2019; Rosebert, 2000; Winiarski et al., 2020; Xenophonotos, 2020; Yousefzadeh., 2021).

In the next section I present a systematic review of the literature, which explores family experiences of homelessness in the UK.

Chapter 2: Systematic Review

Overview

The narrative review in the introduction provided a summary of the wider systemic context for homeless families, single mothers, and their children in the UK. It highlighted the relationship between homelessness, mental health, and wellbeing. However, it did not provide information on the in-depth experiences of families experiencing homelessness whilst living in temporary accommodation in the UK. In this section I will outline and systematically review existing literature to answer the following research question:

- What is the existing knowledge base of the experiences of families, mothers and their children experiencing homelessness whilst living in temporary accommodation in the UK, and how does this impact their mental health and wellbeing?

This review summarises studies both peer reviewed empirical literature and grey literature relating to families’, mothers’, and their children’s experiences of homelessness whilst living in temporary accommodation in the UK.

Search Strategy

Initially, the search was broad to include all studies on family homelessness in the UK. In order to organise the search strategy undertaken, the PICO search tool was used, which can be found in appendix B. Table 1 introduces the search process and rationale.

Table 1. Summary of search process

The Research Process	Reflections
The literature search was conducted between June 2021 and November 2021 and repeated again in April 2022.	Searches were limited to the last twenty years to capture the socio-political context shaping the experience of families experiencing current homelessness.
Search terms were identified through reading literature on housing, homelessness and mental health for mothers’ children and families. In addition to this process, titles and abstracts of articles were searched for additional relevant terms.	Discussion with supervisors and peers supported this process.
A discussion was also had with the lead librarian who advised on terms to maximise results in relation to the search topic	The researcher spent time entering different search terms to see which terms led to the most effective results.
The final search strategy was informed by conducting several pilot searches to capture the commonly used terms and relevant articles.	The researcher spent time exploring how the search terms worked in practice on different databases.
Searches were limited to the last twenty years to capture the socio-political context shaping the experience of families experiencing current homelessness.	The researcher considered limiting this to the next 10 years, however this would have led to omitting several key qualitative studies that provided rich data.
Given the limited resources available and timescales of the project, only English language papers were included.	Given that the review has a UK focus, this is unlikely to have excluded papers. Initial searches showed that predominantly relevant papers were published in English.
Following several pilot searches to scope the broader literature, it was decided to narrow the inclusion criteria to only the UK, with only studies published since 2002.	Given the socio-political and service structures variations, it would be difficult to compare research across countries and contexts.

Search terms were split into four concepts relevant to the research question. Table 2 shows which terms were used.

Table 2. Search Terms

Terms relating to family		Terms relating to mental health		Terms relating to homelessness		Terms relating to relationships
famil* OR mother* OR child* OR caregiver OR “single mother” OR maternal OR parent*	AND	“mental health” OR “well-being” OR “wellbeing” 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” OR Homeless*	AND	network OR support OR community OR care OR relationship*

Some of the databases allowed less sophisticated searches, therefore slightly different search terms were applied to grey literature databases. Whilst searching Ethos, the terms ‘Family’, ‘Homelessness’ and ‘Temporary Accommodation’ were searched instead of the numerous search terms listed in Table 2. More detail on the search strategies and results can be found in Appendix C.

Eligibility Criteria

The Eligibility criteria for study selection are listed in Table 3. The study characteristics needed to meet the PICO criteria. In 2002, the Government amended homelessness legislation, requiring Local Authorities to develop a homeless strategy for each district. Therefore, searches were limited to the last 20 years, starting from 2002.

Table 3. Eligibility Criteria

Inclusion Criteria	Exclusion Criteria
About homelessness	Papers focused on interventions
	Sole focus on pathways into homelessness
Mothers’ experiences of homelessness	Focus on prevalence only
Children’s experiences of homelessness	Children/ young people not living with mother
Families with mothers and children or parents and children	Focused solely parenting competencies
Relevance to mental health and wellbeing	Homelessness related to natural disasters and/or war
Explores experiences of homelessness whilst living in temporary accommodation	Focused on issue faced by homeless families without addressing the experience of homelessness itself.
Includes mothers over the age of 18	Focuses only on physical health or access to physical health services
Published in English	Sole focus on mothers under 18 years old
	Focus only on pregnant mothers only

Information Sources

Four bibliographic databases were accessed via the University of Hertfordshire between June 2021 and November 2021; Scopus, APA Psycharticles,

CINAHL Plus, Pubmed. These were used with the aim of capturing a broad range of research:

- Scopus
- APA Psycharticles
- CINAHL Plus
- Pubmed

The following four websites were also accessed with the aim of finding additional related literature and grey literature:

- Ethos
- WordCat.
- Google Scholar
- Social Care Institute for Excellence

Citation searches were also completed in November 2021. Searches were reported in April 2022.

Grey Literature

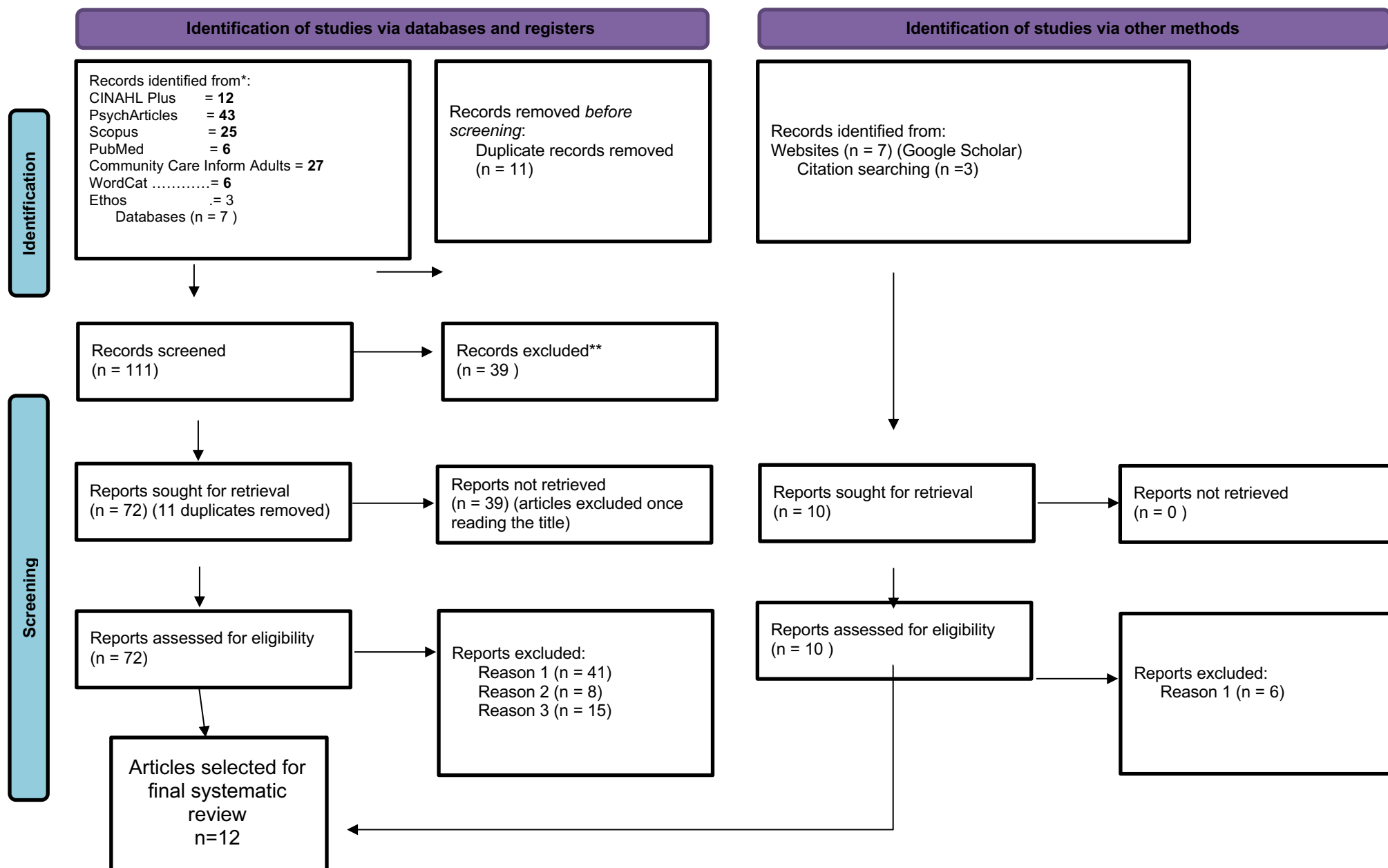
Systematic reviews aide the analysis and dissemination of evidence (Paez, 2017). Identifying all evidence relevant to the research questions is an essential component but a challenge of systematic reviews. During pilot searches, limiting searches to peer reviewed journals returned limited search results. Grey literature can make important contributions to a systematic review and can include academic papers, theses, research reports and government reports (Paez, 2017). Importantly, grey literature may reduce publication bias, increase reviews' comprehensiveness and support a more balanced picture of available evidence. In summary, the benefits of including grey literature can outweigh the cost in time and resource needed to search

for it (Paez, 2017). The procedure for the systematic review was as follows:

- All search results were exported from bibliographic databases to Microsoft Excel.
- Results from each database were saved to a separate tab.
- All results were put together on one tab.
- Duplicates were removed.
- Titles and abstracts were screened according to the inclusion and exclusion criteria in Table 3.
- The remaining full-text articles were read and assessed against the inclusion criteria.
- Full-text articles that did not meet the inclusion and criteria were excluded.
- 12 articles met the inclusion and exclusion criteria and are included in the final review.

Results

The initial search generated 111 results. The titles were reviewed alongside the inclusion and exclusion criteria. 72 papers were selected. An additional 10 results were identified via Google Scholar and citation searches. This process is broken down in Figure 1. A copy of the electronic search strategy and results for and APA Psycharticles and Pubmed, is presented in Appendix D.



Results of Systematic Literature Review

Twelve articles were included in the final review. A summary of articles is presented in Table 4. A detailed overview of methodology and findings is presented due to the amount of rich data in the studies that was deemed to be relevant to the research question.

Table 4: Summary of papers included in Systematic Literature Review

No	Authors (Year)	Title	Aims	Methodology	Participants	Key Findings	Strengths and Limitations
	Halpenny, A.M., Keogh, A.F., & Gilligan, R. (2002) Source: Citation search	A Place for Children? Children in Families Living in Emergency Accommodation: The Perspectives of Children, Parents and Professionals	To get a deeper understanding of the realities of living in TA such as the impact of regulations within current emergency accommodation settings, children’s opportunities for play, and the implications for children’s personal possessions. Area: Ireland, Dublin. Urban/ Rural: Urban (cities)	Data collection: Mixed methods Interviews and standardised measures. Data analysis: Not stated. Themes identified. Quantitative measures were rated as frequencies. Research question: How does living in emergency accommodation affect the daily life experiences of children in terms of having the space for	Participants: Family homelessness Parents (N=20) Single mothers (N=11) Children (N=31). 61 children within the families in total. Parental Age: 21-55 years Children’s Age Range: 4 days - 29 years 20 families 78 children 33 boys, 45 girls Aged 6 days to 29 years 61 children (<18) Housing Type: Hostels Housing Status: Currently homeless	Themes/ Findings: Lack of space / Shared facilities Disruption to daily routines due to lack of space and facilities. More disruption if a family was sharing a single room and sharing cooking facilities with other families. Less space put strain on relationships. Impact on parents: Disempowerment Parents have no time for themselves Women (mothers) experienced a loss of dignity and respect due to being homeless. Impact on children: Children showed changes in their behaviours Children felt embarrassed and often hid that they were in TA from friends and other people in their life. Trapped – the impacts were worse as children had no other place to go Lack of space – no place to keep toys or possessions or play.	Strengths: The study builds on themes explored in an earlier study involving ten families (Halpenny, 2001) The study was supported by an advisory group The authors collected child perspectives directly in addition to parent Mixture of standardises measures as well as in-depth qualitative data Limitations:

				<p>everyday activities such as eating, sleeping and playing? What are the implications of living in this kind of accommodation for children’s development, particularly with regard to their possibilities for relationships with family and friends?</p>	<p>Children worried about their parents. Difficulty adjusting to rules Impact on relationships Increased conflict and stress between parents. Social Isolation: Difficulty maintaining existing relationships with others Stress on the parental relationship More arguing between children and parents Children became more attached to parents The impact of being homeless was exacerbated by the fact that children didn’t have contact with extended family Location is important - A house was on the main road and, as the family was unfamiliar with the local community, the children couldn’t play on the road and didn’t have any friends to play with. . Not fit for families - Lack of support relevant for families. Parents would like family specific activities and support. Conclusions: Extended B&B accommodation is not suitable for families Living in TA impacts parents and children’s mental health and wellbeing. Recommendations: Improve the child-friendliness of TA</p>	<p>20 years ago – this may limit relevance of findings Limited information on ethics and qualitative analysis / process of generating themes</p>
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						<p>To incorporate support needs into housing provision Provide opportunities for responsibility and control over daily lives for families living in TA Specific training for staff The importance of building a trusting relationship supports a positive environment Provide children better play support Important for information to be available for families ongoing</p>	
	<p>Karim, K., Tischler, V., Gregory, P., & Vostanis, P. (2006)</p>	<p>Homeless Children and Parents: Short-Term Mental Health Outcomes.</p>	<p>To establish the extent of mental health problems and parenting difficulties in homeless families, at the time of becoming homeless and their short-term outcomes after the standard period for rehousing.</p> <p>Participants were assessed on their mental health, parenting problems and service satisfaction.</p>	<p>Methodology: Mixed methods Design: Quantitative standardised measures and semi-structured interview Data analysis: Thematic content coding (Flick, 2002). Similar and identical responses were grouped into categories. Non-parametric tests and linear regression analyses</p>	<p>Participants: Homeless families (n=35) Single Mothers (N=28) Housing Type: Hostels Housing Status: Some of the families were still living in hostels. Some families had been rehoused in the community.</p>	<p>Themes / Findings: Staying in the accommodation impacted their mental health and their children’s wellbeing and behaviour. Difficulties with mood and anxiety were most common. Mental health in the homeless (hostels) group were rated significantly worse than the group who had been rehoused. Most parents commented that their children’s mental health was worse in the hostel. Needs of the families were varied. The families who were still resident in the hostels commented on a range of issues that affected their stay. Impacts were worse in the hostel environment Just over half found staff were helpful and supportive Some complaints about privacy. A permanent home, as expected, was stated as their greatest need, but other</p>	<p>Strengths: Themes were established for the whole sample Mixture of qualitative and quantitative data. Longitudinal approach – 4 months post rehousing Limitations: Small sample size Not every family answered all the questions Limited information on location</p>

			<p>Area: UK, specific area not stated Urban/ Rural: Not stated</p>		<p>practical issues were often perceived as equally or more important, such as mental health interventions for themselves or their children. Rehoused group – improved mental health and less stress levels Residents wanted information including on financial and work problems. Feeling unsafe - two mothers commented that they felt more apprehensive in their new home and felt safer in the hostel, which was staffed. Conclusions: Housing only forms one aspect of this provision. Needs often involve mental health needs for parents and children. Some positive experiences of hostels but overwhelmingly negative aspects of experiences such as lack of cleanliness, too much noise, difficulties sharing accommodation with others. Some parents felt their children were more relaxed after being rehoused, some parents felt the difficulties had continued. Recommendations: The range of needs implicated in the maintenance of mental health in both children and their parents has to be met by a co-ordinated strategy. Inter-agency strategy, commissioning and</p>	
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						services are required to meet the needs of homeless families.	
3.	Tischler, V., Rademeyer, A., & Vostanis. (2007)	Mothers experiencing homelessness: mental health, support and social care needs	This qualitative study aimed to describe mothers’ experiences of homelessness in relation to their mental health, support and social care need. Location: England; Nottingham / Leicester Urban: City	Data collection: Qualitative Data analysis: Semi-structured interviews as well (qualitative)	Participants: Homeless single mothers (N=28) with dependent children residing in hostels were interviewed Housing Type: 3 local- authority-run hostels, called ‘homeless centres’, in Birmingham. The hostels house homeless families exclusively Housing Status: Homeless, living in hostels	Themes: Lack of privacy / loss of privacy Mental health - Lack of family and social support - Few women felt that the services were able to meet their and their children’s needs - Lack of services available for children - Several mothers wanted staff to communicate with them better - High levels of social isolation; three types of isolation were generated from the data: estrangement, overstaying and geographical location - location and displacement were experienced as distressing and isolating - some mothers felt disappointed or let down by the lack of support from hostel and housing department - Difficulty maintaining contact with family and friends whilst homeless - Some mothers were wary of developing relationships with other residents Coping with homelessness - Many mothers talked about the struggle to cope. Many mothers felt that they were surviving, not coping. - Supportive relationships with other homeless mothers were used as a way of coping	Strengths: Qualitative data to gather rich, detailed information about mothers’ experiences of homelessness Semi-structured interview allowed women to share experienced in their own words Limitations: - The small sample size - Self-selected sample - Interviews not recorded

						<p>- Some women reframed their situation to see it as more favourable than others</p> <p>Experiences of services</p> <p>Findings:</p> <p>Negative impact on mental health</p> <p>Mothers perceived that the hostels and staff couldn't meet their children's and their own needs</p> <p>The environment wasn't suitable for children</p> <p>Conclusions Recommendations:</p> <p>Better communication from housing staff</p> <p>Better provision of information for families e.g. what is available in the local area</p> <p>Promoting healthy support networks for homeless mothers and their children</p> <p>Better provision for children and mothers e.g. areas to sit and connect with others. Areas for children to play.</p> <p>Ongoing need for mental health outreach services</p>	
4	Boodhoo, T. (2016)	Homeless young mothers' experiences of their relationship with their children. An interpretative phenomenological study.	This study aimed to provide a purposive and rigorous investigation of the 'lived experiences' of individuals residing in private hostels in	Data collection: Qualitative Interviews Data analysis: IPA	Single mothers (N=8) Parental Age: 17-24 years Children's Age Range: 1 month – 6 years Number of children: 1-2 children 8 young mothers (18-24 years) 1 17 years of age.	Themes: 4 main themes 'No end to losses in the past and the present', 'distancing the past to make things right in the present and the future' Repairing a difficult past through the mother-child relationship The mother-child relationship as merged, problem-free and	Strengths: - The first study in the UK to use IPA In-depth exploration of experiences - Reflective chapter on

			<p>Newcastle-upon-Tyne.</p> <p>Area: Newcastle</p> <p>Urban/ Rural: Rural</p>		<p>Housing Type: Private hostel residents</p> <p>Housing Status: currently living with at least one child in a homeless accommodation</p>	<p>‘living in the challenges of the present’</p> <p>Not qualified to be a mother?</p> <p>No space for anything other than being a mother</p> <p>Motherhood as a hard but worthwhile experience</p> <p>‘facing the future with resilience’.</p> <p>Implications for practice and future research are also discussed. Stability and support: A starting point for the future</p> <p>“It is what you make it”: Searching for meaning in adversity</p> <p>Findings: Homelessness as a representation of losses and failure</p> <p>There but not there: A pervasive sense of isolation</p> <p>Trying to break a negative cycle all participants faced the challenges of being immersed in the hard work of the present in caring for small children, and of being cut off from previous sources of support. The mothers’ sense of self seemed overtaken by their maternal identity.</p> <p>Conclusions: Most of the findings were in line with the current state of knowledge in the literature</p>	<p>processes and learning points</p> <p>- Self-reflexivity of the researcher was a strength of this study</p> <p>Limitations: Unpublished doctoral thesis (credibility)</p>
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						<p>Participants did not want difficult experiences from their past to be repeated for their children Women tended to see their relationship with their children in opposite terms to the relationships they had had with their parents Relationship with their child described as exclusively positive, problem-free and all-powerful ways Recommendations:</p>	
	Watt, P. (2018)	<p>Gendering the right to housing in the city: Homeless female lone parents in post-Olympics, austerity East London</p>	<p>To explore how gender, housing, austerity, and the right to the city inter-relate with reference to female lone parents from East London, the site of the 2012 Olympic Games</p> <p>Area: UK, England, London (East London) Urban/ Rural: Urban</p>	<p>Data collection: Qualitative In depth interviews and observation. Data analysis: Not stated</p>	<p>Participants: Single mothers (n=18) 12 interviews undertaken with female lone parent residents and ex-residents of Boundary House. 1 interview with 1 female lone parent living in TA in Newham who had experienced an out-of-borough relocation within London. 5 young mothers (18–24 years of age) from 2011 to 2013 at the hostel Most mothers had dependent children, often of pre-school age, a few were pregnant</p>	<p>Themes: Becoming homeless Applying to the council as homeless Safety, space and the gendered right to the city Trapped beyond the city limits ‘Race’ and safety in suburbia</p> <p>Findings: Becoming homeless was a process A few mentioned sympathetic local authority housing officials, but a common narrative was of routine distressful encounters with such officials When the women applied as homeless to the local authority, being made ‘offers you cannot refuse’ was a common theme Offers of TA was not a choice. If women did not accept it they were told they would not be housed. Intentional homelessness was used as a threat. -Isolation –</p>	<p>Strengths: Focused on single mothers, whose voices are under-represented in the literature Quotes provided with themes Good sample size Peer-reviewed published study Limitations: Limited information on analysis methods</p>

				<p>Aged 18-42 years Housing type: TA</p> <p>Housing status: Currently living in TA in London at the point of interview</p>	<ul style="list-style-type: none"> - The mother’s responsibility for their children, as well as themselves made their experiences harder - Separated from families and friends - Location – Being moved away was difficult as they were far away from their support networks. Many had experienced displacement from areas that they had lived in all their lives. - Locations limited their ability to care, work and study, prevented them from accessing a safe and secure home, and separates them from support networks. - Working class women relied on being close to the city. Unsuitable locations limited their potential. - Women felt trapped - Being ‘kicked out’ was not a simple result of parental disapproval, but also stemmed from structurally inadequate housing and overcrowding <p>Lack of safety – the mother’s safety was jeopardised by their experiences of living in TA where they had to share communal areas with strangers, including men who could be intimidating and even violent.</p> <p>One woman experienced violence from another resident who later started a fire in the hostel.</p> <p>Mental Health – Several women mentioned they had mental health problems, including how these resulted from or were exacerbated by their dire housing circumstances</p>	
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						<p>Stigma – Mothers also felt stigmatised through media narratives, and black and Muslim women experienced racism and islamophobia when moved to suburban areas</p> <p>Conclusions: There is a gendered nature and effects of housing policy changes in East London In-depth analysis of female lone parents’ experiences of homelessness</p> <p>The authors conclude that women’s housing experiences are embedded within a deepening of neoliberal welfare cutbacks and restructuring under austerity.</p>	
	<p>Watts, B, Littlewood, M, Blenkinsopp, J., & Jackson, F. (2018).</p>	<p>TA in Scotland: Final Report. Social Bite, Edinburgh.</p>	<p>To gain a better understanding of the experiences and views of those staying in TA. Area: Scotland Urban/ Rural: Across 6 local authorities: Dundee, East Ayrshire, East Lothian, Edinburgh, Glasgow, Perth & Kinross). ranging from six TA residents in</p>	<p>Data collection: Mixed methods Data analysis: Qualitative Focus groups and interviews</p>	<p>Participants: 52 participants Some parents Some single mothers</p> <p>Housing Type: Three main kinds of TA: social sector temporary furnished flats, hostels and bed and breakfasts. Housing Status: Currently homeless and recent experience in TA.</p>	<p>Themes: Restrictions on residents’ autonomy A lack of support Congregate environments</p> <p>Findings: Families with children were almost always accommodated in temporary furnished flat. Parents spoke of the impact of living in TA on their children in terms of stigma, lacking a sense of home and stability, not having adequate space, being far away from school, friends and family. Parents perceived these experiences to negatively impacts their children’s wellbeing and mental health.</p>	<p>Strengths: In-depth data across a large area in Scotland Mixed methods allowed interviews with stakeholders in addition to people with lived experience Comprehensive report and detail Exerts provided from data, which improved the credibility of the findings</p>

			<p>East Ayrshire to twelve in Dundee.</p>			<p>Uncertainty and lack of control Experiences of living in temporary social sector accommodation were perceived to have very significant benefits over B&B and hostel accommodation. Independent accommodation was considered to be more ‘normal’. Participants felt that as there were hardly any rules or routines that restrained their households’ autonomy, this was better for them Similarly, they didn’t have to experience issues relating to having to share accommodation with other homeless households. However, people who had stayed in this form of TA often reported negative (and sometimes extremely negative) experiences. The most concerning issues related to allocations of TA that were unsuitable, in terms of size ; overcrowding and lack of suitability. Overcrowding, including the sharing of beds was relatively common. Suitability (in relation to health issues or disabilities). Location - Also common were negative impacts associated with the accommodation not being well located for people’s family or relevant services and amenities. Some residents perceived they were housed in a ‘bad area’.</p>	<p>Limitations: Limited time and resources meant they were unable to speak to those in every form of TA provision. Report included experiences of some single people; therefore it was a challenge to separate experiences that related to family homelessness</p>
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						<p>Not Home - people were not able to make the place their own. This was either because of rules or a sense that there was no point.</p> <p>People highlighted issues regarding the physical condition (sometimes with safety implications) and poor/unresponsive repairs services. Families with children are almost always accommodated in dispersed temporary furnished flats and parents frequently spoke of the impact of TA on their children in terms of stigma, lacking a sense of home and stability, not having adequate space, being far away from school, friends and family, with attendant negative impacts on children’s wellbeing and mental health.</p> <p>Uncertainty – not knowing where they would end up.</p> <p>In limbo - feelings of being ‘in limbo’ and lacking any control over their (and their families) lives and future was a common theme for those in temporary furnished flats.</p> <p>These residents in independent accommodation could be in TA for very long periods.</p> <p>Most case study authorities were found to be a considerable way from the ‘vision’ of TA and homelessness services provided by the Homelessness and Rough Sleeping Action Group’s recommendations</p>	
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						<p>TA residents had the most negative views about and experiences of living in B&B accommodation, but two groups can nevertheless be identified within those who had experience of this form of TA. The largest group were those with overwhelmingly negative experiences, but a small number reported more mixed and even in some cases positive views about their time in B&B.</p> <p>Experiences of hostels: A range of challenges, including awkwardness around sharing facilities. Severe issues of safety and exposure to criminal and other damaging or threatening behaviour. Living in hostels generally constrained people’s autonomy and control over their environment due to rules and restrictions. People could not eat, sleep, socialise, come in and out, or conduct relationships with friends and family as they wished to. Lack of cleanliness and in a poor state of repair – these issues profoundly impacted people’s mental health and wellbeing Staff – experienced as not always taking a supportive approach.</p> <p>Conclusions: Independent accommodation is experienced as more ‘normal’, yet still comes with lots of challenges</p>	
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						<p>TA not considered to be suitable for their needs or for children’s needs. Challenges of living in hostels and B&Bs are similar</p> <p>Location is important; can exacerbate isolation and impact mental health. The importance of location for those residing in TA, in relation to their friends and family, services and amenities, and in particular school for families with children was clear. Mismatch between need and supply of housing</p> <p>Recommendations: Reducing the need for TA in the first place Support for people into, while in and beyond TA Quality standards and regulation of TA</p>	
	Carey, N. (2019)	Single Mothers’ Experiences of TA and Mental Health: A London- based Study.	<p>To explore the experiences and wellbeing of single mothers and children living in TA</p> <p>Area: UK, England, London. Urban/ Rural: Urban</p>	<p>Data collection: Qualitative Semi-structured interviews Data analysis: Thematic Analysis</p>	<p>Participants: 12 single mothers Housing Type: TA Housing Status: Homeless, living in TA</p>	<p>Themes: Experiencing neglect and abuse within a powerful, unjust system’ Feeling trapped in cycles of suffering’ ‘Mothering against the odds: nurturing through harsh conditions’ ‘Surviving and resisting in the face of adversity’.</p> <p>Findings: Single mothers had overwhelming negative and traumatic experiences of living in TA in London.</p>	<p>Strengths: Participant and community involvement Member reflections Researcher reflexivity Researches a under-researched area Qualitative approach allowed</p>

