

Gender and homelessness: a qualitative exploration into the lives of single adult women experiencing homelessness in the North West of England.

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List of Acronyms

CP	Counselling Psychology or Counselling Psychologist
PTSD	Post-Traumatic Stress Disorder
RTA	Reflexive Thematic Analysis
SJ	Social Justice
TA	Thematic Analysis
UK CP	UK Counselling Psychology
PIS	Participant Information Sheet

Abstract

Background and research aims: Little is known about single adult women's experiences of homelessness due to a concentration of literature on male homelessness. Furthermore, the empirical and statistical nature of much homelessness research, including that on skills and educational training needs, does not allow for in depth exploration of homeless women's perceptions and experiences. This study seeks to address these knowledge gaps and add to the limited existing literature on single women's homelessness, drawing on social justice and critical feminist frameworks to explore this underrepresented phenomenon. **Method and methodology:** This study is informed by a transformative research paradigm, adopting both social justice and critical feminist frameworks, and a qualitative methodology, to explore the lived experiences of single, homeless women. Seven semi-structured interviews were conducted, and the data were analysed using reflexive thematic analysis to produce three key themes. **Analysis:** The analysis produced three themes, the third of which was divided into two sub-themes. The themes are as follows: **1)** *"I have the fear. Now the fear starts"*. Experiences of threat and perceptions of vulnerability; **2)** *"She's still stuck by me, and I love that about her"*. Attachment bonds between the women and the staff as a precursor to healing and growth; **3)** The importance of choice and freedom; **3.1)** *"Because there was nothing...nowhere else you could turn to"*. Loss of choice and freedoms during homelessness is damaging to women's emotional, psychological, and physical well-being; **3.2)** *"Now I have my own goals, I want to do something in the future"*. Fostering a sense of choice and freedom within skills and education pathways has positive outcomes for self-development and self-efficacy. **Discussion:** The findings of this thesis were able to elucidate the experiences of single, homeless women across seven key areas: **1)** *Loss of home as a gendered issue*; **2)** *Rough sleeping*; **3)** *Perceptions and conceptualisations of vulnerability*; **4)** *Relational disintegration and redevelopment: the power of the relationship*; **5)** *Economic marginalisation during homelessness and restricted access to the labour market*; **6)** *Learning environments, engagement, and trauma-informed care*; **7)** *Limitation of liberties*. Limitations, reflexive considerations, implications for CP, directions for future research, and implications for frontline practitioners are offered.

Key words: homelessness; homeless women; gender; critical feminism; social justice, counselling psychology.

Declaration

No portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

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Chapter 1: Introduction

1.1 Introduction

This study aims to explore the experiences of homelessness for single, adult women in the North West of England, and their perceptions of skills training and educational courses accessed while homeless. This chapter begins by presenting the background and aims of this study. I will then define key terminology used throughout, before moving on to a reflexive section, where I will outline my positionality in relation to the research. Finally, a brief overview of the thesis is presented.

1.2 Background and rationale for the research

People experiencing homelessness are widely acknowledged to be one of the most disadvantaged groups in society (Equality & Human Rights Commission, 2016) experiencing multiple exclusions which negatively impact their physical and mental health, access to employment and housing, and ability to participate in social, cultural, and political life (Horsell, 2006; Pleace, 1998; Reeve & Batty, 2011). Homelessness is an extreme consequence of social exclusion which is caused by a particular groups' limited access to state intervention and welfare support which would otherwise act as a buffer against the outcomes of poverty and deprivation, which is particularly acute amongst single, socially excluded people (Pleace, 1998). The homelessness issue remains as urgent as ever in 2022, with the average life expectancy for women and men experiencing homelessness remaining at 41.6 and 45.9 respectively (Shelter, 2021). Amidst the backdrop of the global energy crisis, inflation spiralled to a record 11.4% in October of this year meaning household income failed to keep up with the price of goods and services (Francis-Devine, 2022), yet the current Conservative government faced accusations of not taking the crisis seriously, with a succession of government ministers and MPs publicly recommending that learning cooking skills and how to budget, getting better paid work, working more hours, and buying value range goods offers a viable solution (Geraghty, 2022; Malnick, 2022; Sleigh, 2022; Walker, 2022). With house prices continuing to surge, and approximately 2.5million households struggling to pay rent (Shelter, 2022a), recent analysis suggests that the lowest earning households could be spending 133% of their income on rent, energy bills and food – an untenable position for many which will likely result in a surge in homelessness (Crisis, 2022). For those seeking to move away from homelessness, attempting to gain economic stability and secure housing becomes yet more problematic.

Women's homelessness as a research area has not achieved parity with the attention male homelessness receives, meaning our understanding continues to be skewed by an androcentric lens (Pleace, 2016; Reeve, 2018). Gendered understandings of homelessness are beginning to emerge which demonstrate potentially differentiated trajectories through homelessness for women (Bretherton, 2020), which in turn demand gender-sensitive responses both in policy making and service provision. The paucity of research dedicated to single women's experiences of homelessness is

largely premised on the erroneous assumption that the socioeconomic conditions which precipitate homelessness are predominantly experienced by single, adult males (Bretherton, 2020). However, evidence dictates that poverty is a highly gendered experience (Reis, 2018), and that women are impacted by a greater number of socioeconomic inequalities, including low paid, part time work, unpaid care work, the sexual division of labour, and the gender pay gap (Crompton, 2007; Reis, 2018; Stephenson & De Henau, 2017) which alongside recent reforms in housing policy impacts women's access to affordable housing and financial security (Tunstall, 2017). These inequalities mean that women are being disproportionately affected by the cost-of-living crisis, with single parent households, the majority of whom are headed by women, most likely to bear the heaviest burden (The British Psychological Society, 2022).

In the UK's current economic climate, the relationship between poverty, structural inequalities, and homelessness is important, particularly where employment is offered as a plausible route out of poverty and homelessness, yet the rise of both in-work poverty – often for part-time workers (Joseph Rowntree foundation, 2022) and in-work homelessness is evident (Jones et al, 2020). Women's financial instability and housing precarity may endure beyond homelessness (Bretherton, 2020), indicating that employment may not constitute a successful and permanent exit from poverty and homelessness (Bretherton & Pleace, 2019; Joseph Rowntree Foundation, 2022). More evidence is required to establish what marginalised single women would find useful in moving away from homelessness in a meaningful sense.

UK CP has yet to significantly contribute to our understanding of homelessness, and in particular marginalised, single women's experiences of this phenomena. The current research aims to address these gaps by a qualitative exploration of the experiences of single, homeless women, their perceptions of education and skills training, and in highlighting the potential contributions that CP can make to this area.

1.3 Relevance for counselling psychology

The issue of homelessness is highly relevant to CPs, and there is much the profession is able to offer in terms of therapeutic expertise and understanding the complex, systemic injustices at play. CP's humanistic value base emphasises the facilitation of empowerment and growth, agency, self-actualisation and capacity for self-healing (Bohart, 2013; Bohart & Tallman, 1999; Cooper, 2009) making CPs well placed to work therapeutically with homeless people experiencing alienation, loss of identity, disconnection, social exclusion (Howe et al, 2022; Reeve & Batty, 2011; Riggs & Coyle, 2002) but with an innate capacity for restoration and post-traumatic growth (Southwick et al., 2014). A non-pathologising stance in opposition to medicalised models of mental health provides an antithetical viewpoint to 'scientific detachment' (Bugental, 1964, p. 24), opening up a compassionate and relational space where people experiencing homelessness can feel safe and seen. However, in this thesis, I have chosen to look beyond individual therapeutic work, acknowledging the important calls for understanding a person's social situatedness and

experiences of disadvantage as impacting upon well-being (Cooper, 2009). This can be achieved via CP's increasing interest in a social justice (SJ) agenda (Winter, 2019) – a lens through which homelessness can be understood as a denial of resources, opportunities, self-determination, and meaningful participation in society (Cutts, 2013), recognising that 'we cannot eliminate oppression without transforming oppressive institutions and altering the basic premises of unjust systems' (Prilleltensky & Nelson 1997, p.166).

1.4 Definitions of key terminology

1.4.1 Homelessness

The term "homeless" may evoke images of an individual – typically a male – begging for change on the high street or bedding down in a shop doorway. However, to be homeless can encompass a wider degree of circumstances, ranging from rooflessness where the individual lives in public or external spaces, to inadequate housing where the individual may face extreme overcrowding or accommodation which is unfit for habitation (Edgar, 2009). According to Jacobs et al (1999) although homelessness is often treated as an 'objective...phenomenon' (p.2), definitions tend to shift over time in line with governmental ideologies and prioritisation of social issues and policy. Narrow definitions which target visibly homeless populations convey the impression of effective policy making for a manageable population (Busch-Geertsema, 2010; Jacobs et al, 1999) meaning less scrutiny is placed upon the socioeconomic conditions which precipitate homelessness and the ideologically driven funding constraints which fail to tackle the issue (Jacobs et al, 1999). In recent years, broader conceptualisations of homelessness have proposed a continuum between housed and un-housed, encompassing insecure and inadequate tenure as examples of housing exclusion (Edgar et al, 2007). However, there is still much debate as to whether, for example, living in accommodation deemed in some countries unfit for human habitation, constitutes homelessness (Edgar, 2012) – with the threshold between homeless and housing exclusion category decried as 'arbitrary' (Amore et al, 2011, p.25). However, as Pleace and Hermans (2020) argue, definitions tend not to incorporate the personal, emotional, and psychological meanings which people attach to the home, or capture the dynamic mobility which is evident in some experiences of homelessness (see Reeve, 2011). From a feminist perspective, they may also fail to capture cultural notions of home as places of supposed safety, whereas in reality for many women they are sites of oppression, violence, and abuse (Pleace & Hermans, 2020). With this in mind, this thesis prioritises subjective categorisations of homelessness, in that I set no criteria other than specifying that the women had previous or current experiences of homelessness, therefore providing a space for their own subjective categorisations and meanings attached to loss of home.

1.4.2 Rough sleeping

In the UK, rough sleeping is defined for official statistics as a person bedding down in open air, or a building or structure not fit for human habitation – such as a shed, or car park (Homeless Link, 2021). This definition is used by

local authorities to count or estimate a snapshot figure of the number of people sleeping rough in the local area on a typical night in England (Homeless Link, 2021), whereas in London, a Combined Homelessness and Information Network (CHAIN) multiagency database is also used to record both verified rough sleepers and includes a wider population, including those involved in daytime street-based activities such as begging (Homeless Link, n.d.), as well as those bedding down in areas unsuitable for habitation, such as derelict buildings and stairwells (Greater London Authority, 2022). However, neither of these methods of enumeration account for hidden homeless, a population which women may make up a large proportion of (Reeve, 2011), due to a propensity to occupy concealed public spaces (e.g., Reeve et al, 2006), meaning they are less likely to be approached by outreach workers and more likely to be missed from rough sleeper counts.

While both of these utilise definitions of rough sleeping which go beyond customary notions of males sleeping in shop doorways, they both fail to account for the nuanced, dynamic nature of women's homelessness and rough sleeping, with evidence suggesting that it may be characterised by non-linear patterns between sleeping outside, and in insecure forms of accommodation (Bretherton & Pleace, 2018). Based on the emerging evidence which points to these gendered patterns of homelessness (Bretherton, 2017; Bretherton, 2020), the current study assumes a broad definition of rough sleeping to include a wide-ranging number of environments and circumstances which women may choose in preference to visible rough sleeping, such as walking the streets, spending time in late night food establishments and riding buses (St. Mungos, 2019).

1.4.3 Housing instability and insecurity

Housing and homelessness literature has offered various ways to measure housing stability, including one dimensional and material measures, such as frequency of relocations (e.g., Desmond & Perkins, 2016) or length of tenure (e.g., Kreindler & Coodin, 2010). However, housing insecurity can be understood as a continuum, mediated by threats to economic security and dependent on income and equity of resources - broadly speaking with secure home ownership at one end, and various forms of homelessness and absence of security at the other (Frederick et al, 2014). The continuum of stability of housing circumstances is non-linear, multidimensional and may be subject to change depending on intersects of multiple disadvantages (Frederick et al, 2014) which coalesce to shape the extent to which an individual is able to participate in social and economic life. For women, gendered experiences of economic disadvantage, including lower earnings and the impact upon housing affordability, a reduction in housing benefit which has a disproportionate impact on women, and the relationship between housing, domestic violence, and financial autonomy, mean that women are likely to experience a complex and highly differentiated patterns of housing instability.

It is also possible to conceptualise and measure housing instability on a psychological and emotional basis, for example the psychological toll of rent arrears and debt, or the feeling of sanctuary that a home can provide (Shaw, 2004). For woman experiencing domestic abuse prior to homelessness, the home represents intensified psychological instability (O'Campo et al, 2016), as well as impacting the material, and often economic domains of housing. For this reason, I define housing instability or insecurity as intersecting across the three domains of the material, economic, and psychological.

1.4.4 Austerity

A period of austerity refers to the implementation of a set of economic policy measures designed to reduce the government's deficit via cuts to public spending and tax hikes during a period low economic growth such as recession. After the global financial crisis of 2008, the UK's coalition government responded with the introduction of large-scale cuts to public funding in 2009, and the following years saw changes to child and housing benefits and cutbacks to vital local community services (Shannahan et al, 2018). Some of the most substantial changes came in under the Welfare Reform Act (2012), which legislated for extensive structural changes to the benefits system, including the introduction of Universal Credit to replace six previous benefits and tax credits, the Bedroom Tax which reduces housing benefit by up to 25% if the recipient is deemed to have a spare bedroom (Shelter, 2022b), and the Disability Living Allowance was replaced by the Personal Independence Payment, which included changes to the eligibility criteria. While austerity measures are often framed as difficult but necessary action in order to promote economic recovery (McGrath et al, 2016; Stuckler et al, 2018), and political rhetoric at the time centred around restoration of fairness to the system and 'helping people regain the independence and self-reliance... lost because our welfare system kept them trapped...in dependency.' (Lord Freud, 2012), their utility and necessity continue to be debated. However, in line with my commitments as a SJ researcher, I am of the view that austerity is an ideological choice which satisfies a neoliberal, capitalist agenda at the expense of millions of people across the UK – causing and contributing to increased inequalities, declining living standards, and misery. There is clear evidence of the 'poisonous' (McGrath et al, 2016, p.48) effect upon physical health and social domains, and while poverty has increased under austerity (McGrath et al, 2016), the services necessary to deal with poverty's myriad impacts have been stripped away. Ten years on from a landmark review led by Professor Michael Marmot, which examined the social determinants of health inequalities in England, a follow-up review, which brings together key themes explored in this thesis, highlighted the ongoing impact of austerity as central to:

‘...rising child poverty... to declines in education funding, an increase in precarious work and zero hours contracts, to a housing affordability crisis and a rise in homelessness, to people with insufficient money to lead

a healthy life and resorting to foodbanks in large numbers, to ignored communities with poor conditions and little reason for hope.’ (Marmot et al, 2020).

1.4.5 Socioeconomic marginality and oppression

Marginalisation reflects both the process and circumstances of groups of people being ‘peripheralized based on their identities, associations, experiences, and environment’ (Hall et al, 1994, p.25) – often based on overlapping identities such as race, sexual orientation, or gender (Sevelius et al, 2020), which engender unequal participation in social, economic, and political life (Sharma, 2014) due to diminished access to resources and opportunities. Hierarchical power is central to the process of marginalisation, whereby social stratification is engendered between dominant and excluded groups and with the latter experiencing conditions of oppression and subordination maintained by systemic inequalities which favour powerful groups (Baah et al, 2019). In this thesis, I apply the terms “socioeconomic marginalisation” and “socioeconomic oppression” to refer to the extent to which women are excluded from equal participation in their social and economic lives due to the oppressive restrictions of inherently patriarchal structures, in which women are systematically denied the ability to achieve parity of income due to their disadvantaged positioning in the labour market (Stephenson & de Henau, 2017). This is evident in women’s overrepresentation compared to men in low paid, insecure employment sectors, and reliance on means tested benefits and social security, which heighten their susceptibility to the cycle of poverty and experience greater difficulty in escaping it (Reis, 2018).

1.5 Reflexive considerations

1.5.1 Personal interest in the topic

I arrived at this topic based on both my personal and professional experiences and values. I grew up in a relatively wealthy suburb of a deprived, northern ex-mining city in the North of England. This provided exposure to the lived realities of poverty, something from which I have been sheltered due to my privileged background and parents’ socioeconomic status. I was employed as a support worker in a drug and alcohol service, where the realities of deep, chronic poverty became apparent. Here, I was first able to work with people experiencing homelessness, including in the needle exchange, where I heard first-hand accounts of what life without any security and stability is like, but it quickly became apparent to me that I could do little in the way of tangible help, except provide a listening ear, due to my relative low status within the organisation. It was this realisation that encouraged me to apply for and study on the Doctorate at the University of Manchester. I hoped to use all of my privileges to gain a better positioning to provide some real help, and real insight into the issue of homelessness. As I have trained, I have become increasingly aware to issues of social injustice, and I am keen to highlight to the socio-political factors which preserve and normalise these issues. My position as an inclusive feminist led me to be curious about the lack of knowledge around homeless women and reading around the subject highlighted single women as facing myriad disadvantage yet near invisibility in

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the research. My choice was solidified as I discovered how little UK CP has contributed to the field and is currently being overshadowed by the contributions of our sister division of clinical psychology. As I reach the end of my current clinical placement with a homeless outreach service and progress towards qualification, I hope to be able to apply my experience and knowledge in the future. My hope more broadly for the future is that CP will step up to meet the myriad questions and challenges surrounding homelessness in visible and significant ways to provide full-throated challenge to this complex but not intractable issue. We have so much to offer, and my hope is that this thesis can at the very least provide some spark of inspiration.

1.5.2 Positionality in relation to the topic

Questions around the identity and position of the researcher as insider or outsider have provoked much debate within qualitative research (Chhabra, 2020). To briefly summarise, a researcher is considered an insider where they share similar characteristics to the participant group, while the outsider researcher does not (Berger, 2015), with each position bringing its own advantages and challenges (Dwyer & Buckle, 2009). Reflecting on my own position, I am conspicuously an outsider to the women I interviewed, as not only have I never experienced homelessness - and imagine the resources needed to survive it almost inconceivable. I have also never experienced poverty, or employment or financial precarity in any meaningful way. If I needed to leave a job, because I for example wished to study, I had the enormous luxury and privilege of a safety net – completely secure money and housing. That being said, my background (geographical location in relation to a deprived area) and identity as a woman, mean I have had glimpses into those experiences, and have been able to imagine what my own life would be like had I not had the socioeconomic and cultural capital that my background has afforded me. I have experienced low-paid, part-time work that is both mundane and unpleasant (Bretherton & Pleace, 2019), and have experienced the punitive and often intentionally demeaning conditions of the welfare system when I applied for the now defunct Job Seekers Allowance. So, I know what it can be like, but I do not really *know* what it is like, to endure the stigmatisation, psychological distress and ill-health (Barr et al, 2019; Pemberton et al, 2017; Redman, 2020; Reis, 2018) that entrenched poverty can entail. I do not claim that these experiences make me an insider researcher by any means, but perhaps they imbue me with a sense of understanding and solidarity, and therefore position me not as a binary either/or, but within what Dwyer and Buckle (2009) termed ‘The Space Between’ (p.54) – a space where commonalities and differences can be acknowledged and explored without complete objectivity and an acknowledgement of the uniqueness of each subjective experience (Dwyer & Buckle, 2009).

1.6 Overview of thesis structure

Following on from this introduction, chapter two highlights gaps in the knowledge, before outlining theoretical literature key to this study. Next, I review the literature relevant to the political and socioeconomic context, women’s

homelessness, single homelessness, and skills and education training. In chapter three, I discuss the theoretical and paradigmatic frameworks I have used, and methodological approach, method, and data analysis. I also consider issues of quality and trustworthiness, reflexivity, and the study's ethical consideration. Chapter four presents my analysis. Finally, in chapter five I discuss my analysis in relation to the literature and my chosen theoretical frameworks. Methodological strengths and limitations are offered, and a final reflexive statement, before I conclude with implications for CPs, suggestions for future research, and implications for frontline staff working with single, homeless women.

Chapter 2: Literature Review

2.1 Introduction

This chapter encompasses a review of the literature, both theoretical and research oriented, which I have selected as pertinent to the current research project. Literature was sourced from various research databases, such as Ovid PsycINFO, ProQuest ERIC, ProQuest ASSIA, Elsevier Scopus, and Google Scholar, over my time as a trainee CP, drawing on a range of disciplines including psychology, sociology, nursing, medicine, and social and housing policy. The literature I have identified includes peer reviewed studies, books, governmental reports, and grey literature. Some of the literature comes from the UK, as the current research is focused on single, adult, homeless women in the North West of England, however there is a distinct lack of sufficient research wholly relevant to the topic of single homelessness, and single women's homelessness. Thus, this review contains articles and reports from across Europe, North America, Canada and Australia. This literature review begins by exploring two theoretical frameworks, SJ, and critical feminist theory, in relation to the topic of homelessness. I elected to use the former framework as relevant to the topic on the basis of its emphasis challenging and changing systemic inequity and inequality for all members of society, and the right to self-determination without fear of oppression (Cutts, 2013; Fouad, Gerstein, & Toporek, 2006). I selected the former as relevant on the basis of its focus on hierarchical power relations which marginalise women, and its emancipatory potential in resisting oppressive, androcentric narratives (Gannon & Davies, 2012). I then move on to review the literature on the key areas relating to homelessness, particularly in relation to women's and single homelessness, including the socioeconomic and political components of homelessness, categorisation, and enumeration, and finally skills training and education programmes for homeless people, and specifically single, homeless women.

This literature review identifies that knowledge of women's homelessness is inadequate and constrained by the overwhelmingly androcentric lens through which it is predominantly viewed, sustained by issues with the way we conceptualise, define, and enumerate homelessness (Pleace, 2016), and exacerbated by gendered expectations of women's cultural and societal roles and positioning (Reeve, 2018). Women's homelessness has received scant and inconsistent attention across the research (Bretherton, 2020), and the need to improve this knowledge base is pressing, to better inform further research and good practice. Single, homeless women are likely to be enormously disadvantaged by their invisibility in the data (Pleace, 2016), resulting in a lack of adequate, gendered service provision, particularly if indeed they constitute a high proportion of the hidden homeless population (Reeve, 2011). This means it is important to explore their potentially gendered and differentiated trajectories through homelessness (Bretherton, 2020).

Existing knowledge on the skills and educational needs and experiences of single, homeless women is extremely limited. It is possible to extrapolate from existing literature on a single homeless population, and surmise that single women experience significant barriers to accessing skills training and education, and that their disadvantaged positioning is compounded by pre-existing socioeconomic marginality. As single women may make up a large proportion of the hidden homeless population (Reeve & Batty, 2011; Reeve, 2018), they likely remain invisible to services which offer such developmental training programmes – the majority of which are still largely designed to meet the needs of their male service users (Dumoulin & Jones, 2014). Despite these multiple hurdles, evidence to suggest single women want to engage in skills and education training (Reeve et al, 2006) foregrounds the need for further research examining what these women may find useful in overcoming such barriers. Further, as a great deal of the research focuses on what constitutes successful outcomes measured in terms of employment and housing (Iveson & Cornish, 2016), research exploring women's perceptions of the utility of training programmes which may engender longer-term, transformative benefits would be useful, particularly in the context of women's unequitable positioning in the labour and housing markets. Finally, it is crucial to note that while employment is frequently cited as a route out of homelessness (see Bretherton & Pleace, 2019), single women's disadvantaged positioning in relation to the housing and labour markets, coupled with the ongoing impact of austerity measures such as welfare cuts, indicates the need for a better understanding of what constitutes successful exits from homelessness, and what the women themselves feel is useful in facilitating this goal.

This literature review outlines why homelessness is a matter of SJ and argues that CPs are well placed to critically address issues of power and oppression which affect single, homeless women on both individual and systemic levels (Prilleltensky, 2013; Vera & Speight, 2003). However, the UK lags behind the progress of its US counterpart. Efforts to imbue the profession with a more coherent SJ agenda should be advanced in order to effectively address social injustices and inequalities which proliferate the UK society today – including the homelessness issue. CP's relative silence on this issue is surprising given the potential in its contribution to research and practice.

2.2 Theoretical frameworks

2.2.1 Social justice and counselling psychology

In this section I will outline the relationship between CP, its identity, and SJ, highlighting its development and integration both in the US and UK.

While the importance of SJ work in UK CP is becoming increasingly recognised (Winter, 2019), there is still work to be done in advancing the movement. Research by Winter (2015) pointed to CP trainees' lack of exposure to SJ within their training, and a 'culture of silence' (Winter, 2020, p.309) was highlighted amongst practitioners in relation to the inherently politicised elements of SJ work. Corresponding research on trainees' perceptions of training programmes in

the US (Beer et al, 2012) noted the positive impact of a supportive training environment on their commitment to SJ-oriented action, but an overall inclination towards increased levels of SJ training than their programme allowed for. However, in contrast to the UK, this research also highlighted perceptions of a positive and necessary relationship between politics and SJ, as a site for social action (Beer et al, 2012). While the worlds of psychological and the political cannot be divorced (Rahim & Cook, 2020), and these necessary conversations may be viewed 'as unwelcome invasions of values and politics into counselling and psychotherapy' (Winter, 2017, p.27), there may also exist an element of hesitancy around the myriad conceptualisations of SJ, and their subsequent implications for research, practice and beyond.

There have been innumerable definitions offered to clarify SJ as a theoretical framework, and as an actionable process, many of which include overlapping themes and issues of liberty and equality (Stevens & Wood, 1992) equity particularly in relation to the distribution of resources across society (Fouad, Gerstein & Toporek, 2006), power and empowerment (Chung & Bemak, 2012; Goodman et al, 2004), and 'dignity and respect' (Lewis, 2010, p.146). However, it is useful to provide a definition here, which I feel accurately articulates the aims and rationale of a SJ agenda:

'Social justice within the context of counseling psychology focuses on helping to ensure that opportunities and resources are distributed fairly and helping to ensure equity when resources are distributed unfairly or unequally. This includes actively working to change social institutions, political and economic systems, and governmental structures that perpetuate unfair practices, structures, and policies in terms of accessibility, resource distribution, and human rights' (Fouad, Gerstein & Toporek, 2006, p.1).