						<p>The women experienced feeling powerless, feeling blamed, uneven power, loss of control associated with severe psychological distress and experienced as trauma.</p> <p>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.</p> <p>Single mothers shared experiences of feeling abused, attacked and neglected by the housing system</p> <p>Isolation – Women shared how they were deprived of contact with social networks, which negatively impacted their mental health.</p> <p>Treatment from staff – Women shared how negative treatment from staff made them feel inhumane, degraded, sad and fearful.</p> <p>Physical environment – was experienced as inhumane, unsafe and unsanitary</p> <p>Overcrowding - The small spaces families lived in was described to lead to stress and conflict and hence impacted the mothers.</p> <p>Mental health and wellbeing – living in TA was experienced as harming mother’s mental health and wellbeing</p> <p>Children’s wellbeing - living in TA was experienced as harming children’s mental health and wellbeing</p>	<p>for in-depth data collection</p> <p>Limitations: Unpublished doctoral study. Although at the time of submission a different version was currently In Press. Limited member reflections (n=2)</p>
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						<p>Relationships - Mothers’ love for their children meant they constantly put their children first within the mother-child relationship</p> <p>Conclusions: Living in TA in London was experienced as harmful for mothers’ wellbeing and their children’s wellbeing. Single mothers living in TA perceived that they had to put their children first, which meant their own wellbeing wasn’t able to be prioritised. Women were treated by staff in ways that impacted their mental health and sense of self. This exacerbated the challenges of living in TA.</p> <p>Recommendations: 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</p>	
	Nowicki, M., Brickell, K., & Harris, E. (2019)	The Hotelisation of the Housing Crisis: Experiences of Family Homelessness in Dublin Hotels.	The project explored participants’ journeys into homelessness, and their experiences of life in two new	Data collection: Interviews Data analysis: Themes generated and referred to but analysis method not specified.	Participants: Homeless Families Single mothers (N=15) 1-3 children. One family had more than 3 children. Housing Type: TA hotels and hotels	Findings/ Themes: Convenience/disruption Wellbeing/illness Respect/stigma Findings: Stigma	Strengths: Variety of housing types This report was the first to explore the residents experiences of

			<p>social housing developments built by Dublin City Council in the north of the City.</p> <p>Area: UK, Ireland, Dublin (North of the city).</p> <p>Urban/Rural: Urban (cities) and the outskirts of Dublin.</p>		<p>Housing Status: Formerly homeless</p> <p>Some single mothers shared how they were worried that they’d be judged due to the stigma around being a single parent. Some women experienced people asking why they had made themselves homeless.</p> <p>Isolation and shame</p> <p>Some of the parents shared how they internalised the stigma of being a homeless person and experiences of ‘shame’ was regularly described by participants. Many of the participants stated how they did not want others to know that they were homeless.</p> <p>Impact on children</p> <p>Children showed changes in their behaviour</p> <p>Children developed physical health problems. Their mothers perceived that this was as a result of living in TA.</p> <p>Some of the children didn’t understand that they were homeless, but that their experiences increased their children’s empathy towards others.</p> <p>No space to play for children</p> <p>Personalisation as key to home – Physical belongings, material objects and personalisation was key to making it feel like a home.</p> <p>Treatment by staff – small acts of kindness had a very positive impact on participants’ moods</p>	<p>living in hotels in this area</p> <p>Limitations: The authors did not reflect on limitations</p> <p>Limited information on data analysis methods.</p>
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						<p>Some families felt they were treated differently because they were homeless</p> <p>Rules and restrictions – Rules prevented it from feeling like their home. Many weren’t allowed visitors.</p> <p>Lack of privacy – this was worse in shared spaces. Many experienced staff who made regular checks on them and their rooms.</p> <p>Conclusions: Homeless families were positioned as having ‘failed’ when they became homeless.</p> <p>There is a pervasive stigma regarding homelessness in Dublin. This stigma is exacerbated when homeless families are housed in hotels alongside families who are using hotels for leisure purposes.</p> <p>Early experiences of homelessness have long-term implications for young children, whose physical and emotional development are at risk due to inadequate living environments</p> <p>Hotels are not fit for purpose for families as TA as they exacerbate the stigmatisation and threats to well-being that homeless families experience.</p> <p>It is important to engage in experience with homeless families and homeless mothers.</p>	
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						<p>Recommendations: To reduce the use of hotels for families who are experiencing homelessness. For staff and providers to be aware of how stigma in hotels may impact homeless families’ wellbeing.</p>	
	<p>Harris, E., & Brickell, K., & Nowicki, M. (2020)</p>	<p>Door Locks, Wall Stickers, Fireplaces: Assemblage Theory and Home (Un)Making in Lewisham’s TA.</p>	<p>Aim: The authors explored barriers to homemaking in temporary accommodation in London, through fixtures and fittings. They aimed to use assemblage theory to understand homemaking. Area: UK, England, London, Lewisham Urban/ Rural: Urban</p>	<p>Data collection: Qualitative Interviews Data analysis: The authors highlighted ‘themes’ in the data. Specific methodology is not stated.</p>	<p>Participants: 7 residents; parents living with their children; single mothers and parents including a father Children’s Age Range: 2 years + Housing Type: A ‘pop-up’ format of temporary accommodation. Housing Status: Homeless, living in TA</p>	<p>Themes: Findings: Accommodation was provided for homeless families in need of emergency accommodation. As such, people were expected not to and discouraged to decorate. Residents were unable to attach things to the walls. The inability to attach things to the walls prevented residents from being able to fully attach emotionally, to the flats. This was experienced as a barrier to them feeling like ‘home’. This also impacted their wellbeing. Residents were sensitive to the materials of the building because of the precarity of their housing status. Many of the residents expressed their anxieties regarding trying to keep the flats clean because of the white walls within the TA. Expectations over the cleaning of the properties, reiterated by the wipe-clean walls, made residents self-conscious. They perceived their presence as stigmatised. They felt they were positioned as ‘dirty’.</p>	<p>Strengths: Researcher visited the accommodation in person, which added to the understanding of people’s experiences In-depth interviews Researching an under-researched area Limitations: Didn’t thoroughly explore other aspects of living in TA Limited information on analysis methods Methodology not presented as a separate section</p>

						<p>Some residents made permanent fixtures to their accommodation to make it feel like home. This was understood as ‘resisting’ the identity of ‘temporary person’. This was linked to increased feelings of self-worth for the residents.</p> <p>Conclusions:</p> <ul style="list-style-type: none"> - Fixtures and fittings play an important role in whether TA can feel homely or not. - A lack of control over the fixtures and fittings they need to make home can harm a person’s sense of self - Despite residents’ attempts to fix assemblages of home into stable configurations, the senses of home they manage to create remain precarious - The tension between being housed and impermanence/ uncertainty in TA negatively impacted resident’s mental health. <p>Recommendations: None stated.</p>	
	Bimpson, E., Reeve, K., & Parr, S. (2020)	Governing Homeless Mothers: The Unmaking Of Home and Family.	Aim: To explore the micro-dynamics of home and family-making in homeless mothers and their family, specifically, to	Methodology: Qualitative Design: Interviews and some data presented as case studies	Family homelessness Single mothers (N=26) Parental Age: 17-50 years Children’s Age Range: Not stated Number of children: Not stated	Themes: Governing homeless mothers: undermining home-making Safeguarding children; blaming mothers Housing and children’s social care: conflicting welfare policies Isolation Governing conduct in TA	Strengths: Ethical approval Flexible method allowing for sensitive interviewing to minimise distress Important contributions to

			<p>explore structural and systemic factors associated with accessing housing</p> <p>Location: England: The Midlands and the North Urban: Cities/ Urban</p>			<p>Mixed feelings about surroundings. Surroundings impeded ability to parent Not fit for purpose for older children Rules and restrictions Infantilising women – losing maternal authority Trying to maintain routine and consistency but it is futile in environments as unhomey as TA</p> <p>Findings: Physical environment: overcrowded Treatment by staff – one mother described feeling judged for experiencing abuse Identity of being a single parent - All the women interviewed perceived that they had faced barriers to accessing housing that were directly associated with their identity of being a ‘mother’. Hostels were experienced as unfamiliar ‘homes’ by participants not just because of the barriers, challenges and deprivations that living within the space of a hostels presents but because what is outside of the home is also part of the familiar and comforting places of home and family. Women’s attempts to maintain aspects of family life through routines and rituals didn’t work when experiencing instability and loss of their ‘normal’ Rules - Rules and restrictions either worked to constrain or facilitate their ability to obtain and maintain a</p>	<p>further gendered understandings of homelessness. Informed by peer researchers and people with lived experience The authors present a new inter-disciplinary perspective which situates an emerging research agenda on homeless mothers The authors situate findings within theory and situate it alongside other theory</p> <p>Limitations: Limited detail on methodology and how themes were generated Not peer reviewed</p>
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						<p>‘family’ home when faced with homelessness.</p> <p>Isolation - Women living with their children reported feelings of isolation from family and community support network</p> <p>Location - Family was experienced as being located not only inside the confines of a house but within wider geographies.</p> <p>Mental Health - The interviews revealed difficult memories and emotions of living in TA.</p> <p>Women’s histories were characterised by extreme trauma, from experiencing shocking physical and emotional abuse in their homes.</p> <p>Substance abuse and mental ill health problems, intrinsically bound up with their experience of home-lessness, domestic abuse and/or separation from children were also commonplace.</p> <p>Financial difficulties - Poverty was also a defining feature of their stories.</p> <p>Conclusions:</p> <p>Single mothers experience challenges when living in TA</p> <p>Structural and institutional mechanisms commonly position homeless women as either ‘failed’ mothers or ‘non-mothers’.</p> <p>Making TA feel like ‘home’ in these circumstances was virtually impossible for these women.</p> <p>Recommendations:</p>	
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						Further research that explores lived experience More recognition Change TA so that it is more family friendly accommodation	
	McHale, S. (2021)	An Ecologically Informed Study of Perceived Emotional Wellbeing in School-Aged Children Experiencing Family Homelessness	This study adopts an original approach to explore the perspectives of children and others in their ecological system, also highlighting a social justice focus for counselling psychology Family homelessness Area: North-West of England Urban/ Rural: Urban	Methodology: Qualitative Design: Semi-structured interviews (n=14) Data analysis: Two reflexive thematic analyses. Ecological, intersectional and social justice lenses were used in synthesis	Participants: Parents (N=3) Children (N=3) Number of children: 1-6 Parental Age: 35-56 years Children’s Age Range: 9-14 years Number of children: 1 child Housing Type: Housing Status: Homeless	Themes: 1) Unsafe, unfit, and unsuitable accommodation, no place for a child; 2) Four school moves in two years, the implications for the child in school; and 3) Living a life on hold, family homelessness perceived as a trauma. Findings: Family homelessness is experienced as a shock to the child’s ecological system, which affects their emotional wellbeing and education. Welfare austerity and COVID-19 act as chronosystem stressors, which amplify precarity. Families experiencing homelessness experience multi-layered oppression, which increases their distress and results in them being excluded from society. There is a pivotal role for the family system and the school as points of stability in the child’s ecological system, and the school in connecting the child’s mesosystem. There is gendered and classed nature to the emotional labour that the mothers engage in to set aside their	Strengths: It is novel There has been limited research into children’s wellbeing Interviewed children and education providers to get their perspective Transparent reflexive process in terms of analysis and researcher bias It met its aim –to focus on the emotional wellbeing of school children and their families. Limitations: Limited interviews with children (n=3) Unpublished doctoral thesis

						<p>own experiences and provide a caring environment within which to stabilise the family system.</p> <p>Conclusion: The experience of childhood homelessness is complex and multi-faceted. Family homelessness is experienced as a shock to the child's ecological system, which affects emotional wellbeing.</p>	(not peer reviewed)
	Shelter (2021)	Fobbed Off:	<p>Aim: To investigate the housing problems women, non-binary people and their families face and their experiences with services to try to resolve these issues.</p> <p>Area: England, UK. Urban/ Rural: Urban - Bristol, Birmingham and Sheffield</p>	<p>Data collection: Qualitative Interviews. Case studies Data analysis: Thematic coding.</p>	<p>Participants: Family homelessness Single mothers (N=9) Housing Type: TA, Sofa surfing Housing Status: TA, Sofa Surfing</p> <p>Case studies</p> <p>Shazia Valeria Sasha Isabella Joy Courtney Amani Mary Saffia Laycee</p>	<p>Themes: Barriers which make services inaccessible for women’ ‘Barriers which lead to poorer experiences of services’.</p> <p>Findings: Women faced barriers when accessing advice and support to resolve their housing problems. The severity of a barrier differed for individuals and situations, such as worsening mental health. A person-centred, trauma-informed approach is necessary for accessible services. Lone mothers have the added demand of keeping their children safe and well, both physically and emotionally – and their ability to do so is being significantly impacted by all of the above.</p>	<p>Strengths: Peer researchers were utilised. Lots of consideration given to ethics for researchers. The authors outline priorities for delivering effective women-centred services and have produced a co-designed women-centred service model.</p> <p>Limitations: Limited detail on the data analysis process.</p>

						<p>The impact of these pressures is reflected in women’s poorer mental health and the prevalence of trauma. A woman-centred approach to support should help to overcome many of these barriers.</p> <p>The authors outline ways that a woman-centred approach could be implemented e.g.</p> <p>Including women-only provision, involving women with lived experience in service design and delivery, and delivering trauma-informed, person-centred services which supports women and non-binary people holistically.</p> <p>Fear of services</p> <p>Systemic problems which make finding a safe, suitable home more difficult. The impact of gender on housing experiences</p> <p>Childcare responsibilities and their perceptions of their identity as a lone mother, and their experience of being financially disadvantaged as a single parent.</p> <p>Recommendations:</p> <p>Offer opportunities that bring women together</p> <p>Better collaboration between service</p> <p>Practical support accompanied by emotional support</p> <p>Support should be underpinned by a recognition of mental health and</p>	<p>Grey literature (not peer reviewed)</p>
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						wellbeing needs. It must also strive to be inclusive and accessible to women with a range of different access and support needs stemming from their backgrounds, identities and experiences.	
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Critical Evaluation and Quality Appraisal

The quality of studies included in the review was evaluated using two different quality appraisal tools. This was preferred over the use of one quality assessment guideline, such as Elliott, Fischer, and Rennie (1999), which, although has the advantage of consolidating evaluations of different methodology, is not the most recently published. Given the fact that grey literature was also included in the review, which included both qualitative and mixed-method research, a methodologically specific quality appraisal framework was preferred. Therefore, the qualitative studies were appraised using the “Big-Tent” Criteria for Excellent Qualitative Research (Tracy, 2010).

Due to the range of methodology and variations in detail of processes in the selected studies, it was important to use an appraisal framework that conceptualises different qualitative methodological paradigms (Tracy & Hinrich, 2017). Eight qualitative studies were assessed using Tracy’s (2010) checklist. Four mixed-method studies were assessed using the Mixed-Methods Appraisal Tool (MMAT) (Hong et al, 2018). The MMAT has criteria to evaluate qualitative and quantitative studies separately, as well as mixed methodology studies. The MMAT criteria for qualitative and quantitative studies has been considered as less comprehensive than Tracy’s (2010) “Big-Tent” criteria and the AXIS criteria (Downes, et al., 2016). However, it was deemed best to use the entire MMAT for one of the mixed methods studies in order to evaluate both arms of the study and bring these together in one overall evaluation. The quality appraisal frameworks used to evaluate each study are included in Appendix E and F.

The literature was synthesised through a process of gaining a broad, conceptual view of the studies based on guidance (Baumeister & Leary, 1997;

Siddaway, Wood, & Hedges, 2019). The researcher began this process by reading each paper twice to become familiar with them. The researcher read them again to 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 whiteboard with post-it notes, so concepts across all papers could be seen together. A photo in Appendix G illustrates this process. The researcher then linked the concepts identified across the papers by grouping them into broader themes using mind maps. Themes are presented in Table 10.

Table 5: Quality Evaluation of Qualitative Papers 231

Authors	Worthy Topic	Rich Rigor	Sincerity	Credibility	Resonance	Significant Contribution	Ethical	Meaningful Coherence
Watt (2018)	Yes	Some	Yes	Yes but no mention of crystallisation or multi-vocality	Yes	Yes	Some– no information about ethical approval	Some although no mention of epistemology. Limited information on methods and analysis
Boodhoo (2016)	Yes	Yes	Yes	Yes but no information about triangulation	Yes	Yes	Yes	Yes
Carey (2019)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Nowicki et al (2019)	Yes	Some But no detail on theoretical constructs or information on data collection processes and analysis?	No information	Yes but no information about triangulation	Yes	Yes	Limited information about ethics	Yes but limited information
Bimpson et al. (2020)	Yes	Yes	Some	Yes	Yes	Yes	Some attention to ethics in relation to peer researchers but limited information about ethical approval and considerations for participants	Some
Harris et al. (2020)	Yes	Limited information	Some. Limited	Yes but no information	Limited information	Yes	No information	Yes

			information on the process and researchers values	about triangulation				
McHale (2021)	Yes	Yes	Yes	Yes but no mention of triangulation	Yes	Yes	Yes	Yes
Shelter (2021)	Yes	Yes	Some	Some - limited detail about analysis and coding process and unsure about crystallisation and multivocality.	Yes	Yes	Yes but no reference to ethics in dissemination. No mention of responding to challenges.	Yes

Mixed Methods Quality Appraisal

In this section, tables are presented that highlight the quality appraisal process for the four studies that adopted a mixed-methodology design (Halpenny et al., 2002; Karim et al., 2006; Tischler et al., 2007; Watts et al., 2018).

Table 6: Quality appraisal for Halpenny et al.’s (2002) study

Category of study designs	Methodological quality criteria	Responses			
		Yes	No	Can’t tell	Comments
Screening questions (for all types)	S1. Are there clear research questions?	X			Yes
	S2. Do the collected data allow to address the research questions?	X			Yes
	Further appraisal may not be feasible or appropriate when the answer is ‘No’ or ‘Can’t tell’ to one or both screening questions.				
Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?	X			Qualitative interviews enable in-depth exploration of experiences
	1.2. Are the qualitative data collection methods adequate to address the research question?	X			Yes
	1.3. Are the findings adequately derived from the data?	X			Yes
	1.4. Is the interpretation of results sufficiently substantiated by data?	X			Yes – excerpts of data provided throughout texts
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?	X			Yes
Quantitative randomised controlled trials	2.1. Is randomization appropriately performed?				
	2.2. Are the groups comparable at baseline?				
	2.3. Are there complete outcome data?				
	2.4. Are outcome assessors blinded to the intervention provided?				
	2.5. Did the participants adhere to the assigned intervention?				
Quantitative non-randomised	3.1. Are the participants representative of the target population?	X			
	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?	X			
	3.3. Are there complete outcome data?	X			
	3.4. Are the confounders accounted for in the design and analysis?			X	
	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?	X			
Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question	X			Yes – standardised measures / questionnaires

					to provide objective measures of wellbeing / behaviour
	4.2. Is the sample representative of the target population?			X	Not sure, but lots of participants (20 families and 40 children)
	4.3. Are the measurements appropriate?	X			Yes – use of validated measures and authors provide an explanation of why they chose the measures
	4.4. Is the risk of nonresponse bias low?	X			Yes – the majority of participants completed them. For those who didn’t complete them, insights from qualitative data was offered.
	4.5. Is the statistical analysis appropriate to answer the research question?	X			Yes -
Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?			X	Some, but not detailed rationale for why mixed method was chosen over other methodology options.
	5.2. Are the different components of the study effectively integrated to answer the research question?	X			Yes in the discussion and findings sections
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	X			Yes
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	X			Yes – authors comment on differences and share their hypothesis e.g. parent in the room and wanting child to be portrayed in a positive light
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	X			Yes

Table 7: MMAT Quality Appraisal for Karim et al’s (2006) study

Category of study designs	Methodological quality criteria	Responses			
		Yes	No	Can’t tell	Comments
Screening questions (for all types)	S1. Are there clear research questions?	X			Described as study aim and hypothesis
	S2. Do the collected data allow to address the research questions?	X			Yes questionnaires to measure symptomology and semi-structured interviews used a service satisfaction approach and offered the opportunity to discuss mental health
	Further appraisal may not be feasible or appropriate when the answer is ‘No’ or ‘Can’t tell’ to one or both screening questions.				
Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?	X			Yes -exploratory to understand contextual difficulties
	1.2. Are the qualitative data collection methods adequate to address the research question?	X			Yes - themes from previous studies used for interview schedule and allowed for experiences to be discussed
	1.3. Are the findings adequately derived from the data?	X			Yes. Themes identified and described
	1.4. Is the interpretation of results sufficiently substantiated by data?	X			Yes - adequate use of quotes to illustrate themes
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?	X			Yes - clear links made including percentages, quotes and contrasts/similarities between response
	2.1. Is randomization appropriately performed?				
	2.2. Are the groups comparable at baseline?				

Quantitative randomised controlled trials	2.3. Are there complete outcome data?				
	2.4. Are outcome assessors blinded to the intervention provided?				
	2.5 Did the participants adhere to the assigned intervention?				
Quantitative non-randomised	3.1. Are the participants representative of the target population?	X			
	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?	X			
	3.3. Are there complete outcome data?	X			
	3.4. Are the confounders accounted for in the design and analysis?	X			
	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?	X			
Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question	X			Yes - clear target population identified and sampled
	4.2. Is the sample representative of the target population?	X			Yes
	4.3. Are the measurements appropriate?	X			Yes - rationale given supporting appropriateness
	4.4. Is the risk of nonresponse bias low?	X			Yes - all families initially involved in the baseline were followed up
	4.5. Is the statistical analysis appropriate to answer the research question?	X			Yes - non-parametric tests and regression used
Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?			X	A lack of previous research noted however no explicit naming of why mixed methods was used
	5.2. Are the different components of the study effectively integrated to answer the research question?	X			Yes qual and quant findings discussed together including contrasts
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	X			Outputs integrated and commented on
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	X			Differences given thought and explanation

	<p>5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?</p>	<p>X</p>			<p>Qualitative 1.1 Yes, exploratory to understand contextual difficulties 1.2 Yes, themes from previous studies used for interview schedule and allowed for experiences to be discussed 1.3 Yes themes identified and described 1.4 Yes adequate use of quotes to illustrate themes 1.5 Yes clear links made including percentages, quotes and contrasts/similarities between responses.</p>
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Table 8: Quality Appraisal Table for Tischler et al’s (2007) study

Types of mixed methods study component	Methodological quality criteria	Responses			
		Yes	No	Can’t tell	Comments
Screening questions (for all types)	S1. Are there clear research questions?	X			Yes - (1) the characteristics of homeless families referred to this service during its first phase; and (2) the users’ perspectives and experiences of the service whilst residents at the hostel.
	S2. Do the collected data allow to address the research questions?	X			Yes – A mixture of quantitative measures to assess characteristics and interview to explore their perspectives
	Further appraisal may not be feasible or appropriate when the answer is ‘No’ or ‘Can’t tell’ to one or both screening questions.				
Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?	X			Yes – allows exploration of satisfaction and experiences in the accommodation
	1.2. Are the qualitative data collection methods adequate to address the research question?	X			Yes
	1.3. Are the findings adequately derived from the data?	X			Yes - Is the interpretation of results sufficiently substantiated by data? Yes - some excerpts of transcripts included in the article
	1.4. Is the interpretation of results sufficiently substantiated by data?	X			Yes- the qualitative interview enabled the identification of important themes but not all participants answered all questions in the interviews.
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?				
Quantitative randomised controlled trials	2.1. Is randomization appropriately performed?				
	2.2. Are the groups comparable at baseline?				
	2.3. Are there complete outcome data?				
	2.4. Are outcome assessors blinded to the intervention provided?				
	2.5. Did the participants adhere to the assigned intervention?				
	3.1. Are the participants representative of the target population?	X			

Quantitative non-randomised	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?	X			
	3.3. Are there complete outcome data?	X			
	3.4. Are the confounders accounted for in the design and analysis?	X			
	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?	X			
Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question	X			Yes – the majority were mothers with their children. Homeless mothers are more common than homeless fathers, so this represents the national picture of family homelessness in the UK.
	4.2. Is the sample representative of the target population?	X			Yes – but low response the majority were mothers with their children. Homeless mothers are more common than homeless fathers, so this represents the national picture of family homelessness in the UK.
	4.3. Are the measurements appropriate?	X			All validated measures appropriate for the participant group
	4.4. Is the risk of nonresponse bias low?	X			Yes - 49 out of 55 invited families took part.
	4.5. Is the statistical analysis appropriate to answer the research question?	X			Yes – presented as frequencies and then relationships explored.
Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?			X	Some but not detailed or specific rationale
	5.2. Are the different components of the study effectively integrated to answer the research question?	X			Yes
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	X			Yes
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	X			Yes
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	X			Yes

Table 9: MMAT Quality Appraisal for Watt’s (2018) study

Category of study designs	Methodological quality criteria	Responses			
		Yes	No	Can’t tell	Comments
Screening questions (for all types)	S1. Are there clear research questions?	X			Yes – 7 clear research questions outlined
	S2. Do the collected data allow to address the research questions?	X			Yes - The second phase involved mixed-methods in-depth case studies of six local authorities in Scotland. Each case study comprised (a) an examination of local statistics (b) interviews with key statutory and voluntary sector stakeholders and (c) interviews with TA residents.
Further appraisal may not be feasible or appropriate when the answer is ‘No’ or ‘Can’t tell’ to one or both screening questions.					
Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?	X			
	1.2. Are the qualitative data collection methods adequate to address the research question?	X			Yes – a mix of qualitative interviews and focus groups and case studies.
	1.3. Are the findings adequately derived from the data?	X			Yes - the data collected in this stage of fieldwork is analysed thematically.
	1.4. Is the interpretation of results sufficiently substantiated by data?	X			Yes – examples of data provided
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?	X			Yes
Quantitative randomised controlled trials	2.1. Is randomization appropriately performed?				
	2.2. Are the groups comparable at baseline?				
	2.3. Are there complete outcome data?				
	2.4. Are outcome assessors blinded to the intervention provided?				
	2.5. Did the participants adhere to the assigned intervention?				

Quantitative non-randomised	3.1. Are the participants representative of the target population?	X			
	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?	X			
	3.3. Are there complete outcome data?	X			
	3.4. Are the confounders accounted for in the design and analysis?	X			
	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?	X			
Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question	X			
	4.2. Is the sample representative of the target population?		X		Authors highlight that the case studies do not offer a representative and generalisable picture of TA use and management or TA resident experiences across Scotland, they do offer in combination an opportunity to examine in detail some of the key themes relevant to TA provision, and its future transformation and improvement, across the country.
	4.3. Are the measurements appropriate?	X			
	4.4. Is the risk of nonresponse bias low?				Yes - Local case studies were selected purposively to capture variation across Scottish local authorities in relation to a series of key indicators relevant to homelessness and TA.
	4.5. Is the statistical analysis appropriate to answer the research question?	X			
Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?	X			Yes
	5.2. Are the different components of the study effectively integrated to answer the research question?			X	Some attempts to integrate
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	X			Yes
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?			X	Not mentioned
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	X			Yes

Synthesis of Findings

In total, 12 studies were included in the systematic literature review. Eight studies adopted a qualitative methodology (Boodhoo, 2016; Bimpson et al., 2020; Carey, 2019; Harris et al., 2020; McHale, 2021; Nowicki et al., 2019; Shelter, 2021; Watt, 2018). Four studies adopted a mixed methods approach (Halpenny et al., 2002; Karim et al., 2006; Tischler et al., 2007; Watts et al., 2018). Of the 8 qualitative papers, 3 were unpublished doctoral theses, 3 were peer-reviewed articles published in academic journals and 2 were research reports from the grey literature. Of the 4 mixed methods studies, two were peer reviewed published articles in academic journals (Karim et al., 2006; Tischler et al., 2007) and 2 were reports from grey literature (Halpenny et al., 2002; Watts et al., 2018).

Semi-structured interviews were the most common method utilised in qualitative studies, however case studies and focus groups were also included in some studies. Thematic analysis, thematic coding and content coding were the most common data analysis methods used in the qualitative studies. Some studies did not specify the type of analysis used.

Homelessness Status

All studies explored experiences of homelessness whilst living in TA in the UK. Most studies (n=6) recruited participants who were currently homeless (Bimpson et al., 2020; Boodhoo, 2016; Carey, 2019; Harris et al., 2020; Tischler et al., 2007; Watt, 2018). Two studies recruited families who were formerly homeless (Karim et al., 2006; Nowicki et al., 2019) and 3 studies recruited both participants who were currently homeless and those who had recent experience of being homeless (Halpenny et al., 2002; Shelter, 2021; Watts et al., 2018). The remaining study (McHale, 2021)

reported that participants did not have to be homeless at the point of interview to be included but did not specify participants' housing status. All studies explored experiences of living in TA. The majority explored experiences of independent accommodation and shared accommodation, including B&B's and hostels.

Participants

All studies explored experiences of family homelessness. Two studies also included some homeless single participants within their sample (Shelter, 2021; Watts et al., 2018). Only themes and findings that were specifically related to families' experiences of homelessness were included in this review. Across all eight studies, participant groups included couples (more than one parent living with children under the age of 18) or single parents (mostly single mothers but some single fathers). Notably, the majority of participants across these studies were single mothers. Three studies recruited only single mothers (Carey, 2019; Tischler, 2007; Watt, 2018). One study recruited young mothers and one participant was aged <18 (17), the rest were 18-25 years of age. One study recruited all mothers, but did not specify if they were single parents or not (Boodhoo, 2016).

Children's experiences

Most studies included parent's perceptions of their children's experiences of living in TA. Four studies looked at children's experiences in-depth. Two studies required parents to complete standardised measures on their child's behalf (Karim et al., 2006; Tischler et al., 2007) and 2 studies interviewed children directly about their experiences of living in TA (Halpenny et al., 2002; McHale, 2021).

Interviews with professionals

Four studies interviewed professionals such as housing staff and education staff (Bimpson et al., 2020; Halpenny et al., 2002; McHale, 2021; Watts et al., 2018). For the purpose of this review, only findings that related to family's perceptions and experiences of homelessness are referred to.

Quality Appraisal

All studies contributed in a meaningful way to the knowledge base. A strength across all studies was the quality of the research in terms of demonstrating a) worthy topic, e) resonance and f) significant contribution (Tracy, 2010). All authors provided research aims, situated their research within literature and identified a gap that their research would address. Some papers provided detailed introductory sections and comprehensive overviews of family homelessness (Bimpson et al., 2020; Carey, 2019; Halpenny et al., 2002; Shelter, 2021; Watt et al., 2018; Watts et al., 2018).

The studies varied in terms of evidencing rigour (Tracy, 2010). Overall, the methods used in the studies were suitable for the research aims. Some of the published qualitative papers provided information regarding rationale, demographics, and the data analysis and collection process (Bimpson et al., 2020; Halpenny et al., 2002; Harris et al., 2020; Nowicki et al., 2019). However, no studies were removed on grounds of quality. Therefore, findings of this review should be considered within the context of these limitations.

Quantitative measures

Three studies used standardised measures, in addition to qualitative interviews (Halpenny et al., 2002; Karim et al., 2006; Tischler et al., 2007). This enriched the comprehensiveness of the qualitative data. Across these studies, 8 standardised measures of emotional and behavioural development were used:

- The Revised Rutter Parent Scale for School-Age Children
- The Child Self-Esteem Parent Scale
- The Birlson Depression Scale
- The British Picture Vocabulary Scale-II (BPVS-II)
- The Hospital Anxiety and Depression Scale
- The Parenting Daily Hassles Scale
- The Eyberg Child Behaviour Inventory
- The Health of the Nation Outcome Scales for Children and Adolescents

All three studies that used standardised measures stated that measures were completed by the parent of the child.

Sincerity

Halpenny et al. (2002) demonstrated good transparency about why they selected the measures, representing sincerity (Tracy, 2010). Half of the studies reflected on the challenges of completing the research. Most studies referred to the limitations of their approach and design, however Harris et al. (2020) did not. A strength of Halpenny et al.'s (2002) study was their detailed overview of the challenges the authors encountered.. Most studies explored routes into homelessness and experiences of applying to the council as homeless. Two studies focused on the

relationship between mother and child (Boodhoo, 2016; Carey, 2019) and most of the other studies explored relationships and support networks more generally.

Most researchers did not adequately convey sincerity through self-reflexivity and transparency regarding the methods and challenges (Tracy, 2010). Karim et al., (2006) refer to the contradiction between quantitative and qualitative data and hypothesise that this may be impacted by the small sample size. The three doctoral theses clearly outlined their epistemological position. However, the remaining studies did not explicitly address this. Similarly, the unpublished doctoral theses reflected on and document the author's position and biases in detail. Although some of the other studies referred to this, the majority did not.

Five studies acknowledged potential bias in their studies (Boodhoo, 2016; Carey, 2019; Halpenny et al., 2002; McHale, 2021; Tischler et al., 2007). Although Tischler et al. (2007) highlight the potential of bias due to participants not answering all questions, the authors do not specify which questions were not answered and they do not acknowledge researcher bias. Similarly, Halpenny et al. (2002) address the potential of bias introduced through recruitment via gatekeepers, but do not address researcher bias. However, a strength of Halpenny et al.'s (2002) and Tischler et al.'s (2007) study was that they provide detailed recommendations with specific examples. Tischler et al., (2007) reported that the findings led to change in service delivery including the development of a local interagency homelessness forum.

Ethical

Five studies stated that they received ethics approval, although Tischler (2007) referred to it within the body of the article but did not provide detail. Three studies

referred to managing ethical issues such as utilising peer-researchers (Shelter, 2021), managing children being present during interviews (Halpenny et al., 2002) and minimising distress during interviews (Bimpson et al., 2020). The remaining 5 studies did not refer to or mention how ethics were considered in their studies (Harris et al, 2020; Karim et al., 2006; Nowicki et al., 2019; Watt, 2018; Watts et al, 2018).

Synthesis of Findings: Themes

Findings were synthesised into 5 main themes, as shown in Table 9.

Table 9. Themes from the Systematic Literature Review

Theme 1	Temporary Accommodation is not fit for families, particularly mothers and children
Theme 2	Poor Treatment in Temporary Accommodation: Impacts Family Mental Health and Wellbeing
Theme 3	The Importance of Location
Theme 4	The gendered experience of being homeless

Theme 1: Temporary Accommodation is not fit for families, particularly mothers and children

The first theme that was generated was that Temporary accommodation was perceived to be unfit for families, single parents and children.

In some studies, parents expressed their appreciation of having a safe space to live on a temporary basis (Halpenny et al., 2002) and expressed gratitude for a critical place of safety (Bimpson et al., 2020; Shelter, 2021; Tischler et al., 2007; Watts et al., 2018). Findings from this review highlight how different types of TA are linked to

different challenges and experiences. Generally, experiences of shared accommodation were reported to be experienced as more negative however, many similar challenges appeared to exist across the different types of accommodation. Findings highlighted that some parents perceived that TA does not meet the needs of families and children (Carey, 2019; Bimpson et al., 2020; McHale., 2021; Shelter et al., 2021). Lack of privacy and space was a common challenge for families living in TA. Due to the shared nature of hostels, lack of privacy and space was more commonly cited as a challenge in this type of accommodation (Bimpson et al., 2020; Carey, 2019; Halpenny et al., 2002; Karim et al., 2006; Shelter, 2021; Tischler et al., 2007; Watt, 2018; Watt et al., 2018). Additional issues with other residents included food being taken by others (Halpenny et al., 2002; Watt et al., 2018).

Other challenges included lack of facilities, broken facilities, and poor cleanliness (Carey, 2019; Harris et al., 2020; Karim, 2008; Shelter, 2021; Watts et al., 2018). Findings from multiple studies referred to the fact that parents perceived TA as being unsafe (Carey, 2019; Karim et al., 2006; McHale, 2021; Watts et al., 2018) and particularly unsuitable for families and children (Carey, 2019; Halpenny et al., 2002; McHale, 2020; Shelter 2021; Watts et al., 2020). Shared accommodation was considered as even more unfit for families (Bimpson et al., 2020; Halpenny et al., 2002; Karim et al., 2006, Watts et al., 2018) and satisfaction was reported to be lower in hostels (Bimpson et al., 2020; Halpenny et al., 2002; Karim et al., 2006; Shelter 2021; Tischler et al., 2007; Watts et al., 2018). Of particular concern to parents was children's exposure to situations such as violence (Carey, 2019; Halpenny et al., 2002; McHale, 2021; Shelter et al., 2021; Watts et al., 2018; Watt et al., 2018). Finally, a reason that was commonly reported as why TA was not fit for children was the fact that there was limited space for them to play and limited space for their

belongings, which impacted both children and their parents (Halpenny et al., 2002; Nowicki et al., 2019; Tischler et al., 2007).

Across studies, parents shared their family's difficulties with adapting to the many various rules that exist with TA (Bimpson et al., 2020; Carey, 2019; Halpenny et al., 2002; Harris et al., 2020; Tischler et al., 2007; Watts, 2018; Watt et al., 2018). Rules were experienced as restricting parents and children's autonomy and undermining their authority (Bimpson et al., 2020; Halpenny et al., 2002; Harris et al., 2020; McHale, 2021; Watts et al., 2018). Importantly, findings from some studies suggested that rules continued whilst families went through the process of being rehoused (Bimpson et al., 2020; Karim et al., 2006; Shelter, 2021). For example, when families were offered permanent housing, they reported that they were told that they had to take the property or risk having the council removing their duty to house them (Bimpson et al., 2020; Halpenny et al., 2002; Shelter et al., 2021; Watts et al., 2018; Watt, 2018).

Theme 2: Poor Treatment of homeless families and mothers and mental health

The second theme generated was families' perception that they experienced negative impacts on their mental health and wellbeing, as a result of living in TA.

All studies described how families perceived that their mental health and wellbeing was negatively impacted. Many single mothers reported their experiences of living in TA as traumatic for them (Bimpson et al., 2020; Carey, 2019; McHale, 2021; Shelter, 2021). Some reported issues with the physical environment such as overcrowding, which lead to further stress and conflict in families (Carey, 2019; Halpenny et al., 2002) and left mothers feeling trapped (Shelter et al., 2021; Watt, 2018). Some studies found that children showed their distress through their behaviour, such as increased difficulties regulating their emotions, changes to their sleeping pattern and experiencing increased separation anxiety when they were apart from their mothers and parents (Boodhoo, 2016; Carey, 2019; Halpenny et al., 2002; Karim et al., 2006; Tischler et al., 2007). For some, having to live life on hold during family homelessness was perceived as a trauma (Boodhoo, 2016; Carey, 2019; McHale, 2021; Shelter, 2021; Watts et al., 2020).

Uncertainty and rules were perceived to prevent families from feeling like the TA was their home, which was found to exacerbate the negative impacts on their mental health and wellbeing (Bimpson et al., 2020; Halpenny et al., 2002; Harris et al., 2020; McHale, 2021). Additionally, some studies reported that wellbeing was impacted by treatment by housing staff. Across the studies participants' experiences of staff were varied, but several studies found that women perceived that they lacked support from staff (Bimpson et al., 2020; Carey, 2019; Halpenny et al., 2002; Tischler et al., 2007; Watts et al., 2018). It was common for families to report that they had experienced inhumane and distressing treatment from housing staff (Bimpson et al.,

2020; Carey, 2019; Karim et al., 2006; Nowicki et al., 2019; Shelter, 2021). Some women experienced staff as helpful when they offered moral support and appeared to understand how they felt (Karim et al., 2006; Tischler et al., 2007), although these experiences were in the minority.

Studies referred to parents being stigmatised for being homeless (Carey, 2019; Halpenny et al., 2002; Harris et al., 2020; Nowicki et al., 2019; Watts et al., 2018). This was reported to have led to a loss of dignity and respect from others (Bimpson et al., Halpenny et al., 2002; Nowicki et al., 2019; Shelter, 2021) and feeling degraded (Carey, 2019; Nowicki et al., 2019). Some studies suggested that women and mothers experienced homelessness as a failure (Bimpson et al., 2020; Boodhoo, 2016; Watt, 2018).

Theme 3: The Importance of Location

Across the studies, it was clear that the location of TA is important for families. Some studies found that families experienced both social isolation and isolation in terms of geographical location. Most studies found that families experiencing homelessness became isolated from their support networks and communities (Boodhoo, 2016; Bimpson et al., 2020; Carey, 2019; Halpenny et al., 2002; McHale, 2021; Nowicki et al., 2019; Shelter, 2021; Tischler et al., 2007; Watt, 2018; Watts et al., 2018). Some studies showed that relationships were further strained when families were placed in unfamiliar areas and were placed outside of a city centre. A reliance on public transport made it difficult for some families to maintain their usual routines (Halpenny et al., 2002; Harris et al., 2020; Tischler et al., 2007; Watt, 2018). Some families experienced additional challenges when trying to continue to attend their workplace and schools as a result (Bimpson et al., 2020; Nowicki et al., 2019; Shelter, 2021; Watts et al., 2018; Watt, 2018).

Some studies referred to how families felt that home wasn't just inside their accommodation, but within the area that they lived in. As such some families' sense of 'home' was threatened when housed in unfamiliar areas (Bimpson et al., 2020; Carey, 2019; Harris et al., 2020; Watt, 2020; Watts et al., 2020). Some studies showed that children often didn't have friends to play with when housed in new areas (Halpenny et al., 2002; Watts et al., 2018).

Theme 4: The Gendered Experience of Being Homeless

The fourth and final theme that was generated from the review is the gendered nature of homelessness.

Many of the women who were interviewed in some of the studies, perceived that they faced barriers that were associated with their identity as mothers and women (Bimpson et al, 2020; Boodhoo, 2016; Carey, 2019; Shelter et al., 2021). Some of the mothers' sense of self seemed to be overtaken by their maternal identity during periods of homelessness (Boodhoo, 2016; Bimpson et al., 2020; Carey, 2019; Karim et al., 2006; McHale, 2021). One of the most striking findings from the review was the impact of the uncertainty that families experienced. Additionally, how parents, particularly single mothers, were positioned as having to hold the uncertainty about how long they would be living there, uncertainty about where their family would be rehoused and the uncertainty of what their children's futures would look like (Boodhoo, 2016; Carey, 2019; McHale, 2021; Shelter, 2021). Experiences of time being on hold, feeling of being trapped and a sense of living in a place that was a 'place' but not 'home', were associated with significant levels of distress, such as anxiety, worry, fear and desperation (Carey, 2019; Harris et al., 2020; Nowicki et al., 2019). These emotional reactions of such distressing circumstances were perceived to impact the mental health and wellbeing of all members of the family who were living in TA, but most particularly the mothers who prioritised the wellbeing of their children, often to the detriment of their own (Boodhoo, 2016; Bimpson et al., 2020; Carey, 2019, McHale, 2021; Shelter, 2021).

Four studies highlighted the challenges that mothers experienced as a result of the reality of living in TA with their children (Boodhoo, 2016; Bimpson et al., 2020; Carey, 2019; McHale et al. 2021). For some families, particularly mothers, they felt

that they had found strength through their relationship with their child and through acts of resistance (Boodhoo, 2016; Carey, 2019; Harris et al., 2020; McHale, 2021). Despite the distressing experiences, mothers, parents, children, and their families showed strength and continued to manage the extreme challenges of living in TA (Boodhoo, 2016; Bimpson et al., 2020; Carey, 2019; Halpenny et al., 2002; McHale, 2021; Shelter, 2021).

Conclusion

To conclude this section, I will highlight the limitations of the review and summarise my conclusions.

In summary, this systematic review has identified that whilst there are limited studies that have explored the experiences of families living in TA in the UK, there are many consistencies across them. All studies reported links between the experiences of homelessness and distress for families, parents, mothers and their children. Although TA provided a place of safety, living in TA negatively impacted families' mental health and wellbeing and was often considered to be unfit for families, specifically for women, single mothers or children. Clearly, from these studies, many of the families felt that the location of TA was important. When families were housed in unfamiliar areas, or in more rural areas, they perceived barriers to staying connected to their support network and maintaining their usual routines. Being housed in familiar areas, where travel is realistic, accessible and affordable, families perceive that it would be less challenging for them to stay connected with their support networks, which can protect parents and children's wellbeing, mental health, and sense of identity. Finally, this review showed that experiencing homelessness as a mother comes with specific additional challenges

such as having to hold a position of uncertainty, care for their children and hold hope for a better future for themselves and their families.

Gaps in the research

Despite the commonalities in findings across the reviewed studies, gaps in the current knowledge base were also highlighted. Although some studies did find that mother-child relationship was impacted in some way, this was only explored in-depth in three studies (Boodhoo, 2016; Carey, 2019; McHale, 2021). Although all of the research was completed within the UK, they were all considered to be majority urban locations. Furthermore, most of the TA that participants had experience of living in was located in cities and towns in the UK. Out of the studies that explored experiences of living in TA in England, the geographical areas included cities such as London and the North-West of England.

No studies included in this review explored experiences of living in TA in the South-East of England or in rural areas, despite rural homelessness being recognised as a crisis 5 years ago (Snelling, 2017). This means that although a significant number of mothers and parents were represented within this systematic review, transferability to more rural UK based samples and other geographical locations remains unclear. Importantly, the responsibility of local authorities in relation to homelessness varies across the devolved nations. Specifically, research in Scotland (Watts et al., 2018) may also have limited transferability, as there is no difference in priority need between a single person and a parent/single mother in Scotland, which differs to the way that TA is allocated in England. In England, single mothers and parents are given priority for accommodation when presenting as homeless.

Additionally, families living outside of cities and located in rural locations are less likely to have access to advocacy groups, charities and funding due to the way that

rural homelessness is funded differently (Snelling, 2017). It is important for clinical psychologists to be aware of how family homelessness is experienced differently in rural settings. Similarly, to urban homelessness, across studies, families reported high levels of psychological distress, which they perceived to be exacerbated by the additional difficulties of being isolated from their support networks. There may be additional challenges such as accessing services following on from austerity-related funding cuts and are likely to be additional challenges faced by families following the cost of living crisis, rising housing costs and the financial fallout following the COVID-19 pandemic (Spratt, 2022).

The studies were spread across academic and clinical disciplines, however only three of the studies reviewed were conducted by professionals within the field of clinical psychology (Boodhoo, 2016; Carey, 2019; McHale, 2021). All three of these were unpublished studies, although one is currently being prepared for publication (Carey, 2019). Although the majority included single mothers in their samples, only two studies looked at the experience of being a single mother in the context of homelessness through the lens of clinical psychology (Carey, 2019; McHale, 2021) and McHale's (2021) sample was limited to 3 interviews with parents. As Carey (2019) outlines, a clinical psychology lens can 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 a psychologist's leadership and consultancy roles. Specifically, there may be a key role in providing training to staff working within housing teams on trauma informed care and psychological formulation (NICE, 2022; Watson, Nolte & Brown, 2019).

Clinical psychologists are recognised for their role in informing policy, and public health (Harper, 2016). Therefore, it is also important to be able to demonstrate

the links between physical environments and emotional experiences so that policies can be developed to support preventative strategies. NICE (2022) recently released guidance on the Integrated Health and Social Care for people experiencing homelessness. They recommend and advocate for multi-disciplinary, joined up provision including provision of mental health and psychological support for people experiencing homelessness.

More specifically, Psychologically Informed Environments (PIE) in homelessness settings in the UK, offer open access to psychological support directly from a clinical psychologist and/or via a multi-disciplinary team. Often the clinical psychologist offers supervision and support for assessments; psychological formulation of understanding an individual and it also potentially reduces the number of people visible on the streets and reduces distress (NICE, 2022; Watson, Nolte & Brown, 2019). It could be considered that this approach is important to people experiencing homelessness, ensuring access to mental health services is equitable and accessible. NICE (2022) have published a call for more evidence to explore the role of PIE in homelessness settings, which may lead to increased numbers of clinical psychologists working with people who are homeless. As such, there is an argument for further research to explore the role of clinical psychologists in relation to single mothers experiencing homelessness in rural areas.

Rationale.

As a result of the above, the present study aims to fill these gaps by investigating the experiences of single mothers who are experiencing homelessness in rural Suffolk, from a clinical psychology lens. There will be a particular focus on mental health, distress and relationships with different layers of their support network

(both professionals and family and friends). 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 mothers.

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

- What are the experiences of single mothers who are living in TA in Suffolk?
- How, in their view, is their experience related to their mental health and their child's mental health and wellbeing?
- How, in their view, does living in TA impact single mothers' relationships?

The next chapter will outline the methodology that was adopted for this research study and provide a detailed overview of the research process.

Chapter 3. Methodology

Overview

This chapter will start with a discussion about the use of qualitative methodology and chosen analysis (thematic analysis) in this study. This section will be followed by a discussion about the process of recruiting participants and a description of participants that were recruited will be provided. The reasons for the chosen methodology (semi- structured interviews) will also be provided. Following on from this, a summary of ethical considerations that were held in mind throughout this study will be provided, with a description of the data analysis process. References to the appendices for further context and detail will appear throughout this section. Finally, I outline the steps taken to ensure the quality of this research at each stage of this study.

Design

This qualitative study used thematic analysis to explore the experiences of single mothers and their children living in temporary accommodation (TA) in Suffolk, in relation to their mental health and wellbeing and their relationships. This data was obtained from individual semi-structured interviews completed with self-identified single mothers living in TA with their children (<18 years) in Suffolk.

Choice of a qualitative design.

Although there is evidence of the association between homelessness and social factors, there is very little research that examines the wider social context within which homelessness occurs from the perspective of homeless people themselves (Mabhala et al., 2017). As qualitative research is considered to enable exploration of

participants' contexts (Clarke & Braun, 2013), it seemed appropriate to use a qualitative method as it enables people's experiences and social contexts to be explored. As previous chapters have highlighted, homeless people are marginalised in the UK (Spratt, 2022) and the additional challenges that single parents face often lead to people who share these intersecting minoritised identities to be individualised, stigmatised and blamed (Halpenny, 2002; Bimpson et al., 2020; Carey, 2019; Shelter, 2021; Spratt, 2022). As qualitative research offers unique opportunities for understanding complex, nuanced situations where interpersonal ambiguity and multiple interpretations exist (Austin & Sutton, 2014), a qualitative approach was adopted due to the area that is being explored and the nuances that may exist given the intersecting identities of the participants.

Three of the most commonly used methods in qualitative research are interviews, focus group and observations (Austin & Sutton, 2014). For sensitive topics in-depth interviews are often the qualitative option that is chosen (Liamputtong, 2007). Guidance suggests that the method chosen should be the one that enables participants to express themselves openly (Austin & Sutton, 2014). As such, interviews were used, incorporating a flexible interview guide enabling the researcher to be responsive to the participant (Clarke & Braun, 2013). This approach can support participants to become more comfortable in research interviews and feel better supported to answer difficult questions later in the interview. This was deemed to be important given topics and questions referred to sensitive aspects of their experiences such as their mental health and relationship with their child (Terry & Hayfield, 2021).

Another key advantage of interviews is the ability to ask follow-up questions, which can help to generate rich and detailed data (Terry & Hayfield, 2021). The

interviews in this study incorporated a flexible interview guide, enabling the researcher to be responsive to the participant (Clarke & Braun, 2013). This was important as the researcher aimed to elicit information about social and contextual factors and to explore participant's experiences in-depth. Importantly, individual semi-structured interviews helped to ensure that participants whose first language was not English, had an equal chance at understanding and responding to the questions. Due to the researcher's own lived experience of the topic area, the interview guide was one of the measures that supported subjectivity of the areas that were explored.

Choice of Thematic Analysis

Over the last decade thematic analysis has become a popular way of engaging with qualitative data (Terry & Hayfield, 2021). It is a qualitative research method, which aims to identify, analyse and report on patterns of meaning of a data set (Braun & Clarke, 2006). It can be an essentialist or realist method, which reports experiences, meanings and the reality of participants (Braun & Clarke, 2019). For this study, thematic analysis enabled the researcher to construct shared meanings from single mothers in different types of temporary accommodation in Suffolk.

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 position (Harper, 2011), which provided a framework for me to report the shared realities of mothers, while also considering their socio-political context. Braun and Clarke's method of thematic analysis is 'reflexive', and it encourages researchers to explore the influence of their own beliefs on the research process and to make these explicit (Terry & Hayfield, 2021). This acknowledgement of researcher influence on

the study further supports my epistemological position: although there may be a 'reality', we cannot access it in an objective form (Harper, 2011). We view the world through the lens of our own experiences and assumptions (Clarke & Braun, 2013) and it is important to acknowledge them. Thematic analysis has been effectively used to analyse qualitative data that explores families' experiences of challenging experiences from within a critical realist perspective (Williams, 2018).

Thematic analysis has been criticised for not focusing on or interpreting the use of language (Nowell, Norris, White, & Moules, 2017). However as reflexive thematic analysis focuses on the meaning behind the experiences rather the explicit language that was chosen, I perceived this to be a strength of the approach. Specifically, it may give participants whose first language is not English (n=2) more chance that their data is interpreted in a way that represents their experiences, as they may not have been able to use the language they were most comfortable with to express their experiences.

I thought through other criticisms of thematic analysis by adopting a reflexive approach (Braun & Clarke, 2019). As I am using it within a critical realist stance it can also be used as a contextualist method (Willig, 1999). Specifically, when using it, a researcher can acknowledge the ways individuals make meaning of their experience, and, in turn, the ways the broader social context impacts the meaning, while focusing on the material (Braun & Clarke, 2019). Therefore, as thematic analysis can be a method, which works both, to reflect reality, and to unpick or unravel the surface of reality (Braun & Clarke, 2019) it felt like an appropriate methodology for this study. This felt important considering the real barriers that homeless families are suggested to experience in the UK (Shelter et al., 2021; Spratt, 2022).

Research Positions: Insider or outsider

An insider researcher has been defined as a researcher who shares a social identity or characteristic with the research, whereas an outsider researcher has been defined as a researcher who does not or a researcher researching issues, which do not belong to them (Breen, 2007; Mercer, 2007). As such, the concept of being an inside or outside researcher can feel ambiguous, particularly if a research has points of similarity and difference with participants in this study. I am female, a single parent and I lived in temporary accommodation in Suffolk with my young child. I am aware that the position of the researcher can impact the research (Dwyer and Buckle, 2009), therefore, I attended to my insider-outsider researcher identities in a number of ways;

- Use of a reflective research diary throughout the process
- Discussing this explicitly in research supervision
- Discussing this in peer consultation and reflective conversations
- Including a bracketing interview at the beginning of the process

Literature highlights how a major challenge for qualitative researchers can be how their own assumptions impact interpretations from the data (Rolls & Relf, 2006). I engaged in a bracketing interview to reflect on their preconceptions (Polit & Beck 2014). I considered how my insider and outsider positions enhance my understanding of the topic and my ability to relate to and engage participants, whilst acknowledging how these positions may also potentially impact my interpretation of the data.

Consultation with Experts by Experience (EbE):

An EbE who identified as a single parent with mental health difficulties who had experience of living in TA in Suffolk, shared her own experience with me and reviewed the participant information sheets and consent forms. Additionally, they

shared their feedback on the questions and areas that were covered in the interview schedule, which was amended to reflect their suggestions. Unfortunately, the EbE's housing situation and mental health needs led them to decide not to continue to be involved during the rest of the project, which meant that the data collection process and analysis process were not informed by an EbE. The researcher attempted to recruit EbE's during the data collection phase but was not successful. The researcher met with a systemic psychotherapist and family therapist who had lived experience of hidden homelessness as a single parent. The researcher and systemic therapist met to discuss themes that were generated from the SLR and the data analysis process. This impacted the study by increasing the chances that conclusions reflected the findings from this study. This process also supported the researcher's reflexivity by noticing what emotions they had experienced whilst addressing the themes, which supported the researchers' own process when finalising themes. The researcher built in multiple points to share themes with research supervisors and went through many amendments, until all agreed that they fit the patterns that were generated from the data.

Member reflections allow 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 or telephone call to see if they felt that the themes reflected their experiences. The researcher sent an email with an attachment of the themes and an invitation to reply via email.

Ethical issues

Ethical Approval

Ethical approval was granted from the University of Hertfordshire ethics board (ethics number: LMS/PGR/UH/04522) in March 2021, with one additional amendment, which included recruiting refugees, another type of TA. However, on further consideration of the literature and reviewing data from the initial participants, it became clear that women's experiences of living in refuges may involve nuances and variation in experiences that may be down to the different routes into insecure housing and the differing ways that refuges are funded, provided and managed. This may have impacted the transferability of the findings. Therefore, only women living in temporary accommodation that was provided by the local authority were interviewed as originally planned. Ethical approval notifications for the study and the amendments are in Appendix H.

Informed consent.

Each participant was provided with a participant information sheet (Appendix I) ahead of the interview and completed a verbal conversation over the telephone to check that each participant understood this information before agreeing to take part. Participants were reminded at the start of the interview and during the interview that they could provide only the information they felt comfortable sharing and that they could skip any question if they did not feel comfortable answering it. Participants provided consent and as interviews took place online, consent forms (Appendix J) were returned via email. For some participants who struggled to re-attach a signed

consent form to an email address, they provided explicit written consent for the researcher to sign the consent form on their behalf.