A SJ agenda may be enacted across the micro, meso, and macro levels of society. While Pare (2014) highlights the potential pitfalls of individual therapeutic work in reproducing systemic injustices, as the antithesis of the SJ objective, Winter (2019) asserts that small scale acts to further a SJ agenda are possible here, including a commitment to relational equality through collaboration, the inclusion of socioeconomic and political factors in the process of case formulation, and understanding the utility of the client's community context as an alternative to therapy (Winter, 2019) are all offered as suggestions. However, it is important that momentum is sufficient to affect change, beyond theoretical conceptualisations, and outside of academic institutions and therapy rooms. As Cutts (2013) notes, 'social justice is both a goal of action and the process of action itself' (p.9), highlighting the potential dangers of a 'a discrepancy between action and rhetoric' (Prilleltensky & Nelson, 1997, p.177) whereby there is a failure to translate benevolent intent and rhetoric into decisive, meaningful action. As such, SJ work should also focus on the systemic factors which exert pressure on and engender injustice and inequality on communities and individuals.

2.2.2 Social justice, counselling psychology, and homelessness

I will now present the literature which outlines homelessness as a matter of concern for SJ informed practitioners, before highlighting CP's potential in contribution to this area and limited existing contributions.

If levels of homelessness in any given society are indicative of that society's success in both reducing levels of inequality (Leng, 2017), and promoting issues of SJ, then major shortcomings are evident within the UK. Pointing to the serious health and well-being implications for homeless people, including premature death, Aldridge (2019) highlights a collective failure to action:

Homelessness is a barometer of social justice that reflects a serious problem in our society, the remedy to which is within our grasp.' (p.2)

It is evident that much action and activism does take place in society to help homeless people, both at local and national levels, by both individuals, communities, charities, and other organisations. However, as Chung and Bemak (2012) note, it is important to understand differential power dynamics as maintaining the social injustice as the status quo, and allowing the discourse that homelessness is an intransigent and even inevitable problem to remain unchallenged. Another example of this is the governmental tendencies to downplay official homelessness statistics (Busch-Geertsema (2010), as a more accurate representation of the scale of the problem would only increase demands for funding and policy improvements. Proctor (2017) highlights the importance of knowledge in justifying exercises of power, and the construction of what is considered objectively true, as shaped by those relations of power in order to further a particular political discourse (Proctor, 2017). As Chung and Bemak explain:

'Those in power not only have more say about immediate issues... but they also have a significant impact on the future of others and... use their status... to contribute to maintaining directives that are beneficial to those with wealth and power' (Chung & Bemak, 2012, p.36).

Horsell (2006) builds upon these ideas of politicised knowledge and power in discussing the recent trend towards categorising homeless people as experiencing social exclusion, questioning the concepts' utility in positing inclusion-exclusion dichotomies between the housed and the unhoused, as earmarking the homeless person as 'the object of investigation' (Horsell, 2006, p.221), whose subjective knowledge is subjugated in favour of the expert knowledge – and whom are the target of management, intervention, and surveillance in order to re-assimilate the excluded homeless population back into society and the labour market through policy making and service provision (Horsell, 2006). CPs working with people experiencing homelessness need to be aware of the ways in which power is enacted in order to challenge the legitimacy of socio-political discourses – particularly where it may serve as concealment for political inertia, or be driven by neoliberal economic ideologies. Without such scrutiny of socio-political systems, and an action-oriented agenda which aims to transform mechanisms of oppression which form the basis for an unjust society, we cannot hope to eliminate oppressive systems and practices (Prilleltensky & Nelson, 1997). An example of

this pathologising antithesis to a SJ stance in the homeless literature comes from O'Connor (2005), who attempts to naturalise the state of homelessness by asserting that relational experiences in early childhood provide a risk factor for later homelessness, and that in these cases, being homeless is the product of their intrapsychic environment – thus rendering invisible the structural factors and power hierarchies at play.

Inevitably where policy is developed, the nature of political institutions and their ideological motivations must bear scrutiny by SJ researchers and activists. While psychologists may have traditionally viewed themselves as apolitical beings (Brown, 1997), it is undeniable that the work of CPs, be it at the level of practice, or research, advocacy and activism, 'occurs in a socio-political context which it cannot be easily disconnected from' (Winter, 2019, p.180), and that it seems difficult to conceive of a dispassionate, apolitical stance where social injustice is ubiquitous. SJ work calls for 'actively working to change social institutions, political and economic systems, and government structures that perpetuate unfair practices, structures, and policies in terms of accessibility, resources distribution and human rights' (Fouad et al., 2006, p. 1). Part of this important work lies in examining socioeconomic disparity and poverty, which is located at the core of the homelessness issue (Johnsen & Watts, 2014), yet has received relatively little attention within CP's SJ literature (Toporek & Worthington, 2014). Some notable exceptions which examine issues of socioeconomic disparity and well-being within a SJ framework in the UK literature include the impact of food insecurity (Purdam, Garratt & Esmail, 2016), and the consequences of living under austerity conditions for mental health (Mattheys et al, 2018).

CP's philosophical and theoretical tenets, including an emphasis on understanding people as unique and subjective beings (Cooper, 2007), and the facilitation of growth as opposed to a focus on pathologies (Cooper, 2007), make it 'ideally placed to consider matters of social justice' (Cutts, 2013, p.10). It also allows for a distinctive understanding of homelessness issues as a consequence of a grossly unfair, inequitable society which denies participation and autonomy to those existing within conditions of oppression. Not only does this unique position mean CPs compassionately approach matters of social injustice with a desire to alleviate suffering (Amari, 2021), but are in a position to voice critical analysis of the social, political, and economic structures which favour those with greater socioeconomic clout and allows those in power to make decisions which perpetuate this status quo (Chung & Bemak, 2012).

In a special edition of the *Counselling Psychology Review*, Hore (2013) argues that the well-documented physical and psychological impacts of homelessness mark it out as a topic of concern for anyone interested in such issues, but that it is particularly a contextual understanding of homelessness as detrimental to people's well-being that earmarks it as especially relevant to CPs. She reviews and critiques the existing homelessness literature from psychology and other disciplines, gauging usefulness for CPs against the principles of SJ as outlined out by Goodman et al (2004), which

are ongoing self-examination, sharing power, consciousness raising, a focus on strengths, giving voice, and leaving clients with tools to increase self-determination. While Hore notes examples of research useful in challenging pathologising homelessness discourse and understanding homelessness in context, she concludes that there is limited evidence of consistent engagement with SJ principles. She also concludes that the extent to which CPs were working with people experiencing homelessness in 2013 was difficult to quantify, but that 'the dearth of literature would suggest that it is a limited number' (p.26). With regards to the research, she notes that limited engagement with issues of SJ may in part be attributed to a desire of some psychologists to be seen as apolitical, therefore shying away from making public the extent to which SJ informs their work.

There is evidence of qualitative literature within CP which attempts to capture the nuanced experiences of homeless individuals. For example, Riggs and Coyle's (2002) study of the experiences of young, homeless people found patterns of alienation, isolation, loss of identity, and a lack of psychological attachment or sense of belonging amongst the participants. The implications for therapeutic work were outlined, in the importance of a humanistic approach which emphasises the integral nature of the therapeutic relationship and the core conditions of warmth, empathy, and unconditional positive regard (Rogers, 1949), and the incorporation of a solution-focused approach to ameliorate psychological and identity-based threats, while providing tangible coping strategies. The authors suggest that CPs 'need to be aware of both the material and psychological components of homelessness in order to develop the cultural empathy necessary to assist this group' (Riggs & Coyle, 2002, p.21). Howe et al (2022) focused on the care experiences of people accessing homelessness services, who identified as having experienced childhood neglect. Their results suggested that care experiences in later life can mirror that of early childhood neglect, particularly in exposure to danger and a lack of 'emotional nourishment' (Howe et al, 2022, p.15). The psychological threat experienced by some of the participants led them to recommend trauma-informed responses which are consistent, safe, and non-disciplinary as embedded in the working practises of frontline staff. For therapeutic staff, they recommended facilitating homeless people in constructing their own subjective narratives of trauma away from medicalised, pathologising terminology which risks creating a deeper sense of alienation and re-traumatising the individual. Both studies provide important insights for practitioners working therapeutically with people experiencing homelessness, but the absence of homelessness research which sits specifically within a SJ framework means that CP is yet to meaningfully engage with the structural causes of homelessness and offer challenges which go beyond the relief of individual psychological distress. As Prilleltensky (1999) notes:

'Psychological problems do not exist on their own, nor do they come out of thin air; they are connected to people's social support, employment status, housing conditions, history of discrimination, and overall personal and political power... promoting complete health means promoting social justice for there cannot be health in the absence of justice.' (p. 99)

2.2.3 Models of mental healthcare and homelessness

The links between poor mental health and experiences of homelessness have been extensively explored in the literature (e.g., Duke & Searby, 2019; Fitzpatrick et al, 2000; Gutwinski et al, 2021; Reeve et al, 2006; Reeve & Batty, 2011; Wong et al, 2016). A 2022 audit conducted by the charity Homeless Link reported that 82% of homeless respondents reported a mental health diagnosis, compared with 12% of a non-homeless population (Hertzberg & Boobis, 2022). Traditionally literature has focused on poor mental health as presenting a risk factor for homelessness (Goodman et al, 1991), however increasingly recognised is the traumatic and distressing nature of homelessness itself (e.g., Deck & Platt, 2015; Goodman et al, 1991). Discourses of mental health as a cause of homelessness risk locating blame at the individual level if careful attention is not paid to the contextual nuance, and the factors which likely engender poor mental health - such as poverty, where the relationship with psychological distress becomes unambiguous. As Kinderman (2019) notes:

'Hardly surprising, disadvantage is associated with misery... Poor people are more likely to be depressed and anxious... but then poverty is depressing and frightening. Those of us in debt and in unpleasant jobs (for instance zero-hours contracts or jobs in which we have little control over what we do) are more likely to be depressed and anxious... because it's depressing and frightening to be in debt, and because it's soul-destroying to work like a dog for meagre rewards.' (p.273)

While the proliferation of reported self-harm, suicidality, depression, and anxiety (Hertzberg & Boobis, 2022; Reeve et al, 2006) amongst people experiencing homelessness is undoubtedly cause for alarm, it is also important to consider the ways in which instances of psychological distress are responded to by professionals and services. Not only are traumatic events common amongst the histories of people experiencing or at risk of homelessness (Fabian, 2017), therefore mandating services to implement trauma-informed approaches and training into their delivery (Deck & Platt, 2015), but it is also important to consider the power wielded by any given model of mental health and its subsequent therapeutic intervention.

As this thesis asserts, people experiencing homelessness – specifically single women – are subject to systematic marginalisation via conditions of oppression, maintained by systemic inequalities which favour privileged and powerful societal groups (Baah et al, 2019). Where oppression leads to feelings of disempowerment, CPs and other mental health practitioners aim to facilitate conditions of re-empowerment (Hore, 2013), but this would likely be fruitless without acknowledgment of the conditions which engendered that oppression (Prilleltensky, 1999), via implicit and explicit mechanisms of power. Concepts of power and authority are associated and intrinsically linked with the medical model (Barnes et al, 2022) – as discussed further in section 2.2.5 - which can exert power via pathologising explanations of mental health, suggesting inherent deficiencies, abnormalities, or weaknesses in the individual. The

considerable power of diagnostic categorisations is evident in the extensive use of the Diagnostic and Statistical Manual of Mental Disorder's (DSM) largely pathologising descriptors of mental health in both the professional and lay community (Pare, 2014). When considering the notable impact of describing an individual's emotional or psychological experiencing in such pathologising terms, Pare (2014) asks:

'What... might be the practical utility of developing an equally monumental taxonomy of "ability"? How might the influence of such a document ripple through the way people think about and talk about themselves?' (p.214).

Any individualised intervention which occurs in lieu of the socioeconomic, political, and cultural contexts in which the individual is located cannot directly address the impact of such oppressive forces and may risk reproducing systemic inequalities (Pare, 2014; Windsor et al, 2014). Meyer and Young (2021) have produced recommendations for psychologist working with oppressed groups specifically in relation to COVID-19 but are highly applicable to those experiencing homelessness. They include: the importance of reflexivity, in order to acknowledge one's own privileged positionality in relation to the client's relative position of subordination; acquiring knowledge in order to recognise and respond to the particular socioeconomic, political, and historical conditions of oppression which impact the client; and to work in collaboration with the client and their community to establish the best ways to facilitate healing, growth and empowerment.

2.2.4 Counselling psychology, models of mental Health, and psychopathology

As previously alluded to, CPs humanistic tenets and core values (Cooper, 2007) provide the platform for an approach to mental health and well-being which prioritises the therapeutic goals of growth and empowerment as antithetical to notions psychological distress as an illness (Cooper, 2007) associated with the medicalised model of mental health. The conceptualisation of distress as psychopathology situates the issue as individualised and as a deficiency in presumed normal functioning. CPs emergence as a distinct division of applied psychology, predicated on these humanistic principles, create jarring difficulties and tensions between its prioritisation of the (inter)subjective, phenomenological, and relational as at odds with the positivist empiricism of the traditional scientific method on which the discipline of psychology was founded (Hanley & Amos, 2017). CPs are required to 'hold the tension' (Hanley & Amos, 2017, p.167) between these competing paradigms, both in their research and practice, and a key way in which CP has responded to this quandary is a commitment to the reflexive practitioner identity (Woolfe, 2016), which influences responses to psychological distress by encompassing the 'ethical, social, political and cultural context of their work' (Woolfe, 2016, p.12). However, where CP understands distress as a phenomenon which cannot be divorced from the contextual, socio-political and cultural processes and power relations in which it has emerged, and which inform the extent to which one's ability to enjoy a dignified, contented, healthy life are determined (Prilleltensky,

1999; Vermes, 2017), movement away from medicalisation and towards phenomenological understandings of psychological health appear difficult yet inevitable. Consequently, there have been calls for the profession to decrease individual focus with regards to conceptualisations and interventions and shift towards broader, systemic conceptualisations and community-focused interventions (Tribe & Bell, 2018) and activism which are able to offer more comprehensive explanations of and solutions to the genesis of psychological difficulties.

However, for CPs who identify as SJ practitioners, this tension becomes apparent when efforts, or at least intent, to alleviate psychological distress invariably becomes constrained by the dominance of the medical model (Kinderman, 2019) in occupational settings such as the National Health Service (NHS), where 'ideological purity is a luxury that may not be affordable' (Woolfe, 2016, p.12). The problems regarding attending to human beings – and to their experiential and relational complexities – as commodities is highlighted by Dalal (2018), who discusses the introduction of Improving Access to Psychological Therapies (IAPT) as being informed by the economic imperative to improve inactivity in the labour market. In order to achieve this goal, happiness and unhappiness were presented as binary states of being, the latter of which was denounced as sub-optimal, and the panacea proposed was cognitive behavioural therapy (CBT) (Dalal, 2018). This simplistic model of illness and treatment illustrates a 'one dimensional' (Dalal, 2016, p.23) view of humanity and a standardised, empirical translation of subjective human emotion and experiencing which is highly problematic in its drive to satisfy of a neoliberal agenda. As Dalal notes, rather than encouraging questioning of the systemic inequalities and socioeconomic disparities that can precipitate unhappiness, CBT encourages people to simply change the way they think. When explanations of mental health and distress are assumed to have a biological cause, a resultant minimisation occurs of the social, political, cultural, and historical context in which these definitions are constructed and the cultural values attached to those contemporaneously experiencing "atypical" affective, cognitive, or behavioural responses (Cooke, 2008).

CPs who work within these mental healthcare settings may find themselves in an uncomfortable paradox - in the individualistic, capitalist-driven systems which simultaneously create the conditions for mental distress to arise and purport to offer a solution to it (Vermes, 2017) by way of commoditised, atomised mental healthcare – one-to-one therapeutic interventions which may inadvertently repackage and relocate the distress at the individual rather than systemic level (Vermes, 2017). Evidence of the immense leverage of the pervasive medicalisation and therefore pathologizing of psychological distress can be found in the continued, widespread application of diagnostic labels to define an emotional response as 'a 'symptom' of an 'illness'' (Kinderman, 2019, p.104). Contentions that diagnostic labels are useful have been offered (Cooke, 2008), such as where a person feels they are a validating or reassuring explanation of their distress, and I would suggest that they can provide a useful shorthand when detailing experiences of psychological distress – as is evidenced in their usage in this thesis (e.g., PTSD). However, their proliferation speaks to the prevailing zeitgeist of mental health discourse, and CP's ongoing difficulty in taking up a truly 'radical'

(House & Feltham, 2015, p.164) and transformative positioning versus the need to bend to the demands of employers (Vermes, 2017) and the prescriptive, narrow parameters of conventional mental healthcare.

Increasingly, academics across varying divisions of psychology are calling for a reconceptualisation of mental health and well-being which eschews normative, medicalised narratives and aligns more closely with a social justice agenda by attending to the social determinants of psychological distress and recovery (Tew, 2008) and consider a systemic, population-wide approach to the social conditions which precipitate and aggravate distress, such as poverty, housing and food insecurity, and financial precarity (Cooke, 2008). One such example comes from the division of clinical psychology – the power, threat, meaning framework (PTMF) (Johnstone & Boyle, 2018) which was developed in conjunction with service user groups, campaigners, and activists, and provides an overarching framework to make sense of emotional distress or troubling experiences and behaviours (Johnstone & Boyle, 2018). According to David Pilgrim, one of the PTMFs clinical contributors, it is able to provide a credible counternarrative to pathologising models of mental health by focusing on ‘what has really happened to people not merely what is said to be wrong with them... that when we are under threat we become ontologically insecure and this affects our thoughts feelings and actions’ (Pilgrim, 2019, p.86).

It is worth emphasising that while new ways of understanding and responding to mental health are laudable initiatives, they cannot be effectively and systematically adopted without wider, systemic changes are made – a cultural shift in the way we view psychological distress far beyond therapeutic work; instead it demands meaningful SJ action and activism which seeks to transform the systems and institutions, including those in which practitioners may be employed, which continue to perpetuate conditions of oppression and social inequalities (Prilleltensky & Nelson, 1997).

2.2.5 Critical feminist theory

In this section I will outline and define critical feminist theory’s development and central concerns in relation to researching the experiences of marginalised groups and gendered experiences of disadvantage.

Critical feminist theory can be amorphous and difficult to define (Gannon & Davies, 2012) as it is a multifaceted approach which draws on several overlapping yet distinct theories, including critical psychology, critical race theory, queer studies, Marxist theory, and postcolonial studies (Lafrance & Wigginton, 2019). Critical feminism emerged from the paradigms of feminist and critical theory, the latter of which can be traced back to the Frankfurt School of the 1920s and was spearheaded by influential theorists such as Theodor Adorno and Max Horkheimer (Ponterotto, 2005). Their work critiqued the objectivity of positivist science by centralising the role of the researcher as fundamentally implicated in knowledge production systems which create hierarchical structures of truth, with the goal of emancipatory action (Gannon & Davies, 2012; Ponterotto, 2005). Feminist theory encompasses many different

branches, but its central tenets contend that gender is a construct shaped and defined by the meanings ascribed, or resisted, within social and historical contexts, which informs gendered roles and equality of opportunity (Wood, 2008). Feminist theorists are also concerned with the patriarchy (Wood, 2008), as 'political, social, and economic relations and institutions structured around the gender inequality' (Nash, 2009, p.102).

Lafrance and Wigginton (2019) credit the emergence of critical feminist thinking in psychology to a group of scholars (see Wilkinson et al, 1991) who were dissatisfied with the discipline's engagement with feminist issues and set the stage for critical engagement within mainstream psychology which has historically been harmful to women through discourses of individualisation and pathologising narratives, and has failed to reflect upon the impact of its own knowledge production, and so reproducing a 'politically conservative agenda' (p.535).

Critical feminist work is concerned with gendered experiences of inequality and disadvantage (Wood, 2008), and the emancipation of these marginalised subgroups within individualistic, patriarchal and capitalist systems of oppression (Gannon & Davis, 2012) in which the male experience is positioned as normative (Creedon, 1993), and women are historically excluded from knowledge production processes (Smith, 1987), creating a 'partial understanding of interpersonal relationships and the communication that generates and sustains them' (Wood, 2008, p.207). As will be discussed throughout this literature review, the ways in which single, homeless women are rendered invisible in the research data in favour of a dominant, androcentric-informed narratives perpetuates oppressive conditions by pushing them into ever greater positions of marginality and further away from help and support.

Corresponding to this study's transformative paradigmatic framework, critical feminist theory is concerned with power relations, namely how power is enacted by the privileged and resisted by the oppressed (Lafrance & Wigginton, 2019; Wood, 2008). Power differentials are reproduced through formal and informal channels (Wood, 2018) - amplified and legitimated via socio-political discourse, and through everyday interactions (Wood, 2008) which perpetuate gendered experiences of disadvantage. Because of this, Lafrance and Wigginton (2019) remind critical academics of the importance of paying attention to our own use of language as a potential mechanism for reproductions of oppression. The transformative and emancipatory goals of critical feminist theory can be realised through a reclamation of marginalised narratives, achieved through 'taking back voice' (Lincoln & Denzin, 2003, p.625) and increasing visibility (Denker, 2021) of subordinated gendered experiences. The commonalities between critical theory and a SJ principle of 'giving voice' (Goodman et al, 2004, p.802) are clear in shared aims of empowerment and equity of resources and opportunities (Gannon & Davis, 2012). However, caution should be exercised where giving voice in research is mistaken for revealing or amplifying the narratives of the oppressed, as opposed to being interpreted by the researcher as an instrument of analysis (Patton, 2002; Stein & Mankowski, 2004).

Critical feminist psychology does not hide behind objective neutrality, but instead engages with political questions regarding power differentials via reflexivity (Lafrance & Wigginton, 2019), paying attention to one's personal and functional reflexivity, but also one's academic reflexivity – considering the processes of knowledge production within academia (Wilkinson, 1998) as a continual process:

'How can psychologists produce a corpus of work that resists (rather than justifies) systems of inequality? Although the answers to such questions can never be fully anticipated, for critical scholars, the failure to consider them is no longer defensible.' (Lafrance & Wigginton, 2019, p. 539)

2.3 The political and socioeconomic landscape for women in the UK in the context of homelessness

In this section, I will provide contemporaneous context to women's homelessness in the UK, noting the ways in which homelessness is defined, measured, and legislated for impacts homeless women broadly, and single women specifically. I then outline the socioeconomic context of experiences of homelessness, highlighting the implications of women's economic marginality, and the gendered impact of austerity measures such as welfare reform.

2.3.1 Measurements and conceptualisations of homelessness and the concealment of women

In the most basic of terms, to be homeless means to not have a home (Public Health England, 2018) – that which may constitute a typical notion of being homeless as without a shelter or a roof over one's head (Fitzpatrick et al, 2000). However, the complexity of the issue and diversity of experiences means that 'there is no single, universally accepted definition of homelessness' (Fitzpatrick et al, 2000, p.8). Conceptualisations vary across the four devolved nations of the UK, allowing for a divergence of policy and legislative changes, and informing the extent to which local authorities have a duty to intervene. According to the Housing Act (1996), as amended by the Homelessness Reduction Act (2017), a person in England can be legally defined as homeless if they have no accommodation, no legal right to stay in accommodation (due for example to squatting), or it is unreasonable for them to continue to occupy their accommodation (due for example to a risk to health); if there is no available accommodation for a split household, meaning family members would be forced to live apart; if they are at risk of violence; or if they live in a moveable structure without a permanent place for it to occupy. In Scotland, the definition appears broader, encompassing circumstances where the occupation of accommodation would lead to threats of or actual abuse, and where accommodation is overcrowded. In addition to being without basic shelter, being houseless refers to temporary, insecure experiences of accommodation (Fitzpatrick et al, 2000) without a place of permanence. Broadly, this cohort can include those staying in hotels, hostels, B&B accommodation, as well as those residing 'in long-term institutions, for example psychiatric hospitals, simply because there is no suitable accommodation for them in the community' (Fitzpatrick et al, 2000).

In response to a dissatisfaction with enumeration techniques across European countries, Edgar and Meert (2005; 2006) began to develop and refine a typology of homelessness which encompasses a continuum of circumstances between unhoused and housed people – known as the European Typology of Homelessness and Housing Exclusion (ETHOS) (Edgar & Meert, 2005), which according to Pleace (2016) ‘may contribute to a more comprehensive awareness of specific homelessness and housing exclusion situations... particularly affecting homeless women... (e.g. women living in refuges, temporarily living with family/friends and/or living under the threat of violence)’ (p.166). Further, in response to concerns around the impact of austerity measures on people at risk of or experiencing homelessness, the charity Crisis began The Homeless Monitor in 2011; an annual report which aimed to document the impact of social and economic policy on rates of homelessness. The initial report focused on four categories of homelessness: rough sleepers, single homeless, statutory homeless, and hidden homeless (Fitzpatrick et al, 2011). Since its inception, the report has broadened its scope in order to provide greater levels of accuracy in enumeration, including revised definitions such as core homelessness, which refers to ‘some of the most severe and immediate forms of homelessness’ (Fitzpatrick et al, 2022, p.xxii).

A variety of definitions leads to differing enumeration techniques and differences in quantifiable evidence. In England, for example, rates of homelessness are estimated based on data collected from local authorities, and from rough sleeper counts, which give snapshots of the numbers of people sleeping rough on any given night. Estimations inevitably lead to miscalculations, particularly with regard to rough sleeper counts, which only enumerate visible homelessness (Bretherton, 2017), therefore potentially excluding a sizeable group of people, including homeless women (Reeve, 2018)

While Busch-Geertsema (2010) notes a tendency for governments to underestimate homelessness figures in order to give the appearance of a more manageable issue, Mostowska (2016) further articulates the socially constructed nature of homelessness data and official statistics, in serving the interests of those who wish to legitimise certain categorisations of homelessness and in turn vindicate policy decision making which affects those groups. The author argues that our narrow definitions and cultural images of homelessness perpetuate a vicious cycle between statistics and policy which fail to capture what we know to be the differentiated trajectories through homelessness experienced by many women (Mostowska, 2016). Pleace (2016) similarly argues that narrow and inflexible definitions of homelessness render women as consistently excluded from the data; a deliberate minimisation of the extent of women’s homelessness which reflects entrenched assumptions around normative gender roles and the apparent absence of women from well-established and highly visible forms of homelessness (Reeve, 2018), such as rough sleeping or accessing support services.