Confidentiality

For qualitative researchers, maintaining respondent confidentiality while presenting rich, detailed accounts of social life presents unique challenges (Kaiser, 2009). The researcher read various literature to ensure they conducted the study in a way that protected the confidentiality of participants (Kaiser, 2009; Surmiak, 2018). Participants were informed that their data would be anonymised and stored confidentially and securely. Participants and their children were assigned pseudonyms, which were used during transcription and in the write-up of the results. All names of accommodation and pets were retracted and replaced with Pseudonyms. The researcher transcribed each interview. All data was stored electronically under password-protected conditions. Names and contact details of participants were stored separately from transcripts and were password protected. The data was stored in accordance with the Data Protection Act (UK Government, 1998).

Participant distress.

Due to the topic that I was exploring, there was a potential for emotional distress for both participants and researcher. In all interviews, participants shared distressing experiences. My clinical skills supported me to respond to distress in a compassionate manner and to notice changes in tone of voice and certain language that was used, to explore when a participant became upset. This was effective in both video and telephone interviews. I offered participants breaks and added caveats to certain questions, reminding them to only share what they felt comfortable with

sharing. When some participants referred to suicidality, I asked participants permission to ask them about it further, before I followed-up with more questions.

At the end of the interview all participants were invited to share their experience of taking part in a telephone or video interview and all participants shared positive experiences of this. I invited all participants to ask questions, or add to their responses and all participants received a debrief sheet which included a list of organisations that they could contact should they want to talk to someone about their mental health or should they feel they couldn't keep themselves safe.

Due to the nature of what was shared during the interview, the researcher deemed it necessary to conduct a risk assessment about risk to self in relation to self-harm and suicidality with two participants. Both participants disclosing suicidal ideation or plans or referring to their current mental health difficulties triggered this. Both participants cited protective factors and denied intent or plan to harm themselves. They both cited their children as their reason for carrying on in such distressing circumstances. One participant suggested that they would speak to a professional who was supporting them, who they were seeing that week.

The particular ethical considerations of relevance to this study were interviewing vulnerable women about sensitive topics such as homelessness, mental health and their relationships with their children. As the majority of them were still in situations of crisis and experiencing uncertainty about how long they would remain in TA uncertainty, the researcher utilised Dempsey et al's (2016) sensitive interviewing framework which provided guidance on and informed the study in the following ways;

- preparing for interviews

- interacting with gate-keepers of vulnerable groups
- planning for interview timing, and location,
- building relationships and conducting therapeutic interactions
- protecting ethically vulnerable participants
- and planning for disengagement

Further details of this framework can be found in Appendix K.

Children's Wellbeing

The researcher considered the wellbeing of the children who were present. As interviews were completed virtually, the researcher could not see and assess impact on the children apart from during the video interviews. During one interview a mother left their child in a separate room. The child was upset and the researcher could hear them crying. The researcher suggested a break and the mother went back into the room with their child and provided them with some emotional support. Across all interviews the researcher heard the women offer their children emotional validating, soothe them, and met their physical needs such as feeding them or changing their nappy. The researcher did not feel that children were emotionally distressed during the interviews and observed loving exchanges between the mothers and children in all interviews.

Participants

Participation criteria

Table 11 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 11. Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Self-identified single mother	Mothers living with partners within a relationship
Aged 18 years or above	Mothers under the age of 18
Living with at least one (or more) of their children under the age of 18	Mothers living separately from their children
Living in temporary accommodation in Suffolk that has been provided by councils in Suffolk	Mothers living outside of Suffolk or housed in temporary accommodation that has not been provided by a council within Suffolk such as refuges provided by someone other than the local authority
Able to speak and understand the level of English language required to understand and respond to questions in the interview schedule	People who have been housed outside of Suffolk or been living in TA longer than 12 months ago
Has experience of living in temporary accommodation in Suffolk within the last 6-12 months	Level of spoken English not sufficient to understand and respond to the interview questions

Recruitment

Recruitment of participants

Purposeful sampling was used to recruit single mothers in temporary accommodation in Suffolk. Qualitative research requires careful planning (Morovac, 2020), however even when carefully planned, the range of variation in a sample identified via purposive sampling is rarely known at the outset of a study (Palinkas, 2015). Therefore, this method was chosen as it is considered appropriate for recruitment of small samples from a specific geographic area or population (Battaglia, 2008).

A sample of participants were recruited via gatekeepers who worked in the housing teams in the council and frontline staff in the housing accommodation. Although attempts were made to recruit participants online through social media. The advert used is presented in Appendix L No participants who took part in this study were recruited in this way.

Financial Recompense

Participants were all provided with an online voucher for the value of ten pounds as recompense for their time and willingness to participate.

Recruitment of gatekeepers

Gatekeepers have been described as mediators for accessing study settings and participants within research (SAGE, 2019). Their role is to ensure researchers gain access to potential participants and sites for research. Positive influences of the gatekeepers can be invaluable to the research process by facilitating the smooth running of research (Rankin, 2016). Gatekeepers often work with an organisation who has the power to grant or withhold access to people or situations during research into organisations, obstructionist and facilitative roles (McFayden & Rankin, 2016) and at times, gatekeeping can be problematic with researchers having limited or no access to sites (Rankin, 2016).

In this present study the researcher did not have direct access to people living in temporary accommodation and due to the COVID-19 pandemic and associated concerns about transmitting the virus, the researcher was not permitted to visit the study sites in person to recruit directly. Gatekeepers were identified through emails to the housing teams within each District Council within Suffolk. These were followed up by further email conversations and telephone conversations with senior managers within the housing teams. Further reflection on the challenges of recruiting via gatekeepers is included in the discussion section.

Sample

Eight participants took part in the study. Table 12 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 several weeks to 11 months, with often-longer periods of housing instability and homelessness. Experiences related to temporary accommodation that was provided by two different local authorities in Suffolk. All participants had lived in emergency B&B's and shared hostels prior to moving to other, or their current, accommodation. As mentioned previously, 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 their number on a housing waiting list, the number was removed for anonymity. For all women, this was the first time that they had spoken about their experiences of living in temporary accommodation.

Table 12. Recruitment sources, accommodation and demographic information about participants and their children

<i>Participant/ housing characteristic</i>	<i>Number of participants (n)</i>
Recruitment source	
Online	0
Gatekeeper 1	5
Gatekeeper 2	3
Experiences of Types of Temporary Accommodation	
Hostels / Shared accommodation	8
Independent flat (own facilities)	4
Staffed accommodation	5
Housing Status at the time of interview	
Housed at the time of interview	2
Living in TA at the time of interview	6
Provider of Accommodation	
Council (Local Authority) 1	5

Council (Local Authority) 2	3
Council (Local Authority) 3	0
Ethnicity	
White British	4
White Other	1
Portuguese	1
Spanish	1
Mixed Heritage	1
Number of children	
1	7
<1	1
3	7
Age range of children	
0-1	5
1-2	2
2+	1
Ages of mothers	
18-20	3
20-25	3
25-30	2

Recruitment challenges

The final sample of 8 is lower than intended and was impacted by the on-going COVID-19 pandemic. Specific challenges faced with recruitment are outlined below and in Table 13. The potential impact of smaller sample on the study means that transferability may be limited. Further consideration of this can be found in the strengths and limitations section with the discussion, in Chapter 5.

Data Collection

Withdrawals Prior to Interview

Seventeen women gave consent to be contacted by me with more information about the study. Out of this total, 8 took part in interviews. None of the women terminated their interviews or withdrew during or after the interview was completed. Out of the remaining women who did not take part (n=9), some did not respond to my introductory text and phone call (n=4), 1 initially responded but then did not follow-up or reply, 1 did not turn up to the interview (DNA) and 2 cancelled due to having

childcare issues or having poorly children, which meant they were unable to take part in the interviews (Table 12)

Table 13. Summary of women invited for interview and drop-out / withdrawal reasons

<i>Title</i>	<i>Number</i>
Names provided	17
Women contacted	17
Women who did not respond to initial contact from researcher	4
Women responded to initial contact from researcher	13
Women who did not respond after initially expressing interest	1
Women who arranged interviews	12
Women who cancelled interviews due to childcare issues and poorly children	1
Women who did not attend their interviews (DNA'd)	1
Women who re-arranged interviews due to childcare issues (but still completed them)	2
Total number of women who completed interviews	8

An interview schedule (Appendix M) was developed based on Carey's (2019) and (2004) guides and related homelessness literature. Carey's (2019) schedule was informed by a child psychotherapist with expertise on mothers and infants so that questions were relevant for mothers of babies and toddlers. Open-ended question types enabled in-depth exploration of participants' experiences, and supported the research to avoid leading questions (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 guide based on her expertise on family homelessness and parental and child mental health. The

second draft was emailed to the study's EbE, referred to above, to gain feedback and highlight further areas to cover. Their feedback was incorporated into the interview schedule. As pilot interviews are an integral part of conducting qualitative research, a pilot interview was completed with the aim of improving the interview guide and questions (Majid et al., 2017). The researcher did not want the EbE to experience distress during the pilot interview; therefore it was completed with a trainee peer researcher who adopted a persona of a person with lived experience of homelessness.

The Interview Process.

Due to restrictions to face-to-face interviews because of the COVID-19 pandemic, participants were offered a telephone or video interview. Qualitative researchers must attend to special considerations when planning and conducting interviews on sensitive topics to ensure a good outcome for both the interviewer and interviewee (Dempsey et al., 2016). Often researchers use only one interview method within a single study, but flexibility regarding the ways in which participants can take part in qualitative research can improve participant access to research, recruitment, and response-rate (Heath et al., 2018). Vulnerable groups may hold a social status that diminishes their autonomy and marginalises their lives (Dempsey et al., 2016). Due to the women's identities and contexts, participants were considered to be vulnerable, therefore it felt even more important to offer some agency to the women when deciding how they would like to complete the interview. As such, all participants were offered a choice about whether they wished to conduct the interview over the telephone or via a video call.

Although researchers may hold reservations about barriers of remote interviews, such as barriers in building rapport and increased possibility of

misunderstandings (Novick, 2008), they can make interviews feel more private (Volg, 2013). The researcher completed six telephone interviews and two video interviews, which lasted between 55-90 minutes. As most of the mothers (n=7) did not have childcare available to them, children were present. Interviews were conducted during convenient times for participants, often during their child's nap times. As such, discussions took place with the mother prior to the interview and during the interview about the appropriateness of discussing topics in front of their young child.

For seven out of the eight participants, their child was with them for either part or the entire research interview. For most of the participants, their child was napping or asleep, but then woke up during the interview. In these instances, the interview was temporarily paused as required so that the participant could attend to their child's needs. All women were given the option to reschedule but decided to continue with the interview. The presence of their children may impact how questions were approached and asked and may also have impacted how participants responded. This is reflected on in more detail in the discussion, in Chapter 5.

The researcher conducted all interviews in their home whilst they were home alone and used headphones, ensuring all windows were closed, to prevent the possibility that neighbours might overhear. All participants had received the Participant Information Sheet (PIS) that stated I was a single parent and had experience of living in temporary accommodation in Suffolk. This was also highlighted during the first telephone call, to build rapport and to support the women to feel comfortable to ask questions ahead of the interview. This was not enquired about during interviews. Considering the participants' stories and experiences, the researchers own experience was de-centred so that the women felt comfortable sharing their journey, from their own lens.

Data analysis

Data was analysed using Braun and Clarke’s (2006; 2013; 2019) method of thematic analysis. Additionally, guidance from Terry & Hayfield’s (2021) guide on how to conduct reflexive thematic analysis was a key guide throughout the data analysis stage. Data was analysed from a critical realist epistemological stance (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; 2019). The analysis was inductive; generating themes and codes in a ‘bottom up’ way, meaning they came from the data itself, as well as deductive, being driven by the researcher’s knowledge of the literature and related theory (Braun and Clarke, 2006).

Table 13 summarises methods undertaken to ensure reflexivity was maintained.

Extracts are provided in Appendix P.

Table 13: Summary of processes to support researcher reflexivity

Process	Notes – How it supported reflexivity
Proposal and Design	
A bracketing interview	This can support researchers to move towards a position of reflexivity (Tufford & Newman, 2010).
EbE involved in the development of the interview schedule	The researcher shared the interview schedule with an EbE and spoke to them on the phone for 25 minutes, inviting their views and perspectives. This resulted in adding in a question about services that they were accessing.

Pilot interview	Before meeting participants, the researcher conducted a pilot interview with another trainee who is a mother of two school aged children and role-played from a perspective of being a homeless mother. This resulted in refining the structure of the interview guide.
Data Collection	
Personal Therapy	The researcher attended weekly personal therapy with a systemic psychotherapist to support them to process and separate their own emotions in response to information shared during interviews, due to parallels of experience.
Reflective diary	The researcher used their diary to record thoughts in response to the research process.
Meetings with research supervisors	Reflective discussions about the process following completion of interviews.
Meetings with peers (trainee clinical psychologists)	
Attendance at thematic analysis workshops – peer support	To support the process of thematic analysis
EBE feedback on interview schedule	EBE feedback led to adding in prompts to ask participants about services and support in relation to their mental health.
Reflective diary	To aid researcher's reflexivity by exploring responses to each stage of the process
Reflective discussions with Ebe	
Reflective chats with colleagues coding with three different people	
Analysis	
Familiarisation notes on the sides of transcripts	To help address bias and emotional responses whilst coding, cross checking coding (Terry & Hayfield, 2021)
Reflexive thematic analysis	Reading the literature and watching videos (Braun & Clarke, 2013; Terry & Hayfield, 2021)

Cross checking coding with supervisors	These were discussed via email and in supervision
Discussion with EBE / systemic psychotherapist	About the role of being a professional and single parent
Reflective diary	To aid researcher's reflexivity by exploring responses to each stage of the process
Write-up	
Regular discussions in supervision with researcher supervisors	To aid researcher's reflexivity by exploring responses to each stage of the process
EBE discussion with family therapist making sense of emotions at the stage of write-up	

Braun and Clarke (2006; 2013) detail six phases of thematic analysis. Table 14 indicates how each stage was completed for the present study. The process of analysis involved moving back and forth between the phases, as necessary, unlike a linear process, as is recommended with thematic analysis (Terry & Hayfield, 2021). Table 15 outlines the researcher's process that aimed to maximise credibility (Tracy, 2010). 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).

Table 14. The researcher's coding process

<i>Order</i>	<i>Process</i>
1.	The researcher familiarised herself with the transcripts and made initial codes on all 8 transcripts.

2.	The researcher sent three separate transcripts to supervisors, which they independently coded
3.	The researcher met with both supervisors separately to discuss transcripts and discuss codes that supervisor's identified
4.	The researcher met with a colleague (peer trainee clinical psychologist), who had independently coded excerpts from 3 different transcripts. 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.
5.	The researcher continued to refine codes and generate themes
6.	Codes which reflected perspectives were integrated into the table of themes and thematic map which were shared with supervisors on multiple occasions throughout the refining process until all agreed that final themes reflected the data.

The researcher followed Braun & Clark's (2006; 2013) six phases of thematic analysis, each stage is outlined in Table 15 with references to the guidance from the literature that informed the process.

Table 15. Phases of Thematic Analysis

Phase	Processes
Phase 1: Familiarising myself with the data.	To familiarise myself with the data I transcribed every transcript. I read over all transcripts several times to further immerse myself in the data (Braun and Clarke, 2006). I made familiarisation notes on the side of the transcripts on Microsoft Word, which referred to my initial observations of the data. The aim of this was to get to know my data (Terry & Hayfield,

	2021). I came back to transcripts and re-read them after a month, noting down my responses and thoughts in my reflective diary this time.
Phase 2: Generating initial and overarching codes.	Although codes and themes were revised during other stages of the analysis, this initial coding process consisted of two main phases. Firstly, each line of each transcript was coded in a line-by-line manner to remain true to the text (Braun and Clarke, 2006). Next, line-by-line codes were combined to form overarching codes, which were entered into NVivo. The researcher then chose to use Microsoft Excel as this felt more intuitive software for the purposes of coding.
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 after coding had been completed for the first time. In a similar way to the SLR, whiteboard was used to group codes together to see how these ideas of themes and subthemes fitted together.
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; Terry & Hayfield, 2021).
Phase 5: Defining and naming themes.	Meetings with the research supervisors 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. Both supervisors supported the researcher to develop the names of themes and subthemes to make them concise. 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. Feedback included the importance of making

	impacts on mental health explicit, due to this finding being clear from the data. Therefore the researcher renamed the first theme to reflect this. Final themes with groups of codes can be seen, with the associated final thematic map are presented in the results section (Chapter 4).
Phase 6: Producing the report.	This phase involved writing up the analysis of the data to form the results chapter. A further meeting was had between the researcher and supervisors where themes, theory and literature were discussed, This supported the development of a clear narrative, based on the data. The researcher engaged in reflexive conversations with the research supervisors and EbE (systemic therapist) and peers, 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.

Data Analysis

Quality, Validity and Self-Reflexivity

This study addresses quality considerations by using Tracey's (2010) quality appraisal for qualitative research. Table 16 outlines processes that were part of this research that met Tracy (2010)'s quality criteria. Notes and observations from various parts of the reflexive process such as the bracketing interview were utilised to support this process. One excerpt from the researcher's reflective diary is provided in Appendix O.

Table 16. *Quality Appraisal*

<i>Criteria for Quality (Tracy, 2010)</i>	<i>How the current study met this criterion</i>
Worthy topic	<p>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, particularly following recent austerity measures, political acknowledgement of shortage of social housing and the predicted surge in homelessness following the COVID-19 pandemic.</p> <p>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 and given that recent NICE (2021) guidelines recommend the role of psychology and interagency working within the field of homelessness.</p> <p>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, other mental health professionals and other professionals, members of the public and people living in temporary accommodation to take action in smaller or larger ways.</p>
Rich rigor	<p>A small but sufficient sample size (n=8) of mothers of a range of ethnicities, ages, different types of housing, recruited from two sources supports the claims made from the data. This is smaller than I</p>

	<p>initially hoped for and the impact of this is reflected on in the discussion section.</p> <p>The full process of recruitment and data gathering took place over a eight-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 first five interviews were analysed and coded to inform the data collection in the final three interviews.</p> <p>The recruitment of a sample of single mothers living in temporary accommodation in Suffolk and the 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 and to provide data that generated answers to the identified research question.</p> <p>The methodology chapter provides in depth descriptions and discussion of the process of data collection and analysis. This is supported by audit trail, excerpts from transcripts and samples of the reflective diary in the appendices.</p>
Sincerity	<p>Self-reflexivity was achieved through the following processes:</p> <ul style="list-style-type: none"> • A reflective diary was used throughout each stage of the research, including before the research began. <p>This was used to explore and make sense of personal subjective experiences in relation to how they may affect the research process.</p>

Bracketing interviews provide an important research-focussed relationship and whilst the researcher sought other opportunities for reflection (reflective supervision with research supervisors, completion of a reflective journal throughout the process). Therefore, as part of the research process the researcher attended a 90-minute bracketing interview before data collection commenced.

Therefore, the bracketing interview was conducted with a Third-Year Trainee Clinical Psychologist who also has a qualification in Systemic Therapy (MSc) and has 8 years research experience of conducting qualitative research in relation to quality control.

Reflective discussions with the internal and external supervisor 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 and to work through challenges of recruitment and the emotional responses to the data that had been collected.

Reflective discussions with a trainee peer researcher who reviewed anonymous excerpts from three different interview transcripts.

Honesty and transparency about the research process were demonstrated through the following processes:

The research process was documented clearly within the methodology and this was supported by the audit

	<p>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.</p>
Credibility	<p>Quotes from the participants are used throughout the results section, to provide the reader with ‘thick’ and ‘rich’ descriptions of the data.</p> <p>Consulting with two separate single mothers with lived experience of homelessness created some multivocality in the research process. However, this was impacted by time constraints and did not focus specifically on data analysis. More consultation and participation would have taken this further.</p>
Resonance	<p>Ways that clinicians could help are outlined in Chapter 5, so clinicians reading this study feel that they are able to support both people who experience homelessness and staff who work within these services.</p>
Significant contribution	<p>The research shares the experiences of a group of women who are under researched in the UK. This research sheds light on a current, timely and important problem, which is forecast to increase due to the COVID-19 pandemic and cost of living crisis. As limited qualitative research has been done with this population, particularly in the UK, and no quantitative research from a psychological lens has</p>

	<p>been done at all in the UK, methodological significance is demonstrated.</p> <p>The study clearly links the findings with two separate psychological theories and one psychological framework in the discussion, in an attempt to demonstrate theoretical significance.</p> <p>The study makes suggestions for future research, policy and service delivery.</p>
<p>Ethical</p>	<p>This research addressed procedural ethics via:</p> <p>Ethical approval was granted from the University of Hertfordshire ethics board. – Additional steps were undertaken to protect confidentiality, informed consent and the right to withdraw, demonstrated procedural ethics.</p> <p>This research addressed situational ethics via:</p> <p>Utilisation of Dempsey’s (2016) sensitive interviewing methodology to manage distress by participants and their children.. – Participants received vouchers as financial recompense , which was deemed ethical considering the housing and financial situations participants were in. The researcher considered the emotional labour that may be involved when sharing their story during the interview. This was one way to acknowledge this.</p> <p>Relational ethics were addressed via:</p> <ul style="list-style-type: none">- Making contact prior to interviews <p>Showing participants empathy and respect warmth</p> <p>.De-centring the researcher’s own experience and avoiding leading questions. Allowing the women to share their story, how they wanted to share it.</p>

	<p>Exiting ethics were addressed via:</p> <p>A debrief at the end of each interview Sending a debrief sheet with information about sources of support.</p> <p>Thanking the women for their stories and asking about their experiences of taking part.</p> <p>This will be continued throughout all methods of dissemination of this research, including publication and presentation at conferences and other meetings.</p>
Meaningful coherence	<p>Literature has been carefully selected so that all literature that has been referred to connects with the aims and findings of the research and is relevant to the current study and the cohort of people that it refers to.</p> <p>Considerations and steps to ensure the study was carried out in alignment with the epistemological position are detailed in the introduction, method and discussion.</p> <p>Research methods were chosen in line with the study aims and epistemological position, which is explained in the methodology section.</p> <p>The analysis and write up of data and discussion of findings have been completed in relation to the research questions.</p> <p>The study achieved its aims and these are discussed in detailed in the discussion.</p>

To conclude, this section has outlined the methodology that was applied in this study and the process that was followed throughout all phases of the study. The next chapter

introduces findings from this study and will outline key themes that were generated from the data that was collected during the interviews.

Chapter 4: Results

Overview

This study aimed to explore the following research questions:

- What are experiences of single mothers who are living in temporary accommodation in Suffolk?
- How, in their view, is their experience related to their mental health and their child's mental health and wellbeing?
- How, in their view, does living in temporary accommodation impact single mothers' relationships?

Summary of overall findings

In this chapter, the results of the reflexive thematic analysis will be presented.

Women's experiences of living in temporary accommodation were mixed. Women expressed relief that they had been housed, but the women's stories were dominated by experiences that left them feeling uncertain and distressed. They shared how their ability to make decisions about their lives and their future were limited, and on hold whilst living in TA. All women shared how their mental health deteriorated whilst living in TA. Five main themes were generated from women's stories, as seen in Table 17.

Table 17. Summary of Themes

Themes	Subtheme
Theme 1: Living in Temporary Accommodation is experienced as harmful to women's and children's wellbeing and mental health and relationships	Subtheme 1. Living in Temporary Accommodation is harmful for mental health and wellbeing
	Subtheme 2. Living in temporary accommodation impacts women's relationships.
	Subtheme 3: Mothers running on empty, but fuelled by love for their children
Theme 2: Living in Temporary Accommodation: A barrier to parenting	Subtheme 1: Physical spaces pose barriers to mothering.
	Subtheme 2: 'I keep myself to myself': Single mothers' vulnerability.
	Subtheme 3: "It's only me": The responsibility of being a single parent.
Theme 3: "A big black hole of nothingness": Powerless and trapped in cycles of harm	Subtheme 1: "I felt like I was a child again": Punitive policies undermined mothers' autonomy
	Subtheme 2: "Just see us as human beings": Being treated as 'less than' was distressing
Theme 4: "It's like my life is on hold": The double-edged nature of 'temporary' accommodation	Subtheme 1: 'Temporary' Accommodation as a barrier to 'home'
	Subtheme 2: "This is just something you just gotta do": Swinging between fear, acceptance, and hope
Theme 5: Location, Location, Location: Where you are housed matters	Subtheme 1. Challenges of relying on public transport in rural locations
	Subtheme 2. Striving to find permanent housing that suits their needs

Theme 1: Living in Temporary Accommodation is experienced as harmful to women’s and children’s wellbeing and mental health and relationships

In this theme women shared their perception that living in TA was harmful for their health and wellbeing that living in TA impacted their relationships. However the women highlighted that their love for their children gave them strength to carry on.

Subtheme 1. Living in Temporary Accommodation is harmful for mental health and wellbeing

All participants referred to the negative impact that living in TA had on their mental health (Table 18). Six out of eight women disclosed pre-existing mental health difficulties. Out of the remaining two women, one identified as having depression, which had started when she moved into TA. The final woman referred to periods of low mood and described her experience of living in TA as ‘traumatic’. She referred to herself as having developed Post Traumatic Stress Disorder (PTSD) as a result of her experiences in TA.

Table 18. Participants’ Self-reported Mental Health Difficulties

Participant	Anxiety	Depression	Other
1	X	X	
2	X	X	
3	-	X	
4	X	X	
5	-	-	PTSD and low mood
6	X	X	Anxiety attacks and Postnatal Depression
7	-	X	
8	X	X	ADHD

Many of the women stated that they had experienced anxiety or depression. Some women talked about accessing support from their GP for their mental health, such as being

prescribed antidepressants. Maria shared how in addition to being homeless, she had recently experienced the breakdown of her marriage. She also spoke about adjusting to becoming a mother.

“Well, at the moment, I am on medication. I was very upset, I became depressed. I went to the doctor and they gave me medication for depression. Now, I feel better. Before I was very, very depressed. Well, it was because I was homeless, the main reason and the main pressure because I had split with my husband [...] and I then had my first baby. [...] I knew I was on my own, so everything was really hard.” [Maria]

Most women shared how they had to adjust to being a single mother following the breakdown in their relationship. Half of the women’s relationships breakdowns were the trigger for them becoming homeless. All women described parts of their experiences of living in TA as upsetting and “hard”: Yamsyn shared that moving into TA made her mental health worse, and this made it difficult to parent how she wanted:

“Oh, my mental health was bad! Yeah, I suffer with depression anyway, but...this time.. I hit rock bottom and then you’ve still got to try to be the best mum that you can be, but sometimes it's hard. [...] It weren’t great.” [Yamsyn]location

She talked about how the depression made her feel sad, and shared how she didn’t want to be upset in front of her son:

“I’ll just wake up one day and feel really, really, really, sad. I feel like I have no, no motivation to do anything. Just not nice. I just cry for like, no reason. And then also

when you have got a son, that's not nice, you don't want to be doing that in front of them, and you need to, you need to be the best that you can be, for them.” [Yamsyn]

Arina shared how her mental health deteriorated when she first moved into TA to the point where she didn't want to be alive anymore. She tried to improve her mental health by keeping herself busy and by reminding herself that things would get better:

“When I moved in. [...] I have the thoughts that, I don't even wanna be here no more. I just go back and just stay on square one. But then I think to myself “Why am I gonna do that when I'm already somewhere and I'm nearly getting somewhere?” I think just keeping myself busy and telling myself it will get, it will, it will get worse before it gets better, and then once it gets better, you will feel a lot better in yourself. That's what I just kept telling myself.”[Arina]

Similarly, to Arina, many of the women experienced suicidal thoughts. Yamsyn shared that she had experienced suicidal thoughts before having her son:

“Since having [my son], no. But obviously before then, yeah, yeah.” [Yamsyn]

Both Arina and Yamsyn stated that they wouldn't share suicidal thoughts with staff at the TA:

“I feel like it would cause more problems. [...] More judgement from them, questions about me being a Mum and my mental health.” [Arina]

The reality of living in these difficult circumstances was described as leading to negative impacts on both the mothers' mental health as well as negatively impacting their children's wellbeing. Overwhelmingly, women described changes in their children's behaviours such as changes in eating habits, changes to their sleeping pattern, and needing more reassurance from their mother. Several of the women talked about how their babies were too young to express their feelings, but interpreted their behaviours as signs that their child was struggling to live in TA.