The cohort known as hidden homelessness illuminate further difficulties in both categorisation and enumeration, in that – along with other homeless cohorts – there may be a tendency to shift and fluctuate over a period of time (Reeve & Batty, 2011) between different housing domains, including roofless, houseless, insecure, and inadequate accommodation types (Edgar, 2004). Homeless categorisations may therefore be yet to capture ‘the precarity of an experience that can take the form of near-constant mobility’ (Pleace & Hermans, 2020, p.45), as well as important psychological and emotional components of being homeless (Pleace & Hermans, 2020), which the authors argue should constitute a new ETHOS domain which focuses on health and well-being (Pleace & Hermans, 2020) – something which has become substantially more apparent during and in the aftermath of the COVID-19 pandemic and its impact upon homeless people (Culhane et al, 2020).

Interestingly, the research by Reeve and Batty (2011) was at pains to highlight hidden homelessness – defined as ‘non-statutory homeless people living outside mainstream housing provision’ (Reeve & Batty, 2011, p.1) as synonymous with single homelessness. While Reeve and Batty (2011) argued that a focus on hidden homeless populations is important in highlighting the multiple exclusions this population may face in terms of health, housing, and educational support, Pleace and Hermans (2020) caution the use of the descriptor hidden homeless, stating that it risks creating an underclass of homeless people.

While caution may be required in typologies of homelessness which may risk creating hierarchies of importance, the concept of hidden homelessness is salient as it creates convergence between the experiences of both single homeless people and homeless women, as there is evidence to suggest that both single homelessness and women’s homelessness often typifies hidden homelessness (Baptista, 2010; Reeve & Batty, 2011). In contrast, Passaro (1996) surmised that homeless men may internalise cultural notions of failures in prescribed gender roles, and would be more likely to remain hidden, while Fitzpatrick (2005) challenged the prominence of women amongst a hidden homeless population, suggesting that women are more likely than men to approach housing services. However, evidence from Reeve et al (2006) demonstrated a significant proportion of women who did approach local authorities for housing assistance were denied housing relief duty, and there was evidence of deliberate attempts to dissuade women from making applications in the first instance. Therefore, hidden homelessness remains valuable in understanding the contextualised divergence and nuance in gendered patterns of homelessness, which Doherty (2001) argues should be balanced with understandings of the commonalities of homeless women’s experiences which may strengthen arguments for new directions in policy making and improvements to service provision.

2.3.2 Economic marginality, employment, and housing precarity

Although it is important to recognise the complex, personal and interpersonal dynamics which impact upon women’s experiences of homelessness, examination of the structural factors offers an alternative to individualised,

pathologising narratives (Savage, 2016) which often focus on poor mental health, substance use, and involvement in the criminal justice system (e.g., Chambers et al, 2014; Nyamathi et al, 2017; Page & Nooe, 2002). Women's participation in the labour market has increased exponentially over the last 40 years (Stephenson & De Henau, 2017), and while women now account for the majority of the public sector workforce (Reis, 2018), cuts across the public sector mean that women tend to occupy low paid, part time, volatile positions, while also managing unpaid roles such as care work (Engender, 2014). Research has also highlighted the heterogeneity of women's experiences of poverty and economic marginality, as intersecting with class, race, age, ethnicity, disability, and sexuality which inform positions of multiple disadvantage (Kabeer, 2012). For example, Reis (2018) notes that women from black and minority ethnic backgrounds in England:

‘...are more likely to be affected by cuts to benefits and tax credits because they are more likely to be living in poverty, more likely to be living with dependent children and more likely to be living in large families’ (p.3)

The socioeconomic marginality of women has consequences for their access to affordable housing, however their experiences of the housing market, particularly in relation to homelessness, remain under researched (Engender, 2014). The current housing crisis in England, compounded by rising inflation, has resulted in a chronic shortage of affordable homes and is pushing those unable to keep up with the costs into poverty and facing eviction (Geraghty, 2022). The impacts are highly gendered, with structural oppression and patriarchal violence curtailing women's ability to enjoy financial autonomy and a secure home (Reis, 2019). Housing issues may be especially acute for single women, who are ‘are over-represented in less desirable housing situations, in statutory homelessness and in temporary accommodation’ (Reis, 2019, p.3). Despite a continued reduction in the gender pay gap (Stephenson & De Henau, 2017) it continues to foster gendered implications for housing affordability and availability, as research demonstrates that there are no regions in England where rented housing is affordable for women on a median salary, whereas the median salary of men means that affordable housing is available in all regions outside of London (Reis, 2019). Multiple experiences of disadvantage evidently bear down on some women which render their housing circumstances unsustainable, as increasing pressures in the private rental sector and losses of assured shorthold tenancies - the most common type of tenancy agreement in England - is now a leading cause of homelessness, in addition to relationships breakdowns and violence which are experienced disproportionately amongst single homeless women (Reis, 2019).

2.3.3 Austerity measures and welfare retrenchment

Some of the most significant legislation under austerity came in under the Welfare Reform Act (2012), which made sweeping changes to the existing structure of welfare payments and introduced Universal Credit, rolling six previous payments into one, and Personal Independence Payments, which replaced the Disability Living Allowance. These

changes were ostensibly enacted in order to streamline and make easier navigation of the welfare system; however, research suggests that retrenchment also opens up room for more divisive rhetoric around deserving and underserving poor – evidenced by David Cameron’s 2012 speech, in which he argued against a so-called culture of entitlement. Promulgation of these discourses, fed through media channels and into public attitude and opinion is deliberate, according to Slater (2012) in order to mislead and ensure extreme notions of so-called benefit scroungers prevail. Despite pervasive media narratives and fixation over benefits as a lifestyle choice, research indicates this to be largely inaccurate. For example, high levels of stigmatisation, shame and embarrassment, low self-esteem and other emotional injuries (Baumberg Geiger, 2015; Reeve, 2015; Redman, 2020; Pemberton et al, 2017) have been linked to highly stigmatising rhetoric. In a further challenge to welfare dependency, Flint (2019) found participants were likely to embody a high work ethic and had a willingness to take on any work as part of their ‘social contract’ (Flint, 2019, p.254). The reality for a great deal of welfare recipients under reforms appears to be one of psychological distress (Barr et al 2019), including incidences of self-harm and suicidality (Fitch et al, 2011; Haw et al, 2015; Cheetham et al, 2018) due to chronic financial and housing insecurity as a result of being trapped in a low pay-no pay cycle (Shildrick et al, 2012). Furthermore, a report by Beatty and Fothergill (2016) found the impact of these reforms to be geographically and socio-economically disproportionate and unequal, with the most deprived local authorities taking the biggest financial loss, and the cumulative loss per adult since 2010 equates to £690 per year (Beatty & Fothergill, 2016). It was also reported that lone parents would lose on average more per year than couples with dependent children (Beatty & Fothergill, 2016), while a report from the Equality & Human Rights Commission (2018) on the cumulative impact of tax and welfare reform between 2010 and 2018 found that the biggest impact has been on lone-parent households – 90% of these are women. Research has also found that women are more likely than men to be disproportionately impacted by cuts to public spending (Reis, 2018), and that their financial insecurity may have been increased by cuts to public sector jobs, forcing women further into insecure, temporary employment (Stephenson & De Henau, 2017). It has been suggested that this disproportionate impact on women can be explained in part by pre-existing gender inequalities (The Fawcett Society, 2006) and the inherently gendered nature of poverty (Reis, 2018). Building on the work of Watson and Austerberry in gendered understandings of poverty and social exclusion, Reeve (2018) asserts that:

‘...gender roles and expectations, women’s socio-economic position, patriarchal attitudes embedded in housing production and allocation, cultural images, power structures, and (gendered) forms of disadvantage impact on women’s access to housing and, therefore, on their vulnerability to homelessness.’ (Reeve, 2018, p. 166)

The Bedroom Tax, or removal of the Spare Room Subsidy, which was introduced in April 2013, mandated that anyone in council or housing association homes deemed to have a spare bedroom, would have money deducted from their

housing benefit. Discretionary housing payments have been made available to councils in England and Wales, two thirds of which have been spent on helping households impacted by the Bedroom Tax and other welfare reforms in an attempt to reduce the risk of homelessness (Fitzpatrick et al, 2022). However, research has shown the Bedroom Tax to have a significant financial impact, including rent arrears and debt for those affected by it (Fitzpatrick et al, 2015), which has a knock-on effect on ability to financially cover basic provisions, such as food and utility bills (Moffat et al, 2016). Further, a sense of housing insecurity and uncertainty has been linked to mental health difficulties such as stress, anxiety, and depression (Moffat et al, 2016). Logically, this act of welfare reform would likely have a disproportionate and detrimental impact on single people, due to the limited number of one-bedroom occupancies available, however there appears to be no qualitative research available which has explored this proposition in more detail. However, research by Greenstein et al (2016) highlights the gendered nature of neoliberal welfare reforms as individualised and gendered discourses which pathologise people living in poverty:

‘...since these are measures uniquely addressed to the poor, it literally conveys a message about knowing one’s place: a ‘place’ or position that has to be lived. This is clearly an intersectional matter, concerned with how poverty demands the embodiment of certain social (gendered and aged, amongst others) positions and affiliations.’ (Greenstein et al (2016)

Taking all the deleterious effects of welfare reforms in the round, it is perhaps unsurprising that the 2015 edition of the Homeless Monitor England (Fitzpatrick et al, 2015) found that cumulative welfare reforms were one of the main drivers of homelessness in that year, with housing cuts alone as one of the main contributing factors in a third of all homelessness cases (Fitzpatrick et al, 2015). The regime of welfare conditionality and punitive welfare sanctions has had further detrimental impacts upon claimants. For example, Wright and Dwyer (2022) found that sanctions actively hindered the process of gaining meaningful employment, and that arbitrary implementation of sanctions caused ‘widespread stress and anxiety, hardship, debt, rent arrears, fear of eviction, feelings of shame and worsening of mental and physical health conditions’ (Wright & Dwyer, 2022, p.9).

Evidence from one report suggests that welfare conditionality, namely sanctions, may increase the risk of homelessness, and that those already experiencing homelessness may be disproportionately impacted (Beatty et al, 2015). In 2014, the government introduced the Job Seekers Allowance Easements Amendment Regulations with the aim of helping homeless claimants find suitable accommodation, thereby breaking down barriers to employment. However, Anderson (2014) notes these regulations were discretionary and remained conditional, as for example claimants had to prove they were taking reasonable steps to secure accommodation.

Although there is a small body of research documenting the impact of welfare reform and conditionality on women (e.g., Anderson, 2020; Jun, 2019; Povey, 2017), there appears to be little evidence on how sanctions in particular

impact homeless women or contribute to women's homelessness, although some research has pointed to the link between the nomination of a claimant between couples under universal credit, as well joint payments, and the possibility of coercion, control and domestic violence (Fahmy and Williamson, 2018; Howard, 2018; Veasey & Parker, 2022) – the latter of which particularly is a key driver of homelessness amongst women.

2.4 Women and homelessness

This section considers the emergence of research which considers the gendered nature of homelessness, and the ways in which this is able to better inform understandings of women's homeless experiences.

Research which incorporates gendered understandings of homelessness, and examines women's experiences of homelessness, have slowly begun to emerge within the last decade. However, Bretherton (2020) contends that the issue of women's homelessness 'has received sporadic attention' (2020, p.256-257), and that women in homelessness research, particularly single women, tend to feature almost as an afterthought rather than the focus of exploration (Bretherton and Mayock, 2016), where the focus continues to be on the experiences of lone adult men (Bretherton, 2020). The relatively smaller number of homeless women, compared to men in the statistics may be attributed to the assumption that they will be caught by the safety net of the state, particularly if they have young dependent children (Baptista, 2010) and are automatically categorised as priority need by local authorities. It is also widely acknowledged that domestic violence often plays a major role in homelessness, however women who are forced to leave their home for this reason may not always be recorded as homeless (Bretherton, 2020), particularly where initial assistance is sought from a domestic violence refuge, as opposed to under statutory systems (Quilgars & Pleace, 2010).

The issue of women and rough sleeping is still a contentious one as its conceptualisation and enumeration demonstrate the androcentric lens through which it is understood, placing emphasis on visible, male rough sleepers and resulting in 'inadequate provision and support for women rough sleepers' (Reis, 2019, pp.26-27). However, the evidence shows that women do experience rough sleeping (Reeve, 2018) and rates of this are increasing over time (Bretherton & Pleace, 2018), but it appears that they may adopt 'strategies of safety' (Reeve, 2018, p.168) and remaining hidden from view, and from official statistics, due to safety concerns (Reeve, 2018), choosing instead to reside in parks, train stations, and behind bins, rather than in shop doorways, where they may be more likely to be subject to violence, abuse and exploitation. Reeve (2018) suggests that our cultural understandings of women's homelessness are tied up in patriarchal notions of womanhood, which seek to problematise and pathologise women outside of the domestic sphere:

'I would argue, they are less safe on the streets because of patriarchal power structures and associated cultural imagery that renders them vulnerable. For example, women occupy public space differently, and are

more vulnerable as a homeless person within it, because gender expectations and representations demand their association with 'the home'.' (Reeve, 2018, p.168)

There is also evidence that women may tend to exhaust all options before approaching services, including seeking informal support from friends and family (Bretherton & Pleace, 2018). This precarious tenure likely means that they will have to move from place-to place in relatively quick succession, pointing to a less well understood, and more gendered pattern in terms of homeless trajectories (Bretherton & Pleace, 2018), where women may be occupying a range of different hidden places and spaces.

Recent research has also pointed to why it is imperative to deepen our understandings of women's homelessness, and the necessary responses to it. Gaps in our knowledge translate into services which are ill equipped in meeting the needs of homeless women, illustrating why women tend to avoid homeless services and why the vast majority of those services are designed chiefly to meet the needs of men (Bretherton & Pleace 2018). Examples of collective failures to meet these women's needs are evident in the research. For example, a report by Groundswell found that 74% and 64% of homeless women were experiencing physical and mental health difficulties respectively, including joint and muscular issues, difficulty breathing, hair loss, blood conditions, panic attacks, depression, and PTSD (Groundswell, 2020), to name but a few. Reeve et al (2006) also found the strain on mental health to be of great concern for homeless women, with suicidal ideation and attempts being 'relatively common' (Reeve, 2006, p.45). They also found repeat episodes of homelessness to be commonplace amongst the women surveyed, with patterns of moving in and out of homeless identified (Reeve et al, 2006) rather than a linear pathway of entering and exiting homelessness, suggesting that the current infrastructure in place to support women in exiting homelessness is woefully inadequate.

Reeve (2018) notes the problematic nature of this androcentric lens through which homelessness is viewed, particularly in relation to knowledge and policy production, legislation, and funding, which fails to understand the scale of the issue, the nature of women's experiences, and implement the specific support needed. Similarly, Pleace (2016) demonstrates the ways in which homeless women are excluded from the narrative through commonly deployed methods of categorisation and enumeration in the UK and across Europe, arguing that the development comprehensive statistical analysis is necessary to better understand homeless women's experiences and trajectories. However, I would argue that while statistical data is undoubtedly useful in understanding trends across women's homelessness, the scarcity of qualitative data translates into imprecise and incomplete detail necessary to understand the gendered aspects of homeless women's experiences, and the choices they make throughout their homelessness pathways.

2.5 Single homelessness

This section brings together literature which outlines current understandings of single, homelessness, largely comprising of demographic data, and health and social care needs.

Homelessness research and policy has traditionally focused on family homelessness reinforced by legislation in the Housing (Homeless Persons) Act (1977) and its narrow definitions of statutory homelessness eligibility (Fitzpatrick et al, 2000). However, research into single people's experiences of homelessness has increased exponentially since the 1990s (Fitzpatrick et al, 2000) with much of the existing literature on the single homelessness from the UK, and across Europe, comprising of empirical, statistical measurements capturing the scale and determinants of the issue and consequences for the individuals affected, as well as qualitative data capturing some of those experiences.

Research reports have attempted to capture the demographic makeup of single homeless people, with many concluding that young, white males are typically the largest cohort in this group (Crane & Warnes, 2001; Fitzpatrick et al, 2000; Mackie & Thomas, 2012), although a review of single homelessness trends in 2010 noted a fall in the proportion of males (Fitzpatrick et al, 2010), corresponding with earlier research during the 1980s and 1980s which increasingly recognised and highlighted a diversity of single homeless people, including young people (Anderson et al, 1993), black and ethnic minority people (Carlen, 1996), and single women (Foord et al, 1998; Kemp, 1997; Jones, 1995). As previously mentioned, research typically tends to conclude that younger people make up the majority of single homeless people, as the majority of visibly homeless, for example street homeless people are typically between the ages of 25 and 59 (Fitzpatrick et al, 2000). However, a focus of research and resources on the youth demographic risks being at the detriment of other groups of homeless people (Fitzpatrick et al, 2000), including older adults. Evidence suggests that the single homeless population is ageing and yet receives relatively little attention, both in terms of policy making and specialised service provision (Crane & Joly, 2014).

Single homeless people are often cited as having significant and complex support needs (Dumoulin & Jones, 2014). Those with multiple support needs, such as physical and psychological ill health and substance use issues, tend to have had multiple experiences of homelessness (Mackie & Thomas, 2012). Further, it appears that the younger the first instance of homelessness occurs, the greater the likelihood of repeated experiences of homelessness becomes, with single homelessness tending to occur in early life (Mackie & Thomas, 2012). As Pleace and Culhane (2016) note, 'the life chances of single homeless people appear very low, with some evidence that they get worse as experience of homelessness becomes sustained or recurrent' (p.18). The consequences for the physical health of single homeless people have also been well documented, with Fitzpatrick et al (2000) noting that 'digestive problems, frequent headaches and fits or loss of consciousness were disproportionately common among single homeless people generally' (p.30). The potential high prevalence of rough sleeping amongst single homeless people (Bretherton & Pleace, 2018; Bretherton & Pleace, 2021) may also pose serious health risks, as rough sleepers are four times more

likely to die by assault than the general population (Connelly et al, 1994), and cold weather conditions pose a greater risk of 'chronic asthma, hypothermia, infections, and frostbite' (Reeve, 2011, p.12). While these health implications for single homeless people are undeniably concerning, Pleace and Quilgar (1997) argue that many of these additional risk factors are shared with other elements of society who experience serious economic hardship, but it is the seemingly consistent barriers to healthcare and support which place single homeless people at grave risk of serious consequences and complications.

What the research outlined is able to demonstrate is that while single, homeless people as a population may have multiple unmet needs, particularly in terms of their physical and mental health, they may also be at risk of moving into the category of hidden homeless, as Reeve's (2011) research findings suggest that single and hidden homelessness are synonymous concepts, the consequences of which being that they become less visible support services.

According to Reeve (2011) this not only means that single homeless people are less likely to receive adequate support, but that they are also pushed into chronic patterns of homelessness and may resort to unorthodox and risky strategies of survival and to source accommodation. Importantly, single and hidden homeless people are also at risk of becoming invisible in the research data (Reeve, 2011), resulting in gaps in our knowledge remaining which need to be strengthened.

2.6 Single women and homelessness

In this section, I explore the limited body of qualitative literature which constitutes our understanding of the experiences of single, homeless women, noting factors which may contribute to their invisibility both in the research and in their occupying of homeless spaces.

The body of literature focused on single women's experiences of homelessness is notably underpopulated, which can perhaps be attributed to previously outlined ideas around women being 'less likely than men to sleep rough or to engage in other activities (such as begging) that mark them as 'visibly homeless'' (May et al, 2007), meaning that the focus of attention rests more heavily upon women we are aware of – women we can see. Watson and Austerberry's (1987) seminal text on single women's homelessness made the case that access to housing is limited in the face of increased demand as less women are choosing to live under the ideological, patriarchal constraints of the nuclear family. However, occupying positions of economic marginality means that single women may be forced into unsuitable housing situations because of financial precarity and a lack of unsuitable options. They further highlighted single women as constituting a high proportion of the hidden homeless population, due to lack of adequate service provision, and the women's reluctance to access hostel accommodation which represented shame, stigma and imbued a sense of hopelessness at their housing situation.

As the number of single women rough sleeping continues to rise, particularly amongst younger women (Bretherton & Pleace, 2018), one UK study focused exclusively on the experiences of these underrepresented women, arguing that much of the focus of scholars has been on the significantly larger proportion of women residing in hotels, hostels, and staying with friends and family (May et al, 2007). During their in-depth interviews, they discovered four 'alternative cartographies' (May et al, 2007, p.121) relating to differing gendered identities. Firstly, they noted women rejecting rough sleeper identities and cultures, opting to avoid the busy areas where the homeless congregated, and also rejecting the stigmatising stereotypes commonly associated with the street homeless. These defensive mechanisms appeared to protect them from physical harm, and the emotional injury of shame and low self-esteem, but also rendered them both invisible to outreach workers and fearful of approaching services for help (May et al, 2007). However, their emotional detachment from the homeless identity allowed them eventually to move away from homelessness, while the second group identified appeared to be more entrenched in a hidden, peripheral way of life, momentarily seen before disappearing again. The authors note their occasional overt displays of homelessness as a survival mechanism, often while engaging in street begging in order to garner greater levels of sympathy. Thirdly, the authors highlighted women who had successfully climbed up the street hierarchy through the adoption of performative gendered roles; the wise, older female matriarch, and the adoption of "masculine" traits of violence. Finally, they identified women engaged in sex work, whom the authors described as existing in a world of drugs, violence, and extreme stigmatisation, largely invisible to the public and mainstream services, and unable to bracket off their work lives and spaces from their home lives and spaces (May et al, 2017). Although a small number of women experiencing homelessness do engage in sex work (Harding & Hamilton, 2008), research has also pointed to this possible survival strategy being relatively rare (Reeve, 2018), and caution is required where homeless women may be framed as deviant transgressors from their socially and culturally expected roles within the domestic sphere (Bretherton & Pleace, 2018; Reeve, 2018). In addition to offering suggestions for service development, such as increasing levels of women only emergency accommodation (May et al, 2007), the authors conclude that it is first through acknowledgement of their existence that we may render visible the needs of invisible women.

Reeve et al (2006) offered a comprehensive study of the lives of single homeless women in 19 towns and cities in England. In line with other studies of homeless women (e.g., Reeve, 2011), they found repeat and chronic homelessness to be extremely common, and for some of the women, 'settled accommodation was an exception in a housing career otherwise characterised by homelessness' (Reeve, et al, 2006, p.5). Contrary to the picture painted by official statistics, they also found rough sleeping to be extremely common, with over 60% of respondent reporting this phenomenon, and many favouring invisibility in their locations in order to protect their safety, and as May et al (2007) reported, this made contact with professionals such as outreach teams more unlikely. In concurrence with other research on women's homelessness (e.g., Bretherton & Pleace, 2018; Reeve, 2011), single women's experiences

appeared to be characterised by perpetual motion and transience, largely as a product of necessity due to the precarity and unsuitability of accommodation, and scarcity of more suitable medium-term accommodation which may leave women trapped in homelessness cycles (Reeve et al, 2006). As in Maycock and Sheridan's (2012) research into homeless women's experiences in Ireland, Reeve et al (2016) found a high proportion of the women were not in fact childless, and that their children were temporarily, or permanently, in the care of others, raising questions around how women are able to negotiate the identity of motherhood during their homeless experiences. In addition to documenting the difficulties these single women faced, including unsafe accommodation, the accumulation of trauma, and negative experiences when approaching local authority housing services (Reeve et al, 2018), the authors were also mindful to highlight the extraordinary resources and skills these women displayed in navigating a course through and surviving homelessness.

What is clear from this research is an urgent need to increase our understanding of single women's homelessness, both in the experiences of invisibility of some single, homeless women emphasised in two of these studies, and in the notable lack of data available. There do exist further examples of research which is able to shed light on the experiences of single, homeless women, for example Bretherton and Pleace's (2021) study on rough sleeping in London concluded that the prevailing assumption that single, homeless adults are predominantly male is likely untrue, and that a failure to categorise and enumerate homelessness in such a way that includes women, and specifically single women, remains a major issue. Further, the research makes clear the need to examine the gendered experiences of poverty and economic marginality that lead to homelessness, as well as the disadvantaged position that single women experience in relation to housing and the labour market.

2.7 Skills and education training and the intersect with issues of homelessness.

In this section, I present research which outlines understandings of the skills and educational needs of people experiencing homelessness, before turning to literature which explores the antecedents of these potentially increased needs in training, education, and employment. The importance of qualitative literature focusing on the perceptions of homeless people themselves is highlighted, before limited understandings of the skills and educational requirements of single, homeless women are offered.

2.7.1 The skills and educational needs of homeless people

The educational and skills needs of homeless people have received much attention across academic research, particularly to the ways in which training can influence people's chances of exiting homelessness, as well as consideration of educational levels as a factor in the principal causes of homelessness. Low levels of formal education increase the risk of low-paid work, or unemployment (Aleman, 2016), which in turn makes housing precarity more likely, and can also provide major barriers to exiting the homelessness cycle via employment - one key area being

poor numeracy and literacy skills (Jones, 2018), which excludes individuals from entering the workforce at a number of different levels. Skills and education interventions, as one component of this picture, are pointed to in the literature as crucial for those deemed at risk of homelessness, as a broader package of homelessness prevention and relief measures, to reduce social exclusion, and increase levels of confidence and capacity for independent living (Dumoulin & Jones, 2014; Luby & Welch, 2006). A 2006 report for Crisis found that 37% of homeless people hold no formal qualifications, compared with 13% of the housed, adult population. It also reported that 56% of homeless people expressed a desire to gain skills or educational training, indicating the existence of multiple barriers to academic or training participation (Luby & Welch, 2006). In the largest ever survey of the learning needs of a single homeless population to date, Dumoulin & Jones (2014) found that 51% and 55% of homeless people were without the English and maths skills respectively. In line with other homelessness research (e.g., Luby & Welch, 2006; Olisa et al, 2010), the report outlines individualised factors which may create participatory barriers, including substance misuse, low self-esteem, and dyslexia (Dumoulin & Jones, 2014). While it may be important to recognise the impact of homelessness on self-esteem and loss of hope (Boydell, Goering, & Morell-Bellai, 2000), discourses around the individualisation of such issues facing homeless people risks perpetuating narratives of blame – further stigmatising people experiencing homelessness and rendering invisible the multiple structural disadvantages which those at the bottom of the socioeconomic spectrum may have continuously come up against. However, Dumoulin & Jones (2014) do highlight multiple structural barriers which prevent mainstream participation and make recommendations for long-term government funding and service delivery to improve literacy and numeracy skills amongst single, homeless adults.

In corresponding research focusing on literacy and numeracy support for homeless adults – identified as a major barrier to participation in the labour market - Jones (2018) interviewed practitioners working across third sector organisations supporting homeless people in the north West of England, looking at the extent of support across the region, and concluding that dearth of relevant governmental policy, and therefore funding, means the sector is heavily reliant upon the work of volunteers and the any short-term funding provided by, for example, one-off local authority grants (Jones, 2018).

2.7.2 Determinants of increased educational and skills needs

When considering the raft of socioeconomic determinants of homelessness, poverty, including childhood poverty, unemployment, and low academic attainment are often cited as key factors coalescing to greatly increase a person's likelihood of experiencing homelessness (e.g., Joseph Rowntree Foundation, 2022; Mabhala et al, 2017; Reis, 2018;) – an extreme form of poverty (Burt et al, 2001) and social exclusion (Watson et al, 2016). In relation to low levels of formal academic qualifications - particularly in literacy and numeracy skills as a basis for the mastery of some, but not all, important educational skills (Evans & Hares, 2021) – higher levels amongst people experiencing homelessness

may be correlated with a higher prevalence of childhood trauma, negative experiences of school and dyslexia than the general population (Dumoulin & Jones, 2014) – all of which may make early scholastic experiences more challenging for children who are not afforded adequate support. Patterson et al (2012), for example, found that learning difficulties were overrepresented in their study sample of Canadian homeless adults experiencing complex comorbidities – substance misuse issues and a range of mental health difficulties. However, their empirical research assumes a pathological lens in focusing largely on individual characteristics such as ‘risky behaviours that mediate the link from childhood adversity to illicit drug use in adulthood’ (Patterson et al, 2012, p.7), and paying scant attention to macro-level structural inequalities, and the role of the housing and labour market (Johnsen & Watts, 2014) in the creation of a fundamentally inequitable socioeconomic environment which disadvantages learners at the lower end of the spectrum.

Alongside these early life experiences, it is poverty that is widely regarded as one of the major contributing factors (Johnsen & Watts, 2014) and there is indication that those who have grown up in poor households may be more likely to become homelessness in later life (Johnsen & Watts, 2014; Mabhala et al, 2017). Of course, the picture is complex, and many children from higher socioeconomic backgrounds will experience academic difficulties, however those experiencing chronic poverty will have less access to the resources – be they financial or physical, (Lacour & Tissington, 2011), or the cultural capital often necessary to overcome systemic barriers of inequity.

2.7.3 What do homeless people think?

As Iveson and Cornish (2016) note, research on education, skills training and homelessness commonly examines barriers to employment, evaluations of education and training initiatives and service provision, and good practice examples – the implications for research thus focusing on ‘greater investment to engage people in learning and skills for employment and the need for more coherence between government and homelessness’ (p.255). This largely empirical body of work typically focuses quantifiable outcomes around employment and housing, with less attention dedicated to the psychosocial benefits of these interventions (Iveson & Cornish, 2016). Further, research can neglect the insights of homeless people themselves, particularly in examining their perceptions of what functional and successful skills and educational training programmes would look like in practice (Singh, 2005). Few qualitative studies exist of this nature, however, Iveson and Cornish’s (2016) study utilises a strength-based approach to explore the challenges to homeless people’s participation in educational and employment activities, and their perceptions of their value. These findings were able to highlight the potential long-term transformative value beyond labour market participation, in helping to restore personal attributes such as self-efficacy and agency which had been diminished by homeless experiences, and in facilitating immediate psychological benefits such as enjoyment, social interaction, and a sense of purpose and achievement.

2.7.4 The skills and educational needs of single, homeless women

The dearth of single women's homelessness literature means the picture is unclear at present in terms of specific educational and training needs and importantly their perceptions of current service provision. Dumoulin and Jones (2014) highlight homeless women's complex needs and hesitancy in accessing services as additional barriers to skills and education training in comparison to their male counterparts. Further, homeless service's androcentric focus puts women at even greater disadvantage (Dumoulin & Jones, 2014).

Research into single women by Reeve et al (2006) presented a varied picture, ascertaining that a high proportion of women, over 63%, had some form of qualification, with 4.1% and 6.9% holding undergraduate and postgraduate degrees respectively, however this did not appear to be translating into greater employment opportunities (Reeve et al, 2006). The majority had gained their qualifications pre-homelessness and were only able to progress with academic development while in relatively settled accommodation, as rent charges in some hostels and shelters may make accepting low-paid work more difficult (Fitzpatrick et al, 2000). Those holding no formal qualifications tended to have experienced 'educational disadvantage' (Reeve et al, 2006, p.21) including significant early educational disruption. The authors note that while the vast majority of the women were keen to pursue some form of training or education, and there was much evidence that they were proactive in this, women's experiences of marginalisation in the labour market, difficulties in obtaining or retaining work while homeless, and a reliance on benefits meant some had to supplement their small incomes with street begging or sex work (Reeve et al, 2006; Reeve, 2018), or rely solely on welfare support.

2.8 Research rationale and questions

Having identified existing knowledge gaps around single women's experiences of homelessness – particularly the gendered experiences of socioeconomic marginality which may precipitate and perpetuate homelessness, and their skills and educational needs – particularly qualitative data pertaining to what homeless women themselves would consider a useful and meaningful exit from homelessness, this thesis seeks to address these gaps by utilising three research questions.

The three research questions are broad and exploratory in nature, in order to capture a wide range of perceptions and experiences, and – along with the open-ended interview protocol - to facilitate the women in controlling the content and direction of the interview dialogue. This may be helpful in encouraging engagement with the research by attempting to ameliorate power differentials. Rather than adding to a body of ostensibly expert, objective knowledge which has a skewed androcentric lens and a tendency towards individualising, deficit approaches, examining homeless women as objects of enquiry, it invites the women to share their subjective experiences, perceptions, and needs, positioning them as expert and as valued contributors, while acknowledging the central role of the researcher in shaping the research process, data, and results. The second and third questions specifically aim to address

conclusions in the literature review which suggest a dearth of insight from homeless people themselves regarding the utility of skills training and educational programmes. These questions' focus on skills, training, and education are further informed by the paradigmatic and theoretical tenets of this research; that is, they aim to tentatively explore women's relationships with education, training, and employment in relation to their homeless experiences and therefore invite broader interrogation of the power dynamics and systemic inequalities which fundamentally shape experiences of poverty and homelessness. Democratisation of the research space via exploration of these subjective accounts may provide a mechanism for disrupting hegemonic socio-political narratives which seek to individualise experiences of marginalisation, poverty, and homelessness.

The three research questions are as follows:

Q1: What have been the experiences of single, adult women, moving through homelessness while accessing support at a specialist service?

Q2: What do single, adult homeless women feel has been helpful when accessing adult education and 'basic skills' courses through a specialist service?

Q3: What do single, adult homeless women feel has been unhelpful when accessing adult education and 'basic skills' courses through a specialist service?

Chapter 3: Methodology

3.1 Introduction

An indicator of high-quality qualitative research, which adds a layer of credibility to the research findings, is evidence of a clear and logical thread running through each stage of the methodological design (Stenfors et al, 2020), demonstrating consistency of thought and appropriate application from the philosophical and paradigmatic positioning, through to the results. A research process which is clearly and transparently demarcated in full, provides the research with high levels of dependability (Nowell et al, 2017), meaning ease of replication, and demonstrating a high level of rigour (Shaw et al, 2019). This chapter outlines the methodology utilised within this research, and the justification for these choices. Firstly, the research paradigm and design are presented, including the ontological, epistemological, axiological, and theoretical positioning. Next, I introduce the women (participants), outlining demographic information, sampling strategy, recruitment process, and inclusion and exclusion criteria. I then describe the data generation process, where an explanation of the interview protocol is given, the interview procedure is outlined, and decisions around transcription are elucidated. The next section outlines data analysis: an introduction to, and background of, TA broadly is given, a rationale for the use of reflexive thematic analysis (RTA) is provided, and the stages of analysis undertaken are detailed. Next, quality and trustworthiness are discussed, including a section on reflexivity. Finally, the ethical considerations are outlined.

3.2 Methodology

3.2.1 Research paradigm

The following section outlines the research paradigm, including ontological, epistemological, axiological, and theoretical positioning of this research project.

A research paradigm can be understood as a world view which informs the researcher's methodological approach, including ontological and epistemological positioning, as well as the chosen method of investigation (Guba & Lincoln 1994). As a multitude of paradigmatic perspectives exist within qualitative research (Morrow, 2007), each one along the empirical spectrum able to produce valid and varied findings (Ponterotto (2005), then 'owning one's perspective' (Elliott, Fischer & Rennie, 1999, p.122) is a crucial first step.

The current research takes the critical-ideological position (Ponterotto, 2005), informed broadly by the transformative paradigm, as originally articulated by Donna Mertens. A pragmatic approach will be taken, which aligns with the notion of the transformative paradigm as a 'metaphysical umbrella' (Mertens, 2009, p.13), with room to encompass various theoretical and philosophical worldviews (Mertens, 2009), and 'to explore similarities in the basic beliefs that underlie research and evaluation approaches that have been labeled critical theory, feminist theory, critical race theory,

participatory, inclusive, human-rights-based, democratic, and culturally responsive.’ (Mertens, 2009, p.13). While pragmatism is often associated with mixed methods research, whereby the choice of approach(es) is driven by the question posed, as opposed to the philosophical and paradigmatic persuasions of the researcher (Biesta, 2010), and whereby the coherent combination of different paradigmatic positions can make explicit the researcher’s ontological and epistemological assumptions (Romm, 2014), it is also worthwhile to note the practical constraints of a doctoral thesis, as well as my status as fledgling researcher. A qualitative approach remains the best method to answer my research questions, however my ability to successfully bring to fruition the transformative paradigm’s objective of providing a ‘basis for social change’ (Mertens, 2007, p.212) in any far-reaching way will inevitably be impeded. However, there remains the scope to highlight unequal, societal power structures and their resultant tensions between communities (Mertens, 2009), as well as the strengths of oppressed communities (Mertens, 2009) where the research hold a strong human rights agenda (Mertens, 2009), within the limitations of the scope of this research project. For example, it is important to consider the ways in which systemic oppression, such as gendered experiences of low paid work and poverty, domestic violence, or pervasive heteronormative gender roles, may have contributed to and maintained conditions of homelessness. It is also important to consider the resources and strengths of homeless women – as unique, subjective human beings with idiosyncratic means of coping, surviving, and even flourishing despite existing within such oppressive conditions.

3.2.2 Ontological and epistemological position

The researcher’s ontological positioning determines how they view the nature of reality (Morrow, 2007) and therefore what can be known about it. Epistemology refers to the study of knowledge, and posits questions concerning what constitutes valid knowledge, and the nature of ‘the relationship between knower and known...investigator and participants (Morrow, 2007, p.212). The answers posed by these epistemological questions are to an extent constrained by prior ontological assumptions (Guba & Lincoln, 1994) in a symbiotic relationship between knowledge and the context in which it has been produced. These existential positions in turn shape the theoretical and methodological framing of the research.

My positioning as researcher assumes multiple realities, shaped and determined by differing levels of social, cultural, political, and economic privilege (Mertens, 2007). Further, hierarchical privilege informs power differentials, which in turn influences whose versions of reality we are more likely to perceive to be truthful (Mertens, 2010). Thus, from an ontological perspective, transformative research intends to highlight systemic power imbalances which render the realities of oppressed and marginalised groups as invisible, and certain societal problems as ‘intransigent’ (Mertens, 2009, p.10). In the context of the current research, homelessness is often viewed as in some way inevitable and insurmountable, as opposed to being a product entrenched and systemic inequity and inequality. Contemporaneous

subversions of this accepted reality include the UK government's Everyone In scheme in 2020, where around 37,000 people experiencing homelessness were given access to accommodation (Crisis, 2021) in the wake of the COVID-19 public health emergency, preventing a further 21,000 cases and 266 fatalities (Garcia, 2021), thus demonstrating that seismic change can occur with the correct and concerted efforts. Less than a year on, and funding was withdrawn, plunging many back into destitution, and ultimately resuming the existential status quo.

The epistemological positioning of this research views knowledge as socially and historically situated (Mertens, 2010), and asserts that to access knowledge of subverted realities, there must be an interactive link between the knower and would-be knower (Mertens, 2007). Knowledge construction is a shared, cocreated endeavour, which gives careful consideration to the role of researcher and to their comparative position of privilege. In rejecting the dualist epistemological assertions of positivist enquiry, where the researcher independently and objectively examines the subject without exerting influence (Guba & Lincoln, 1994), transformative research also rejects the received view of one single, discoverable reality. In aiming to create a space for meaningful dialogue for women experiencing homelessness, this research is concerned with challenging the prevailing, androcentric understandings of homelessness that exist within academic research (Reeve, 2018), and attempting to make room for women who have been marginalised from mainstream discourse. This assertion further informs some of the critical, theoretical underpinnings of the research, which will be discussed in due course.

3.2.3 Axiology

Axiology relates the values in research (Morrow, 2007). Where positivist research is regarded as objectively value-free, research which sits within a critical-ideological (Ponterotto, 2005) paradigm can be regarded as anchored in core values (Morrow, 2007), which are closely aligned with the chief concerns in the current research. Mertens (2007) argues that the three key principles of ethical regulation in research - beneficence, justice, and respect – are the bedrock of axiological concerns within the transformative paradigm. Beneficence not only refers to being cognisant of the best interests of participants, but also having a strong moral imperative to act in ways that promote goodness and kindness to others (Kinsinger, 2009). This is evidenced in a firm association with a human rights agenda, which focuses on:

...a recognition of the inherent dignity and the equal and inalienable rights of all members of the human family, including the right to life, liberty, security of the person, equal protection under the law... ownership of property...freedom of opinion and expression... participation in governance, work in just and favorable working conditions, and education.' (Mertens, 2007, p.12).

Homelessness per se is demonstrably a human rights issue, as a clear violation of dignity and rights to health, safety, and shelter (United Nations, 1948). Relatedly, it is also an issue of SJ; thus, homelessness research should be

operationalised as 'professional action designed to change societal values, structures, policies, and practices, such that disadvantaged or marginalized groups gain increased access to these tools of self-determination' (Goodman et al., 2004, p. 795). Working within this framework then clearly advocates for a strength-based approach, subverting the focus of deficit perspectives, which are commonplace within homelessness research. The current research aims are congruent with these propositions, in the endeavour to understand the resilience, strength and accomplishments of women experiencing homelessness, as well as the inevitable hardships – something which is routinely and easily overlooked in communities facing enduring struggles (Mertens, 2009).

3.2.4 Theoretical perspectives and frameworks

As previously described, a SJ framework is crucial, both in terms of academic research and action, when striving to achieve recognition and enact any changes in relation to the pervasive structural, social inequalities that give rise to conditions of homelessness, and in turn impede homeless women in accessing the appropriate tools to help themselves.

Tied into this framework, and to the epistemological positioning of this research, is a critical feminist perspective, which resolves to pursue the sometimes problematic but benevolent aim of privileging the marginalised voices of women above representative androcentric narratives. Critical feminist approaches can account for 'the ways in which men and women occupy variant positions of power and privilege across race, space, and time' (Dill & Kohlman, 2012, p.157), therefore rejecting the ideals of researcher detachment and objectivity, the 'god trick of seeing everything from nowhere' (Haraway, 1988, p.581) as concealment of the dominant, white, male gaze which dominates knowledge claims in scientific inquiry, which accordingly renders divergent positionalities as invalid or invisible.

Evidence, for example, that female rough sleepers share some of the same characteristics as male rough sleepers, such as poor mental health or substance abuse, have bolstered the argument for less attention to be paid to gender as an important factor in homelessness studies (Bretherton, 2017). However, sharing characteristics does not mean that males and females experience homelessness in the same way. Rough sleeping is only one aspect of homelessness, and the fact that women are often hidden or may not approach services for help means that we cannot know the full extent and shape of their experiences (Bretherton, 2017). A gendered approach to homelessness may be able to elucidate the ways in which multiple social identities (e.g., female, working class, black) can interact to create unique conditions of disadvantage and marginalisation for each individual.

The intersect between critical and feminist theory allows for the exploration of structural socioeconomic, cultural, and political oppression experienced by women existing within patriarchal, heteronormative, capitalist societies – therefore shifting focus, and blame, from the micro to the macro. In the case of homeless women, concentrating less on individual pathologies as explanation, and more on societal conditions of oppressions, and responses to and

management of the issue. This further corresponds with the notion of homelessness as social exclusion; the experience of multiple disadvantages creating barriers to ample participation in the cultural, socioeconomic and political facets of society (Watson et al, 2016), and leading to poorer physical and mental health outcomes (Watson et al, 2016), and further moves away from the notion of homeless persons as a homogenised group and homelessness as 'a discrete social problem with unique characteristics and causes' (Pleace, 1998, p.46). However, Pleace and Quilgars (2003) note that the shift towards the social exclusion conceptualisation is in itself an ideological construct 'posited on the notion that those who are marginalized have differing characteristics from others in mainstream society' (Pleace & Quilgars, 2003, p.194), and that a balance between 'structure and agency must be retained' (Pleace & Quilgars, 2003, p.194). Homogenising homeless women is problematic as it tends to overstate a shared identity based on individualised and often pathologised characteristics such as mental health difficulties and drug use, which can negatively impact perceptions of homeless people, leading to further marginalisation and discrimination, and facilitate dehumanisation and prejudicial narratives (Lurie et al, 2015). The categorisation of the homeless as universally "vulnerable" also fails to take into account the uniqueness of individuals' experiences and circumstances surrounding homelessness, and the strengths and skills they possess to respond to dynamic circumstances and hostile environments – something which I reflect further upon in section 3.7 – ethical considerations.

3.2.5 Research design: a qualitative approach

The emergence of qualitative research provided a counter narrative to dominant quantitative models, an ontologically informed paradigmatic shift which changed the nature of the relationship between researcher and participant (Burman, 1997). Qualitative research is able to offer critical reflection on, and challenges to 'the perceived limits' (Braun & Clarke, 2013, p.7) of quantitative research and the positivist paradigm. Rather than understanding the focus of research as phenomena which are directly observable and quantifiable, able to be subject to statistical analysis, and identify 'cause-effect relationships' (Willig, 2008, p. 8), qualitative research shuns scientific detachment in favour of the socially and culturally embedded, reflexive researcher, whose approach is able to capture the 'complexity, mess and contradiction that characterises the real world' (Braun & Clarke, 2013, p.10). However, complacency is ill-advised, as qualitative researcher ought not fetishise their position as holding the methodological high ground (Burman, 1997). Humanistically-informed, qualitative research is not unaffected by ethical and moral difficulties, manipulations and 'abuses of power' (Burman, 1997, p.798) – accusations which are more readily aimed towards those with quantitative research sensibilities.

The research design concerns 'the type of data we should aim to collect, and the role of participants in the research process' (Willig, 2008, p.15). As the current study aims to understand the experiences and perspectives of single, adult homeless women, the most coherent research design would be a qualitative one, which was selected with the

view to gaining fine, detailed insight into “what it is like’ to experience particular conditions...and how people manage certain situations’ (Willig, 2008, p.8), while paying particular attention to issues of power relations and the dangers of abuses of such relationships.

In the initial design stages, I had planned to incorporate a longitudinal element into the methodology, using multiple interviews in an attempt to better understand the varied routes women take into, through, and sometimes out of homelessness. Research into homelessness often captures as a snapshot in time of one particular element, such as prevalence of a particular mental health difficulty. Longitudinal research can offer a more granular exploration of what is often termed a “chaotic lifestyle”, and a better understanding of the complex array of facilitators and barriers to the participants accessing services and support (Williamson et al, 2014). Regrettably, I was unable to fulfil the longitudinal elements of this research, due to time-limitations and COVID-related delays, as longitudinal research has the power to bring new perspectives to long-established areas of research (Holland et al, 2006). However, I am hopeful that the present research design can provide an insightful and unique contribution to the existing literature.

3.3 Methods

3.3.1 Sampling

Purposive sampling, which aims to provide data allowing for in depth study of information-rich cases (Patton, 2002), was adopted for this research. Due to the nature of the research aims and the specific target population of single, adult, homeless women, purposive sampling was deemed appropriate to generate a sample representative of this population (Battaglia, 2008), as they are viewed as experts by experience.

The study’s initial sample size, between 7 and 15 participants, was decided based upon practical considerations, such as time and resources, and the study design. The qualitative nature of the study, and the semi-structured interview method, ought to provide a rich, nuanced, detailed data set, meaning it would be unnecessary and impractical to recruit a very large number of people.

3.3.2 Recruitment

I began this process by contacting a homeless charity in the local area to discuss collaboration. However, ongoing difficulties surrounding the COVID-19 pandemic meant that this initial contact proved unsuccessful. I then used internet searches to identify other homeless charities in the local area, specifically those who worked with women, and offered education and skills courses as part of their support package. I made telephone and email contact with several organisations, however nationwide lockdowns and continuing uncertainty meant that most charities providing support to the wider homeless population were operating at severely limited capacity, whilst attempting to adapt their various services to comply with new COVID-19 safety policies. In time, I successfully secured an agreement to work with a

charity providing specialist support to women experiencing homelessness in the North West of England. A recruitment advert (see appendix 1) was sent via email to staff members, which was then disseminated to the service users who staff considered met the inclusion criteria and had no reasonable grounds for exclusion from the study. A full explanation of participant inclusion and exclusion criteria can be found in section 3.3.3.

It was also imperative that candidate participants were available and willing to take part (Bernard, 2002). In-person research may have made this logistically difficult when considering the proximity of the gatekeeper charity, however this was initially mitigated due to the adoption of a remote research design. One woman's interview was conducted remotely, using video conferencing software, and the remaining six women were interviewed face-to-face, due to the relaxation of the government, and the University of Manchester's pandemic-related restrictions. In order to maximise a willingness to take part, a trusting relationship should be formed, both with staff and service users prior to interview. This is particularly pertinent to the current research population, as recruitment and retention can be notoriously difficult when researching homeless populations experiencing additional disadvantages (Strehlau et al, 2017). Therefore, I organised several meetings involving staff and service users using online video conferencing software (Zoom), prior to the commencement of interviews, with the aim of establishing rapport, trust, and clearly setting out the research objectives.

Gatekeeper organisations play a pivotal role in the research process, in the facilitation or denial of access to participants and research sites (MacFayden & Rankin, 2016), and thus there exists a continually negotiated power dynamic between the researcher and their chosen gatekeeper. As Menih (2013) notes, one of the key challenges which I encountered was the inability to work to my own timeline, and with greater fluidity and flexibility (Menih, 2013), where there was the requirement to work to the schedule of gatekeepers. On the part of the researcher, there ought to be a sensitivity to the demands they are placing on the gatekeeper organisation – both in terms of time dedicated to the project, and the logistical demands of organising interviews. This is particularly pertinent for services who may already be stretched in terms of capacity and funding, as well as for research projects whose research populations are deemed to be 'at a higher ethical risk' (MacFayden & Rankin, 2016, p.83) whereby gatekeepers adopt a 'protectionist model' (Murray, 2005, p.57) of the individuals in their care.

I found this particularly challenging in terms of a very limited, tight research schedule, as correspondence between myself and the gatekeepers, and organisation of interviews, times, and locations, progressed at a slow pace, due to logistical challenges and a plethora of professional commitments on the gatekeepers' part away from the research project itself. Many of these challenges are unavoidable and were significantly exacerbated by the restrictions of the COVID-19 pandemic, but as researcher, it did cause me some anxiety around the viability of the research project. Furthermore, it is important that the gatekeeper organisation has a clear understanding of the researcher's aims,

intentions, and positionality, as their ‘assumptions and preconceptions about the implications of research’ (MacFayden & Rankin, 2016, p.83) may impact on the extent to which access is permitted or denied. It was important for me to make as much informal, as well as formal (Singh & Wassenaar, 2016), contact with gatekeeper staff as possible prior to interviews, to make clear the aims and objectives of the research, and to explicate my personal and professional positioning in relation to the broad topic of homeless women.

3.3.3 The gatekeeper organisation

The gatekeeper organisation I worked with are a homelessness and housing charity based in the North-West of England. They offer a range of holistic support pathways, projects and interventions aimed at helping people experiencing issues around health, well-being, finances, and housing, as well as building the tools and skills necessary to move away from homelessness issues and live independently. Importantly, they also incorporate gender-informed care into their pathways, having a dedicated women’s worker who works holistically to provide bespoke support to women accessing the service. They also facilitate women only groups and spaces, and work in partnership with women’s services across the locale. I chose to anonymise the gatekeeper charity, by not revealing the name, location, or any other specific details about this service. This did provide something of a methodological quandary for me, as meeting some of the staff and service users illuminated many examples of good practice for homelessness service provision – something which I feel is important to highlight and disseminate to all professionals working with people experiencing homelessness. However, I was also aware that revealing these details may jeopardise the anonymity of the women themselves, which is wholly unethical, and would risk breaching confidentiality and trust. Further, I felt it important to keep focus on the experiences and perspectives of the women I spoke with, rather than providing any critique of organisational practice.

3.3.4 Inclusion and exclusion criteria

The use of inclusion and exclusion criteria is essential in filtering candidate participants, in order to ensure they are suitable for the focus of research. The inclusion criteria specified that participants must be adult women, aged 18 or over. No upper age limit was imposed, based on the decision that experiences of homelessness are often cyclical (as opposed to one-off events), which often reoccur throughout the lifespan. They should also be accessing support and services via the gatekeeper organisation, in line with the objectives of purposive sampling. With regard to housing status, the inclusion criteria allowed for current or previous experiences of homelessness, again, taking into consideration the cyclical and episodic nature of homelessness. It was also decided that women taking part must identify as single, in line with the research aims. Here the term “single” refers to those without dependent children in their care, and as previously outlined, was a focus of the research due to their often “hidden” status, and resultant lack of consistent, adequate, and gendered support (Reeve & Batty, 2011). The final criterion outlined the necessity for an

appropriate level of verbal fluency in English, in order for participants to ably participate in interview dialogues, and to ensure relative ease of understanding. This was largely a practical requirement in terms of the parameters of the research and available resources. In an attempt to mitigate the restrictive and somewhat exclusionary nature of this criterion, English as a first language was not deemed a necessary part of the inclusion criteria – thus, attempting to open up the space for a wider spectrum of experiences, in line with the intersectional framing of this research.