“Yeah, so she first started hitting herself on the side of her head. [...] It could be a sign of stress, It could be teething [,,,] but she's done it quite a lot, and it's normally when we have been somewhere and then come back here.” [Arina]

Women shared how knowing that their child wasn't coping further impacted their own mental health:

“It made it worse because [he] wasn't coping. I think if he coped better then I could have [coped] better. I think that we were both just so down that we didn't like have any motivation to do anything.” [Kat]

The women shared various ways that they tried to cope with the negative impacts that living in TA had on their mental health and wellbeing. One way was to spend time outside of the TA. Women felt that by limiting exposure to the environment in TA, it limited the damage to their mental health. When they were asked how they coped, many of the women denied that they were coping. They shared how they were getting on with living in TA because they had to:

“I don't feel like I am coping. I feel like I have to. I'm getting on with it 'cause I have got no... 'Cause I've got no choice.”[Arina]

Across the interviews, women referred to the fact that strength was needed to manage the reality of living in TA with their child:

“Just, keep strong, it seems difficult when you first go in there, it feels like it is never going to end, but there is light in the end of the tunnel, you have to just keep believing, no matter what number you are on that bidding list, just keep strong and keep fighting”[Kat]

In addition to negative impacts on mental health and wellbeing, many of the women also shared stories about how living in shared accommodation affected their own physical health. Yamsyn shared how they often became ill:

“I mean [my physical health is] pretty good. I feel like living there, we have got ill a lot more, but it's because we're around a lot more people. Erm, lots of coughs and colds that are going about. We get it, we overcome it and then we get it again [laughs]. So, it's like a vicious cycle.” [Yamsyn]

Jordan moved from a shared hostel to an independent one-bedroom flat. She initially described her accommodation as “heaven” in comparison to the hostel that they had been living in. However, she shared that she only had one bed, which she gave to her son. Every night she had to sleep on a blow-up bed, which caused her to develop painful sciatica:

“I have always [had] a problem with my bones. My leg was hurting a lot, sciatica, or something like that. It [...] hurt a lot. Now, I don’t have it [...] I don’t know... [long pause]... [quiet voice]. Where I was sleeping maybe, on a blow-up bed. I was getting sciatica a lot, really painful pains. Oh, it was [awful]. Oh gosh, I couldn’t. I couldn’t get up. it was hard. I had double difficulty to do things because the pain was there all the time.” [Jordan]

Kat noticed that her son struggled to be away from her and had stopped growing whilst living in TA:

“I think he did struggle. He was so used to having like a house to play in, and having a garden and being outside whenever he wanted. So, I think being confined to one room, he did struggle a little bit. There was a point where he just was so clingy towards me, because we were just under each other’s feet. And, I know it sounds really weird, but he stopped growing when we were in there. Like, he hasn’t grown or put on weight or anything since we were in there. [pause] I think it did take a massive toll on him as well. I think that it really affected him being there, just having such little space.” [Kat]

Subtheme 2- Living in temporary accommodation impacts women’s’ relationships.

All women talked about how their relationships were impacted whilst living in TA. Three women found that it strengthened their bond with their mother and their friends. However, the majority felt disconnected from their loved ones. Jordan shared how she valued the support from her family member when she became too overwhelmed to manage things

independently, but that there was an emotional impact of seeing how stressed this made her relative:

“My [relative] [...] helped with all my documents and things, so the stress was really all on her. It made me a bit sad, because I didn’t want to see her like that, because she was stressed, and it was difficult you know? I couldn’t do it, I wanted to do my things, but I find it too hard, so she helped and took over for me.” [Jordan]

Courtney, who lived in TA for almost a year, shared how she argued with her family, because they wanted to help her, but were unable to fix her housing situation for her:

“Me and [my] family would argue a lot. Because where I would get so stressed out, they would get stressed out a lot.” [Courtney]

For some, living in TA and living separately from their family provided an opportunity for them to reconnect:

“Me and my mum never used to get along very well [...] My relationship with them has got a lot better [...]. So, that's nice.”[Yamsyn]

Sofia shared how she wasn’t close to her family, and had learnt the importance of being able to care for herself independently:

“My family is not a very close family. I mean, I've only just sort of got back in touch with my mum. [...] I'm very independent. I do have a couple of good friends, you know, but I think this has taught me [...] you gotta have your own back.”[Sofia]

Many of the women cited the importance of being with their friends and family and felt that being with them helped their mental health. Yasmyn didn't feel like her relationships with friends had been impacted, but felt that living in TA impacted her mental health, which made it more difficult to get out to see friends and family:

“I like seeing people, but I find it really hard to motivate myself to go and see somebody. It's really bad, but I think that I blame that on my mental health [...] When I've planned it and I am there, I like, I love being around other people [...] It's hard, because no one can really come and see me.”[Yasmyn]

Two women talked about how they felt the need to keep their distance from other people whilst homeless. Yasmyn kept her homelessness a secret due to fear of judgement:

“I don't really tell people, well, I don't tell them that I'm in temporary accommodation. I'd rather avoid that [laughs]. Yeah, I think, I just worry about what everyone thinks all the time. [...] I don't tell people that on purpose 'cause I'd rather just avoid that judgment.”[Yasmyn]

Subtheme 3: Running on empty but fuelled by love for their children

Strikingly, across all interviews, women spoke about their child with love and affection. Their experiences of being homeless seemed to put them in a position where their

role of ‘mother’ became the focus of their existence. The women’s love for their children and their baby provided motivation to carry on. Women referred to their children as giving them purpose, and shared that their love for their child made them get up each day and carry on:

“For me,. if I didn't have Robbie, it could be a whole different scenario and I might not be here. Like, if I didn’t have [him], I can't imagine [...] You feel like you have no place in the world if you are homeless [...] So, if I didn't have [him], that is what I’d feel. If I didn’t have [him], that is potentially, or would be, what would happen [...] I feel like I could never do that to him and obviously, I would never leave home without a mum. [...] I just feel like, if I didn’t have him, I wouldn’t have that much of a purpose.”[Yasmyn]

Strikingly, women talked about gaining strength from their mother-child relationship:

“On the days that I feel weak, I don’t really want to eat, but I like try for him, because he makes me want to be strong, and he makes me want to, obviously be a good mum [...] just when he smiles at me or the way he looks at me.” [Yasmyn]

The women also shared how resilient their babies and children were, referring to them adjusting to multiple moves and adjusting despite the challenging circumstances in TA. Tania shared how proud she was of her toddler as she met her developmental milestones:

“She's achieved in all her milestones [...] She's not even a certain age to achieve them, just a year [old] and she's achieving them. It makes me feel proud. She's really smart.”[Tania]

Many of the women talked about how they hid their own emotions, so that they could parent the way that they felt their children deserved to be parented. Yamsyn understood showing sadness as being weak, and felt that it didn't make her a great mum:

“If you're sad and you're weak then [...] that doesn't make you a great Mum, [...] like you're not very chatty [...] you need to be talking to them, and it's just not nice.”
[Yasmyn]

In summary, living in TA had negative impacts for mothers and their children and their relationships outside of TA. Women drew on their love for their children to withstand life in TA. However, the negative impacts on their mental health made many of the women feel like they weren't coping with how hard it was but felt that they were just about getting by.

Theme 2: Living in Temporary Accommodation: A barrier to parenting

This theme involved women talking about the many barriers that they faced in their accommodation, which prevented them from parenting the way that they were used to or the way that they wanted.

Subtheme 1: Physical spaces pose barriers to mothering

A source of distress for many of the women was how the physical spaces posed barriers to mothering, which prevented them from being the mother they felt their children deserved. Although this was experienced across both shared and independent TA, barriers in shared accommodation such as hostels were experienced as particularly distressing. Four of

the women stated that they had to refuse the initial accommodation that they were offered because it was unfit for them and their children:

“I turned up there, and to view it with my sister and my sister actually walked out crying. There was, erm, urine all over the floor. There were people doing drugs in the kitchen. Erm, the bedrooms were disgusting, like they were bad.” [Courtney]

Women talked about the tension between wanting something that is appropriate as a parent and safe for their children, but feeling like they couldn't be “fussy”:

“It was an emergency B&B. It was so small, which obviously I didn't mind, I was in no position to be fussy, but erm, like when I walked in there, God! It was at the time of COVID [...] It looked like someone had done a poo on the floor, like, it was just awful [...] The basic cutlery [...] was still dirty [...] I had a single bed in there and [...] the metal on the bed was broken and because of the type of bed it was, it was level right to my sons face when he stood up, and I thought, Oh God, if he falls into that, that will just impale straight through his face. [...] I just cried when I walked in there. I just could not stay there. I only had one light that worked as well and it was just so horrible.”[Sofia]

In hostels, women were unable to bath their baby because they only had a shower. Some of the women had to purchase a portable bath for their baby so that they could clean them.

Courtney was heavily pregnant and shared how stressful it was that she couldn't wash her newborn baby, who she lived in the hostel with for almost a year:

“Oh, that was awful, that was absolutely awful. God [...] My feet actually swelled up, and I just really wanted to get in the bath. It’s not good obviously being on them all the time. In the end I had to buy my little one a little plastic bath and then fill it up by their shower, but there would be times when the shower wasn’t working, so I couldn’t bath her, so yeah, it was just really awkward. [...] Well, I, and everyone likes to be clean, and for their newborn babies to be clean and where I couldn’t do it, that just really stressed me out.” [Courtney]

Across the interviews, women talked about trying to hold on to a routine, as a way of providing a sense of normality. However, women shared many barriers that made this difficult, such as being unable to access a shared kitchen when her child was hungry, which was made worse by restrictions that were introduced because of the COVID-19 pandemic. Yasmyn shared how having to rely on a shared kitchen meant that her son’s bedtime was later than it used to be, but that this wasn’t avoidable as she wanted to avoid using the shared kitchen:

“ His Dad] will put him to bed and stuff. So, we tried to keep that a little bit, erm, normal for him. Yeah, but because obviously [we] go out all day and have, and we would have dinner with whoever we are with, but because they have their dinner time a little bit later than we're used to. I find that, his bedtime is a little bit later than it used to be. I always still trying to get him back in bed by the same time each night, but it's just later than what it used to be. And because I don't want to cook in that kitchen that they've got because obviously other people use it and with COVID and the rest of it, I just think nah, [laughs], I'd rather not.” [Yasmyn]

It was common for the women to share experiences of them having no-where to sit other than the floor in their room or on their bed. Yasmyn compared her TA to other TA, where residents had their own flat and had a living room. She shared how she had to sit on the floor in her bedroom because of limited space and would have preferred her own accommodation:

“If everyone had their own kitchen, like their own little flats [...] I feel like we would be able to stay there more [...] I wouldn’t have to just sit on the floor [laughing].”

[Yasmyn]

Although some of the women commented on this, they spent more time sharing their worries about how the lack of space might impact their children’s development:

“Yeah, and obviously then for Robbie [...] to be able to get around a little bit more, because I always worry about that. [...] I don’t want to stop his milestones and although he is meeting them, I do worry.” [Yasmyn]

All women had experience of living in an emergency B&B or hostel at some point in their homelessness journey. The women who lived in hostels shared the challenges of sharing facilities. At times women struggled to provide clean washing for their children because the shared washing facilities were either broken or full of other residents’ washing. Yamsyn shared how she asked staff to help her be able to do her washing, but was told the staff had more important things to do:

“This one time, I had been waiting all day to get my washing done. This one was full. I’d try to do my washing, and their washing was sitting in there for ages [...] Because

obviously you don't want to touch someone else's stuff, especially their clean washing. They were like, "Yeah, yeah, we'll sort it". So, I went back about 2 hours later. It was still there. So, I said to the staff, "It's still there, are you able to sort it?" The staff was like, "Oh, we've got more important things to do at the moment."
[Yamsyn]

Courtney shared how traumatic it was for her when she knew that a resident who lived in the room next to her was smoking drugs. She shared her worries about whether breathing it in would harm her unborn baby:

"Well, when I moved upstairs there was a lady that come in and erm, they believed, well she lived next door and they believed her to have started smoking crack and obviously I am in my bedroom, so that is not exactly safe is it? But they did kick her out. Well, when I found out I was on edge. The thought of that coming into my room, like the fumes of it or whatever, it was disgusting. Thankfully she was made to leave, I hated that." [Courtney]

Many of the women talked about how the accommodation wasn't practical for their needs as a single mother. Particularly common was the challenge of taking belongings upstairs, as they did not have another person to help:

"It is a nightmare, because obviously I have got a one-year-old so if I want to go out, i've got a pram and everything [...] I'm not on the ground floor and there isn't a lift or anything. So, I have to lug everything, erm, up and down the stairs, which is a bit of a nightmare. Yeah, so obviously that's a bit frustrating and obviously shopping and stuff

as well. So, you should imagine I've got my son in one hand, my buggy and all the shopping in another. It's a bit of a pickle" [Arina]

Subtheme 2: 'I keep myself to myself': Single mothers' vulnerability

Half of the women referred to keeping themselves to themselves as a way of managing the dangers of living in shared accommodation. Women shared stories of other residents using drugs in shared spaces, being exposed to fights close to their own bedroom, and one woman shared how someone was stabbed in the bedroom next door to her, while she was in her bathroom inside the TA. Generally, women experienced shared TA as noisy, dangerous, and unfit for families. One participant recalled how their accommodation was set on fire due to a conflict between residents, which resulted in them and their child having to receive hospital treatment. Jordan shared how she felt like she had left a domestically violent relationship with the hope of finding a safer environment, and then was shocked to find similar violence and danger in TA:

"I thought f*****g hell, I left one problem to come to the next, what difference is this? You think you are leaving or running away from one problem and you think your life is getting better, but you go to the next, out of the frying pan into the fire! But with different people, because I don't sleep with them, fighting, stabbing, shouting, this and that, oh god, no, [...] it was just awful." [Jordan]

Some of the women had experienced domestic abuse and recent breakdowns of their romantic relationships. Several mothers talked about keeping themselves to themselves to protect their children from other residents, as they didn't know if they were a danger or not:

“I don't know the people that are there [...] It would be different if you know different people coming and going and I [if] knew the people here.” [Sofia]

Many of the women saw themselves as being different to single residents:

“The building that I am is just families, and then the other side they're all homeless people.” [Yasmyn]

Some of the women shared how they perceived single homeless people to be “rougher” than the homeless families:

““People there look a lot rougher than the people that live here do. And even though even though some are mums with their baby, you know you still get people that are homeless without children.” [Tania]

Although Jordan recognised that she and other homeless residents were “in the same boat” [Jordan] she shared her view that people should stay away from other residents:

“These people are not normal here [...] asking for money, they are asking for food, you know, disgusting. [...] Keep yourself to yourself! Try not to get too involved with these people [...] they come and go. [...] That is my advice to everyone, women, men, whoever. Keep yourself to yourself.” [Jordan]

Tania shared how she couldn't get to know the night-time staff, but that she liked that they were there in case anything happened:

“But the night time staff, they like, they know who you are, but they don't really know you who you are because they never really see you at night time. But there's always people here at night time, just in case if anything happens.”[Tania]

Many of the mothers didn't feel that the TAs were safe places for their children to be in. A few women talked about not letting their children use the garden because of worries about their safety. Many women shared their view that TAs for families should be separate from TAs for single homeless people:

“People should be in a separate accommodation. [...] Families should be separate from single people man, definitely. Definitely! Women with women, family with family, then single people with single people. Because, single people make trouble, you don't want your children around people like this, I am telling you, it is too difficult” [Jordan]

Jordan also felt that it was important to have better security:

“Security feels very important, especially for women, because any crazy guy could drag you in and do whatever you wanted. Because men are always stronger than women.” [Jordan]

Subtheme 3: ‘It's only me.’ The responsibility of being a single mother

Many of the women were still adjusting to becoming a mother, in addition to adjusting to becoming a single parent and living independently for the first time. All but one

of the women had had babies aged 2 and under. Some of the women talked about how hard it was to be a mother:

“It’s the hardest job in the world to be honest. I didn’t realise until I actually had my own just how hard it is”[Courtney]

Tania shared how her mental health led her to not take care of herself. She would put off having a shower because she had no-one to watch over her baby:

“I didn’t really care about myself [...] I was just like I’ll do this tomorrow or ahh I can’t be bothered to do my hair or I need to jump in the shower, but if I jumped in the shower and I’m away too long or what if she starts crying 'cause she thinks she’s alone.”[Tania]

She shared how she had to get used to new challenges of caring for a baby as a single mum:

“I was just like ‘Oh my God. I don’t even have time for myself.’ I have to keep like, I guess, have another pair of eyes behind my head and just keep an eye on her when I’m like with her. When before I lived with her [family], I had them.” [Tania]

Yamsyn shared how she was shocked at having to adjust to some of the challenges of being a single mum:

“I was living there and it is sad like [...], you have gone from having this family around you to then you’re on your own with just him and it was... it was a little shock [...] now if I want to shower, I have just got to put him in his high chair and hope that he doesn’t cry and it is hard.” [Yamsyn]

Many of the women experienced additional stress due to the responsibility of being a single parent, as they knew that their children had only themselves to rely on:

“I was the one who looked out for us, so I had to be in good health and make sure I was ok. If I get ill, who is going to look after him?” [Jordan]

Several women also shared their fears about their children being isolated from their family networks too, which led them to try to make sense of their baby’s internal dialogue:

“I just worry about what he thinks. Like I know he is 10 months old, and he probably doesn’t know [that we’re homeless] [...] it makes me wonder what he does think?”
[Yamsyn]

Additionally, a finding across all participants was their on-going financial issues, and reliance on benefits due to them being the main caregiver for their child. Some of the women shared how they would go without in order to provide for their children. Jordan shared that she used food banks to feed her child. Several women talked about how their finances were impacted since having a baby:

“I was working, so before I got pregnant and then yeah, I went on maternity leave, but because I am self-employed, I was told that I wasn’t entitled to anything. So, probably [I have gone without] since I had Robbie.” [Yamsyn]

Across the interviews it was clear that living in TA meant that the mothers could not parent the way that they wanted to. Additionally, the women's identity of 'mum' and role of primary caregiver led them to be excluded from society due to not being able to look for work or afford to go places. Importantly, their identity led them to exclude themselves to maintain a position of safety, which felt essential to protect them from harm whilst living in TA.

Theme 3: A big black hole of nothingness": Powerless and trapped in cycles of harm

In this theme women talked about the harms of being infantilised, having to live under strict rules and regulations, and being treated poorly by members of staff.

Subtheme 1: "I felt like I was a child again": Punitive policies undermined mothers' autonomy

Overwhelmingly, women described rules and restrictions across all types of TA. However, these tended to be most distressing in shared accommodation. Some women shared how living with rules led them to feel like a child again:

"It's not great. I do feel like [laughs quietly], like I'm 12 again, because you have to be in by a certain time." [Yasmyn]

Women who lived at a hostel that was staffed 24/7, shared experiences of being watched and judged by staff members, which made them feel nervous about being made fun of:

"Well obviously, they are in an office together. And as you walk in and out, they can see when you are there. [...] I don't know what type of people they are. I always have in my head will they make fun of me." [Yamsyn]

Courtney shared that one advantage of having staff at the hostel was that she felt protected from violence, but that she found it distressing when the staff recorded things about her:

“You felt safe, you definitely felt safe from like the violence, yeah. But they used to have these books, these red notebooks, and they used to write down everything you do. Say, you leave the building, they would write it down, say you enter the building with someone, they would write it down, its just so silly, say if you have a conversation with one of the staff members, they would write it down. [It was awful.” [Courtney]

Several women shared how they were confused about some of the rules around bidding on and accepting housing. Some of the women shared how they had been told that if they turned a property down, the council could refuse to house them. Many of the women shared that their housing officers and housing managers bid on properties for them, without consulting them:

“But then [my housing officer’s] manager was bidding for me because I wasn’t bidding [...] need to have a look on there again because, just to make sure that nothing has been bidded on for me, before once a manager does it. You can’t undo the bid.” [Sofia]

The rules and restrictions on visitors made it difficult for the women to have visitors. Visits from other residents were reportedly discouraged or forbidden:

“I've got on well with [some residents] but we're not allowed in each other's accommodation. So even if even if I was struggling and I needed a friend [...] I wouldn't be allowed to.” [Arina]

Several of the women talked about how they stayed out of the hostels for a break but that the women were limited to how many nights they could stay out. Additionally, they had to let staff know where they were staying and when they were coming back. Courtney shared how she didn't agree with these rules:

“You have to let people know. You are only allowed out two nights a week. I think you can get kicked out. But to be honest, I stayed out quite a bit but that was because I was quite rebellious [...] I didn't see how that was fair at all. [...] I pay to live here, I should be allowed to stay out.” [Courtney]

Subtheme 2: “Just see us as human beings”: Being treated as ‘less than’ was distressing

Being homeless was perceived as distressing. One mother talked about how she felt that she was a failure because she was homeless. Jordan shared how living in TA was something she never saw for her life:

“I never thought I was going to end up in a place like this in my whole life.” [Jordan]

All participants accessed TA through their local authority. Experiences of accessing support from the local authority was mixed, with many women describing this source of support as positive. However, instances of poor treatment by council staff and housing staff appeared

repeatedly in women's stories. Yamsyn shared her wish that housing staff would be more caring and sensitive towards residents:

“Stop being so insensitive to people. Just check up on someone. So, for instance, they do feel like they have someone who cares about them and that they aren't on their own” [Yasmyn]

Tania talked about how staff made her feel like a burden:

“I feel like a burden you know, I feel like, I'm taking up room [voice rises].” [Tania]

Courtney shared how she wished the staff would recognise that the women were human beings:

“See us more as human beings” [Courtney]

Arina felt this would probably put her off talking to them when she was struggling with suicidal thoughts:

“Probably not because [...] I'm not sure that they understand.” [Arina]

Across interviews women shared how they felt that the staff did not understand what it was like to be homeless:

“There are some staff who do seem to care. But, I don't think they will ever fully understand what it's like because, well, they're not homeless.” [Yamsyn]

Many women shared examples where they were left feeling unsupported by their housing officer. Some of the women extended empathy and understanding regarding their housing officer's workload, but some questioned what their role was. Arina wondered why her housing officer had not been there for her:

“Why hasn't she been there?” [Arina]

General disorganisation and poor communication between and within council departments also appeared in several women's reflections of their experiences. One woman felt poor practice is due to a lack of accountability, arguing this was fuelled by never meeting her housing officer face-to-face. Many participants described their housing officer as working part-time, and being overloaded or off sick.

“My housing officer at the Council, she went off sick for about God about two weeks [...] she wasn't even aware that I was in temporary accommodation. So instantly that was like red flags. And she did send me an email saying that she was going through personal stuff [...] but I was kind of like, you know, this is my life.” [Sofia]

Yasmyn suggested it was important for housing staff to check in on the people who lived in TA:

“I think that they should be checking up on people more. Mind you, even if it was once a week call. Just to see how someone's getting on here, someone who is in my

situation's a hard enough situation to have to deal with. But when you then feel like you have no one.' [Yasmyn]

Women described a range of different ways they were treated poorly, including being spoken to rudely, being made to feel like a burden or that their problems weren't important enough, being given inconsistent, inaccurate information, or being shown a lack of empathy or understanding and lack of respect. Women shared examples of reaching out to housing staff to talk about their mental health, to be ignored:

"I text them that and I said basically how my mental health is getting bad and all the rest of it. They read it and they didn't reply. So, this is why I don't speak to anybody. [That] wasn't great. Like, I had literally said to them um, I feel really anxious, my mental health is getting bad and it feels like just nobody cares. I feel like they, they should be there for support and I don't feel like they've done that." [Yamsyn]

Arina shared her experiences of staff telling her that they were not there to talk to her about her mental health:

"Some of them would be like "Oh, it's not really what we're here for" [...] They're not very compassionate in that aspect [...] They say "Oh, like, We're not there for that."
[Arina]

Some participants shared the feeling they had been disbelieved by council staff when they first presented as homeless and two participants shared their belief that members of the council had lied to them. One woman felt her complaints about being on the first floor in the accommodation were not listened to. Staff told her that they were unable to help her lift her

baby's pram down from the top floor, which she felt was untrue and nonsensical. One participant who was moved to a first-floor room despite being heavily pregnant felt that she was moved as a punishment for falling into arrears with her rent. In addition to the unkind treatment that the women experienced from some staff, a few women talked about feeling judged by people in their communities:

“I'm quite a proud [...] Other people have that stigma of like “Oh, you're a young mum, you have just gone crawling to the council and you are on benefits and you want, you know, you want the help and the easy life” and for me it is embarrassing, because I'd never want anyone to think that. But of course, there is that stigma [...] that is what people think. And especially when you're a young mum already, people do look you up and down.” [Sofia]

Women shared how they wanted people to know that it was not easy living in TA. Many women said they would not want anyone to live in TA with their children, based on their experiences:

“I think more people need to understand this isn't, this isn't an easy thing. So yeah, people that just see you and you know, think you're doing this and get everything handed to you on a plate. That's not always... necessarily always the case. It's not my idea of a good time!” [Sofia]

Overall, women shared how some staff were kind, but many women shared experiences of having their emotional needs ignored. Women questioned why their housing officer had not supported them better. There was a sense that although some staff try, they do not understand

what it feels like to be homeless because they have not been through it themselves.

Overwhelmingly, women shared that their experiences of TA had been so bad that they would not want anyone to experience it.

Theme 4: “It’s like my life is on hold”: The double-edged nature of ‘temporary’ accommodation

In this theme, women talked about the difficulties of living with uncertainty and being out of control. The women talked about the impact of waiting each week to bid and then being disappointed when they weren’t successful with housing. This theme is split into two themes.

Subtheme 1. ‘Temporary’ Accommodation as a barrier to ‘home’

Women likened their experiences of living in hostels and shared accommodation to living in a ‘mental home’, a ‘prison’ and living in ‘*someone else’s house*’. Courtney, who lived in TA for just under a year, described how she did not feel comfortable living in TA:

“But, you just felt like you were in a mental home, like you were being watched constantly. And it shouldn’t be like that, like you don’t feel like that is your home. Obviously, it is not [a prison], it is a homeless unit, but you just don’t feel comfortable at all.” [Courtney]

Arina shared how she felt like she is stuck living in someone else’s house in the TA where she has been housed:

“I feel like I'm housebound in somebody else's house, but then I still have to, like, I feel like I'm walking around on eggshells in that person's house.” [Arina]

Similarly, Courtney shared how she was constantly reminded that it was not their home and that she was desperate to have moved out by the time her child got older. However, she was living with the uncertainty of not knowing when she would be rehoused and without a sense of agency to influence the outcome or the timeline:

“It's not your home and not a place you can be settled in with your child and you just don't know when, when you will be leaving or not [...] I didn't want to be here at the point when she was walking and crawling [...] I didn't want to bring her up in a place like that. I want her to be in her own home, where she was comfortable.” [Courtney]

The women shared how TA was not experienced as ‘home’, even though it was where they were living. Yasmyn highlighted how she wanted a home to call her own:

“That's what I always say [...] I just want somewhere where I can say ‘that's home’. Because I have got my mum's, where I don't want to be. [...] Then I go into these other family members for the majority of the week and nowhere is home.” [Yasmyn]

Many of the women struggled with the uncertainty of not knowing how long they would be living in TA. They tried to tolerate not knowing but found themselves comparing their length of stay with other residents:

“I think that's something you kind of have to deal with because [...] there's certain people that have been here for ages... months, and they still haven't got somewhere [raises voice]” [Tania]

Many of the women talked about their life being on hold whilst living in TA, as they were unable to pursue work opportunities or seek childcare. The potential of being uprooted and moved to a different area when they were housed was unanimous across all interviews.

Women shared how waiting was experienced as extremely distressing:

“At the moment no I need to be more strong [...] I just need to be ok with waiting, you know. I need to get back to work and I worry that I have forgotten everything. [...] At the moment the more important thing is to get a more permanent place, I can then see about a job, I can see about a nursery, everything. Eventually we will get somewhere more permanent. just [need] to stay strong.” [Maria]

Arina shared how she felt her experience was like being in a never-ending cycle and she shared how she could not see herself healing in the TA environment:

“A never-ending circle [...] That is what it is. It definitely makes a massive impact. Like they say, you can't heal in the environment that hurt you [...] which is true. [...] and feeling like I'm in this never-ending circle of sh*t” [Arina]

Subtheme 2: 'This is just something you just gotta do' Swinging between fear, acceptance, and hope.