The heterogeneous nature of the population in focus indicates a broad range of life experiences and circumstances. Included in this is the multitude of disadvantages this population has the potential to face, including often increased rates of tri-morbidity (physical and mental health difficulties, and substance use issues), and premature mortality rates, when compared to a non-homeless population. It is these complex and interrelated structural disadvantages which, in part, designate the research as “high risk” in relation to ethical approval, as will be discussed in a later section. It also provides the basis for the exclusion criteria, the first of which was current drug use. The research on the relationship between substance use and homelessness is highly varied and paints a complex picture, however a report by the charity Homeless Link (2014) found that 36% of homeless respondents reported drug use in the last month, compared with 5% of the housed population. Therefore, known drug use, particularly where the substances would impact the women’s ability to consent to and participate in interviews, would necessitate exclusion. An example of this would be opioid-type drug such as heroin, where users would typically be routinely under the influence due to its highly addictive nature and subsequent tolerance development. The second exclusion criteria, a history of violence and aggression, was decided upon in order to ensure the safety of all individuals involved in the research process. This criterion is not intended to suggest there is a causal link between experiencing homelessness and violent behaviour – in fact, research with 458 rough sleepers across England and Wales found that 77% of respondents had experienced anti-social behaviour or a crime committed against them (Sanders & Albanese, 2016). The same research found that were violent and abusive acts were committed against rough sleepers, members of the public were the leading perpetrators (Sanders & Albanese, 2016). However, where there are higher incidence rates of substance use, and related anti-social behaviours, the likelihood of a history and aggression and violence has the potential to increase. Consideration of the high rates of adverse childhood experiences and trauma amongst the homeless population, may also point to anti-social and aggressive behaviours, and subsequent involvement with the criminal justice system, as a protective emotion regulation strategy. Finally, restrictions were placed around some mental health difficulties, which may lead to cognitive impairment, precluding women from giving informed consent and participating fully in the interview process. An example of this may be an individual experiencing, or likely to experience, an episode of psychosis. Appendix 2 provides a full outline of the inclusion and exclusion criteria.

3.3.5 Participant demographics

In total, seven women were interviewed: women ranging between the ages of 25 and 43 years old, who were currently or had previously experienced homelessness. At the beginning of each interview, demographic questions were asked, and while it was made explicit that answering these questions was optional, all submitted full information, which is presented in table 1. All seven identified as heterosexual women, aged between 27 and 43 years old. Five identified as White British, one as Eastern European, and one as South Asian.

Table 1: Participant demographics

Pseudonym	Age	Ethnicity	Sexual Orientation
Agnes	30	White British	Heterosexual
Flora	43	White British	Heterosexual
Grace	25	White British	Heterosexual
Iris	38	South Asian	Heterosexual
Rose	27	White British	Heterosexual
Stella	31	Eastern European	Heterosexual
Sylvia	41	White British	Heterosexual

In addition to predetermined demographic questions and responses, it also became apparent throughout the interviews that five of the women were currently classified as housed, living in rented accommodation provided by a local housing authority; two of the women were classed as homeless, due to the temporary nature of their accommodation, as provided by the gatekeeper charity. All seven of the women were classed as unemployed at the time of interview. However, as will be elucidated further in the analysis section, while two of the women were actively not seeking employment, the remaining five were either between jobs, or were working towards personal career goals.

3.4 Data generation

3.4.1 The interview protocol

In line with the qualitative research design, semi-structured interviews were selected most appropriate method of data generation, allowing for deep exploration of social and personal issues (DiCicco-Bloom & Crabtree, 2006) which the research questions aim to explore. An interview schedule was constructed, adhering to guidelines from Castillo-Montoya (2016), which delineate a process ensuring the development and refinement of the overall interview protocol (Castillo-Montoya, 2016). The stages of this process include: (1) ensuring interview questions align with research questions, (2) constructing an inquiry-based conversation, (3) receiving feedback on interview protocols, and (4) piloting the interview protocol (Castillo-Montoya, 2016).

In the initial stage, I drafted fifteen interview questions, took some time to consider the relevance and suitability of each, and received feedback from my supervisor. To ensure alignment between research questions and interview questions, I mapped these in a matrix, which can be seen in appendix 3, along with further details of the development of the interview protocol. Any questions which did not appear to robustly correspond with research questions were discarded. I did not identify any potential informational gaps (Castillo-Montoya, 2016) whereby my research questions may be unanswered. At the end of this process, I arrived at fourteen interview questions in total. Please refer to appendix 3 for details of constructing the interview schedule and full list of interview questions. It is worth noting that interview question no.14 (As a homeless woman, what type of support would help you to feel valued and/or empowered?) also maps on to the strength-based approach of this research more broadly, as a countermeasure against pathologising, deficit-based conceptualisations of homelessness which continue to pervade dominant discourse.

While this may be a considerable number of questions, the flexible nature of semi-structured interviews, and conversational style, means that the questions themselves are open and the conversation may go off in numerous directions (Fylan, 2005). These 14 questions therefore acted as a guide, rather than something which should be strictly adhered to, as this style of interview is one where deviation and departure from the script are often encouraged (Silverman, 2013), aiming for a more authentic exploration and the subject matter and unexpected areas of interest that may be raised by the participant.

The second stage of this process, constructing an inquiry-based conversation (Castillo-Montoya, 2016) refers to the interview protocol as an instrument which strikes a balance between eliciting relevant information and conducting a conversation (Castillo-Montoya, 2016). It was important to adapt any language from what may be perceived as an academic style, to a more naturalistic one, in an attempt to follow the ‘social rules that apply to ordinary conversation’ (Rubin & Rubin, 2012, p. 96). It is also important to include potential follow up questions and prompts, allowing the researcher to gently nudge the participant into providing further information, in a way that feels comfortable and congruent to the conversational style. Follow up questions were added to the interview schedule, which can be found in appendix 3, along with potential prompts, probes and clarifications.

The third stage, receiving feedback on interview protocols, was conducted as an ongoing developmental process, whereby I received feedback from my supervisor and peers. During the fourth stage, piloting the interview protocol, I ran a pilot session with a peer from the doctoral training course. Using Zoom, I practised introducing the session, reading out the questions, and closing the session, in order to get a feel for how they sounded aloud, and how they might be interpreted and understood. I then gave careful consideration to their feedback and suggestions and incorporated this into the final interview protocol.

3.4.2 The interview procedure

The interviews were conducted via a combination of remote and in-person interviewing. The first interview was conducted remotely, due to the aforementioned COVID-19 restrictions, and the remaining six were conducted in-person. In order to ensure choice and flexibility was provided, interviews were offered either by Zoom or telephone, in line with participant needs and preferences. The first participant selected Zoom as her preferred mode of participation. We were then able to agree a date and time for interview, via the gatekeeper organisation. I sent copies of the participant information sheet (see appendices 4 and 5) and consent form (see appendix 6) to an elected member of staff at the gatekeeper organisation, who was able to support the first participant in reading and signing these forms where appropriate during a face-to-face key work session. As I was not present at the reading and signing of these documents, it was important for me to ensure full informed consent was obtained, so at the beginning of the Zoom session, I checked with my participant that she had read and understood the documents provided, and the nature of the study and interview more generally, before asking if she was happy to proceed. This was the case for all seven interviews conducted, as well as a reminder that interviews would be audio recorded, that they were able to stop the interview at any time – particularly if they experienced distress, and that they were not under any obligation to answer any of the questions they did not feel comfortable with. After this, audio recording was switched on – either through the Zoom function during the first interview, or on an encrypted audio recording device, and the semi structured interview then begun. There was considerable variation in the lengths of each semi structured interview, ranging from 14 minutes to 170 minutes long. At the end of each interview, when the recording was stopped, a debrief sheet (see appendix 7) was provided, and the women were thanked for taking part in the interview and research process and asked if they had any questions or comments. As the first (with Iris) interview was conducted remotely, I sent the debrief sheet to the gatekeeper organisation via encrypted email in advance of the interview session. A distress protocol (see appendix 8) was drawn up, detailing a stepped approach for assessing and managing risk, however this was not required during any the interviews. A copy of the interview protocol can be found in appendix 9.

3.4.3 Transcription

The transcription process took place immediately after each interview had ended, using the audio recording material. Transcription is the act of providing a written version of the words spoken during an interview. This simplistic definition may go some way to explain its status as a ‘taken for granted’ (Davidson, 2009, p.35) and rarely acknowledged (Brinkmann & Kvale, 2019) part of the qualitative research process. As Nascimento and Steinbruch (2019) note, transcription is often acknowledged within a vanishingly small sentence in the methodological section, but no procedural or decision-making explanations offered. Transcription is important in both the data generation and analytical phases. The labour-intensive nature of the work, and attention to detail required, means that the researcher

is necessarily entering into the familiarisation stage of RTA by their close scrutiny of the data. This initial level of analysis, where the researcher may identify initial codes raises the important issue of the researcher's active and interpretative role throughout the transcription process. Transcribing means to transform (Kvale & Brinkmann, 2019) denoting the impossibility of producing an exacting replica of the dialogue – producing an impoverished facsimile without the real flavour of the real-time interaction. Through this transformative process it becomes apparent that a series of decisions have to be made on the part of the researcher, relating to which parts of the audio data are presented, as well as how, and for what reason (Kvale & Brinkmann, 2019).

I chose to transcribe my audio data broadly in a verbatim oral, or denaturalised style. That is to say that my transcription aims to preserve the features of natural language (Davidson, 2009). However, there are decisions still to be made with this approach, including levels of detail, and 'a balance to be struck between readability and accuracy of the transcript' (Bailey, 2008, p.129). On the continuum between naturalised and denaturalised transcription (Oliver et al, 2005), I would situate my work as leaning towards denaturalised transcription, although not requiring quite the level of deep analysis and tight, technical coherence (Rapley, 2018) of approaches where the linguistic style is of key importance (Kvale & Brinkmann, 2019), such as conversational analysis. It was important to find a balance between transcription as indecipherable and staying as close as possible to the ways in which participants express themselves. My epistemological framework highlights the importance of the interaction between researcher and participant, with regards to co-creation of knowledge production, but is also interested in the broader socio-political, cultural and historical dimensions which mediate power dynamics. See appendix 10 for a table of my transcription convention, and appendix 11 for an example transcript excerpt.

Finally, representation of the data can reflect important analytic assumptions (Bailey, 2008), and by extension raise implications for power dynamics in the research process. With this in mind, I decided to label myself in the transcripts by my name, as opposed to "researcher", and each participant was labelled with their pseudonym. Three of the women selected their own pseudonym, while the remaining four requested that I randomly select a pseudonym on their behalf.

3.5 Data analysis

3.5.1 Introduction to TA

The task of selecting the appropriate method to analyse qualitative data is difficult given the 'vast and diverse qualitative analytic landscape' (Lester et al, 2020, p.95), but is an important step if the research question(s) are to be adequately addressed. But this is not a prescriptive, linear, straightforward process, as Willig (2008) notes:

'It is important... that the research question, data collection technique and method of data analysis are dependent on one another. They cannot be considered separately and they should not be chosen independently from one another.' (p.22).

TA, as outlined in the 'landmark' (Terry et al, 2017, p.18) 2016 paper by Braun and Clarke, is an umbrella term for a widely used method of qualitative analysis – more specifically, 'a method for identifying, analysing and reporting patterns... within data' (Braun & Clarke, 2006, p.79) - made popular by virtue of its 'reputable' nature (Terry et al, 2017, p.2), as well as ease of replication and use. This in turn made TA the method of choice for fledgling researchers.

TA's well documented theoretical flexibility allows researchers to engage with a range of theoretical perspectives and generate results which are relevant and precise to the research questions and aims (Lester et al, 2020, p.98). It is also useful for analysing 'various kinds of data, as well as a range of data set sizes' (p.98) and is 'a powerful method for analyzing data that allows researchers to summarize, highlight key features of, and interpret a wide range of data sets' (Kiger & Varpio, 2020, p.8).

In their 2006 paper, Braun and Clarke hoped that outlining the six stages of analysis (familiarisation with the data; generating initial codes; searching for themes; reviewing themes; defining and naming themes; producing the report) may help to counteract the assertion that TA is a 'poorly demarcated...yet widely used qualitative analytic method' (Braun & Clarke, 2006, p.77). As TA's popularity increased exponentially, so too did the realisation that its application persisted in being haphazard, and poorly outlined by many qualitative researchers, with some researchers utilising TA methods, but rather than explicitly naming it as such, simply label it 'qualitative data analysis' (Kiger & Varpio, 2020, p.1). This can lead to problems with transparency, and therefore questions around the trustworthiness of the research itself (Kiger & Varpio, 2020, p1). Misuse of TA and misunderstandings of its applications (particularly its theoretical flexibility translated as an 'anything goes' (Braun & Clarke, 2006, p.78) technique led to accusations of the approach being rudimentary and 'not 'sophisticated' enough for anything other than (often atheoretical) data description or summary (of surface meaning)' (Braun & Clarke, 2019, p.592). As well as a common deficit of transparency, there is frequent failure to identify the assumptions (theoretical, epistemological, etc) which underlie the data, as well as lack of adequate analysis, and demonstrably weak analysis.

3.5.2 Rationale for approach to TA: RTA

RTA, as (re)conceptualised by Braun and Clarke (2019) is a revised version of TA, based on new methodological developments and 'unarticulated assumptions' (Braun & Clarke, 2019, p.590) in the 2006 paper. It is a qualitative, analytical approach which values and emphasises 'a subjective, situated, aware and questioning researcher' (Braun & Clarke, 2022), as well as 'organic and recursive coding processes, and the importance of deep reflection on, and engagement with, data' (Braun & Clarke, 2019, p.593).

The current research sits broadly within a transformative paradigm, which understands power and privilege as determinants of accepted truths and realities. The flexibility of RTA allows for the inclusion of a critical stance, which attempts to 'interrogate dominant patterns of meaning' (Terry et al, 2017, p.4), while simultaneously allowing for an exploration of the experiential, subjective accounts of the participants' lives. This can be achieved in the analysis process by, for example, the use of both semantic and latent levels of analysis. The former of which occurs at the 'explicit' (Braun & Clarke, 2006, p.84) surface level of meaning, whereas the latter goes beyond this to explore the 'underlying ideas, assumptions, and conceptualizations' (Braun & Clarke, 2006, p.84) which determine the ways in which the data are analysed. Where these two approaches may have previously been considered distinct and mapping on to different levels of inductive vs deductive analysis respectively, in actuality, 'most thematic analyses include both semantic and latent, and inductive and deductive elements.' (Braun, Clarke & Weate, 2016, p.194)

The present study includes analysis at both semantic and latent levels; coding was completed at an organic, inductive level, whereby it is data-driven, in order to marry the transformative paradigm's ontological concern of privileging the experiences of marginalised groups, while epistemologically acknowledging the researcher's role in knowledge construction. This customised approach to RTA is appropriate if 'the analysis is theoretically coherent and consistent' (Braun, Clarke & Rance, 2014, p.186). It also brings focus to the importance of reflexivity, as Braun, Clarke and Rance (2014) note:

'Because TA is like a 'select your own items' gift hamper, using it requires you to make choices. Recognising this helps you to reflect on the active role you play in the research process and in the generation of results – a process known as personal reflexivity' (2014, p.188).

This more recent incarnation of TA not only aims to address the concerns outlined in the previous section but emphasises the centrality of researcher reflexivity and subjectivity (Braun & Clarke, 2019). In doing so, it acknowledges the role of the researcher in this relationship as actively bringing their 'own histories, values, assumptions, perspectives, politics, and mannerisms into research' (Braun & Clarke, 2013, p.36). In the current study, this corresponds with the epistemological assumptions of the transformative paradigm, which locate knowledge as a co-construction between researcher and participant.

RTA sits within a 'tripartite typology' (Braun & Clarke, 2019, p.593), including three classifications and approaches to coding – two of which mandate 'a thoroughly positivist conception of reliability' (Terry, Hayfield, Clarke & Braun, 2017, p.19). RTA retains the 'interpretative processes' (Terry, Hayfield, Clarke & Braun, 2017, p.20) and qualitative research properties espoused in the original articulation (see Braun & Clarke, 2006), while emphasising the need for transparency, and viewing the researcher as actively and subjectively located with the data generation and analytic processes (Braun & Clarke, 2019).

3.5.3 Stages of analysis

After the transcription process was completed, the data were then ready to be analysed. This follows six stages, as outlined by Braun and Clarke (2022): data familiarisation; data coding; initial theme generation; theme development and review; theme refining, defining, and naming; and writing up.

□ Dataset familiarisation: this initial stage involves deep, detailed data immersion (Braun & Clarke, 2022) – typically requiring the researcher to read, and re-read through the data several times. I began this process after each interview had ended, by making notes in my reflexive journal on my thoughts and responses to each individual interaction. After the completion of all seven interviews, I listened to each audio recording at least twice. Then, after the transcription process was completed – which in itself is a highly useful data immersion exercise (Byrne, 2022) – I read and re-read each transcript, both in order to become familiar with the content, and also to begin to view the data on an enquiring, critical, and analytical manner, and to ask questions, consider possibilities of meaning, and ask questions of the dataset (Braun & Clarke, 2022). Notes were taken throughout both of these familiarisation processes.

□ Data coding: coding the data ‘involves systematically working through each data item and your entire dataset’ (Braun & Clarke, 2022, p.60), noting sections of the data that may appear pertinent or interesting, and assigning them with a code label. To do this, I uploaded my transcriptions to NVivo software, and systematically worked my way through the data, line by line, ending up with a total of 407 codes, or code labels, across seven transcripts. See appendices 12 and 13 for an example of line-by-line coding full list of code labels developed. I coded the data inductively, meaning that it was a data driven process, while simultaneously reflexively acknowledging my own role in this analytic process. Coding is very much process-driven, in that it relies on the researcher refining and evolving code labels based on increasing analytical insight (Braun & Clarke, 2022), and several coding ‘runs’ are encouraged, which I completed while undertaking a process of refinement – amalgamating existing codes, altering code labels, and creating new codes where necessary. Coding took place at both semantic and latent levels, meaning codes included a combination of ‘explicit or surface meanings of the data’ (Braun & Clarke, 2006, p.86) and ‘underlying ideas, assumptions, and conceptualizations’ (Braun & Clarke, 2006, p.86).

□ Initial theme generation: during this stage, I began to consider which codes may be grouped together to establish any potential shared patterns of meaning. I conducted this process digitally and by hand, whereby I grouped together different codes, along with example quotations, in a Word document, and using a pen and paper and sticky notes. I found that use of both mediums helped me to organise such a large amount of codes, however the process was still messy and exploratory (see appendix 14) – I was keen at this stage to hold my initial ideas lightly, as it this stage they are still very much tentative and provisional (Braun & Clarke, 2022). Each potential code was examined in isolation, in relation to one another, in relation to the research questions (see appendix 15), and finally in relation to

the wider potential narratives of the data. I began to use thematic maps (see appendix 16) to test out whether these candidate themes were coherent and contained a clear central organising concept to clarify each theme's purpose (Braun & Clarke, 2022).

□ Theme development and review: candidate themes were reviewed against the data, to ensure that themes were rich and nuanced, and to provide an additional validity check (Braun & Clarke, 2022). I took the codes from my candidate themes and put them into a Word document with illustrative quotes. I then attempted to write a theme definition for each for clarity, key points, and a central organising concept (Braun & Clarke, 2022). Braun and Clarke (2022) suggest asking the following question during this process:

‘Is this pattern a viable theme – a pattern that has an identifiable central organising concept, as well as different manifestations of that idea?’ (p.98).

Initially this process generated four themes, but after discussion with my supervisor and much reflection, I felt one of the themes was not working well, and four themes became three.

□ Theme refining, defining, and naming: this stage of theme development involves checking for clarity and reviewing the overall narrative flow of analysis, which I did by developing and refining theme definitions, in order to capture ‘the scope, boundaries and core concepts’ (Braun & Clarke, 2022, p.108). During this refinement process, after checking my themes against the data set and creating thematic maps for each, I decided to break up my third theme into two distinct but related subthemes, as I felt this provided a more coherent flow to the overall narrative and meant that theme 3 itself had a greater level of clarity and coherence. Themes were then assigned names – something which aims to immediately convey meaning to the reader in an eye-catching, concise way, although this process had been underway since the previous stage of analysis and was not completed in earnest until the end of stage six. I felt comfortable with being unsure about my provisional theme names throughout, because as Braun and Clarke (2022) point out, the naming of themes is a process in itself, and the pressure to generate perfect names can be stress inducing. My final theme names were generated through a process of re-reading each theme, playing around with various words, quotations, and ideas, and finally settling on what felt right.

□ Writing up: in this stage, the process of RTA is formally presented to the audience, including introducing the context of your project, describing your methodological choices and processes, justifying your chosen approach to TA, describing the analytic process, telling your analytical story, and drawing conclusions from this (Braun & Clarke, 2022). In writing up my analytical findings in particular, I drafted and re-drafted this chapter several times, until I felt that my analysis was able to richly convey my interpretation of the women's accounts and experiences, in relation to my three research questions. It is crucial to note that these stages of analysis did not necessarily follow a linear path,

but instead required a 'continual bending back on oneself' (Braun & Clarke, 2019, p.594) as I critically and reflexively examined my own active role within, and impact upon, the data generation stages and wider research process.

3.6 Quality and trustworthiness

Traditional methods for quality assessment borne out of quantitative research paradigms, such as the standardised procedures which assess for levels of validity and reliability (Morrow, 2005), do not translate readily into the world of qualitative research. Where quantitative studies involve systematic enquiry, capturing numerical data on observable and measurable phenomena (Garwood, 2006), qualitative research emphasises the importance of detailed exploration of the experiential and subjective accounts of the participant's lives, which in turn calls for less mechanistic approaches of inquiry. It is these methodological, as well as ontological and epistemological assumptions, that necessitate different tools for the quality appraisal process. Further, the characterisation of qualitative research as an artistic and interpretive endeavour (Willig, 2008) has resulted in sometimes unfavourable comparisons with the quality of quantitative research (Willig, 2008).

Techniques for establishing trustworthiness have been proposed in numerous guidelines for qualitative quality appraisal, in a continuous striving for the legitimisation of qualitative approaches (Elliott et al, 1999) as both robust and scientific. The researcher's decision as to which guidelines for quality appraisal to select will depend upon the ontological and epistemological assumptions of the research project at hand (Willig, 2008). Careful consideration was given to Braun and Clarke's (2019; 2021) guidance on quality in RTA, which emphasises making logical methodological choices and justifying and explaining these adequately, followed by a comprehensively and clearly outlined analysis (Braun & Clarke, 2019). Further, the current research followed the guidelines by as described by Nowell et al (2017). The criterion are as follows: credibility, transferability, dependability, confirmability, audit trails, and reflexivity as central to the audit trails. I will outline each in turn, as well as an indication of incorporation into the research process.

Credibility: According to qualitative parallel criteria (Guba & Lincoln, 2000), credibility is correspondent with the concept of internal validity within quantitative research paradigms. Here, internal validity refers to whether the results of the research are representative of the research population, as opposed to being the result of methodological inaccuracies (Patino & Ferreira, 2018). In qualitative paradigms, it represents equivalence between what the participants have expressed and how this is represented by the researcher (Tobin & Begley, 2004). An example of this is the generous use of direct participant quotations in the analysis section (chapter 4, sections 4.2 – 4.42) in order to clearly illustrate each theme.

Transferability: the concept of transferability, also known as generalisability, aligns with that of external validity; that is, whether the results can be generalised to broader populations or settings. The characteristics of qualitative research,

such as a comparably small sample size, make generalising findings difficult in contrast to statistically informed research (Morrow, 2005), and can only be applicable on a case-to-case basis as there is no single, accepted version of truth within qualitative paradigms (Tobin & Begley, 2004). Transferability can be achieved when adequate and ample information is provided on the self (the researcher as instrument) and the research context, processes, participants, and researcher– participant relationships to enable the reader to decide how the findings may transfer’ (Morrow, 2005, p.252). In the present research, transferability is enhanced via embedded reflexivity, for example, in the reflexive statement, which can be found in chapter one, section 1.5, in the reflexive section in the current chapter (see section 3.8), in chapter six, section 6.5, and in reflexive journal excerpts (see appendix 17). Furthermore, I have striven to set out the research process with ‘rich descriptions’ (Nowell et al, 2017, p.3) in clear, transparent detail within this chapter in order to ensure it is transferable.

Dependability: the dependability of research can be compared with the notion of reliability (Tobin & Begley, 2004). It refers to the extent to which the researcher has transparently and logically delineated all aspects of the research process, in order for another researcher to be able to replicate it. This can be achieved by providing clear audit trails, reflexively documenting all aspects of the research process, as is evidenced by the appendices. Audit trails were also discussed with peers, and with my supervisor (Morrow, 2005) in order to gain a sense of different perspectives on the researchers’ reflective insights and methodological processes.

Confirmability: the confirmability of research corresponds to the notion of objectivity (Morrow, 2005), and the world as ‘objectively knowable’ (Ponterotto, 2005, p.128). However, as an objective reality of truth stands at odds with the ontological assumptions of qualitative research (Ponterotto, 2005), confirmability can be attained by evidencing the integrity of the findings, data, and data analysis process (Morrow, 2005), demonstrating that the conclusions which the researcher has come to are accurately derived from the data (Nowell et al, 2017). I have attempted to detail evidence of how methodological decision were made in this study, through robust justification of their paradigmatic and theoretical positioning (Koch, 1994).

Audit trails: I have included comprehensive audit trails at the end of this research report, with the aim of enabling the reader to accurately understand my decision-making processes throughout the process of research (Carcary, 2009), and understand the rationale behind the decision (Koch, 1994). This can in turn help the reader to decide as to the overall trustworthiness of the research, and significance of the findings (Rice & Ezzy, 2000). These audit trails include segments from my reflexive journal (see appendix 17), elements of the analytic process such as a coding and thematic mapping (see appendices 12-16), and copies of interview materials (see appendices 3-9).

Reflexivity as central to the audit trails: reflexive accounts of the researcher’s role and use of self, as well as an understanding of the contextual relationship between participants and researcher (Dodgson, 2019), helps to bring to

make explicit the subsequent and inevitable impact on the process and outcomes of research (Haynes, 2012). I have included excerpts from my reflexive journal in the appendices (see appendix 17) in order to illuminate some of my thoughts and decision-making processes throughout this project, and to give insight into my own reflections on how researcher – participant dynamics played out, what I did to try and ameliorate unequal power differentials, and the ways in which my own perspectives, values beliefs, and biases have impacted upon this work. Clearly defining these processes helps to expand the consciousness of the researcher (Dodgson, 2019), and serves to increase the credibility of the research findings (Dodgson, 2019).

3.7 Ethical considerations

As research ethics are of the utmost importance in ensuring the safety and protection of both participants and researcher (Braun & Clarke, 2013), the following section will outline the process of obtaining ethical approval, as well as documenting the pertinent ethical issues, and the steps taken to mitigate them.

This research adheres to the requirements set out by the University of Manchester, the Health and Care Professions Council (HCPC, 2016), and the British Psychological Society (BPS, 2010). In order to gain ethical approval, I applied for the full university research ethics committee (UREC) review, for high-risk projects. The research was deemed high-risk due to the women's categorisation as a "vulnerable" group. Vulnerability is a concept often broadly attributed to homeless populations, and this process caused me to reflect on not only the assumed homogeneity of these individuals, but also the reinforcement of socially and historically constituted power relations (Ponterotto, 2005, p.130) – the homeless individual is positioned as powerless and helpless, and disregards the question of: 'what strengths has a person used to deal effectively with life?' (Smith, 2006, p.16).

Following submission, I attended a UREC committee panel via Zoom, where I was asked to give further clarification on issues such as informed consent. Following the panel meeting, I was provided with a set of clarifications and recommendations, for example including an example interview question in the PIS, as the panel deemed some of the questions to be personal in nature. After making the necessary amendments, and resubmitting my application, full ethical approval was granted (see appendix 18).

The women were approached by staff at the gatekeeper organisation, who had currently or previously worked directly with them. This was necessary in practical terms due to the remote nature of the research, and was beneficial to me, as it meant I was benefiting from the expertise and knowledge of staff, and the close working relationships they had formed. However, it did raise issues around informed consent in several ways. Firstly, the gatekeeper staff would be present while the women were reading the PIS form, and signing the consent form, while the researcher was not present. The staff played an important role in assisting ability to understand the information provided that they might be unsure about, however it was ultimately my responsibility to ensure the women had capacity in consenting to take

part. Information about the nature and purpose of the study was provided in the PIS, which I reiterated to each woman prior to commencement of their recorded interview. I felt fully able to assess capacity due to my current doctoral training and requisite clinical practice. Secondly, I considered the possibility that the women may be influenced by their pre-existing relationships with staff and may be anxious at the prospect of their right to access the service be withdrawn or compromised, should they decline to participate. I made it clear that this was not the case in the PIS and was mindful to reiterate this verbally at the beginning of the interview, as well as reminding them that their data would be anonymised, so that any answers they gave which were quoted in the final report would mean that they would not be identifiable to anyone, including gatekeeper staff. I also reiterated the right to withdraw at any point. Further, it was crucial to ensure that any gatekeeper staff understood issues of unintentional coercion, and how to mitigate this. The consent forms were emailed to me in an encrypted email from gatekeeper staff. These were then transferred to the University of Manchester's secure research data storage (RDS), along with the audio recordings of the interviews themselves.

Due to the potentially sensitive nature of the conversations which could be taking place, the women were provided with a debrief sheet (see appendix 7), providing a list of relevant organisations whom they could contact should they experience any post-interview distress. It was also pre-agreed that anyone experiencing distress would be directed to their keyworker for further support. Women were offered a debrief space immediately after the interview had ended. A distress protocol was also drawn up (see appendix 8), adapted from a framework for managing distress before, during, and after interviews around sensitive topics (Draucker, Martsof, & Poole, 2009). Although personal and sensitive experiences were explored during the interviews, none of the women showed signs of distress which would necessitate the use of the distress protocol, nor was it to signpost to any external organisations due to post-interview distress.

The final area of ethical concern identified was the possibility of the disclosure of information which would mandate a breach of confidentiality, where serious harm to self or others, or information regarding illegal activities was disclosed. To mitigate the risk of this occurring, the PIS explicitly outlined examples of where this would be necessary and identified third parties to which information may be disclosed. None of the women disclosed any information during the interviews which mandated a breach of confidentiality.

3.8 Reflexivity

Reflexivity is a crucial component for any piece of qualitative research. To be reflexive is to turn in on oneself; a process of introspection which involves continual shaping of one's self-awareness. In research terms, reflexivity is a complex, multidimensional process, which cannot be adequately addressed in one tokenistic paragraph. As it permeates the entirety of the research process (Dodgson, 2019) then it should be present throughout the research

report. I have therefore included my own reflexive statements within the chapters, have provided examples from my reflexive journal in the appendices (see appendix 17), and have included a more in-depth statement on my own positionality in the introductory section of this research (see chapter 1 – 1.5).

It feels salient to note my current status as a counselling psychologist in training, due to the strong emphasis on my professional and personal development as a reflexive scientist-practitioner. Reflexivity has permeated many aspects of my learning. For example, undertaking a minimum 40 hours of personal therapy is a requirement which makes training as a counselling psychologist unique amongst the applied branches of psychology (Hanley & Amos, 2017), and has afforded me the opportunity to benefit from continual analysis of, and reflections upon, my understanding of self in a relational context. It has also given me the opportunity to experience being in a disempowered role as the client within the therapeutic relationship, relatively speaking, and the ways in which my own therapist has counteracted this dynamic by helping me to feel empowered (Boyd, 1996), validated and accepted. This is undoubtedly a markedly different experience from the power dynamics at play between me and the women in this study, but it nonetheless provides helpful insights into these processes. It is this ongoing commitment to growth that instils a confidence in my ability to apply reflexivity to the research process.

Reflexivity goes beyond a rudimentary level of reflection (Haynes, 2012), by a deeper acknowledgement and understanding of the researcher as an active agent – the researcher as the instrument (Patton, 2002). Self-awareness and self-knowledge (Berger, 2015) is key to acknowledging the ways in which personal attributes, beliefs, biases, and experiences will impact the types of, and processes underlying, the knowledge created (Berger, 2015). It is for this reason that I had originally planned to include member checks in this project, in order to provide a greater balance to the contributions of knowledge creation on the part of both researcher and participant. I am disappointed not to have been able to include a member checking process in this thesis. Despite making concerted efforts, I was unable to do so due to resources constraints (on my part and on the part of the gatekeeper organisation) which were profoundly exacerbated by the impact of the COVID-19 pandemic. While this can be considered a limitation of the findings, I would suggest that I have demonstrated quality and trustworthiness, as outlined in section 3.6. I have also made efforts to ensure confirmability, as for example I presented tentative initial findings to my peers at the University of Manchester's School of Environment, Education, and Development conference day, and engaged in subsequent reflexive discussions regarding my research process and subjective interpretations of the data. Women in the study who have given informed consent will be sent a summary of the research findings. It has also been important for me to acknowledge and attempt to explicate the personal and theoretical lens(es) through which I have interpreted the words of these women (see chapter 1, section 1.5, and the current chapter, section 3.2.4), as well as attempting to stay as close as possible to the original expressions of these women during interview through denaturalised

transcription (Oliver et al, 2005), while also acknowledging the fundamental transformation of transcription (Kvale & Brinkmann, 2019), and inevitable loss of meaning.

Researcher positionality, and the similarities and differences that exist between researcher and participants need to be clear, both in the researcher's awareness, and to the reader (Berger, 2015; Dodgson, 2019; Teh & Lek, 2018). For example, shared experiences will likely have implications for how the researcher interprets and analyses the data, with relation to their own experiences. It may also promote greater rapport, trust, and sense of understanding between the two parties. On the other hand, difference of identities denotes difference of experiences. For example, unconscious biases, which may be held against an out-group of which the researcher has little or no prior experience (Buetow, 2018), may be extremely difficult to detect, and therefore warrant reflexivity in the form of intersubjective reflection - a 'sceptical peer perspective' (Buetow, 2018, p.11). Prior to these interviews, it was important to highlight my position as trainee researcher, but also to note my past and current professional experience in working with homeless individuals, as I felt it may go some way to bridging the gap between us, in giving some reassurance of my knowledge of the issues that people experiencing homelessness may face, rather than approaching with complete naivety. I also had the chance to briefly outline my personal interest in the topic, which I hope was able to demonstrate my commitments to SJ issues more broadly, to exposing the injustices faced by homeless women, and to exploring their strengths and determination in the face of exclusion and disadvantage.

A reflexive stance is of the utmost importance when working with oppressed or marginalised groups (Grove, 2017), such as homeless women, as it shines a light on inherent power differentials, and forces the researcher to take these dynamics into consideration when conducting research which is non-exploitative (Pillow, 2003), as well as being concerned with upholding dignity and human rights. I felt keenly aware of these power dynamics throughout the recruitment and interview processes, particularly where I sensed less rapport had been established with some women compared to others – for example, having had less time to talk informally with them prior to the interview commencement. To diminish the women's potential perceptions of themselves as objects of enquiry, I was careful not only to informalise the interviews by framing them as conversational (and semi-structured), but also to rightly position myself as learner and they as expert. In short, the interviews were a space to share whatever experiences, perceptions, and wisdom they felt appropriate with me. More conscious, and less pervasive forms of bias, such as the choice of methodological framework, are unavoidable and to be expected, but should be clearly outlined and justified, as I have aimed to do within the current chapter.

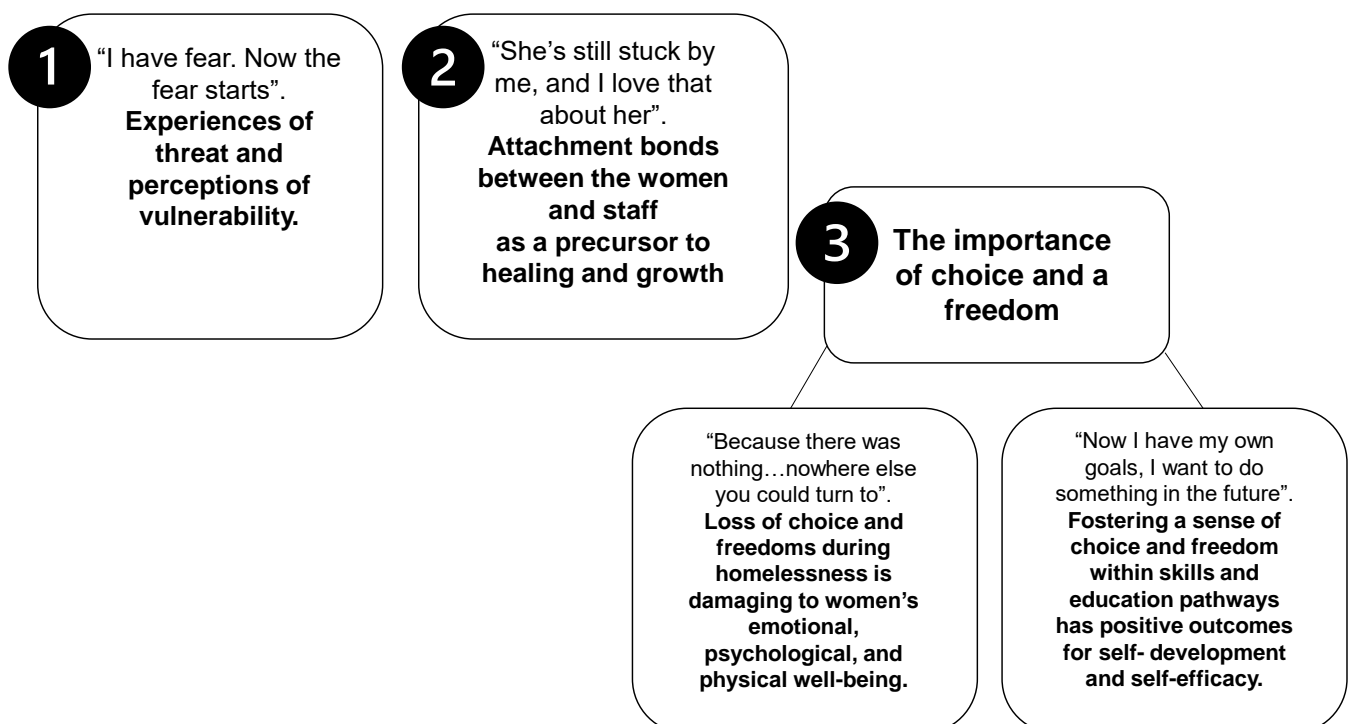
Chapter 4: Analysis

4.1 Introduction

This chapter will introduce the analysis, and the three themes which I developed based on data obtained from seven semi-structured interviews, which were then analysed using RTA. A visual representation (see figure 1 below) and written overview of each theme is provided initially, before the analysis is explained in greater detail, with example quotations. All of the women were allocated or chose a pseudonym to protect their identity. All transcripts were anonymised prior to analysis, meaning that all names, including the names of any people, places, and organisations were pseudonymised or replaced, in order to protect their identity, and the identity of each woman. I decided to anonymise the name of the gatekeeper organisation (referenced to in this thesis as the Goodall Centre) for two reasons. Firstly, and crucially, to add an additional layer of confidentiality and protect the identities of each participant involved; secondly, to ensure that the focus of this research is on the experiences and perspectives of the women at the centre of it, rather than scrutinising the specific homeless support service(s) they access.

4.2 Theme Overview

Figure 1: Key themes and subthemes



Theme 1: 'I have fear. Now the fear starts'. Experiences of threat and perceptions of vulnerability.

The first theme explores the nature of danger and threat as inherent in the environment when experiencing homelessness and illustrates that existing within this threatening context can make some women explicitly perceive themselves as vulnerable, and in need of protection. Particular 'stages' of homeless may elicit this sense of vulnerability more sharply, such as living on the streets, or in a dangerous hostel environment where violence and drug use were commonplace. Similarly, these environments may evoke feelings and perceptions of vulnerability in relation to differing aspects of identity, for example, being a young woman. Other aspects of identity were highlighted as increasing levels of feeling vulnerable, as explained by women for whom English is not their first language, and felt less able to 'fit in', and more likely to face the threat of exploitation. Women also faced exploitation due to being perceived as vulnerable by others, particularly where they have nothing, and are forced to rely on the help of others – bad actors who opportunistically regard the situation as one to take advantage of.

Theme 2: 'She's still stuck by me, and I love that about her'. Attachment bonds between the women and staff as a precursor to healing and growth.

In the second theme, experiences of homelessness are described as being punctuated by periods of loneliness and isolation. Where contact with family and friends has been reduced or severed, the bonds formed with the staff at a specialist homeless service became crucial. There were experiences of feeling abandoned, betrayed, or even exploited by staff they had encountered along their homeless journey, which often resulted in further withdrawal and isolation, a sense of mistrust of others, and fear of the wider world. Where positive relationships were experienced, analysis indicated that these had a notable impact on overall sense of well-being. Close proximity to staff members often helped the women feel safe in otherwise unsafe surroundings, and where the support was consistent and unwavering – members of staff being on hand day or night – this had the effect of helping women to feel valued and worthy of support. This mirroring of a close, hands-on relationship, akin to a parent-child bond, was evident in women's accounts of being helped to manage a raft of day-to-day activities, accompanying them to appointments, providing continual emotional support and encouragement, and simply being at the end of the phone when needed. Where the connection was perceived as authentic, warm, and nurturing, this helped to build the confidence and trust of some of the women in exploring the world and their place within it, knowing they had a safe base to return to.

Theme 3: The importance of choice and freedom.

The third theme broadly explores the importance of having a sense of choice and freedom and is divided into two distinct yet closely related subthemes.

3.1: 'Because there was nothing...nowhere else you could turn to'. Loss of choice and freedoms during homelessness is damaging to women's emotional, psychological, and physical well-being.

The first subtheme explores the ways in which a lack of freedoms and choices available to the women throughout experiences of homelessness are fundamentally detrimental to the individual and their sense of self. This was evident in a lack of choice around multiple areas of experience, including accommodation, employment and finances, daily routine, meals, and access to children. There were multiple experiences of accepting unsuitable and often unsafe accommodation, sometimes leaving the women feeling like they were trapped in a prison-like system, with little choice but to await their release. Many of these experiences left the women feeling powerless, stuck in their circumstances, or forgotten about, with little option but to accept what they were given – resulting in a decline in often already poor mental health. For some women, they perceived suicide or accepting abusive relationships as their only way out. For others, their limiting circumstances meant a focus on survival, and getting by day-to-day.

3.2: ‘Now I have my own goals, I want to do something in the future’. Fostering a sense of choice and freedom within skills and education pathways has positive outcomes for self- development and self-efficacy.

While for some women, skills development and education was secondary to their survival, the second subtheme examines other women’s descriptions of an engagement with skills groups and education as an important part of their development, facilitated by a sense of being in control and having choices. Feeling ready to engage with group work and being free to set the pace of engagement were important to some women – particularly where mental health difficulties and traumatic life experiences stood in the way of their participation. The importance of being able to set the agenda in terms of which skills one chooses to learn, or which educational or employment pathways one chooses to take was highlighted as important in building self-confidence and feelings of self-efficacy. Where women were supported in learning which was tailored to their own specific interests, as opposed to being offered a generic package of course geared towards entering the labour market, many of the women felt empowered to use their lived experience as a vehicle for important and worthwhile participation in society, and independently chose their own meaningful career or education paths – or to choose to reject educational and/or employment pathways altogether in favour of personal development.

4.3 Theme 1: ‘I have fear. Now the fear starts’. Experiences of threat and perceptions of vulnerability .

Experiences of feeling threatened or being in danger were prolific, with six out of the seven women interviewed describing this phenomenon as manifesting in various ways. Threatening environments, or threatening experiences can be broadly stratified as experiences of temporality and spatial positioning – either pre, mid, or post-homelessness, or can be understood in terms of identity and levels of perceived vulnerability to harm.

Living in threatening or dangerous environments could be traced back to early childhood experience for four of the women, who alluded to adverse or traumatic childhood events, such as parental abuse, neglect, and being placed into care. However, as the interview and research questions were not focused on the links between childhood trauma and homelessness, it is possible that this number was greater. Living with the threat of looming financial precarity was instrumental in both Rose and Agnes experiencing rent arrears, and subsequently losing their homes – in the case of the former it was explained her income was made up of welfare payments, largely due to childcare responsibilities, and that her partner had not contributed to these payments, and then abandoned the relationship. In the latter case, financial troubles were tipped over the edge by cuts to welfare provision, specifically the introduction of the so-called bedroom tax. Prior to her first experience of homelessness, Stella experienced the threat of financial insecurity prior to homelessness because of a zero-hours employment contract, which meant she found it difficult to end the relationship with her emotionally abusive ex-partner.

Three of the women reported domestic violence and abuse as threats to their physical and mental safety prior to their experiences of homelessness. In two cases (Grace and Iris), fleeing the threat of violence, and fleeing to save their own lives, was an immediate precipitant to becoming homeless. In the third case (Flora), she chose not to disclose whether leaving a violent partner directly caused a loss of home. These abusive episodes understandably left their psychological and physical mark, meaning many of the women continued to live in a heightened state of fear, long after leaving their abuser/partner:

I have fear. Now the fear starts. Oh, might be he see us somewhere. Or if, if he sees me he tries hitting me, or kill me. It's, everything's in my mind – Iris.

Leaving her abuser was evidently an extremely traumatic process for Iris, made even more so by the new threats she faced, in feeling as though she was going it alone in the face of all the unknown threats of the outside world, without the protective armour of her family home, and everything she knew about her life previously. Five of the women described a process of moving from place to place, hoping to find at least a place of safety as a minimum requirement, but often finding themselves once again in danger. Here, Grace described being physically assaulted and robbed by another homeless person at the shelter:

He strangles me...gets me against the shutter. Took all my bags, my, my phone... So... I went up to the Goodall, explained what had happened, they took me in...they kept me in a room on my own, I slept all the time, and they put me in a little like safehouse... I had to go back to the Goodall...I knew that was the safest place I could be...He just kept following me all the way round, so I couldn't get rid of him...So then one of the workers in there suggested, let's find you another refuge. We need to get you out of here, it's not safe – Grace.

Given the considerable amount of movement these women experienced between different types of accommodation – including shelters, hostels, refuges, temporary accommodation, and permanent accommodation – it seems likely and inevitable that they would have faced different levels of perceived and very real threat in each. Agnes, who had recently moved into a one-bedroom flat, describes the transient nature of this:

I've been... what I call part of the system. You go from place, to place, to place, you don't really get any help after that, so...In the last two years, I think, I've been staying in hotels...Staying in hotels, and I've been in about 10 hostels – Agnes.

While Grace described feeling so threatened during her time in the shelter, that she had considered sleeping out on the streets at night instead, Stella reported feeling so frightened at the hostel she was staying in, that she would regularly present at the Goodall Centre's drop in and office buildings, asking to sleep on a table in the corner of the room, to avoid the intimidating atmosphere of the hostel and its residents. Only one of the women, Sylvia, reported being able to turn to friends for a place to stay, when this seemingly unending cycle of dangerous, temporary accommodation, or the potential outcome of sleeping on the streets, became too much:

...what I'll do, instead of going homeless I'll go and stay with family or friends or...I know then. I'm safe – Sylvia.

Danger is palpable throughout some of the women's accounts of living in temporary, homeless accommodation, providing a sense of what it might be like to exist within an environment where constantly being on guard and hypervigilant is necessary for survival. When prompted to describe some of her experiences in hostels, evidence of surviving in a dangerous environment becomes clear, when Agnes reveals the impact upon her already fragile mental health:

Horrible. Especially with me because of a lot of... I was getting attacked a lot...I've just been diagnosed with PTSD...They're awful places. You get robbed, you get attacked – Agnes.

Grace also talked at length about her experiences of shelters and hostels, providing visceral accounts of being witness to traumatic and violent events, which she described as disturbing, deeply unsettling, and compromising her overall sense of safety:

I've watched people in there bleed to death. Their artery... popped...Not to death. He... was still alive, when I left...I've never seen so much blood in my life...you just heard this man started screaming... and there was blood gushing on the floor...and then a few days later, there was another woman in the centre... and we've gone upstairs, walked in and this girl's slit her throat- Grace.

As well as being witness to this level of gruesome self-harm and injury, Grace also noted the abundance of drug use at this particular shelter, which she described as rife, and largely beyond the control of the staff to reduce or stamp out altogether – use of heroin, crack cocaine and synthetic cannabinoids were a daily occurrence for other shelter users. Because of her prior knowledge of some of the dangers of illicit substance use due to her family history, Grace talked about this near constant usage as particularly threatening to her well-being, as she talked about not wishing to succumb to the effects due to second-hand inhalation. She also described feeling fearful about the behaviour of the drug users, as illustrated by the following quotation:

I rocked myself, every night I was in that place I rocked myself. There were some nights where... you would be laid, and I'd always lay next to the worker, that's sat in the room... Always laid there in case anything happened because people were smoking... drugs behind the suitcases in the room... people would take your stuff. All kinds of things, you can't trust anyone, and you think someone might try and kill me or something – Grace.

Drug use was not just reported in the data as a problem in sheltered and hostel-type accommodation. Stella noted her fear of noisy, disruptive, drug using tenants being moved into her shared temporary accommodation, which she felt would trigger existing mental health conditions, and historical trauma. Similarly, Sylvia reported feeling unsafe because of the drug use of others in her building, which from her description felt inescapable and so endemic as to permeate the very fabric of the place:

...in my flat there's smackheads in my block... There's smack on the doors. So, what I have to do is buy gloves, so I'm not touching it... But, I can't live like that! I just can't live like that -Sylvia.

It seems likely from these accounts that pre-existing, historical traumas, coupled with the explicit traumas that these women had been exposed to during homelessness, may have compounded, and heightened, a constant sense of threat of fear amongst some of these women. In fact, four of the women, who described themselves as housed in permanent or relatively stable accommodation, indicated that they still bear psychological scars from the impact of homelessness, and their experiences of near-constant exposure to threat. Grace, for example, described her gratefulness at finally finding a safe space of her own, which was coupled with having to muster up the courage to go out and interact with the world, while trying to deal with the severe and lasting effects of anxiety. Flora also noted the dangers of sitting at home alone, stating that it gave her too much time to linger over the multiple difficulties she has faced. Despite talking about having moved on to a better place, both physically, mentally, and metaphorically, Iris noted the enduring physical impact that years of domestic violence had left on her health and mobility, and still trying to come to terms with everything she has been through, and its impact on her mental wellbeing:

I try to suicide myself...four times...And now even now, sometimes I have a thought as well...I'm very, very ill. And uh, yeah it's lack of confidence mostly as well...lack of confidence, language barrier, depression, stress, anxiety – Iris.

Within these inherently dangerous environments, where a state of hypervigilance was necessarily the norm, four out of the seven women explicitly characterised themselves as 'vulnerable'. Sylvia, as previously described, discussed the people perpetrating the drug use in her building, as not only heightening her sense of threat, but also as highlighting what she felt was her own vulnerability, which she then linked to past experiences of exploitation:

I'm like, vulnerable... And ...with the smackheads being in the block...I'm vulnerable, d'you know what I mean? Me mate says all it takes is one of them to try and get in to me, because I've been taken for a dickhead in the past ...People will take advantage – Sylvia.

Sylvia reported that she felt "vulnerable" because of her ongoing mental health issues, and shockingly went on to describe being preyed upon and financially exploited by her partner's family – something which she found distressing, because of her own experiences of a traumatic childhood, and difficult to comprehend because of the strong, loving, and trusting bond she had since been able to form with her adopted family. Similarly, Iris described herself using the term "vulnerable", after also suffering from abuse at the hands of a family member, and further exploitation while living in a refuge. During this time, she reported that she and the other residents of the refuge were denied food, clothing, and other charitable donations given by members of the public. She also talked about being charged for rent, bills, and use of other amenities, while working on a low wage as a self-employed beautician and spending the small amount of money she was earning on looking after the other women, who were unemployed, and experiencing a range of physical and mental health difficulties – something which Iris described that she was acutely experiencing herself. Iris's description of living under such punitive, hostile conditions suggested that it was a shared sense of being subject to neglect that brought the women living there together:

We can't pay anything... We are vulnerable and you're using us now ...she's using our money, to the government, and then she never...fix anything everything's, uh, bathroom's leaking, water leaking... it's a refuge, women's refuge, but it's looking like it's a prison, yeah? – Iris.

Iris did not only equate this sense of "vulnerability" to a state of socioeconomic deprivation and homelessness, but also directly linked exploitation to her English language skills. Iris left her homeland 16 years ago to settle in England with her husband, unable to speak any English. She talked about this as something which her abusive husband weaponised, to keep her isolated and under his control, and therefore her incremental proficiency in language skills had to be kept hidden, otherwise it triggered further violent outbursts. Here, she talked about such an attack, after speaking in English with her brother on the phone:

As soon as he's saying it in English, erm, you know my brother, in this way... then... my husband heard more. And then...my husband swear, and then my brother swears, and then he cut the phone off...He didn't like that... I'm sitting on the sofa. And then he came up on the sofa...and he just punched me on my head. Punched me on my face – Iris.