Almost all of the women shared that they felt hopeful that one day, they would be housed and have a home for themselves and their child. Women reported that at times they were able to hold on to this hope. Other times the women switched to a more matter-of-fact way of describing how they had to adjust to their situation:

“Well, it’s just what I have to do. I just have to deal with it, you know? I mean, at least I have a roof over my head and my childs [...] I’ll be safe and she’s safe”[Tania]

Some women talked about the importance of “taking it easy” and reminding themselves that they were going through this experience to give their child a chance in life:

“Go with the flow and take it easy [...] Of course, you gonna feel like rubbish and you’re not gonna feel like yourself. [...] You’re here because of whatever reason, not because you wanted to be here. [...] You’re not doing this for no reason. You’re doing this for someone and yourself, to get somewhere, to have a chance.” [Tania]

Yamsyn felt that the knowledge that she would eventually be housed and could leave TA meant there was light at the end of the tunnel:

“At least I know there’s a light at the end of the tunnel.” [Yamsyn]

Women talked about the importance of holding on to hope, as this helped them to see a way out. Yet hope was often dashed when they were not successful when bidding on a property. Maria talked trying to accept her position on the housing list because she had been moved from a hostel to independent temporary accommodation:

“I am in Band B. I need to understand lots of other people are higher priority than me, because [...] I am in the flat. [...] I need to carry on waiting.”[Maria]

Several of the women talked about how Thursdays were bitter-sweet because of how the bidding cycles worked:

“I wait for a call on the Thursday. Because, if it’s going to happen, they call you on the Thursday [...] I genuinely thought, maybe it is my week this week. And then I get my hopes up. It sounds really sad, but the Thursday is the highlight of my week, but then I just get let down every week [...] It’s this place. I just want a bit of reassurance to know that I am not going to be here forever.” [Yamsyn]”

Many of the women also expressed their worry about the impact on their children having to move again:

“It was so unsettling for him 'cause he didn’t have a clue what's going on. Then again, I always think, “Oh God”, because he has got one more move. He's gonna get used it here and then it's, you know, another move to somewhere else.” [Yasmyn]

Many of the women held on to hope that being in TA would lead to something better for them and their children. However, holding hope was, at times, impossible. Women seemed to find it easier to hold hope when houses were released at the start of a new bidding cycle. It was more challenging to hold hope when the bidding cycle for the week ended and they were not successful. This also appeared to be more difficult when women had been through the

bidding cycle numerous times without being successful, and even more distressing when women had been through numerous bidding cycles and still were far away from the top of the list.

Theme 5: Location, Location, Location: Where you are housed matters

In this theme, women talked about the isolation they experienced when they were moved into unfamiliar areas or in rural location. Women also talked about the importance of being housed in accommodation that was suitable for them and their children's needs and that was in suitable accommodation, close to their families and support networks.

Subtheme 1. Challenges of relying on public transport in rural locations

Overwhelmingly, women expressed a preference to be housed in an area that they knew and were familiar with. Kat was housed in a different area but one that she was familiar with:

“I’m not from that part of town, but I worked literally across the road.” [Kat]

Yasmyn emphasised that because she can drive, she coped with living outside of the town centre, but that she would feel scared if she was rehoused further away from town and away from her support network:

“It's not too bad, because I drive and I know the area. I think it would be a lot worse for somebody who didn't drive. [...] I think it's pretty close to the town [...] about a 15-, 20-minute drive. I think [if I was moved further away] that would be, I would feel like. I don't know, I can't even explain it. I think I'll be a bit... little bit scared.

Like, especially like with driving. I don't like driving anywhere where [if] I don't know where I am. Plus obviously, being down the road from people if I need them as well.” [Yasmyn]

Women shared their hopes to be housed in areas that were close to family and friends. Two women, who were born outside of the UK, shared similar preferences, but had been living apart from friends and family prior to becoming homeless. The isolation that they both experienced was not new, yet still impacted their mental health and wellbeing, which was exacerbated by the COVID-19 pandemic:

“I was on my own so everything was really hard [...] I only have friends here, my family are in Spain, still. So, I have some friends, they help me, but they are not close by [...] It was in the pandemic, so it was very, very hard.” [Maria]

Kat shared how it felt like she had been torn away from her family:

“It was hard like being like almost torn away from them but [...] still having them in the same town. [Kat]

Women shared the importance of being housed in central locations. Importantly, most of the women could not drive and relied on public transport. Tania felt her accommodation was too far from the town centre and that she had to get used to using the bus:

“Walking distance is like 35 minutes away. To me it’s too far [...] Even though the bus gets to town really quick [...] We were a lot closer before. It’s been tricky. [...] It’s just being too far out from my mum. She’s my main support.”[Tania]

Kat shared how she felt it was a good location because she was close to a shop and some parks:

“There was a couple of parks around. There wasn’t just one. Sainsburys was about a 5 minute walk [...]. The hospital was close by so it wasn’t too bad an area and there was a bus stop right outside the hospital as well, so that wasn’t too bad.” [Kat]

Sofia was glad to be housed in an area that was central and familiar to her because she could not drive or afford public transport:

“I don’t drive or anything, you see. If they would have put me somewhere like [name of a different area] or somewhere I would have just been stuck there and financially I, I’m not in a position where I can keep getting you know buses back and forth at the moment, while everything is sorting itself out. But erm, yeah, I am very glad I’m here.” [Sofia]

Most of the woman expressed how important it was for them to be housed near amenities and reliable public transport links so that they could access employment and childcare:

“I would take any place, but the thing is, being in a little village is more hard, because I need to look for a place where I can find a nursery, and good public

transport, yeah, because I can't drive [...] I am looking for a job [...] It is just better if where I move there is good public transport." [Maria]

Arina shared the reality of relying on public transport to get to the other side of the town where she was living, to visit her mum and her dog, and her experiences of relying on public transport:

"This is all just to get to the other side [of the town]. It's two buses. It only costs you £3.00. [...] I'd rather pay the extra two quid for a taxi, because I haven't got a clue about the route, I'd get paranoid about getting the wrong bus." [Arina]

Yasmyn shared similar anxieties around getting unfamiliar bus routes to get to the other side of town to visit her mum. She also shared how she was isolated and spent most of her time at home, because she did not know the area and did not live close to her friends:

"I didn't really go many places [...] I haven't got any friends in the area. [...] I'm not really that confident on areas or anything. I mean I can get the bus and I know how to get to town and I know how to get to my mum's on the bus, but that's pretty much as far as my knowledge of [name of area] goes and so I tend not go anywhere."

[Yasmyn]

Tania shared how living rurally impacted her mental health:

“It’s just being really far out there. I’d say isolated. [...] I kind got depression as first when I moved in. Just being so far out and the travel was just really long and then it got worse.” [Kat]

Subtheme 2. Striving to find permanent housing that suits their needs

One of the subthemes that was generated from the fifth theme was how important it was for women to be able to access settled housing that met their needs. Women felt that their choices were often overridden by senior staff within housing teams in the local authority. Many of the women talked about their worries that they would not be able to choose where they were housed. Across the interviews there were many stories of housing officers bidding on the women’s behalf.

Throughout interviews, women moved between the position of being grateful for and resenting the restrictions on their choices. It seemed important to the women that they were housed in accommodation that supported their own needs and their child’s needs. Overwhelmingly, women wanted somewhere that they could call their own, so that they could provide their child with security and stability.

A novel finding of this project is that two women talked about the significant role that their pets held in their life and how it had been traumatic for them to be separated from their dogs. They described how their mental health had deteriorated, as their dogs were not allowed to live in the TA. Arina shared how she had bought her dog when she was a teenager, and described how she had been crucial to her recovery from her mental health difficulties:

“[It has been] really, really hard! Like horrendous. I absolutely hate being [apart]. I mean, she's been by my side for the last eight years [raises voice]. So, to not have her

and not have her with me, it's, it's awful, it's foreign, it's not normal for me [...] some days I get upset [...], they're like your babies"[Arina]

Yasmyn described how a housing officer was unkind to her when she asked if dogs were allowed at a property she was bidding on. She described feeling like the housing officer did not understand the importance of finding a property that allowed her to live with her dog again:

“So, I call this number [...] It said pets with written consent, and she said oh no, no dogs there, but anyway, you need to bid on it. Like, she was really rude, yeah, really rude. She was like; ‘We’re not here to accommodate your dog’. And I just think, uh! Well, that just drives me insane. I think ‘You don’t know how I feel, you don’t know how much this dog means to me’.” [Yasmyn]

She described how nowhere would feel like home if she was not able to live with her dog and feared that her mental health would deteriorate further if she was not allowed to turn down a property that did not allow dogs to live there:

“For me, if I’m offered a place that it's not pet friendly, and I can’t turn that down, but I can’t take [my dog] there, then that’s really going to upset me. [...] I don’t care where it is, I don’t care if it is a flat, a house, or anything. I’d just love to have her there. Because for me, nowhere is going to feel like home [without her dog]. Although like it, will be a home, wherever I end up, but it will never feel like my home, because I’m so used to having her there. Like, I am so used to being with her.

If I had to get rid of her, I think that really would make [my mental health] bad.”

[Yasmyn]

Difficulties holding positions of uncertainty tended to involve concerns about whether the housing they would be offered would be suitable to their needs. For Maria, this was in relation to location and for Arina, this was in relation to whether she would be able to keep her dog at her future home. Arina described how she did not know what she would do if she could not live with her dog when she was rehoused:

“I don't see why they wouldn't allow her and if they don't, well then, I don't know what I'm gonna do. [...] My mum said, like categorically, once you've got your own place, you're taking the dog back or I am putting her on the streets. And I believe that, because she put me and my child on the streets.” [Arina]

In summary, this theme shows the unique challenges of rural homelessness, particularly as most mothers could not drive. This left them reliant on public transport, which was reported to be expensive and anxiety provoking when women were housed in unfamiliar areas. Additionally, this theme highlights how distressing it is for women to hold positions of uncertainty, when they are unsure whether the offer of permanent housing that they will receive will even meet their needs or whether it will be in an area that they are familiar with.

Member reflections

All participants were contacted via email and text message with a summary of the results and invited to share their reflections. There was enthusiasm to receive findings but no one provided any further feedback / rich reflections. One participant provided brief responses

and suggested that they were happy with the themes. No one expressed any disagreements with the conceptualisation of the findings.

In the next chapter, I refer to findings and themes that have been highlighted in this section. Additionally, I will aim to link the findings to wider literature and psychological theories that may support the reader to make sense of the findings from this study.

Chapter 5: Discussion

Overview

In this chapter, the findings of this study are presented in relation to the research questions and aims. I refer to my findings in relation to psychological literature and theory and outline clinical implications and recommendations. A critical appraisal will be provided alongside suggestions for future research. This study aimed to explore the following research questions:

- What are experiences of single mothers who are living in temporary accommodation in Suffolk?
- How, in their view, is their experience related to their mental health and their child's mental health and wellbeing?
- How, in their view, does living in temporary accommodation impact single mothers' relationships?

Five themes were generated (Figure 2). 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 (TA), their mental health, wellbeing, and their relationships.

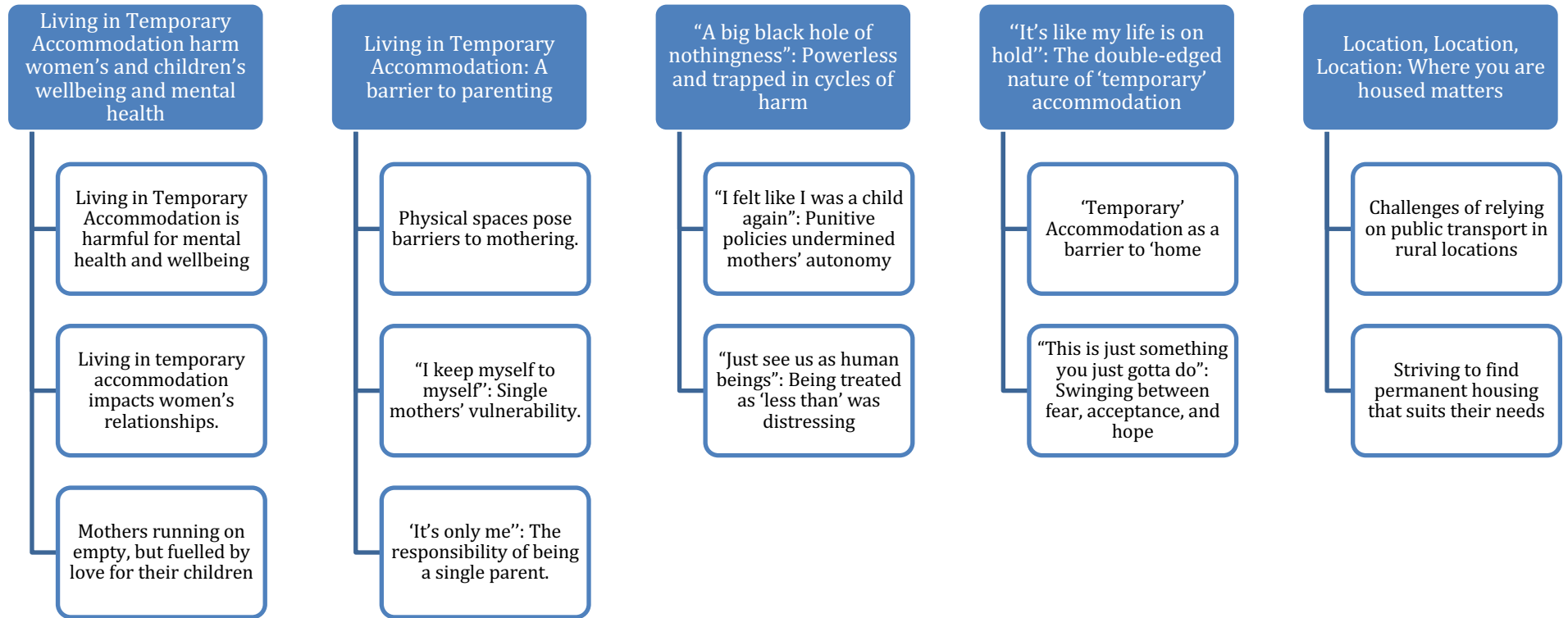


Figure 2: Summary of Themes

Findings from this study can be understood further through consideration of how they relate to previous research, presented in chapter one, and consideration of relevant psychological theory. First, it is important to recognise the intersecting identities of the participants. This means that this project highlights a group of women's unique experiences of homelessness; predominantly young women and first-time mothers, unhoused, uncertain, and removed from their connections and support networks through rural locations and relational ruptures. It is important that the women who participated in this research are held in mind whilst considering further theory-practice links and consideration of how their experiences fit with the wider literature. Next, findings will be presented in the following three sections:

- Experiences of homelessness and its impact mental health, wellbeing and relationships
- The impact of homelessness on mothering
- The impact of gender and homelessness on identity

Experiences of homelessness: The Impacts on Mental Health, Wellbeing and Relationships

This study found that women living in TA in rural locations were housed in poor physical conditions that were unclean and overcrowded, similar to urban homelessness (Halpenny et al., 2002; Karim et al., 2006; Tischler et al., 2017; Watts et al., 2018, Watt, 2018). Some of the women had nowhere to sit and many of the children had no space to play during their time there. The way that many of them coped was to spend time away from the TA. My findings fit with the literature that suggest experiencing homelessness is traumatic (Carey, 2019; Harris et al., 2020; McHale, 2021; Nowicki et al., 2019; Shelter, 2021) and that families' experiences of hostels and shared TA did not feel like home (Bimpson et al., 2020; Harris et al., 2020; McHale, 2021). Mothers and their children experienced distress (Theme

1) in relation to changes to routine, new, unfamiliar environments (Theme 5) and separation from members of their families and support network (Theme 2; 5). For some of the children, they had little to no contact with their loved ones due to rules and policies in TA (Theme 3), which is similar to the literature (McHale, 2021). However, in this study this was exacerbated by the COVID-19 pandemic.

Similar to other literature (Bimpson et al., 2020; Nowicki et al., 2019; McHale, 2021) the women in this study reported that relationships and support networks were important to them and that being apart from them exacerbated their mental health difficulties (Theme 1, Theme 5). My findings have added to the existing evidence base that suggests homeless mother feel dehumanised and infantilised by the system, and experience poor treatment by workers employed within the system (Boodhoo, 2016; Carey, 2019; Watts et al., 2018). The significant lack of investment in affordable social housing and dehumanising housing policies within housing services, connects to the problematic and stigmatising political and societal discourses around who needs and “should” and “should not” have access to social housing. These narratives connect strongly to the women’s experiences of being dehumanised in their experiences with housing professionals. One key challenge of mothering in TA was that the women were governed by restrictive policies that led them to feel scrutinised, targeted and isolated, which fits with previous literature (Bimpson, 2020; Watts et al., 2018). The findings support previous literature that highlighted the importance of control over one’s environment, particularly in TA (Watts et al., 2020).

Similar to Watt (2018), women in this study described situations where they lacked control and were coerced into making decisions. Some women shared how they felt pressured to accept the first permanent housing that they were offered even if they did not feel it met their needs. Women shared their worries about the council refusing the right to house them and because ‘somewhere’ was better than living in TA. Despite this, women experienced distress

when contemplating they wouldn't be housed in accommodation that was suitable for their family's needs (Theme 5).

Uncertainty and unpredictability

My findings show the significant impact of living with ongoing uncertainty and unpredictability on this group of women (Theme 1; 4). The COVID-19 pandemic created a period of extraordinary uncertainty, which created feelings of anxiety and emotional trauma for many (The British Academy, 2021) which impacted families' mental health (Bemme et al., 2020). This study shows that the homeless women experienced ongoing uncertainty in relation to their housing situations and what the future held for them and their children, and that this was exacerbated by the pandemic. In Theme 4, women talked about the impacts of uncertainty on their mental health, which is not uncommon (Anderson et al., 2019; Stewart and Mishel, 2000; Wu et al., 2020). Uncertainty can negatively impact emotions and mood (Anderson et al., 2019) and has been associated with depression and anxiety (Wu et al., 2020), which were experienced by all women in this study. These findings were similar to the studies included in Chapter 2, which overwhelmingly showed how living in TA impacted women's mental health due to the uncertainty of their situations.

Ontological security

Ontological security is one way to conceptualise uncertainty. It refers to 'order and continuity' in terms of a person's experiences. It has been considered essential for a person to remain psychologically well (Rosenberg et al., 2021). A person's home can support people to achieve a sense of ontological security, which can be particularly important when a person's world is experienced as threatening and uncontrollable (Dupius & Thorns, 1998; Spratt, 2020). From this theoretical position, anything that is a threat to a person's ontological security can be experienced as existential and can create a feeling of being constantly in

danger (Spratt, 2020). When a person's housing situation is precarious, they can experience intense anxiety, which can threaten their identity and sense of ontological security (Nowicki et al., 2018; Spratt, 2022).

Homeless families often live in a constant state of anxiety, unable to do much more than focus on getting by each day (Carey, 2019; Halpenny et al., 2002; Nowicki et al., 2019; Spratt, 2020; Watt et al., 2018). Strikingly, the women in the current study very much felt that they were 'getting by' rather than coping. Ontological security can be threatened by homelessness through impermanence, punitive rules, lack of privacy, being observed by staff and lack of control (Rosenberg et al., 2021), experiences that were reported by participants in this study. Theme 2 shows how women were powerless and lacked control and Theme 3 shows the level of uncertainty they experienced. Theme 1 shows how this impacted women's mental health. Participants' attempts to overcome homelessness and attain ontological security represent an ongoing struggle shaped by their experiences and limited housing (Spratt, 2022; Stonehouse et al., 2020). Findings from this study show that women attempt to maintain their identity through sustaining key relationships, with their child, family, and friends (Theme 1); however, this is threatened further when rules prevented them from having visitors or staying out (Theme 3) and it was threatened when they were moved to unfamiliar areas or areas that were further away (Theme 5). The possibility of being moved to rural areas, which were further away from their families and support networks (Theme 5), may be understood as a further threat to their ontological security.

Mason's safe uncertainty

Findings from this study highlight how the impact of policies in homeless shelters were exacerbated by the COVID-19 pandemic. Leonardi and Stefani (2021) found that homeless shelters during the COVID-19 pandemic were experienced as unsafe places that

reduced homeless people's decision power and separated them from the rest of society. Therefore, this study shows how threats to ontological security may have been amplified by the COVID-19 pandemic. There is limited research on the impact of ongoing ontological insecurity and the small number of participants in this study must be considered when interpreting these findings. However, Mason's (1993) concept of safe uncertainty may be helpful in exploring the potential impacts of ongoing uncertainty. He suggested that all humans seek some certainty, and that this is important for emotional wellbeing and personal growth (Mason, 1993). His four-quadrant model (Figure 3) involves two positions. The first is a position of knowing and expertise and the second position embraces not knowing, curiosity and uncertainty.

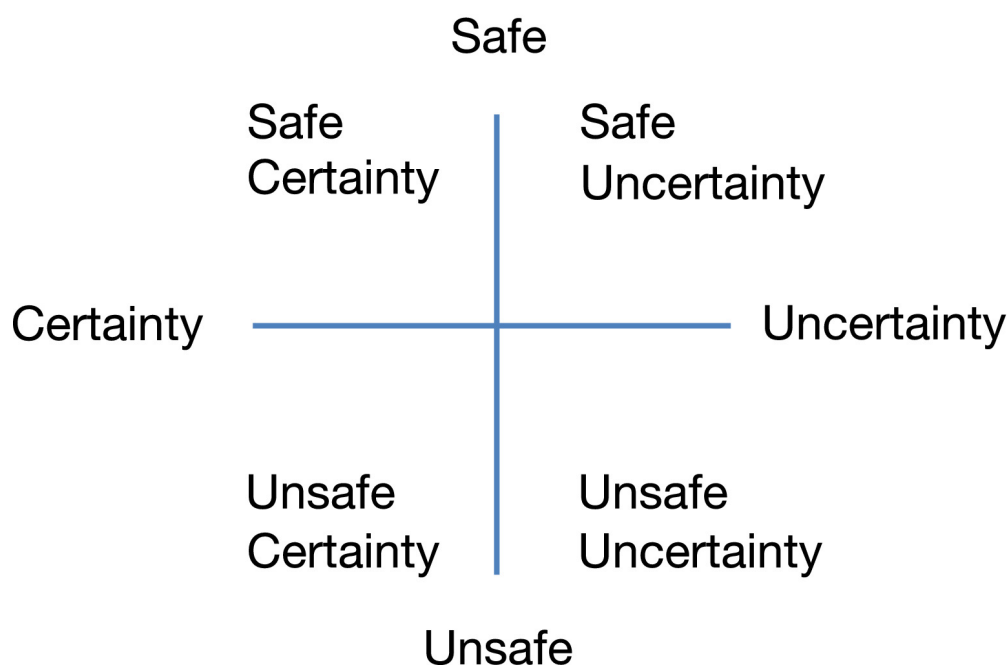


Figure 3. Barry Mason's (1993) Safe Uncertainty

The findings from this study could be understood as homeless mothers being in the 'unsafe uncertain' quadrant (Mason, 1993). Mason (1993) highlights that people in this section experience hopelessness, experiences problems that are difficult to overcome and are often in situations where there is no solution. The link with mental health impacts that

women in this study experience could be a useful area for future research. There is relatively limited literature that addresses how the phenomenon of uncertainty impacts the homeless population, particularly in the UK and limited research into how uncertainty impacts people (Carleton et al., 2012). In summary, although some literature highlights links between homeless women's distress and their sense of ontological security (e.g., Spratt, 2020), the research is limited and based on the small sample size in this study, one cannot make linear links. All interpretations should consider the limitations of this study, outlined in Chapter 3 and later on in this section.

The impact of gender and homelessness on identity

Homeless people are stigmatised which often starts when they are given the label 'homeless' (Spratt, 2022). Long-standing conceptions of 'homeless people' often attribute the blame of being homeless to the individual (Schneider et al., 2013). Some of the women shared treatment from staff, which could be understood as the women being put in a position of being blamed for their situation. In Theme 3, women shared dehumanising, unkind treatment from staff. In theme 5, two women described how staff didn't understand the importance of living with their dog, who was their emotional support. Societal discourses around homelessness can separate people into the 'deserving' and 'undeserving' poor, which can have a profound negative impact on a person's identity and sense of self (Bemme et al., 2020; Goffman, Saxe & Harvey, 1991; Schneider et al., 2013; Shea, Bryant & Wendt, 2016; Spratt, 2022).

Homeless people can develop a 'homeless identity', which can become a defining feature for who they are (McCarthy, 2013). This can be particularly stigmatising for women (Deward, 2007). Experiences of homelessness can also be further understood through the theory of 'spoilt identity' (Goffman, Saxe & Harvey, 1991; Stinson, Desgrosseillers &

Cameron, 2021). Goffman (1963) suggested that people who are given a ‘spoilt identity’ do identity work, to allow them to maintain an acceptable sense of self. Homeless women may engage in different ‘identity talk’ to distance themselves from such a negative identity (Shea, Bryant & Wendt, 2016). This may help to understand why the women in this study perceived themselves as ‘different’ to single homeless residents (Theme 2). Furthermore, women in this study seemed to draw on their mothering identities (Theme 1, subtheme 2), arguably a valued societal identity, to separate themselves from the spoiled identity of ‘homeless person’ (e.g., talk of homeless people as other; Theme 1, subtheme 3, Theme 2, subtheme 2). Negative public discourses can also prevent connections between people who are homeless and groups that could help them feel more connected (Johnstone et al., 2015), which could help explain part of why isolation was a key part of women’s stories (Theme 2. Subtheme 2).

Across the interviews there were indications of negative self-conceptualisation (e.g., through reporting self-doubt, vulnerability, etc.) and internalised negative public discourses from the women, e.g., stating that they knew they had ‘no right to be fussy’. Additionally, findings showed that shared accommodation was deemed to be unsafe for women. Women coped with unsafe environments and protected themselves and their children from judgements from others, by isolating themselves (Theme 2, subtheme 2), which negatively impacted their mental health and sense of self. The women in this study referred to relying on housing benefit because they were unable to work because of their situation and their responsibility to care for their child. Some referred to having to ‘go without’ and relying on food banks. It has regularly been reported that parents can experience financial hardship, which often causes additional stress (Stack & Meredith, 2018). The findings from this study support the emerging evidence base about the gendered experiences of homelessness (Bimpson et al., 2020; Bimpson et al., 2022; Carey, 2019; Mayock & Sheridan, 2015; McHale, 2021; Shelter, 2021).

The impact of homelessness on mothering

All the women who were interviewed in this study faced barriers to accessing housing that were related to their identity of 'mother'. For example, all women entered TA as a result of breakdown in relationships, such as leaving a domestically violent relationship, experiencing a rupture in their relationship with their own mother and 'kicked out'. Whilst homeless, most women experienced financial challenges due to not being able to work. This was impossible for them as they were being a single parent, and either didn't have support networks who could support with childcare, or were housed too far away from them (Theme 5). My findings support findings that TA that mothers living in shared temporary accommodation perceive their environments to be unfit for them, preventing the women from being able to parent in the way they wanted to (Bimpson et al. 2020; Carey, 2019; Harris et al., 2020). In this study the women considered themselves to be vulnerable and 'different' to single homeless people. Similarly to other studies, mothers kept themselves away from others due to a fear of violence from others (Carey, 2019; Watt, 2018).

Connolly (2002) highlighted how unhoused women in the UK are situated on the 'margins' of society and how this could include being stereotyped as "bad" mothers, who are viewed as being unable to provide for their children. In this study women may have been viewed as violating the vision of a 'good mother' on multiple grounds (Riggs & Barthalemus, 2018; Sevan, 2005; Smith, 1997) due to their intersecting identities and social graces (homeless, single mothers, financially unstable, having left and broken up a family albeit due to being a victim of domestic abuse or from being exiled from their family relationships due to a relationship breakdown with their mother). Some women talked about how staff watched them, and recorded their movements, which made them felt judged (Theme 2). Their sense of being a good mum was challenged and their preferred ways of mothering were limited

(Theme 2, Subtheme 1). Their experiences of being out of control (Theme 3, subtheme 1) may also have threatened their sense of being a 'good' mum as they were unable to control their children's experiences of living in TA. They were unable to make it better for them, because rules and restrictions got in the way (Theme 3).