Iris was keen to highlight that she is by no means alone in feeling exposed to the abuse and exploitations of others, and that a lack of language skills and cultural knowledge can render migrant women reliant on informal support systems, and into the hands of people with nefarious, rather than charitable, intentions. Here, she described the difficulties of navigating an alien, incomprehensible system, hoping to be helped in her time of crisis and near-destitution, and instead being left with feelings of mistrust and cynicism:

You know, it's really, really hard... if you can't work it out yourself... you can't do anything. You can't do anything. It's really hard... when you are a very vulnerable person, people will use people who don't know anything. They can't speak English, they can't speak other language. They're using people... be careful... you never know what kind of people you need help from – Iris.

The additional difficulties faced by migrant women, and a sense of cultural alienation was also noted by Stella, who had very little money, and no friends or family, when she entered the UK, which meant she felt she had to live with an emotionally abusive partner. Upon leaving the relationship, she described herself as having no funds or resources of her own, and therefore becoming homeless. While Stella didn't describe herself using the term vulnerable, as some others explicitly did, she seemed to suggest there was a sense of fragility to her mental state and inner experiencing, precipitated by turbulent, traumatic past relationships, and then amplified not only by intense loneliness, but also because of the threatening, unsettling, chaotic environments she experienced, when moving from place to place in her homelessness journey:

I still can't trust. I still can't... Cos I'm afraid. I doubt...my childhood was (..) my mum, my mum was grandiose narcissistic... so that's why I feel that I can break easily. Look, I don't show that like, I hide it, I show that I am strong enough, you see? But, no I'm not. Just I hide everything – Stella.

Later on in the interview, Stella talked specifically about how this innate sense of fragility impacted her when living in shared, temporary accommodation:

So, what is strange is that new people are coming and ...uh, taking drugs, loud person... Because I am afraid from loudness, very much...Because of my past – Stella.

Grace, like Stella, did not label herself using the word “vulnerable”, however she did discuss the ways in which she felt that her identity, as a young woman, had left her exposed to greater levels of threat and harm, particularly were

unscrupulous others identified perceived opportunities for exploitation. Here, she discusses the potential dangers of accepting drugs from homeless males, and being lured into the worlds of sex work and addiction:

Thank god I knew to say no... Because I would either be a prostitute or I'd be on hard drugs... And I, I never ever want a girl to be in that position because if you haven't experienced things... with drugs and you don't know to say no...you don't know what that's gonna do to you... And they love young girls. They've got money, they'll ring their parents, can I have some money? They know what they're doing – Grace.

She also highlighted the lack of services specifically targeted towards single, homeless women, noting again the ways in which she felt that her identity left her in a position of being without adequate support, or protection:

If I had a baby I would've had a better chance... at a lot more, but as a single woman? No....and why are you homeless? You don't look like you should be homeless. ...I think they thought that I was just...saying this to ...make them feel bad. And I genuinely was. – Grace.

From this quotation, it is feels apparent that Grace felt that at times, her situation was not taken seriously because she was not what many might consider to be the archetypal homeless person. She talked about a wider, societal expectation that homeless people are largely drug using males, and that the cultural and social norms around womanhood predict a trajectory of children, marriage, a career, and ultimately safety and stability - as opposed to drug use, destitution and homelessness. Grace also felt that her class identity played a role in other people's expectations of her, and other people's dismissal of her needs. She described a financially comfortable and secure childhood, but that it was the lack of a support network after fleeing domestic violence that rendered her homeless. Grace arrived at the interview looking immaculate, in a beautiful dress and with her hair and makeup done, and at this point, we were discussing how she felt that her outward appearance had impacted how seriously she felt her situation had been taken by some:

That's what people look at women, girls like, and think, how are you homeless? People say to me, how was you homeless? You don't look like you've ever been homeless! What just cos I don't look homeless? And I still probably looked like this when I was homeless! ... Doesn't mean that, it didn't affect me – Grace.

Further, she told me that she felt this particularly acutely during time spent in one of the shelters, where the overwhelming number of residents were male. Not only did she feel that this meant that the staff's time and resources were necessarily preoccupied by the demands and needs of male residents – perhaps leaving her feeling even more exposed – but also that the characteristics of some of the males she was forced to live amongst made her, as a single, young woman, feel at risk:

I shouldn't have been with them...I know that's stereotyping. Why shouldn't you be with them? Cos they're on drugs and you're not? No. Because there was paedophiles... girls don't feel comfortable around and that's meant to be your home... And for a girl, and that was when I was, what twenty-three, twenty-two...There's younger girls out there that are going through that, and there should be a place, for girls... if the girl is scared, they're scared – Grace.

While Grace pointed to these homeless experiences as having made her 'stronger and wiser' (Grace), she was also highlighting how she felt elements of her identity had contributed to a failure to garner adequate support and protection, where she was placed in unsuitable environments with unsafe people – engendering a sense of being seemingly perpetually threatened, and a need for greater protection. While Grace told me that she attributed her survival and move away from homelessness to both a perceived inner resilience, and importantly the unwavering support offered by one member of staff at the gatekeeper charity - 'I hope that every centre has someone like her because... I don't know where I'd be without her' (Grace) – Agnes told me that she had viewed herself as someone who had desperately needed support, and protection, for many years, but was failed by a system which should have been able to recognise her particular needs as a young, lone woman:

Well, to be honest, I never got no support. 'Til now. I've never (..) no...Cos I've sat there and wondered, like why has it took this long, to get some help.... I just didn't... understand why I was... if I was so young and vulnerable on the streets, but no. They helped me now. But now I can get through it all, I've been on the streets...I've got no fear no more... yeah and now it's too late. That's the thing isn't it? It's too late where you're just... numb to it all – Agnes.

Agnes told me that her deteriorating mental state and the lack of support meant ending up between sleeping rough and in unhealthy, abusive, and violent relationships. During that time, she did not necessarily recognise the power dynamics at play, but on reflection, she reported feeling that her perceived "vulnerability" attracted men who recognised an opportunity to exploit her situation:

I'd meet people in a bad place, and I've only just figured this out since I've got my own place. It's why my relationships were so bad because I was in ...unhealthy... I don't know. I must've... come across vulnerable, without realising – Agnes.

Agnes' limited options as a young, single homeless woman meant she felt she had little choice but to accept abusive relationships in exchange for basic provisions such as shelter, warmth and food, something which is explored further in theme 3.1.

4.4 Theme 2: ‘She’s still stuck by me and I love that about her’ - Attachment bonds between the women and the staff as a precursor to healing and growth.

While it was sometimes possible for at least four of the women to retain some contact with friends and family during periods of homelessness, for the majority of the women, they described significant disruptions in these relationships, for a variety of reasons, which made maintaining relationships difficult or impossible. For example, Iris, who came to live in the UK 16 years ago, described being forced to flee her family home and give up her whole life due to her abusive husband. As her parents and siblings were spread out across the country, and the world, Iris told me she was initially completely devoid of a support network, and felt unable to disclose the violence she had to endure, which precipitated her homelessness:

I'll ring my Dad up. Because I'm crying (..) I ring my Dad up, I m- erm, I make my voice like I'm okay. I don't want to make him upset because he is had heart problem as well... And uh, I don't wanna give him bad news from me. And I just put the mute on cos I can't, I can't talk – Iris.

Similarly, Stella - who came to the UK from western Europe after her mother died, to find a better life for herself - described the difficulties around loneliness and isolation that she faced, through the lack of any substantial support network. Here, she described this loneliness as compounded by the COVID-19 outbreak, during which time she was offered accommodation in a hotel, but found this had a particularly detrimental impact on her mental health:

So, I speak with no-one there. I don't smoke, just this one, electric ciggie ...So I smoked in the room...I didn't go out to smoke, to have a little chat with someone else, so I didn't see no-one who can be (..) my friend or something...it was hard... it's hard to be alone... Because I'm just thinking, thinking about my past, what was wrong, learn the lessons, you know? – Stella.

Grace discussed her friends and family abandoning her, leaving her without support and required to fend for herself, after she was made homeless when fleeing an abusive relationship. She made reference to reaching out to friends over the phone when in desperate need of help, but nobody came to her aid. Experiences of abandonment were described as making her homelessness story even more burdensome, and instilling a deep sense of mistrust, as the following quote illustrates:

I don't trust one single person anymore...I don't trust my family...It's... going through all of that has made me realise, you think about yourself, because... I was in the shittiest time...And no-one was there! – Grace.

While Agnes made no direct references to any friends or family, with the exception of her children, it seemed clear from her interview that she felt very much alone and abandoned throughout the majority of her life as a young,

homeless woman – a period of approximately 11 years where she felt completely unsupported, being passed from pillar to post, and having her mental health needs wholly disregarded:

Agnes: ...when I lost my house I lost my daughters and then basically I lost my head so I lost my son... So yeah. You don't get much support after then cos you're just down as a mental person.

Emily: ...so, everything essentially disappeared for you and then you were left with nothing?

Agnes: Yeah, all in one go, yeah. You don't get support.

Because of this chronic void of support from others, Agnes suggested that she felt let down, even betrayed, and she appeared during the interview to be reticent in asking for any help. After such a long period of time, it seemed her trust in other people was fundamentally damaged. Trust of other people, particularly in these circumstances, can be framed as a precious commodity – something which is hard may be hard to acquire but inestimable in its value.

Where trust had been damaged, there was no easy fix, and it appeared from the women's accounts that staff had to work hard to rebuild. Here, Iris described a deep-seated feeling of suspicion when initially encountering staff who approached her with kindness and compassion, giving verbal encouragement for Iris's efforts to keep up with her exercise regime:

It's really hard to accept. I never accept those words. Whatever they're saying to me. And...when they say those words, I'm scared. Like, it might be they want something from me. Or it might be, that they need something from me, you know with those kind of words – Iris.

From Iris's accounts, her sense of trust was inevitably damaged by the horrific treatment she described at the hands of her husband, but she also talked at length about exploitative and abusive treatment at the hands of refuge staff – as did Grace. These disturbing stories, which were explicated further in theme 1, were thankfully the exception to the rule. Nevertheless, they are important in highlighting the fragility of these women's levels of trust, and the damage caused when this is once again shattered.

Due to the seeming fragility of existing relationships, experiences of abandonment at the hands of friends and family, or simply because of the traumatic events they had been exposed to (before and/or during homelessness), many of the women spoke of the importance of their positive relationships with staff, and the necessary qualities to help them feel more secure in times of difficulty or crisis. Three of the women, Stella, Grace, and Flora, described simply the close proximity to staff as affording them a safe base, and a sense of security. This was especially true for the women in times of heightened danger, as Flora describes in the following excerpt, following an incident of sexual assault in temporary accommodation:

And Jennifer...stayed with me from 8o'clock that morning when I got to the police station right the way through to 9o'clock that night...That poor girl didn't leave my side cos I was so scared at the police station – Flora.

Similarly, Grace describes her fears for her own safety during her traumatic time at the hostel as only alleviated by being in the company of the staff. As a young girl in an unknown and frightening situation, she appears to have experienced an understandable need to be comforted by their protective presence:

...not once did I feel safe...Unless I was with the workers...Not once. And for a girl, and that was when I was, what twenty-three, twenty-two – Grace.

This sense of closeness, and an attachment to the staff was evidently important even when the staff were not physically present. Rather than forming more formal, structured relationships, it appeared to be important for the women to know that the staff would be there for them, and would be available, and responsive to their needs. Grace talked about a simple demonstration of kindness and caring – her worker calling her up for a chat – as being deeply meaningful, in offering her validation, and in ameliorate her levels of isolation:

So, Sarah, erm, would always check up on me...one of my greatest things from her is that she would always check up on me, just that one person. I feel like, someone's actually bothered to check up. If it's not every day, every other day, it's nice... she rings me, to see if I'm okay or just have a chat. See what I've been up to - Grace.

Stella also described the emotional support and listening ear provided by staff as a lifeline, after a prolonged period of loneliness. The following quotation provides a sense of the relief, and joy, that she experienced when finally able to share her worries with another caring, engaged human being who was prepared to listen, and refused to turn their back:

Sarah was there and she, I don't know how but, like... won me like a lottery! I just had to speak and everything about me! And I stayed there more times and Sarah stayed with me one and half hours... And she, uh, finish at work and everything but she, uh, stayed with me more times. After I'm going back, oh my god it was... she's very lovely she's very nice...I didn't ask her about anything, just speak... speak! About me, and I thought, oh my god it was nice, but I didn't ask her, how is she feeling or is it boring or nothing, nothing! I don't care I just to her, my all pressures to her – Stella.

In the following quotation, Grace describes the impact of a consistent, unconditional, non-judgemental relationship during homelessness. After experiencing abandonment, betrayal, and major relationship disruptions, the perseverance of this particular worker in maintaining and tending to their attachment seemed to have significantly positive emotional consequences:

She knew everything, and she stuck by me, and I never had just one person stick by me, even when... she's messaged me and I've not replied back, because I sometimes struggle with replying or speaking to people. She's still stuck by me, and I love that about her – Grace.

As well as vital emotional support and validation, there was also ample evidence of the importance of practical support across the data, where the women were offered the skills to build on their own capacity to help them self-manage. The women described this as ranging from help with managing finances to learning new cooking skills. While some of these life skills were acquired in group settings, it was reported that the staff also visited the women in their temporary accommodation to offer this practical support, and in many ways this holistic, hands-on help was reminiscent of the parent-child relationship, with staff offering guidance in otherwise unknown or potentially daunting situations, as demonstrated by Grace discussing her worker accompanying her to the GP, and helping with administrative tasks:

...she'll help me if I say, oh I don't know how to do this, or I don't know what I'm looking at to do this... an application, or I don't know how to do this at the doctors, she'll help me. She just took me to take my prescription to the doctors, cos I do struggle to get out of the house. She'll just come and help me, and I don't think she has to – Grace.

Perhaps inevitably, all of the women had experienced financial hardship to differing degrees, and where this persisted, particularly where there were difficulties in accessing work or benefits, this was related as compounding existing problems around health, well-being and housing. Rose reported becoming homeless after financial manipulation and abuse by an ex-partner, resulting in rent arrears and eviction. She noted her ongoing difficulties in managing her day-to-day finances, and the importance of having one-to-one support from her worker with this:

I've been thingy with money, erm, I need, err, like I said to Hazel I'm gonna start budgeting...Being a bit more sensible, do you know what I mean? I don't spend loads like, I don't go out shopping...I just go over the top sometimes. I just need to start saving. Like I know what I get a month. Like, I think I do anyway. I'm gonna write it all down again and work it out but- ..I just need to know, like, what I'm spending and what I'm keeping in – Rose.

An example of individually tailored and responsive support with housing issues came from Flora, who described herself as experiencing several different mental health difficulties. Here she describes the responsive support she received from staff when she raised concerns around her accommodation as negatively impacting upon her mental health:

...this is the second property I've had of them, the first one wasn't suitable for me, it was too big...And my depression, and my anxiety, got the better of me in there. So now I'm in a smaller, one bedroom flat...It's a bit

more manageable, yeah... Cos when, erm, I left my friend's and went into shared accommodation. From there, I could feel that my anxiety and depression was getting a little bit worse... Spoke to the Goodall. Jennifer and Amelia went with me, they put a bond down, on the bond scheme, and got me a place on Princeton Road – Flora.

The accounts from these women suggest that a package of holistic, responsive, emotional, and practical care and support, and profound, authentic connection helped some of them to mend the deep fractures of trust in others and offers real validation, as this quotation from Grace, talking about what the relationship with a particular member of staff has meant to her, illustrates:

It's just good support... she does go above and beyond... Even to the point where I had nowhere to go... I wasn't allowed back in the refuge... I could hear how much she cared as well – Grace.

Where trust could be built, it appeared so too could confidence, therefore encouraging a greater level of engagement with the services the gatekeeper charity had to offer – something which many of the women reported having felt trepidatious about doing previously. Stella's trauma and mental health difficulties had stopped her from attending groups, but after being persuaded by peers to attend the women's group, here she describes her relief at being met with warmth and kindness:

... the first time I didn't want to know because I think it's more people... I didn't want to meet with more people... everyone say that Sarah is really nice, everyone say Sarah, Sarah! And I think oh my god for fuck's sake I'm going! Who is this nice woman? ...I say leave me out, leave me alone, I'm going! Going! ... so okay, I'm going and after I see that she's really very kind, nice, and uh, how I say? Good listener, and ...she understands me very well I felt at the first time – Stella.

From these accounts, this gentle, measured approach to engagement seemed to help to build their confidence incrementally. Everyone who attended the women's group on a regular basis, spoke very highly of it, as a gateway to trying new things, learning new skills, or simply having fun. And it seemed that this in turn facilitated the exploration of new opportunities, both personal and professional, which is described in more detail in theme 3.2.

4.5 Theme 3: The importance of choice and freedom

4.5.1 Subtheme 1: 'Because there was nothing... nowhere else you could turn to'. Loss of choice and freedoms during homelessness is damaging to women's emotional, psychological, and physical well-being.

As alluded to in theme 1, several women described having little or no choice in where they lived when discussing their experiences of being caught up in cycles of temporary accommodation, and so often ending up staying in unsafe, or simply unsuitable accommodation. Prior to contact with the Goodall Centre, Grace was living in a refuge in her

hometown, which she noted was shut down due to improper management and squalid, unacceptable living conditions, but had little choice but to accept as she was fleeing to save her own life. From Agnes' accounts, she also at times appeared to embody an attitude of having to accept whatever one is given – the suggestion perhaps being that women should be grateful for a roof over their head, with little consideration of what the conditions might be like for them, if it might suit their particular needs, or how much choice they are able to exercise in the matter.

Agnes: I've just moved into... a one bed flat.

Emily: Okay, lovely. Is it nice?

Agnes: (...) Yeah, it is.

Emily: Yeah?

Agnes: Considering (...)...

Emily: Considering where you've been before?

Agnes: Where I've been, yeah, yeah. I can't really be fussy and stuff like that.

Sadly, for some of the women, they described feeling severely restricted in their job opportunities, and due to financial difficulties, such as debt, they felt pressurised into accepting low paid work, or whatever work they were offered. Stella talked about experiencing acute financial deprivation and struggling with the small amount of vouchers she received from charities to cover her food, bills, and travel expenses. She animatedly described her passion to work with animals, but then sombrely explained that many of the jobs she had applied for, including jobs she did not want to do, had resulted in rejection. Despite having weekly English lessons, Stella explained the language and cultural barriers were still severely impeding her attempts to find work and improve her financial situation. The following was in response to me asking whether she was looking for work at that time:

I have to yes, and I was on interview at the airport but I didn't get an email...Because, my English is not so good, so I can't be a waitress or something like that for example, because I can speak, but I don't understand the [regional accent] ...I can speak, but I don't understand. That's the problem – Stella.

While Stella appeared to feel trapped in a perpetual cycle of job applications and rejections, Agnes described her ambitions to be a support worker, and help children and young people going through difficult times, with her own lived experience. Agnes had previously been employed as a cleaner but described feeling stuck – she described the work as unstable, with long hours and very low pay, but needing whatever wage she was given to stay afloat and spend time with her son. Agnes agreed that a lack of confidence and motivation – due to her being left alone without support for so long – had in part contributed to her feeling unable to give up cleaning in pursuit of her dreams. However, more

pressing was the immediate financial crisis she faced; she did not have the freedom or flexibility to attend fully to her educational and skills development needs at a time when she could barely afford a meal yet appeared thoroughly disenfranchised with the unfulfilling rhythm of short-term, low paid, unstable employment.

I'm in loads of debt since I've moved in this new flat! ...Which I shouldn't have been in.... maybe it was because of the job I was working in at the time, messed all my hours up and my rent's never got paid... I ended up in...rent arrears... they're taking that out of my money every month. I think I'm living off £20 a week? ...I'm in food banks and stuff like that at the minute – Agnes.

The concept of choice also became pertinent to ideas around motherhood, and being able to choose whether retain custody of, and look after, one's own children. At the beginning of the project, I assumed that the women I interviewed would be child free, so was surprised to learn that three women, Flora, Agnes, and Rose were all mothers, rendered single in status, and therefore lost their rights as mothers, directly due to their homeless experiences. When Rose lost her home, she reported that her children were taken under the care of her ex-partner's family. She described being very happy to still have visitation rights, going to see them multiple times per week, but felt she would like to see them more often. Flora bravely spoke about losing her child to adoption – due to her mental health and housing difficulties – as beneficial in the long-term, affording her daughter a safe and stable childhood. Agnes framed the loss of her children as the ultimate cause of her demise, leading her into a downward spiral of mental health difficulties, with little hope of help or recovery:

I ended up in shared homes or bedsits... because my son was removed off me, I was basically a single person... when I lost my house I lost my daughters and then basically I lost my head so I lost my son...You don't get much support after then cos you're just down as a mental person – Agnes.

Even though some seemed more at peace with losing their children than others, it appears that all three women had little choice in the matter, as a loss of home seemingly automatically removed their parental rights. Agnes was relatively philosophical on this, noting that the interests of the child have to be put first. However, attempts to ensure her children's safety may have been at Agnes' expense, as it seems from her accounts of this time that nobody showed her the same concern or attention that she so desperately needed.

Further, perhaps more surprising restrictions on liberties came to light during the interviews. Not having a permanent home seemed to constrain some routine and taken for granted aspects of daily life, such as spending nights away from home to be with a partner, as Stella explained:

... if my friend visit me for one week... or three days...with everyone else he or she can't come, of course I know that. And my boyfriend...can't come here in the house, or around the house ...this is... the rules... That I didn't get before, I didn't have this control – Stella.

During her interview, Flora introduced a similar idea, in struggling to adapt to very structured, regimented mealtimes in some of the hostels she had frequented, where if you were unwilling or unable to eat at set times of the, you would be forced to go without. There was even lack of choice around the types of food available. Stella lamented the lack of fresh fruit in her diet and reminisced about the last time she remembered eating cucumber (one of her favourite fresh foods), as without the financial freedom to make these choices, she essentially had to eat what she was given. She also recounted the tangible impact of dietary restrictions on her physical health during her time in a hotel during the first COVID-19 lockdown:

...the food was problem because I get only English breakfast, same food three months...And I didn't want to...buy food because I had to pay my medicine...so I did it like only beans for breakfast, only sandwich for lunch, and it was my dinner as well... every day is the same, every day... I felt like I would vomit so I couldn't eat, sometimes I don't eat. I'd remember through nine days I don't eat anything...I was hungry but I couldn't...I fainted in the room but nobody see, I didn't speak about it – Stella.

Living without choices and freedom, under these almost authoritarian conditions is somewhat reminiscent of childhood and experiences of school – days where many of us had every aspect of our lives controlled on our behalf. Indeed, not being able to choose her own meals did make Stella feel infantilised, out of control, and without a sense of personal agency:

Cos I dunno what is good, what is not good. More times I feel like I don't know anything... And it little bit bothers me cos I feel like a child...But it's hard... like I can't choose what I have to eat... this was what we get – Stella.

Relatedly, experiences of feeling powerless, and without the freedom to change one's own circumstances were notable amongst accounts of hostel and refuge life. After her difficult experiences living in a deeply exploitative refuge environment, as outlined in theme 1, Iris likened this to her time in an abusive relationship – feeling trapped in her own home – but also as akin to the ultimate lack of freedom, describing it like:

...living in a prison. Like, all punishments ...For me, I have real illnesses...I had enough of it before, and then when I came back, I need mentally and, uh, emotionally support – Iris.

Agnes and Grace's time spent living in hostels and a homeless shelter respectively were described as though trapped in purgatory – a place of misery, feeling utterly stuck for an unbearably lengthy stay, with the only hope of moving on

being firmly in the hands of others. From the accounts of violence and fear detailed in theme 1, it becomes easy to appreciate how difficult and traumatic feeling stuck here may have been. Here, Agnes describes the torment of waiting to be moved into different, hopefully better accommodation. At this point in the interview, her sense of despair felt palpable:

Agnes: and they just seem to be forever... And they just tell you to just ((sighs)) just wait it out... You go on waiting lists and you're on them for months. Sometimes... years.

Emily: sounds like you're kind of forgotten about, almost?

Agnes: yeah ... I don't know. ((sighs)) ... so it's depending on if you wanna stick with it. And erm, end up even more mental than before.

Along with this sense of being trapped, lost in the system, and forgotten, two of the women made reference to, at times, not feeling dehumanised in the levels of care they received, as Grace notes:

I mean I just felt like another homeless person...if you're homeless that's what they just look at you as, not an individual person – Grace.

While Grace's interview demonstrated empathy and understanding for the overstretched and under resourced staff at the homeless shelter, this rudimentary, unfeeling, unresponsive level of care seemed to leave her feeling more alienated, and afraid that she would never get the appropriate help to leave the confines of the hostel. Many of these stories of homelessness are protracted, complex, and winding, and without much hope of escape, some women described looking for unorthodox and disturbing ways out. Already traumatised, and having experienced further abuse and exploitation, Iris describes the day it all became too much for her to bear:

I couldn't take anymore, I'm a very strong person, but...I couldn't take anymore. I went... to the... riverside... the docks... I hold the railing, and then I'm just watching the river, and then I feel like I wanna jump in, I wanna suicide myself, because there's too much going on in my mind... Then I cried and cried... for three hours I stood there, with my pain – Iris.

Grace and Agnes also spoke of thoughts of suicide as their only means of escape, and Agnes talked about a pattern of entering into abusive relationships as a way of gaining shelter, due to feeling so utterly abandoned by everyone else, but subsequently becoming trapped in a different kind of nightmare:

I mean sometimes there was periods of times where people wouldn't know where I was, and I was in and out of relationships, cos it was, like my only option out... And then you'd be in an abusive relationship for a few

years... stuck trying to get away from them. Because there was nothing... nothing else that you could...nowhere else you could turn to – Agnes.

While suicide, self-harm, and abusive relationships were sadly seen as escape, there was also evident a gritty determination to survive – an inner resilience, as alluded to by Grace in theme 1- despite the constraining, frightening, and desperate circumstances:

Everything I've been through has been hard because I've done it on my own. All of it. Even to the point where... I had that ex, he tried to kill me twice. And I went to a big court meeting and...got moved away, my friends didn't turn up in court... and try and help me...So I've done it all on my own – Grace.

Following on from this statement during the interview, Grace credited staff at the Goodall Centre in providing her with the kind of unconditional support described in theme 2 that facilitated growth and recovery. However, what seems clear from this, and the accounts of the other women, is that a significant degree of fortitude was equally necessary for surviving various distressing, traumatic, and sometimes life-threatening situations. In the end, all of the women recognised the inherent value in themselves as individuals, and in their lives, and chose not to give up, even when it seemed that there were no easy ways out.