My findings also highlight how some women referred to 'failing', which is similar to findings in the literature that show that homeless mothers experience humiliation and guilt from having their children with them in homeless hostels (Mayock, Sheridan & Parker, 2015). Homeless mothers prioritised their children's needs to that they could provide them with basic needs and went without themselves, which fits with some previous literature (Bimpson, 2020, Carey, 2019). Some of the women wondered what their children thought about their situation (Theme 1, subtheme 3). This may be an example of internalised scrutiny, wondering whether their children were scrutinising them too. This may reflect some of their concerns about what society thinks of them.

Summary

This study aimed to explore the experiences and wellbeing of single mothers and their children living in TA in Suffolk. Importantly, this study and the literature highlight the gendered nature of homelessness in the UK. The results reinforce findings from the literature that highlight how single mothers experience unique challenges whilst living in TA, which relate to isolation from their support networks, experiences of psychological distress, and the development of mental health difficulties. Additionally, this study led to some novel findings such as the added difficulties on women's experiences of living in temporary accommodation in rural areas and the importance placed on some of the women's relationship with their pets. Specifically, women highlighted that told that they could not be housed with their dog, was harmful for their mental health. Women's distress could be understood by considering how

they are positioned and treated, both by society, and within the housing system once they are assigned the identity of “homeless”. Overall, homelessness and life in TA not that different in rural than urban areas. It is not protective of overcrowding or feeling unsafe. Importantly, there may be added challenges.

Consideration of the quality of the study

Strengths

In this section I outline the strengths of this study, before outlining some of the limitations. Family homelessness is an area of clinical practice that is currently receiving attention in the UK (NICE, 2022). As such, this research is timely (Tracy, 2010). The participants’ intersecting identities create a unique perspective on women’s experiences of their homelessness in the UK, which has not been explored before. Rural homelessness is reportedly less common than urban homelessness (Gov, 2022) yet this study supports other literature in highlighting some of the additional challenges of rural homelessness, which remains an under-researched area (CPRE, 2020). The reflexive approach throughout the research process was a strength considering how a researcher’s biases may impact the research process (Willig, 2013). The researcher engaged in extensive self-reflective processes throughout the study.

Data Collection

I avoided some of the challenges of conducting virtual interviews, by offering the women a choice between completing them via a video call or over the telephone. I encouraged the women to use their preferred video platform and to pick the method that they were most comfortable with to increase participant’s comfort (Sah, Singh & Sah, 2020). Certain nuances may have been lost over the telephone, due to not being able to see a participant. Therefore, results should be considered with this in mind.

Limitations

Although there were many strengths to this study, there were also some limitations.

Gatekeepers

As access was facilitated through two gatekeepers from housing staff, consideration should be given to potential bias, in terms of who was and wasn't informed about this study. Furthermore, families whose lives are most disrupted through crisis may not have been willing or able to participate in this study.

Participants and transferability

Women were recruited from different geographical locations across Suffolk. It has previously been recommended that qualitative studies require a minimum sample size of at least 12 to reach data saturation (Clarke & Braun, 2013; Fugard & Potts, 2014; Guest, Bunce, & Johnson, 2006; Vasileiou, 2018). Therefore, this sample size is smaller than the researcher had hoped to recruit, which must be taken into consideration when interpreting findings, conclusions, and recommendations.

Although findings support previous findings in the literature on family homelessness, the findings from this study should be considered considering participants being predominantly first-time mothers, with predominantly one child aged under 3. The concept of

transferability has been considered relevant for qualitative research (Braun & Clarke, 2021). Qualitative research while necessarily involving smaller numbers of participants, is essential if we are to begin to understand the impact of homelessness and living in emergency accommodation on the lives of single mothers and their children. Therefore, these findings, should be considered within the context of this study, when attempting to transfer the analysis to other contexts or settings (Braun & Clarke, 2021).

Impact of COVID-19

This project was significantly impacted by the on-going guidance in relation to the COVID-19 pandemic. As such, all interviews were conducted remotely (video and telephone). Self (2021) found that in the context of the COVID-19 pandemic, there were advantages to remote interviews when interviewing marginalised individuals such as reducing risk of transmission and increasing accessibility.

Clinical implications

Bronfenbrenner's Ecological Model

Bronfenbrenner's framework acknowledges the importance of relationships and the impact of a person's environment on their wellbeing and development. Within this framework, single mothers' experiences of homelessness in Suffolk can be understood as being impacted by their relationships, their immediate environment, and wider systems, society, and culture that they are part of (Bronfenbrenner, 1979; Pepler, 2017). Based on the findings from this study, clinical implications and recommendations will be divided into five layers, as outlined in Bronfenbrenner's (1979) Ecological Systems Theory (Figure 4).

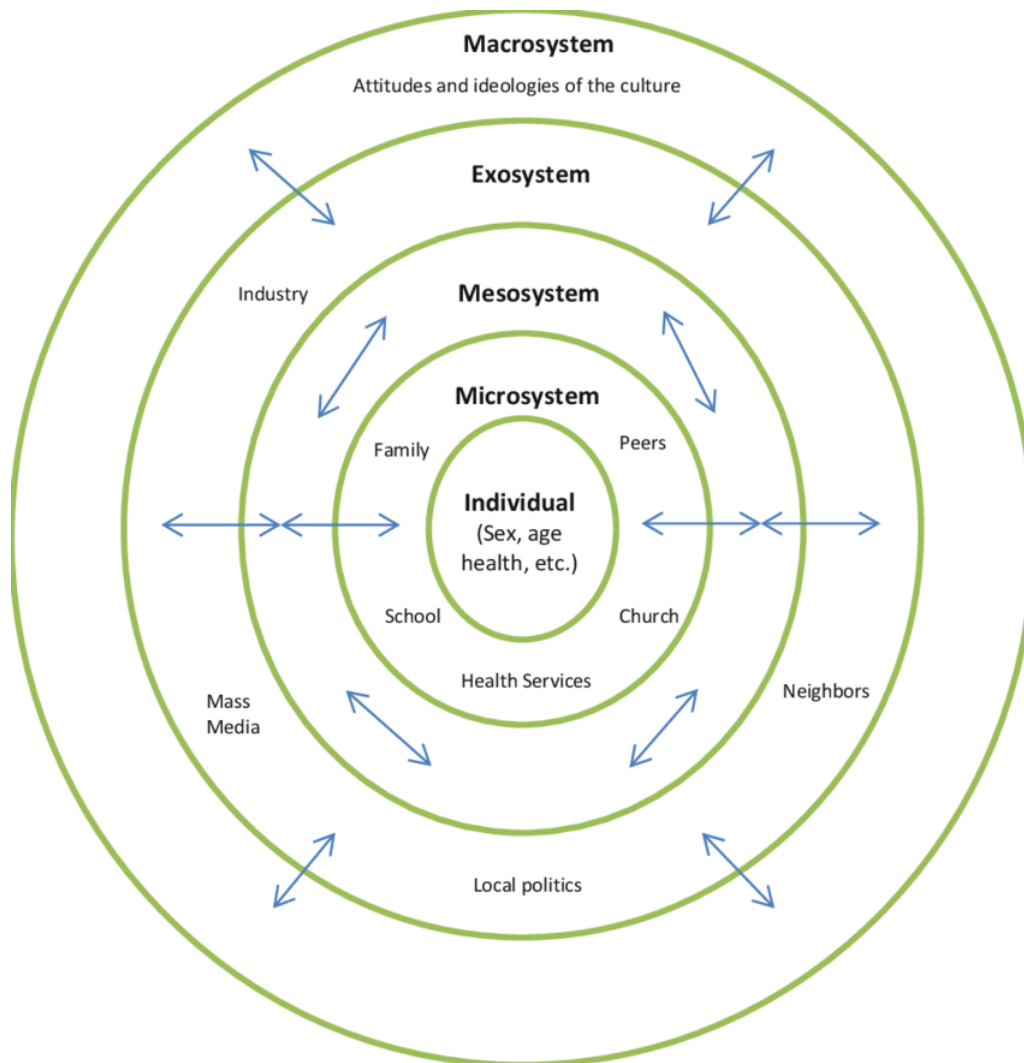


Figure 4. Bronfenbrenner's (1979) Ecological Theory of Human Development

Importantly, findings from this study highlight that women's experiences of TA that is not a psychologically informed environment (PIE) can impact their mental health and wellbeing. Therefore, it is recommended that all clinical implications and recommendations are considered alongside the suggestion that all temporary accommodation could be adapted to become a psychologically informed environment (Keats et al., 2012).

Individual level

The findings from this study have implications for clinical practice. Women's status as 'homeless' should not be used to prevent them from accessing support. Based on these findings, it might be helpful for women to receive support that is bespoke to their needs (Bimpson, 2020; Carey, 2019; Halpenny et al., 2002; Harris et al., 2020; Nowicki et al 2019; Shelter et al., 2021; Tischler et al., 2007; Watt, 2018) and integrated across health, mental health and social care (NICE, 2022). For homeless mothers who are struggling with their children's behaviours they could be offered support that will be helpful for them and their children. This may include parenting programmes, particularly as their babies grow into toddlers and go through various development stages. It may be helpful for TA to have support for children and area to play within the TA.

Microsystem

This study outlines how living in TA may impact women's mental health by threatening their ontological security and by impacting their relationships. In addition to specific policies that support the development of a PIE inside local authorities and TAs, it could be beneficial for front-line staff and members of staff within housing teams in the local authority to receive specialist training in trauma-informed care. Clinical Psychologists could provide reflective spaces for staff, acknowledging that staff within homelessness services

often experience their own systemic barriers to providing trauma-informed care (NICE; 2022; Watson, Nolte & Brown, 2019). This could support staff to be able to respond in validating ways when women express suicidal thoughts or distress,

Safer environments

Theme 2 highlighted the unique challenges that single mothers living in TA face and the level of isolation that they experience. Some changes to the physical environments of TA could have a positive impact. For example, better security could be installed so that women feel safer. Consideration of women-only accommodation and family-only accommodation has been recommended (Bimpson et al., 2020; Shelter, 2021). Similarly, women felt that even when staff tried to understand, this was blocked by the fact that staff had not been homeless themselves. Providers of TA could support opportunities for peer support, which has been recommended (Gosmann et al., 2021; Shelter, 2021).

It is worth considering how implementation of the Housing First approach in England may improve women's experiences of homelessness, as evidence has found that this approach can support recovery from mental health difficulties, support people experiencing homelessness to feel better connected to the area where they are housed, and the approach advocates for people to have more autonomy over where they are housed and the services that they can access whilst homeless.

Recommendations for clinicians

It may be helpful for clinicians who work with homeless families to be aware how homeless families are often marginalised in society (Karim, 2006). Specifically, they could support a change in narrative around Maslow's hierarchy of needs, which has been used to deter working with homeless people (Rosebert, 2000). Findings from this study show that

although all women experienced mental health difficulties, none of them were under the care of mental health services. Therefore, there may be opportunities to share knowledge with other services such as Early Help Teams and social care in a more integrated way (NICE; 2022; Keats et al., 2012; Spratt, 2022).

Findings from this study have implications for how Clinical Psychologists (qualified and in training) work, both directly (clinical work with service-users and families) and indirectly (working with systems, members of staff and teams that provide front-line support to homelessness families and informing policy). Following recent NICE (2022) guidance, support to homeless families could benefit from being multi-agency, collaborative and holistic, centring the person's needs at the heart of their care. Building collaborative relationships with local housing staff could be particularly valuable.

Meso-System

Research suggests that negative psychological responses to traumatic events can be prevented or mitigated by a supportive environment (Goodman, Saxe & Harvey, 1991; Gosmann et al., 2021; Holding et al., 2020; Keats et al., 2012). The findings of this study show that homeless women may have experienced trauma and relational breakdowns prior to becoming homeless. Gosmann et al., (2021) state that when TA is at its worst, it is everything Trauma Informed Care is not. However, increased investment important for improvements in homelessness services (Breedvelt, 2016).

Exo-system and Macro-system

Further research and dissemination into the impact of homelessness on mothers and their children is indicated, building the evidence-base for homelessness, specific guidance, and standards for TA, as APPG are currently looking to develop. More affordable housing

and better accommodation is needed (Spratt, 2020). Nowicki et al (2018) highlight that the only realistic long- term solution to preventing and reducing family homelessness is to build more genuinely affordable social housing and Shelter (2021), highlight the necessity of a women-centred approach to ensure women get the help that they need.

Dissemination

The present research offers important insights into homeless single mothers' lived experiences of living in TA in rural areas. Findings from this study have the potential to inform the practice of professionals who work for providers of housing services, both front-line staff (staff working in hostels) and staff within the local authorities and housing teams. In March 2022, the National Institute for Health and Care Excellence (NICE) published new guidance on Integrating Health and Social Care for People Experiencing Homelessness. I am already trying to use the findings from this study to make positive changes. One example of how I am putting this into action was I provided early findings from my thesis as part of the formal consultation for the NICE (2022) guidelines. I attended the Government's All-Party Parliamentary Group's (APPG) first meeting. They have put out a national call for evidence of families who have lived in TA, and I am meeting with one of the lead researchers in 2022. Other dissemination plans are presented in Table 19.

Table 19: Dissemination Methods

Dissemination Method	Further information	Audience
To write-up and submit the paper as an article and to submit the systematic literature review for submission to a peer-reviewed journal such as The International Journal of Homelessness.	N/A	IJOH is an international, peer-reviewed, open-access journal focused on promoting and advancing scholarly communications and academic discourse among all sectors regarding preventing and ending homelessness locally and globally.

Poster presentation at the University of Hertfordshire	UH's research conference in September 2022	Clinical Psychologists and Trainee Clinical Psychologists at the University of Hertfordshire and members of the Doctoral College
Abstract submission to present at a conference	SPACE International Conference, November 2022	International Conference Call for papers on Homelessness including Homelessness Policies, Women and Homelessness and Women's homelessness
The All-Party Parliamentary Group (APPG) for Housing and TA.	In response to the national call for evidence for families living in TA in the UK. Private Rental Sector (PRS) standards. -Requests for there to be similar standards for TA	
The ACP Psychology in Homelessness Network	I will share the systematic review and findings of the article with members of this network.	Clinical Psychologists working clinically with homeless people in the UK.
A summary report	A briefer and more accessible version of this report, summarising key findings, will be emailed to participants.	Participants

Suggestions for further research

Single mothers' experiences of homelessness remains an under-researched area in the UK (Carey, 2019). CPRE (2020) highlight how challenges may be worse

in rural areas than urban homelessness. Further research into experiences of homelessness in rural areas would be beneficial to understand the unique needs of this population. It is also important that research captures children's perspectives. Specifically, there is limited literature on families who are homeless, with more than one child, in rural areas. Further consideration of other theories of uncertainty could enhance understanding of homelessness and inform service design that meets the needs of those who need these services (Stonehouse et al., 2020). Future studies could explore staff's perspectives, and commissioner's perspectives, to enhance the experiences of staff working within these systems (Watson, Nolte & Brown, 2019).

Conclusions

This study aimed to explore the experiences and wellbeing of single mothers and their children living in TA in Suffolk. Importantly, this study and the literature suggests there is a gendered experience to homelessness in the UK. The results suggest that single mothers experience unique challenges whilst living in TA, which result in isolation from their support networks, psychological distress, and the development of mental health difficulties. Women's distress can be understood by considering how they are positioned and treated by society and within the housing system once they are assigned the identity of homeless. Many of the women encountered daily challenges caused by living in unfit, unsafe conditions that created anxiety and emotional distress for both them and their children.

This study shows, Temporary accommodation (TA) in England is rarely decent (Spratt, 2022) and can be experienced as dangerous and stressful (Gosmann et al., 2021). Even before the pandemic, increasing numbers of children were living in TA, and this is predicted to increase as poverty rises, housing costs remain high and

austerity measures continue (Marmot et al., 2020; Spratt, 2022). A co-ordinated approach and committed effort, like the Housing First model, in Sweden, could be considered (Spratt, 2022). Until there is better, targeted support for residents, TA will continue to impact people's wellbeing (Gosmann et al., 2021).

In summary, this group of homeless mothers living in TA in rural areas experienced similar challenges to other groups who experiences homelessness, in addition to unique challenges related to their unique intersecting identities. This group of women showed incredible strength and resilience and strived to mother their children with love and affection, despite the challenges of living in the TA. However, this came at a cost to their mental health and wellbeing.

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Appendices:

Appendix A. Timeline of Housing Legislation and Austerity Measures in the UK

[1974-2022]

Year	Act	Impact
1974	The Housing Act (1974)	Introduced state funding for social housing development by housing associations. This started the development of housing associations as the major provider of social housing.
1977	The Housing Act (1977)	Provided the first laws on homelessness and duties of councils to provide assistance to homeless people.
1980	Margaret Thatcher's shift in housing policy	New housing policy allowed sitting tenants to buy their social homes at a significant discount through Right to Buy. Councils had to sell properties to tenants at a discount from the market price when they applied. Houses were not built to replace those sold, and so the Act started a huge reduction in the number of council houses.
1980	The Housing Act (1980)	New restrictions for LAs building and managing social housing.

		The powers and resources that local authorities previously had to build and manage social housing faced new restrictions.
1983	Reduced social housing stock	The level of building social housing halved in just three years
1988	The Housing Act (1988)	An attempt to return to social house building, led by housing associations rather than councils and backed up by private finance. This created Assured tenancies as the new long term tenancy used by social landlords (e.g. housing associations and not local authorities). Under these tenancies, a tenant could only be evicted if the landlord proved a specific ground for possession and obtained a court order.
1996	The Housing Act (1996), Part 7	An Act of Parliament that changes the powers of local government in England such as: Anti-social behaviour injunctions– this enabled social landlords to obtain an injunction against a tenant who engages in “housing-related anti-social conduct” Introductory tenancies – this is a type of tenancy for new tenants. They have no security for the first year, so that if the council applies to the court for possession of the property in that time, the court must allow it.

		The primary homelessness legislation – that is, Part 7 of the Housing Act 1996 – provides the statutory under-pinning for action to prevent homelessness and provide assistance to people threatened with or actually homeless.
2002	Homelessness Act 2002 and the Homelessness (Priority Need for Accommodation) Order (2002)	In 2002, the government amended the homelessness legislation through the Homelessness Act 2002 and the Homelessness (Priority Need for Accommodation) (England) Order 2002 to: A) To ensure a more strategic approach to tackling and preventing homelessness, in particular by requiring a homelessness strategy for every housing authority district; and B) to strengthen the assistance available to people who are homeless or threatened with homelessness by extending the priority need categories to homeless 16 and 17 year olds; care leavers aged 18, 19 and 20; people who are vulnerable as a result of time spent in care, the armed forces, prison or custody, and people who are vulnerable because they have fled their home because of violence.
2002	The Homelessness Act (2002)	Under the Homelessness Act 2002, all housing authorities must have in place a homelessness

		<p>strategy based on a review of all forms of homelessness in their district. The strategy must be renewed at least every 5 years. The social services authority must provide reasonable assistance.</p> <p>The strategy must set out the authority's plans for the prevention of homelessness and for securing that sufficient accommodation and support are or will be available for people who become homeless or who are at risk of becoming so.</p>
2003	The Homelessness (Suitability of Accommodation) (England) Order 2003,	<p>Bed and breakfast accommodation is not considered suitable for families with children and households that include a pregnant woman, except where there is no other accommodation available, and then only for a maximum of 6 weeks.</p>
2008	The Housing Regeneration Act 2008	<p>This Act ended the concept of a 'tolerated trespasser'.</p> <p>Many secure and assured tenants of social landlords had fallen into this category as a result of breaching court orders given when they had of rent arrears.</p> <p>The Act meant that these people lost security and their homes could be repossessed.</p>

2008	The global financial crisis	and countries around the world entered recession. In the UK, the recession lasted for six quarters in a row
2009	Austerity Policies started	The UK government began austerity policies with large scale public funding cuts, but it was announced that the NHS and education would be protected.
2011	Housing benefits	Changes to housing benefits – maximum rents introduced. Housing benefit was frozen rather than rising with inflation.
2013	The Welfare Reform Act (2012) was implemented	Bedroom Tax Universal Credit PIP Capped benefits
2014	Universal Credit transfers	Existing benefit claimants were transferred over to Universal Credit.
2015	Food banks increased	Food banks could be found in areas that ordinarily would be considered wealthier areas of the UK.
2016	Brexit vote	The result was to leave the EU in March 2019.
2016	Benefits frozen	Benefits frozen for four years instead of rising with inflation

2017	The Homelessness Reduction Act 2017)	<p>This Act increased responsibilities on local authorities to provide accommodation for people without a house.</p> <p>This Act significantly reformed England’s homelessness legislation by placing duties on local authorities to intervene at earlier stages to prevent homelessness in their areas. It also requires housing authorities to provide homelessness services to all those affected, not just those who have ‘priority need’. These include:</p> <p>A) an enhanced prevention duty extending the period a household is threatened with homelessness from 28 days to 56 days, meaning that housing authorities are required to work with people to prevent homelessness at an earlier stage; and</p> <p>B) a new duty for those who are already homeless so that housing authorities will support households for 56 days to relieve their homelessness by helping them to secure accommodation.</p>
2017	The Tax Credit Cap	Two child tax credit cap was introduced
2018	The Homelessness Reduction Act (2017)	<p>This new act came into force in April 2018.</p> <p>The new legal duties mean the council must:</p>

		<p>Provide advice and carry out prevention work, so that where possible, people can be supported to remain in their current home;</p> <p>Offer everyone who is homeless or at risk of homelessness access to meaningful help, irrespective of their priority need status, as long as they are eligible for assistance; and,</p> <p>Carry out prevention and relief work for anyone threatened with homelessness within 56 days.</p>
2018	Cost of living crisis	<p>Free school meals continued to be means tested, after changes to Universal Credit, as with the previous benefit system around only one in three children in poverty were eligible for a free school meal.</p> <p>Analysis by the Institute for Fiscal Studies found that on average people's real annual wages were £800 lower in 2018 than they had been in 2008. People in their 20s and 30s were particularly affected, whereas pensioners were the least affected.</p> <p>Welfare spending had fallen by almost 25% in the last ten years.</p>

		After 8 years of working on Universal Credit, only 10% of expected claimants are on the system.
2020	The Covid-19 pandemic	The World Health Organisation declared the outbreak of Covid-19 a pandemic. From March multiple restrictions were put in place in the UK including the temporary closure of businesses, and restricted movement of people.
2020	The economy contracted by 2%	The fastest pace since the financial crisis in 2008.
2020	The UK's deepest recession	In August 2020, the UK had entered the deepest recession since records began as GDP fell 20.4%.
2021	Ongoing Covid-19 pandemic	The Covid-19 pandemic continued into 2021 throughout the world, including the UK.
2021	The Domestic Abuse Act (2021)	The Domestic Abuse Act 2021 amends Part 7 of the 1996 Act to strengthen the support available to victims of domestic abuse. The Act extends priority need to all eligible victims of domestic abuse who are homeless because of being a victim of domestic abuse. The 2021 Act brings in a new definition of domestic abuse which housing authorities must follow to

		<p>assess whether an applicant is homeless because of being a victim of domestic abuse.</p>
2021	Cost of living crisis	<p>By the start of 2021, 5.1% of adults in the UK were unemployed.</p> <p>Unemployment has been affected by the Covid-19 lockdown as businesses have struggled despite the government's furlough scheme.</p> <p>Food provision for children in the UK to replace free school meals whilst schools were closed proved contentious throughout the pandemic.</p>
2022	<p>The rising cost of living crisis in the UK and projection for family homelessness to continue to increase (Spratt, 2022).</p>	

Retrieved from: Life on the Breadline (n.d.)

Appendix B. Project Search Planning Form

Your Research Topic

Families' and children's' experiences of homelessness in the UK and their perception of the impact on their mental health, wellbeing and relationships.

Your Research Question

What is the existing knowledge base of the experiences of families, mothers and their children experiencing homelessness whilst living in temporary accommodation in the UK, and how does this impact their mental health and wellbeing?

Consider how the following four categories apply to your research topic

Patient/Population and/or Problem	Intervention	Comparison/Control (if applicable)	Outcomes (or effects)
Families living with their children	Exploration of their experiences of living in TA - Not interventions	N/A	Perception of effects on mental health General experiences of living in TA
Alternative Words (including any MeSH headings)			
famil* OR mother* OR child* OR caregiver OR "single mother" OR maternal OR parent*	"mental health" OR "wellbeing" OR "well-being" OR distress OR depression OR stress OR anxiety OR loneliness OR isolation OR affect OR mood	"temporary accommodation" OR "temporary housing" OR homelessness OR displacement OR evictions OR "homeless children" OR "homeless parents" OR homeless*	network OR support OR community OR care OR relationship*

Appendix C: Project Search Planning Form

Exclusion and Inclusion Criteria

Inclusion:

- About homelessness
- Focuses on:
 - > Mothers experiences of homelessness
 - > Children living with mothers
 - > Families with mothers or parent(s) and children
- Relevance to mental health and wellbeing
- Explores experiences of homelessness
- Includes mothers over the age of 18
- Published in English
- At least one child under the age of 18

Exclusion:

Papers focused only on interventions

Sole focus on pathways into homelessness

Focus on prevalence not experience

Mothers living in TA but apart from their children

Focused solely on parenting competencies

Homelessness related to natural disasters and/or war

Focused on issue faced by homeless families without addressing the experience of homelessness itself

Focus only on physical health only or access to physical services only

- Sole focus on mothers under 18 years old, due to the unique experiences of homeless teenage mothers

Recruitment of pregnant women, not women with dependent children

Any Search Restrictions (or limits)

Limit keywords to Title and/or Abstract

Limit search to the last 20 years (from 2002)

Articles written in English

No other limits or restrictions

Appendix D: Screenshot of the Systematic Literature Review Process [PsychArticles and PubMed]

The screenshot displays the PubMed Advanced Search Builder interface. At the top, the URL is <https://pubmed.ncbi.nlm.nih.gov/advanced/>. The page title is "PubMed Advanced Search Builder" with the "PubMed.gov" logo and a "User Guide" link. A notification states "Filters applied: Humans, English. Clear all".

Below the notification, there is a section "Add terms to the query box" featuring a dropdown menu set to "All Fields", a text input field "Enter a search term", and an "ADD" button. A "Show Index" link is also present.

The "Query box" section contains a large text area "Enter / edit your search query here" and a "Search" button.

The "History and Search Details" section includes "Download" and "Delete" icons. It contains a table with the following data:

Search	Actions	Details	Query	Results	Time
#9	...	>	Search: (((famil*[Title] OR mother*[Title] OR child*[Title] OR caregiver[Title] OR "single mother"[Title] OR maternal[Title] OR parent*[Title]) AND ("mental health"[Title] OR "well-being"[Title] OR "wellbeing"[Title] OR distress[Title] OR depression[Title] OR stress[Title] OR anxiety[Title] OR loneliness[Title] OR isolation[Title] OR affect[Title] OR mood[Title])) AND ("temporary accommodation"[Title] OR "temporary housing"[Title] OR homelessness[Title] OR displacement[Title] OR evictions[Title] OR "homeless children"[Title] OR "homeless parents"[Title])) AND (network[Title] OR support[Title] OR community[Title] OR care[Title] OR relationship*[Title]) Filters: Humans, English	6	11:39:02
#6	...	>	Search: (((famil*[Title/Abstract] OR mother*[Title/Abstract] OR child*[Title/Abstract] OR caregiver[Title/Abstract] OR "single	503	11:38:14

Appendix E: Quality Appraisal Tool 1

Category of study designs	Methodological quality criteria	Responses			
		Yes	No	Can't tell	Comments
Screening questions (for all types)	S1. Are there clear research questions?				
	S2. Do the collected data allow to address the research questions?				
	Further appraisal may not be feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions.				
Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?				
	1.2. Are the qualitative data collection methods adequate to address the research question?				
	1.3. Are the findings adequately derived from the data?				
	1.4. Is the interpretation of results sufficiently substantiated by data?				
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?				
Quantitative randomised controlled trials	2.1. Is randomization appropriately performed?				
	2.2. Are the groups comparable at baseline?				
	2.3. Are there complete outcome data?				
	2.4. Are outcome assessors blinded to the intervention provided?				

	2.5 Did the participants adhere to the assigned intervention?				
Quantitative non-randomised	3.1. Are the participants representative of the target population?				
	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?				
	3.3. Are there complete outcome data?				
	3.4. Are the confounders accounted for in the design and analysis?				
	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?				
Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question				
	4.2. Is the sample representative of the target population?				
	4.3. Are the measurements appropriate?				
	4.4. Is the risk of nonresponse bias low?				
	4.5. Is the statistical analysis appropriate to answer the research question?				
Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?				

	5.2. Are the different components of the study effectively integrated to answer the research question?				
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?				
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?				
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?				

Appendix F: Quality Appraisal Tool 2 [Tracy's (2010) checklist]

Worthy topic

The research topic is “relevant, timely, significant, interesting” (Tracy, 2010, p. 840)

Is the research topic relevant?

Is it timely?

Is it significant?

Is it interesting?

Rich rigor

Use of sufficient and abundant theoretical constructs?

Use of sufficient and abundant data?

Use of sufficient and abundant time spent gathering data?

Use of sufficient and abundant sample?

Use of sufficient and abundant contexts?

Use of sufficient and abundant 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 and transparency about the research methods?

Honesty and transparency about the process?

Honesty and transparency about the analysis?

Including openness about challenges and difficulties?

Credibility

Does the research demonstrates that it is trustworthy?

Does it demonstrate that the findings are plausible?

Is a thick descriptions of knowledge included?

Is it showing as opposed to telling the reader the findings? E.g. with quotes?

Is there triangulation?

Or is there crystallisation and multivocality?

Resonance

Does the research have the ability to impact and influence different audiences?

Is the report written in a way that is evocative of empathy and emotion?

Do the findings feel relevant or transferable to different audiences?

Significant contribution

Does the research make a significant contribution to the field through building on knowledge?

Does the research make a significant contribution to the field through building on theoretical understanding?

Does the research make a significant contribution to the field through building on clinical practice?

Does the research provide practical suggestions?

Is it morally significant?

Ethical

Are ethical guidelines adhered to?

Does the researcher respond to challenges which arise in the process in an ethical way?

Do the research ethics also consider context and relationships?

Does the research consider the ethics at the end of the research process and dissemination?

Meaningful coherence

Does the study achieve what it aimed to achieve?

Does the study demonstrate coherence between methodology, epistemological position, and use of literature in line with the stated goals of the study?

Appendix G: Photograph of Early Themes From the Systematic Literature Review

<p>Halpenny (2002) Impact on <u>MH</u> Lack of space No space to play Children embarrassed. Social isolation Loss of dignity Disruption Rules/disempowered Poor treatment</p>	<p>Karim (2006) Impact on <u>MH</u> Lack of <u>privacy</u> Unsafe/violence Neg. impact on children Hostels were worse Rehoused = distress remains.</p>	<p>Tischler (2007) Impact on <u>MH</u> Lack of <u>privacy</u> Lack of space No space to play social isolation Location forgotten Neg. impact on children.</p>	<p>Booth Impact Relation Isolation Forgotten</p>
<p>Watt (2018) Impact on <u>MH</u> -Unsafe/violence -Lack of space -Trapped/location -Isolation -Stigma -Responsibility of being a single mum.</p>	<p>Watts et al (2018) - Impact on <u>MH</u> - Lack of space - Unclean unsafe/violence - Location - Isolation - Rules - Unfit for families</p>	<p>Corey (2019) - Impact on <u>MH</u> - Lack of space - Unsafe/violence - Unclean - Unfit for mothers - Responsibility of being a single mum - Rules - Not home - Isolation-blame - powerlessness</p>	<p>Nounicki (2019) - Impact on <u>MH</u> - Lack of <u>privacy</u> - Lack of space - No space to play - Shame/stigma - Isolation - Rules - Disruption</p>
<p>Harris (2020) Impact on <u>MH</u> - Temporary = distressing - Not home - Location - Stigma - Physical environment as a barrier to home</p>	<p>Bimson (2020) - Impact on <u>MH</u> - Lack of <u>space</u> - Not home - Isolation - Rules - Isolation - Disrupting ability to parent - Blame/shame</p>	<p>McHale (2021) - Impact on <u>MH</u> - Unsafe/violence - Unfit for families - Shock/trauma - oppression/powerlessness - Excluded from society - isolation/location</p>	<p>Shelter (2021) - Impact on <u>MH</u> - Unfit for families - Not home - Violence - Unfit for women - Single parents experience extra barriers - isolation. - stigma.</p>

Appendix H: Ethics Approval Notification 1 (Part A)



HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO Sarah Beadle
CC Dr Lizette Nolte
FROM Dr Roberto Gutierrez, health, Science, Engineering & Technology ECDA Vice Chair
DATE 22/03/2021

Protocol number: **LMS/PGR/UH/04522**

Title of study: "Single Mothers' Experiences of Temporary Accommodation: A Suffolk-based Study"

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

Dr Nina Carey (External/Secondary Supervisor)
Elizabeth Wormald (Project Consultant – Expert by Experience)

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

Permissions: 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.

External communications: 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.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

Validity:

This approval is valid:

From: 01/04/2021

To: 01/06/2021

Appendix H: Ethics Approval Notification 1 (Part B)

Please note:

Failure to comply with the conditions of approval will be considered a breach of protocol and may result in disciplinary action which could include academic penalties.

Additional documentation requested as a condition of this approval protocol may be submitted via your supervisor to the Ethics Clerks as it becomes available. All documentation relating to this study, including the information/documents noted in the conditions above, must be available for your supervisor at the time of submitting your work so that they are able to confirm that you have complied with this protocol.

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.

Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A. 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.

Failure to report adverse circumstance/s may be considered misconduct.

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.

Appendix H: Ethics Approval Amendment Notification



HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO Sarah Beadle
CC Dr Lizette Nolte
FROM Dr Simon Trainis, Health, Science, Engineering & Technology ECDA Chair
DATE 10/08/2021

Protocol number: **aLMS/PGR/UH/04522(1)**

Title of study: Single Mothers' Experiences of Temporary Accommodation: A

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:

Dr Nina Carey (External/Secondary Supervisor)
Elizabeth Wormald (Project Consultant – Expert by Experience)

Modification: Detailed in EC2.

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

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

Permissions: 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.

External communications: 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.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

Validity:

This approval is valid:

From: 10/08/2021

Appendix I: Participant Information Sheet

LMS/PGR/UH/04522

EC6: Participant Information Sheet (PIS)**Title of study**

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

Introduction

You are being invited to take part in a study conducted by Sarah Beadle, a Trainee Clinical Psychologist at the University of Hertfordshire. This thesis is supervised by Dr Lizette Nolte, 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 Suffolk 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?

A few years ago, I spent six months living in temporary accommodation in Suffolk, with my young son. As a person with lived experience of parenting in temporary accommodation and as a Trainee Clinical Psychologist, I am concerned about the experiences of other 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, service providers and the public about the impact of temporary accommodation on the wellbeing of families. Additionally, I hope to help women share their stories of some of the challenges that single mothers face when living in temporary accommodation, in Suffolk.

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 your eligibility for the research. If eligible, and you are still interested, we will agree to a time and place for an interview. This interview will be no longer than 90 minutes. The interview may be a face to face interview, a telephone interview, or a remote interview using video software (e.g. Zoom or other video call software).

Vouchers

If you take part then as a participant you 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 Suffolk 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

LMS/PGR/UH/04522

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 Suffolk. 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 Suffolk 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/PGR/UH/04522.

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. Results will also be shared with the local authorities and local providers of housing services, upon request. 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

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number is LMS/PGR/UH/04522.

Taking part in this study

If you wish to take part in this study please contact me on sb19adv@herts.ac.uk.

Further information

If you would like further information about the study, please contact me by email (sb19adv@herts.ac.uk).

The UH protocol number is **LMS/PGR/UH/04522**.

Further support

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

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

Gingerbread

Gingerbread is the leading National Charity supporting Single Parent Families. Their mission is that single parent families are treated equally and fairly. They provide information to help single parents support themselves and their families.

single parent families are treated equally and fairly. They can be contacted over the phone: [0207 428 5400](tel:02074285400).

Norfolk and Suffolk Foundation Trust: First Response Team

A 24/7 service for people of all ages in Norfolk and Suffolk requiring mental health care, advice and support. They can be contacted over the phone: [0800 196 3494](tel:08001963494).

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

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contact my supervisor (Dr Lizette Nolte at l.nolte@herts.ac.uk) and/or 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 J: Consent Form

Protocol Number aLMS/PGR/UH/04522(1)

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

Full Name:

Signed:

Date:

Researcher's Name: Sarah Beadle

Signed: S. Beadle

Date:

Appendix K. Sensitive Interviewing Framework

Dempsey et al.'s Framework for Implementation of Sensitive Interviewing

The framework presented here may assist researchers in conducting sensitive interviews with vulnerable groups directing focus to the participant's needs as well as points for researchers to consider before embarking on their data collection journey.

1. Preparation, planning and implementing an interview schedule
2. Accessing vulnerable groups
3. Time and location of interviews
4. Rapport and relationship building
5. Therapeutic interviewing
6. Concluding interviews
7. Ethical considerations

This framework has been followed whilst devising the research proposal.

1. Interviews

- Meet with supervisor or research team to discuss the interview process
- Bracketing interviews: meet with a critical friend/ supervisor/research team to challenge self- deceptions, keep a reflective diary
- Devise a risk assessment and distress protocol.
- Adhere to ethical research principles.
- The role of a defined interview schedule, the importance of developing relationships, and the issues arising when discussing the sensitive area of the end of life with participants also were explored.
- While adhering to the ethical principles of beneficence and non-maleficence, researchers must acknowledge that all qualitative interviews have the potential to cause distress, and even talking about sensitive issues to participants may constitute harm for them.
- Researchers are advised to conduct a risk assessment and devise a distress protocol prior to data collection in sensitive contexts.
- Assessing participants for signs of distress during research of a sensitive nature and identifying strategies for minimising discomfort are fundamental to good ethical practice (Walker, 2007).
- While avoiding entering into the role of nurse counsellor, nurse researchers can draw on experience in an effort to spot signs of distress (Ashton, 2014).

Time and location of interviews:

- Successful interviewing requires meticulous planning, and the location of interviews needs careful consideration. It is important for participants to feel safe, comfortable, and at ease during interviews (Elmir et al., 2011).
- The environment should be private and free from interruptions, particularly when discussing sensitive issues.
- Interviews should always be conducted at a place and time selected by the participant (Doody & Noonan, 2013).
- Interviews in participants' homes and give researchers entry into a private part of participants' lives (Dickson-Swift, James, Kippen, & Liamputtong, 2007) but also place the participant in a position of some control (Doody & Noonan).
- Participants in this study were offered the opportunity to be interviewed at any location suited to them.

Rapport and relationship-building

- **Time of crisis:** Researchers enter other people's lives, often at a time of crisis and stress, and ask them to discuss their experiences (Liamputtong, 2007).
- **Wellbeing/signposting:** Investigation of a sensitive topic may precipitate participants' intense emotions. Researchers must consider the vulnerability of their participants and devise a plan to provide appropriate support when required.
- **Boundaries:** Ensuring researchers have a good understanding of the appropriate boundaries of the researcher- participant relationship and the ethical issues that may arise will lead to a mutually beneficial experience to both parties (Murray, 2003).
- **Non-hierarchical:** A strategy to ensure that the researcher-participant relationship is non-hierarchical is reciprocal sharing of personal stories by both participant and researcher (Liam- puttong, 2007).

Therapeutic Interviewing

- Any interview is sensitive because disclosing information about the self makes the respondent vulnerable to emotional turmoil (Drury, Francis, & Chapman, 2007)
- The researcher aims to create a space in which a participant can relive difficult emotions, providing relief and reinforcement of participants experiences (Ashton, 2014).
- Having developed an interview schedule prior to data collection will allow the researcher to anticipate the likelihood of emotional responses and to adequately prepare for them. This gave rise to the creation of a distress protocol (Appendix F), which could be implemented to protect participants in the event that they become emotionally upset.

Concluding the relationship

- Burns (2000) suggested withdrawing gradually, returning to participants during the write-up and analysis stages to recheck and clarify points before finally concluding the research relationship.

Bracketing

- Bracketing assists the researcher to objectively explore any hidden or blind assumptions, so that data were collected and analysed in ways that did not prejudice the subject matter (Crotty, 1996).
- Notes and reflections are to be detailed immediately after each interview, with the intention to document initial thoughts and feelings for discussion with the research team.

Appendix L: Social Media Recruitment Poster

**Are you a
single Mum?**

**Are you living
in temporary
accommodation,
in Suffolk?**

**Please get
in touch!**

 sb19adv@herts.ac.uk

 07564 748662

 @WS_housing



**Hello! My name
is Sarah Beadle.
I am a Trainee
Clinical
Psychologist,
based in Suffolk**

This research counts towards the Doctorate in Clinical Psychology at the University of Hertfordshire.

Ethical approval has been provided by The University of Hertfordshire [*Protocol number: LMS/PGR/UH/04522*]

This research is supervised by Dr Lizette Nolte, Clinical Psychologist;
l.nolte@herts.ac.uk

Appendix M: Interview Schedule

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

Could you tell me about your current housing situation and what it has been like for you?

What is your experience of services who provided your housing?

Can you tell me about how long you have you been in your current temporary accommodation? Were you housed in other temporary accommodation services before this one?

Can you tell me about your knowledge of, and history/ relationships with, the area that you are living in at the moment?

Practical aspects and finance

Could you tell me how living in temporary accommodation affects your day to day living?

E.g. cooking and laundry, sleeping, bathroom, internet access. Do they have their own bed/bedroom? Is there a space for them to play? Do you have access to a garden/parking/storage for prams etc?

Could you tell me about who/where the children receive their childcare/schooling? How has this been impacted by moving?

Has your housing situation affected you financially? Can you tell me about your experiences of the process in which you pay the rent?

Can you tell me a bit about the process of what will happen (or has happened) when a place is identified as available and suitable for you to move in to? How does that process impact you and your family?

Mental health and wellbeing

Could you tell 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. Perinatal MH, AMH, CAMHS, Crisis mental health services, Social Care).

How would you describe the health of you and your children? Have you noticed any changes in their health (improvements or deteriorations) since your housing situation changed?

How would you describe your child's emotional wellbeing/mental health?

What do you think your child's(ren)'s experience of the temporary accommodation has been?

Can you tell me about your experience of going into temporary accommodation?

Relationships and community

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?

Can you tell me about how your support network key relationships and how they have been impacted by living in temporary accommodation?

Could you tell me about your community (local or not)? What is the experience of your community like for you and your children?

Sharing your voice with staff

17. Is there anything that you would like to share with the people who provide and pay for the services? E.g. housing staff? Council? Clinical Commissioning Groups (CCGs)?

Strengths and resources

18. What helps you to cope with your situation?

19. Is there any advice that you would want to tell other people who are going through a similar experience?

Additional information

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

Appendix N: Debrief Sheet

Debrief Sheet

Thank you for sharing your story with me in this research project. I hope this research will help improve people's understanding of the issues faced by single mothers and their children, living in temporary accommodation in Suffolk.

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 you experience any emotional distress or discomfort after participating in this research project, it could be a good idea to contact immediate sources of support such as your family, friends, GP and/or a therapist.

If you think that further support would be helpful for you, there are some details of organisations at the bottom of this page. 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 already have a therapist/counsellor/Psychologist then you may benefit from talking to them about how you are feeling, during your next appointment.

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, Sarah Beadle, by email on sb19adv@herts.ac.uk

If you have any complaints about the study, please contact Dr Lizette Nolte, by email (L.nolte@herts.ac.uk).

Gingerbread is a national charity supporting single parent families and can be contacted on 0207 428 5400. [file://localhost/tel/02074285400](tel://localhost/tel/02074285400)

Thank you again for your participation and support.

Appendix O: Research Diary Entry

Date: 05.12.21. Another no-show...

It is 3pm on a Sunday. I just rang another participant at the agreed time, and they didn't answer the phone. I think that makes 4 times this weekend. I am yet to complete a single interview. I am wondering why recruitment seems to be so tricky. I have total compassion for them, but I think I am starting to wonder if this project is viable or whether the women will be too hard to reach. I don't usually use that phrase. I think I usually recognise that people aren't hard to reach, it's that the thing that is being offered, isn't accessible. How do I make my interviews more accessible? I'm wondering if it's that they aren't accessible or maybe their situations are so complex and maybe they are under so much pressure, with so much to do, maybe taking part in a research interview just isn't the top of their list right now. I'm wondering if they are going to pick up if I call them again? Will they take part in an interview at a different time? Are they not picking up because they no longer want to take part in an interview? If so, then I'm glad that they feel comfortable to withdraw. I don't want to reinvent other oppression that they might experience in other systems. But I do need more participants to take part in the study. I remember reading that recruiting people who are experiencing homelessness can be really challenging. I know that I can't go to the housing offices because of the restrictions around COVID-19. I also want to make sure that my feelings from participants not turning up don't impact how I show up in the next research space. I don't want to project any feelings of frustrations about my own workload and project on to them. I'm going to take a break, go for a walk and then come back to this later on!

Part 2

I took 15 minutes, made a cup of tea, checked my contact log with the participants, went for a very brief walk in the, feeling a lot better! No contact with the participant from earlier.. I guess they weren't up for talking about their experiences. Fingers crossed they get back in touch. Holding in mind that it may just not be right for them and that Lizette said that recruitment can be like this. If anything, this makes my project feel more important. I'm giving participants a voice to share their experiences and it has to feel right for them.

Part 3 - 5.25pm

Interview number 5 fell through too... they just didn't answer the phone. So no interviews yet. I rang a second time 10 minutes later and left a voicemail just checking in and asking whether it was still a good time and invited them to let me know if they'd like to re-arrange. I won't ring again, because I don't want to pressure them. It's important they feel they can withdraw if the interview doesn't feel right for them. Research really is a rollercoaster. I'm wondering if the 3 interviews that I have planned this week will take place and back to wondering if I still have to consider whether my project and/or methodology is feasible. I know that some projects can work with thematic analysis with fewer participants. My questions are designed with thematic analysis in mind. I'll chat to Lizette about it in supervision again and send another email to the gatekeepers, to see how we can make this research more accessible and realistic for these women. Fingers crossed it'll work!

Appendix P: Exert from 3 Transcripts

Courtney's Interview

Interviewer: Ok, when you had your daughter, and went into hospital and came back to TA, how did that impact your well-being and mental health?

Courtney: Well, I stayed at my friend's some nights and some nights there. They weren't exactly happy about that. But to be honest, at that time, I didn't really care. Every time I went home I would just cry. I didn't want to be on my own with a newborn baby. Erm, and in the end I just started repaying what I owed, and then I got out of there.

Interviewer: Ok. What was the process like if you wanted to stay out?

Courtney: You have to let people know. You are only allowed out two nights a week.

Interviewer: What happens if you are out more than that?

Courtney: I think you can get kicked out. But to be honest, I stayed out quite bit but that was because I was quite rebellious to it to be honest. Because I didn't see how that was fair at all. Like, they were taking my wages, so I saw it as, I'm not being funny, I pay to live here, I should be allowed to stay out.

Interviewer: Yeah, that makes sense. Was there staff in [name of TA] where you were?

Courtney: Yeah.

Interviewer: Were they there 24/7?

Courtney: Yeah, they switch over night and day, yeah.

Interviewer: What was your experience of that like, of having staff there like?

Courtney: Well, I lived in [name of TA] as a child with my Mum. So, one of the staff members that I see there, remembered me as a child, so that was alright.

Interviewer: Oh, ok.

Courtney: But, you just felt like you were in a mental home, like you were being watched constantly. And it shouldn't be like that, like you don't feel like that is your home. Obviously, it is not, it is a homeless unit, but you just don't feel comfortable at all.

Interviewer: Mmm. I guess it is a temporary home, but it was your home at that time wasn't it?

Courtney: Yeah.

Interviewer: Thank you for sharing that. Were there any positive aspects of having the staff there at the time?

Courtney: You felt safe, you definitely felt safe from like the violence, yeah.

Interviewer: Ok.

Courtney: But they used to have these books, these red notebooks, and they used to write down everything you do. Say, you leave the building, they would write it down, say you enter the building with someone, they would write it down, its just so silly, say if you have a conversation with one of the staff members, they would write it down.

Interviewer: Oh really, what did they feel like?

Courtney: Awful.

Interviewer: Yeah. Did they ever show you what they were writing?

Courtney: No, never.

Interviewer: So, it sounds like there were some positive aspects in that having staff there made you feel safer?

Courtney: Mmm, yeah.

Jordan's Interview:

Interviewer: So, you stopped them fighting?

Jordan: Yeah. You know, there was stabbing and lots of stuff, you know, I'm not used to it.

Interviewer: Mmm.

Jordan: So, I hear people screaming and stuff and I go, get up, go to it. You know, thank God my child wasn't there at that point. But there was a few stabbings, you know, well one, one stabbing, but, well, people don't get on with each other, you know, then they ask for help, and I have to go to them and make them stop you know, it was hard.

Interviewer: It really sounds it. So, it sounds like there was a particular fight and did you say someone got stabbed?

Jordan: Yeah [sighs], yeah, yeah [sighs], a boy.

Interviewer: Gosh, what was that like for you?

Jordan: Bad. Bad. Bad, because I got a little bit of trauma at the time you know, because, well, violence, I'm not a violent person, I'm not used to violence, I'm not used to it, I don't like it. I don't see these things every day, you know....But I did stop that you know, they'd listen. They always, I'd be like oh come on, you know, I'd go, and I'd say come on, we are in the same boat, why fight? Let's try to get along, you know.

Interviewer: Mmm

Jordan: I was like er, they respect me a lot, let's put it this way. Because I never went to parties with them, or drink with them or do other things with them. I always kept myself to myself. Because I know I was the only one to, I had to be there for an emergency, in case anything happened, and my son was there, I was thinking about him, you know, thinking about me and my child, but I don't think everyone was the same. But I treat everyone the same.

Interviewer: Mmm... It sounds like a very hard time for you.

Jordan: It was, it was. People asking for money. Can I borrow this, can I borrow that? You know and then I just want to be out of there, only because of the neighbourhood, but if it wasn't for the neighbourhood, I would have loved to stay in Queensbury house, because it is

right in the town centre, right bang in the middle of the town, yeah, but you know. [laughs]. I never used to have neighbours like this for my whole life, while I lived in England. So, it was a bit disturbing, you know. But, I knew that I was going to get out, anyway you know, but when? When? I didn't know when. Only when the fire started. So yeah, it was quite a hard time there, definitely.

Interviewer: Mmm, what do you think helped you cope?

Jordan: Er..... Like what, erm?

Interviewer: So, it sounds like it was a really hard time for you, so I'm wondering how you coped, how did you make yourself feel better or how did you manage how difficult it was living there for the six months that you were there?

Jordan: Well, just try to take things easy, like each day. But it's like, it's never going to end. You know, it felt like that. I used to complain to my Auntie, you know, "Auntie, these people are not normal here, you know". Because, it's like, if it's not asking for money, they are asking for food, you know, disgusting. I never thought I was going to end up in a place like this in my whole life.

Interviewer: So, it sounds like the people were approaching you for money and food, is that right?

Jordan: Yeah, some of them, not all of them, but some, yeah, they did.

Interviewer: And was there ever a point when you felt unsafe?

Jordan: [long pause] When the door was broken down downstairs. Anyone would come in the building. Then the back door, the exit door was open all the time, so it was quite unsafe, I felt unsafe then. Because you know, they used to break everything there. The residents that lived there, they used to break things that were perfect, then they just go and break it with anger. It was disgusting. It was sad to watch because it was such a lovely building, in a beautiful little town, and people don't respect it, they just want to break and vandalise the place. I was very

sad for that, because erm, there is no need to do things like this. If you feel angry, well, get help! Don't smash the doors, you know. And, er, and you know, they used to be all nice and working properly, then suddenly they just stayed open all the time, yeah...

Interviewer: Thank you for sharing all of that. It just sounds like such a difficult circumstance for you.

Jordan: Oh, yes, with a child as well, you know. Because I was the only one who had a child there, so.

Interviewer: Ok, so there were no other families there?

Arina's Interview

Arina: There are staff where I am now as well, yeah [quiet voice] [speaks to baby] here you go!

Interview: OK, and so you're on the 1st floor flat. So, whereabouts are the staff are they, so they have like a little office somewhere?

Arina: As you come into the building they've got in office, yeah.

Interview: OK.

Arina: I have got to get past them to get to my flat.

Interview: What's that like?

Arina: Uh, it's frustrating because there's no reason as to why they couldn't. Like if they were physically able to, there's no reason why they couldn't help me. They, uh, they was helping me and then one of the staff asked the Council if they're allowed, and apparently they're not or one of the seniors or something, apparently they're not, in case they do their back in or drop the buggy.

Interview: Ah ok.

Arina: Isn't that parent discretion though? If I have asked them and have allowed them to do it.

Interview: Mmm, so that's, yeah, I guess I know what [pause], I guess I'm noticing my own response to that, but I'm wondering like, what was your emotional response to hearing that? And to get help initially and then for them to stop helping and then be told that's the reason why they couldn't?

Arina: Erm, very frustrating and very sad, like 'cause it's it's limited me quite a lot. It's limited my daughter being about to go out for as much fresh air, as she should be able to go out. Uhm, I mean, I can get her down the stairs in the buggy but it's just really, really difficult and probably quite dangerous for her, and for me, me doing it on my own.

Interview: Yeah, yeah it sounds it. You said earlier that then I think yeah about maybe about half an hour ago, you kind of are less likely to go out or you'll say no to some things because it's so difficult to get out.

Arina: Yeah, I mean I have been late for hospital appointments and everything 'cause the staff have said that they won't help me. And I don't like to get downstairs as I could, but they're attitude is oh well just take the buggy down first and then go and get her

Interview: Mmm.

Arina: And it's like, well even if I take the buggy down first, the buggy is still heavy without her in it, like. It's a travel type buggy, it's a big unit.

Interview: Yeah.. And then, I guess she would then be on her own, maybe not for very long, but again, you're in a situation where you'd have to leave her on her own, I imagine?

Arina: Yep, yeah.

Interview: Whilst you take the buggy down. So, it's kind of like the practical element in terms of physically not really being able to carry the buggy down on your own.

Arina: Yep, yeah.

Interview: Erm, but it sounds like they were hoping for a while, and then they weren't. And have you ever kind of shared? If you're feeling anxious or worried about something? Have you ever gone to them and shared that?

Arina: No, nah it's not worth it.

Interview: Can you tell me a bit more about that?

Arina: Uhm. They often come across and say they're too busy to talk to you

Sofia's Interview

Interviewer: OK and how does that feel, knowing that you're kind of where you are now and that's gonna happen soon?

Sofia: Yeah, I mean I would say it's a worry, but I think the one thing to me that makes this make me feel secure is the building I'm in now. I mean you need a fob to even get into the main bit.

Interviewer: OK

Sofia: So, before you even get to like my flat door.

Interviewer: Yeah

Sofia: and I think I'm pretty sure there are cameras outside anyway, but obviously, in an ideal world, I'd already be settled somewhere with my son in my new place, like my safe, my safe place before he comes out.

Interviewer: Yeah

Sofia: But obviously I'm not really in a position to go making any demands or anything. I'm just going by what they're telling me.

Interviewer: Is that what it feels like? That you aren't in a position to ask for that?

Sofia: Yeah, I mean it is frustrating especially because my DV officer lady and people from [DV charity name] who are getting into contact with me, keep saying we do think it is a good idea for you to be rehoused, and then for the Council to say, well actually you know there's not a lot we can do. What we have is what we have. It's not a case of you know. I just want to for the sake of it, this is because this is for me and my son's safety you know.

Interviewer: Yeah, absolutely it makes sense and that sounds. I'm just wondering when you said earlier that you erm experience anxiety as well, I'm just wondering how that it kind of impacts your mental health?

Sofia: Erm, I feel like, I'm, I'm a lot stronger than what I was. I mean, when all this came the whole thing like came about in such a weird order, so, becoming homeless and then my ex-partner being released to start off with. I was really really like struggling. But like I say when you look when I look at my boy, I think what good is crying every day like it's just gonna make him. He's going to pick up on what I'm feeling so you sort of do you just have to like pick yourself up and carry on. And I'm a lot stronger and better now than what it was. You know I think I've just accepted that I'm going to be here. This is the situation and I've just gotta deal with it as best as I can.

Interviewer: Mmm. Thank you for sharing that. I am glad that you feel that you are in a better place now

Sofia: Thank you

Interviewer: But it sounds like things were really hard before when you said you were struggling?

Sofia: Yeah, yeah, that's when I went to the GP you know

Interviewer: Mmm and how do you think your current accommodation has impacted how you feel in yourself?

Sofia: Well, I would absolutely hated to have to live somewhere where I had to share with others, that would make me so anxious, I probably wouldn't even eat or anything or leave my room.

Interviewer: Really?

Sofia: Yeah, yeah, I just couldn't do that I don't think, god, I'm glad this is just mine here.

Appendix Q: End of study email