4.5.2 Subtheme 2: '...now I have my own goals, I want to do something in the future'. Fostering a sense of choice and freedom within skills and education pathways has positive outcomes for self- development and self-efficacy.

Engagement with skills courses, groups, and educational activities manifested in different ways across the data for all the women, which is indicative of the importance of individually tailored support. Some women reported choosing not to engage with any groups or courses during their engagement with services, such as Rose, who only requested help with finding accommodation. At the time of interview, Rose was not seeking employment. Although she had engaged in voluntary work previously, she gave the distinct impression of being relatively comfortable with her employment and academic status, expressing the desire for some self-improvement, before she felt able to consider anything in the world of paid work. Similarly, Sylvia was not in employment at the time of interview, choosing instead to prioritise her health and well-being over the relentless pressures of the labour market – something which she was cognisant of due to previous experience of working in a care home:

I can't work cos I suffer with anxiety. I worked in...Kennedy Lodge, and I wasn't getting the support I needed, so it made me ill... And me anxiety started kicking in... I was getting upset, I wouldn't go into work... And me doctor said, 'there's no... point in you going to work'... it's my health really...I gotta listen to me doctor – Sylvia.

The idea of focusing on self, and of self-development, as a priority, as choosing to reject work and educational pathways, was a pleasant surprise for me as researcher and interviewer, as I had harboured some preconceived notions of skills and education as being skewed towards employment, and ultimately the aim of financial reward, due to the immediacy and gravity of the issues that homelessness brings, and a need to ameliorate them. However, on further reflection, this is most likely a short-term solution to a long-term, complex problem, and amongst these women it appeared that the priority was less about simply making money, and more about reconnecting with themselves and the world in meaningful, personal ways.

As four of the women noted, attending any kind of group-based session can be a daunting experience, particularly if mistrust, fear, and anxiety have been the default for prolonged periods of time. Stella described plucking up the courage to attend her first weekly group session with the difficulties of her traumatic background, and the difficulties she faced in attempting to interact with the workers and other attendees:

Before, I go there, I think... I'm just going to chat with Sarah, and after I'm going back. And I think, I don't talk to her or anything...Because... my trust is too hard... And I think... just a little bit like... five, ten or something then I'm going back – Stella.

The group in question is a weekly group for women only, run by the gatekeeper charity, which Flora described thusly:

...it's just really nice, it's a nice place to be. It's relaxed. You can talk. You can talk freely about... what's upsetting you, what's worrying you – Flora.

Here there is no agenda, no teaching, and no pushing the women to engage with a particular activity. It simply provides an informal, warm, safe space for women, designed to go at a pace which felt comfortable, and to use in whichever way they choose - and it appeared to make it the ideal icebreaker to further engagement.

For example, Flora talks about how she felt during her initial session and reflected on the progress she has made as a result. The confidence gained and self-development achieved is evident, demonstrating how having that initial safe space could sow the seeds of potential, and provided a tangible stepping-stone toward a future, with Flora discussing the steps she is currently taking towards a new role:

...when I first joined, I wouldn't say boo to a goose. I'd just sit at my computer there and I wouldn't really talk to anyone. But... Eve and Rachael got me on a peer support group... So, I can be a peer supporter, once I've done all my training properly and got my certificate... And I can come back and help, help Eve out or help Rachael out – Flora.

Five out of the seven women were either actively working towards or were engaged with work – whether paid or voluntary – that was meaningful, significant, and relevant to them. As opposed to accepting low paid, unfulfilling work

just to make ends meet, these women wanted to give something back to society, and to make important contributions to the lives of others, which seems remarkable given how badly society had let them down. While Stella, stifled by language and communication barriers, sought whatever work she could find, she held onto her dreams of working with animals. Similarly, Agnes was just at the beginning of a tentative move into a new career, feeling unsure about accepting support through this process after such profound abandonment. She did, however, have ambitions to use her lived painful lived experience to help others:

I'd rather do something where I'm helping people... There's not much help out there. Doing cleaning... I'd probably work with, like, teenagers, like kids... Cos I know that's where it all starts... I'm working with someone at the minute, in Goodall... she's trying to steer me in the right direction cos I don't know that much... about stuff like that, like education – Agnes.

While these two women's choices were constrained to greater and lesser extents by wider external forces, such as financial obligations, and perhaps in Agnes's case, issues of self-confidence compounded by a lack of support, other women had more freedom to embrace a greater variety of choices and potential future directions. In eschewing the more obvious educational and employment geared activities, the women were able to engage with activities centred around creativity, self-expression, fun, and can develop more subtle, soft skills, such as teamwork, communication, and time management. Here, Flora talks with enthusiasm about the most recent course she had attended:

Flora: For the last... 7 weeks we've been doing an aromatherapy course... And I'm a little bit heavy-handed so... when I do it, it always goes wrong.

Emily: ((chuckles)) Sounds like you've had fun though?

Flora: Yeah! ((chuckles)).

Evidence of more traditional learning in basic skills was also evident amongst some of the women, where they had requested specific support or felt they would benefit from gaining a particular skill set. For example, Sylvia recognised that becoming IT-literate may be advantageous, and was also incentivised to engage by receiving a tablet which meant gave her vital access to the internet:

I did a computer course... that Eve put me on, and I got a tablet off them... Like how to go online and things – Sylvia.

An important aspect of learning any new skill was autonomy, as above with Sylvia, who recognised a gap in knowledge, and chose to remedy this. Flora highlighted an important aspect of some of the group work, which directly taps into notions of informed decision-making, and the self-governing individual or group:

...we've got someone coming in today to do art... And then... after that we'll discuss, as a group, what we wanna do next... the staff don't get involved with what we do. It's left to us clients... So, we say, well we would like to do, such a thing, and then they organise it for us, so it's not... staff led – Flora.

Flora described being afforded this level of autonomy as an empowering experience, and is one that privileges the wishes, opinions and needs of the women as more valuable than what the staff may consider is best for them. As previously mentioned, while two of the women had actively chosen to prioritise health, well-being, and self-development over employment, the remainder of the women held plans and ideas around their future directions of travel and careers. While Flora was being supported to achieve her ambition of being a peer support worker, the other women often required individually tailored help in taking various steps to meet their goals. As a child, Grace had owned horses, and was keen to progress this long held passion into a career. The following quotation illuminates the way in which Grace had the autonomy to reject less relevant skills groups or courses on offer, and was supported by a member of staff to take steps to pursue her dream:

Emily: How about... the...courses and stuff that they run here, did you get into any of them?

Grace: No.

Emily: did they... offer you some or...?

Grace: They did... they did offer them... but...I didn't even do a course, but I went to a horse place with Sarah...

Emily: Right, yeah.

Grace: Think we went twice or something.

This type of hands on, proactive support from the member of staff was instrumental in opening up of doors for Grace, who had since been helped with some of the more practical, administrative aspects of her particular career trajectory, and was excited to report that she was starting a college course in September, to study horse and stable management. Later on in the interview, Grace described her plans to take on a voluntary role in the time before her course commencement, and although she had struggled with the notion of voluntary work in the homeless sector, as potentially too emotionally difficult, she had considered another way of both being of service to others, and helping her own career prospects:

... I wanted to do volunteer work in the homeless shelters, but then like I said, it's a bit hard... But I wanna volunteer and help someone in some way. Even if it's at a horse sanctuary... They're homeless too! And now

that's their home, so I wanna help them.... it's a good thing to give back as well, it makes you feel... rewarded in some way, just helping that one person – Grace.

This sense of altruism and a need to give back shone through the data and was wonderful to hear as an affirmation of shared values and bonds that reach across humanity, which appeared to be at grave risk of irreparable damage, when considering all of the rejection, abandonment, and fighting for survival that most of these women have had to endure. It seemed it was not only the individually tailored support described that helped foster this altruism, but the profound bonds of trust and attachment as described in theme 2, which developed a reciprocal sense duty to give warmth, kindness, and a helping hand to others who are struggling to cope.

The dynamic, unstructured, and responsive spaces for women seemingly allowed their confidence and trust to grow incrementally, and through this they were able to become more open to talking about and sharing their experiences. Grace was understandably hesitant about opening up fresh wounds immediately by helping others experiencing homelessness, but Iris, Agnes, and Flora all explicitly stated the importance of using this lived experience, and suffering, to help other people in need. Iris was resolute in her determination to decrease the difficulties of homeless women facing the same language barriers she had experienced, which she described as leaving her open to exploitation and abuse. Here, she talks about how she communicated her concerns and ideas to staff:

I went I spoke with Rachael... I told her my experience... and I said, homeless people, they do... struggle with the language barrier. Some women who have children, can't express themselves, and they take their own anger out on the children... And in the community centres... people need some interpreter... if.. I can't explain myself, then they can help me... I spoke with Sarah and Eve... They loved my ideas. They said, 'we love your ideas, we'll print your ideas, and put them on the board. Because no one ever give us those ideas...' And then after... there's... an organisation... they do mixed culture for the homeless people. Domestic violence. They invited me there... and I spoke there as well. I spoke about my own experience – Iris.

As well as advocating for homeless women, particularly on domestic violence issues and the need for more interpreter service availability, and an ambition to rebuild her beauty business career, Iris discussed her own experiences with physical illnesses. This, she told me, had greatly impacted her confidence and self-esteem, and been compounded by an emotionally abusive husband. Through the confidence instilled by relationships with staff, she appeared to now have open to her a panoply of choices and career pathways to explore, all of which aligned with personally held aspirations, as the final quotation alludes to:

And now I have my own goals, I want to do something in the future... homeless people... I want to do something for alopecia... I want to do something with my own experiences – Iris.

Chapter 5: Discussion

5.1 Introduction

In this chapter, I discuss the findings of the research in relation to the research questions, existing literature and chosen theoretical frameworks. Limitations and strengths of the study are outlined before a reflexive statement is offered. I discuss the implications of the findings for CP, before offering suggestions for directions for future research. The implications of the findings for practitioners and frontline staff working with single homeless women are also outlined, before final concluding remarks are presented.

5.1.1 Revisiting the research aims and questions.

In chapter two, I identified gaps in knowledge around the experiences of single, homeless women, and their perceptions of the utility of skills and educational training programmes as a means of engendering change and a meaningful exit from homelessness – particularly in the context of women's socioeconomic marginalisation and considering the contextual implications of austerity. Chapter three located these knowledge gaps as relevant to social justice and critical feminist research, within a transformative paradigm. With this in mind, the following research questions were posed:

Q1: What have been the experiences of single, adult women, moving through homelessness while accessing support at a specialist service?

Q2: What do single, adult homeless women feel has been helpful when accessing adult education and 'basic skills' courses through a specialist service?

Q3: What do single, adult homeless women feel has been unhelpful when accessing adult education and 'basic skills' courses through a specialist service?

5.2 Key findings

5.2.1 Loss of home as a gendered issue

Experiences of feeling under threat or being in danger are prevalent throughout the findings, beginning with threats that existed prior to, and in some cases precipitated homelessness. Two out of seven of the women's explicit accounts of fleeing domestic violence and abuse, and loss of home caused by the threat of losing their lives, is congruent with a body of research which consistently points to the higher likelihood of women facing domestic violence and abuse from a male partner and a subsequent loss of home (Baptista, 2010; Heslin et al, 2007; Jasinski et al. 2010; May et al. 2007; Moss and Singh 2015) and is commonly cited in the empirical data and statistical reports as a key driver in women's homelessness (Bretherton & Pleace, 2018; Reeve, 2018). However, the analysis pointed to broader

incidences of abuse being more widespread amongst the women pre-homelessness, with one making reference to having survived a violent relationship, and two other depictions of financial and emotional exploitation and abuse. Many of these women were at the same time attempting to navigate the difficulties of holding down employment, negotiate the welfare system, manage the household finances, and look after children. From these depictions, the loss of home as a gendered experience can be understood via 'the complexities of analysing everyday encounters where different forms of power are enacted' (Domosh, 1997, p.81). Personal, intimate encounters of financial exploitation and the 'unravelling of social bonds' (Tessler et al, 2001, p.244) may place unbearable pressure on women occupying marginalised socioeconomic positions, whose expected social roles within the sexual division of labour prioritises the roles of housewife and mother (Watson & Austerberry, 1986) above women's ability to claim economic independence. These domesticated and caring roles, or financial dependence on a partner can constrain women's income potential (Hughes et al, 2015), as was evident via Rose's accounts of surviving on welfare payments while taking care of her child. Her partner's lack of contribution to the shared rent, and his departure from the relationship, left her responsible for accrued rent arrears, and in a financially unviable position which led to a loss of home. This confluence of disadvantage can be understood as a source of threat to women's financial autonomy which may render their housing circumstances ultimately untenable.

Agnes, a young, single mother, cited one of the most controversial elements of welfare reform, the so-called Bedroom Tax, as contributing to the loss of her home, and which can be conceptualised as a state-enacted threat to the security, safety, and identity of the women it has impacted. Research has pointed to the devastating impact of this branch of reforms on the most economically squeezed households in England, and on young single people in particular (Fitzpatrick et al, 2015), causing mounting financial pressures, a deleterious impact on health, and disruptions to families and communities (Moffatt et al, 2015). This evidently aligns with Agnes' accounts where the loss of her home resulted in the dismantling of her family, and a dramatic decline in her mental health. As Greenstein et al's (2016) research highlights, this policy can not only be understood in terms of an attack on the rights of the poorest in society via a denial of security and privacy, and on their 'emotional and psychological attachment' (p.519) to the home, but also that its broad brushstroke approach fails to acknowledge the impact upon familial dynamics and particular groups. For example, single mothers who as Greenstein et al (2016) note may rely heavily on informal networks of support in order to meaningfully engage with the labour market may be 'penalised through benefit reduction over 'spare bedrooms' (p.513). On one hand, the government's package of welfare reforms and subsequent welfare policy has been largely based on erroneous notions of helping people off benefits and back into work, while on the other its policies can be seen as explicitly placing restrictions on certain groups' capacity for labour market participation, for example single mothers.

As this research did not expressly focus on women's experiences pre-homelessness, or indeed their experiences of welfare reforms, the granular detail of these encounters remains unclear, however what is evident from the findings are the gendered experiences of poverty (Reis, 2018), which have caused threats to the security and stability of the lives of these women, and undoubtedly played significant roles in their homeless experiences. Several of these women's accounts highlight the potential cumulative impact on women of the gendered burden of unstable employment, the "low pay no pay" cycle (Shildrick et al 2010), swingeing cuts to the welfare state, and cuts to public services in social, health and educational sectors which in turn increases the demand for unpaid care work (Greenstein et al, 2016) – predominantly undertaken by women. Further, housing instability and affordability is an issue compounded by the gender pay gap, and likely to have the most significant impact on single women (Reis, 2019), pushing them into increasingly unmanageable positions of socioeconomic marginalisation. As was unfortunately borne out in the current research, concerns have repeatedly been raised by leading homelessness charities and pressure groups around the bedroom tax and the commonality of rent arrears amongst affected populations (Fitzpatrick et al, 2015) which may lead to thousands of additional people being forced into homelessness (Ramesh, 2013).

5.2.2 Threat and danger as ubiquitous

Some of the women's experiences of threat and danger stretched back to adverse childhood events, pointing to a what some have considered a significant correlation between these types of childhood trauma and homelessness in adult life (Wiewel & Hernandez, 2022), including high incidences of sexual and physical abuse in childhood amongst homeless women in particular (Chen et al, 2004; Goodman et al, 1991). However, it is crucial to note that not all of the women in the study described adverse childhood events, with one pointing to a relatively privileged and happy childhood. While the causes of single homelessness have been contentious, with individual illness, deviancy, and structural economic factors all being offered as explanation (Bretherton, 2020) much of the literature points to 'a complex interplay between individual, interpersonal, and socioeconomic factors.' (Fowler et al, 2019, p.467) The findings suggested that many of the women considered the causes of their homelessness to be both experiences of interpersonal and socioeconomic oppression – be they relational and intimate, at the hands of their male partners, or macro systemic oppression which had both forced them into positions of marginality, and also failed in provisions for intervention at multiple times of crisis. In some of these cases, where the woman has resisted and escaped the abuse and control enacted upon her in the private, patriarchal domain of the home, her single status renders her part of a group who historically hold less collective power, organisation and visibility than other social groups, and whose needs – particularly in relation to housing – may be deprioritised in favour of family households (Watson & Austerberry, 1986).

What seems noteworthy is that all had experienced explicit or implicit threats to their safety and at some point in their lives, and for some, homelessness appeared to be a continuation of near-ubiquitous danger which women from both housed and homeless populations are faced with on a near-daily basis (Menih, 2021), albeit the risks are often more acute and immediate for the latter. The socioeconomic threats prior to and throughout homelessness echo Bretherton's (2020) findings which suggest a consistency and constancy of financial and housing precarity in these single women's lives. This further speaks to Watson and Austerberry's (1986) notion of homelessness as 'a relative concept' (p.92), through a housed-to-homeless continuum, rather than a fixed categorisation of homelessness as simply roofless. At one end is rough sleeping, and at the other is secure housing, but as they note there are multiple grey areas in between, including the state of housing and financial precarity which tip some groups closer to the more extreme ends of homelessness than others.

5.2.3 Dangerous and damaging accommodation

Where previous research has identified the physical risks and dangers unique to homeless women in negotiating public spaces (Menih, 2020), with particular reference to rough sleeping, the findings of this research highlight various types of homeless accommodation as sites of risk, threat and danger for women, which supports findings by Maycock et al (2015) highlighting the difficulties women face when adjusting to these particular types of accommodation, such as bullying, harassment, drug use and violence. However, accounts from the current study, particularly of life in homeless shelters appear to present a more immediate, visceral danger to life, with accounts of violent attacks, self-harm, and other traumatic events which left some of the women in fear of their lives. The sense conveyed in the analysis that little could be done to calm these dangerous, threatening environments provides further evidence as to why women tend to avoid particular homelessness services (Bretherton & Pleace, 2018), particularly those which are male-dominated and not provided in a way that women feel is safe, appropriate, or welcoming (Reeve et al, 2006). It also highlights a fundamental lack of safe, suitable spaces for single homeless women, particularly where they are waiting to be allocated more permanent accommodation, as notably in the findings, one of the women believed that she would have been offered more appropriate accommodation and ultimately greater levels of security and support had she been a mother and not a young, single woman. One other notable finding was the threat experienced by two of the women who, after domestic violence experiences which precipitated their homelessness, where moved into privately run women-only refuges. Their accounts speak to the squalid and unacceptable, below-par living conditions they were forced to endure, and most concerningly the experiences of financial exploitation and emotional abuse they faced at the hands of ostensibly professional individuals who were in charge of the day-to-day running of the organisations, which understandably impacted their mental and emotional well-being, feelings of safety, and ability to trust those in positions of power. All but one of the women noted the experience of feeling, or indeed being unsafe in at least one accommodation type throughout their homeless journey, which also corresponds to other research

suggesting the transient and cyclical nature of homeless women's experiences (Reeve et al, 2006; Maycock et al, 2016). As theme 1 depicted, the sheer number of different accommodation types some of the women were shunted between appeared to increase their risk of exposure to danger, and simultaneously increase feelings of fear, hopelessness, and despair. However, where there is evidence to suggest that homeless women tend to exhaust informal means of support, such as staying temporarily with friends and family (e.g., Bretherton, 2020; Bretherton & Pleace, 2018; Reeve, 2006; Bretherton, 2020), before they will approach services for help (Bretherton, 2017), only one woman from the present study noted the ability to rely on friends and family to provide her with safety and shelter, as a preventative measure against the threat of rough sleeping or staying in a shelter. For some of the other women this was an impossibility due to family breakdowns, geographical relocation, and social and cultural isolation due to domestic violence and immigration status. What this finding is able to emphasise is that utilising informal support is not the experience of all women experiencing homelessness and is further helpful in delineating women's highly differentiated trajectories through homelessness. This supports research which suggests a diversity of experiences and pathways (Bretherton, 2020; Maycock & Bretherton, 2016; Reeve, 2018) which gender may be a significant variable in shaping (Bretherton, 2020), dependent on individual circumstances, needs and available resources, and serves as a useful warning against the temptation to homogenise homeless women's experiences, or to understand them as always being wholly distinct from homeless males' experiences (Bretherton, 2020).

Research has demonstrated that there tend to be high levels of mental health difficulties amongst women experiencing homelessness, including anxiety, depression, and PTSD (Duke & Searby, 2019), and that these difficulties may be present prior to experiences of homelessness or arise as a direct result (Bretherton & Pleace, 2018; Reeve et al, 2006; Duke & Searby, 2019), something which was prevalent across each of the three themes. However, the current research is also able to emphasise the link between the quality of accommodation the dangers to the mental and emotional well-being of single homeless women. Depictions of many of the accommodation types provided ranged from unsuitable to evidently deeply traumatic, where harrowing accounts of violence, crime, self-harm, and rampant drug use had understandably left women unable to sleep, in fear, and as one woman noted with serious mental health difficulties. Not only does this help to demonstrate the manner in which homelessness itself is a trauma (Goodman et al 1991), but is also consistent with literature which suggested that the homeless shelter environment can cause individuals to experience 'trauma symptoms' (Goodman et al, 1991, p.1219), of which there is enormous variation from person-to-person, but can include dissociative reactions, negative changes in affect and cognition, hypervigilance, irritability and angry outbursts, and persistent intrusive memories – all of which would likely impede meaningful, holistic recovery. The horrifying depictions of these accommodation sites in the findings adds credence to research which suggest that some homeless women may not access any formal support at all (Reeve et al, 2006). This phenomenon may be attributable to negative prior experiences with services (Reeve et al, 2020), but

may also likely reflect the lack of sufficiently gender and trauma-informed service availability, reflecting the systemic failures in homeless service provision to understand, recognise and respond to the uniqueness and complexity of women's needs (Savage, 2016).

Accounts of some of the accommodation types such as refuges which were described as prison-like sites of exploitation, and shelters which were recalled as places of profound trauma, could leave women feeling trapped and forgotten about – dehumanised in a cold, impersonal, and unresponsive system, and highlighting the importance of a more person-centred, gender and trauma-informed model of care across all domains of homeless service provision, including temporary forms of accommodation. Where a lack of choice was exemplified in types of accommodation offered and accepted, or even where accommodation was not offered at all, this study highlights that where single homeless women feel unsupported and limited in their sense of agency and ability to make choices about their lives, they can resort to desperate measures, considering suicide and entering into abusive relationship as their only routes of escape from homelessness. While research points to higher rates of mental health difficulties, and deliberate self-harm amongst homeless women than men (Rees, 2009), these findings of suicidal ideation and planning amongst single homeless women in response to a fundamental dearth of options is in accordance with findings from Maycock et al (2016), who found suicidal ideation and attempts to be relatively common amongst the single, homeless women, where such circumstances engendered feelings of powerless, hopelessness and desperation.

5.3 Rough sleeping

The analysis can also help to shed some light on single women's experiences and perceptions of rough sleeping. Previously considered to be chiefly the domain of the single, homeless male, increasingly, evidence is showing us that 'women do sleep rough in relatively high numbers (Reeve, 2018, p.167), and that this trajectory appears to be increasingly overtime, particularly amongst young women (Bretherton & Pleace, 2018).

One of the women in the current study directly referred to periods of rough sleeping, however as this was not a specific focus of the research, it is plausible that more of the cohort had experienced this at some point along their homelessness journey. Agnes recalled living on the streets as a young woman for prolonged periods of time after the loss of her home, and subsequent loss of her children. Her accounts of this time alluded to an inherent danger in rough sleeping, a sense of incredulity that she was left in this desperate situation due to a chronic lack of support, and an acclimatisation to her dangerous surroundings which meant she had to develop a rigid, protective exterior and become more 'streetwise' (Maycock et al, 2016, p.22) in order to navigate the realities of this way of life, which for homeless women can include threats, harassment, violence, and other violations – many of which are enacted by male members of the public (Bretherton & Pleace, 2018). Conversely, Grace, noted that her experiences of life in a shelter rendered her in such a significant state of fear, that she had considered sleeping rough as a safer and

preferable alternative. This is perhaps a surprising finding, given the overt dangers on the street as noted above. However, it is possible that had this become the only option for Grace – a young, lone women, she may have resorted to forms of less visible rough sleeping – in ‘public toilets, fenced bin bays, storage units, garages, office buildings, walled car parks, and stairwells’ (Reeve et al, 2006, p.55), in order to reduce the likelihood of violence. However, as Reeve et al (2006) note, the unintended consequences of these survival strategies may be increased levels of isolation, which may render them less likely to receive support from outreach services, and more exposed to danger without the presence and support of other homeless people.

5.4 Perceptions and conceptualisations of vulnerability

As noted in the analysis, four out of the seven women explicitly characterised themselves as “vulnerable”, and one of the women referred to herself as able to ‘break easily’ – suggesting she felt a sense of psychological fragility, which required some level of protection. Their perceptions of their own vulnerability, and self-categorisation as such, appeared largely to be in response to their unsafe, threatening surroundings, and a failure to garner adequate support. Indeed, notions of vulnerability carry explicit connotations of susceptibility to harm, bodily injury, or death (Petherbridge, 2016), which the analysis describes as being feared outcomes for some of the women.

The concept of vulnerability is extensively deployed across the homeless literature, with homeless women often considered ‘one of the most vulnerable subpopulations among the homeless’ (Lim et al, 2002, p.510). Although increasingly being used in cultural discourses as a signifier of emotional openness, as a basis for intersubjectivity, mutuality and social connectedness (Petherbridge, 2016), when used in attempts to delineate the experiences of people experiencing homelessness it can be far more problematic, suggesting inherent characteristic of weakness, defencelessness or even powerlessness. This in turn homogenises a diverse group of people and can have a diminishing impact on the person or group to which it is applied, suggesting a deficit in capabilities necessary for survival, and locates the issue as an individualised one, disregarding the myriad socioeconomic, cultural, and political factors which have influenced shaped and influenced homeless circumstances. Correspondingly, the findings of this study suggest that while frequent self-perceptions of vulnerability were captured amongst the women, these typically coincided with their threatening, often unsuitable environmental context and with no immediate or obvious support in exiting these, and was further differentiated by factors such as age, gender, ethnicity, and nationality - each socially constructed category intersecting and overlapping to create unique experiences of disadvantage and oppression (Crenshaw, 1989). As Tierney (2019) describes:

‘...people are not born vulnerable, they are made vulnerable...different axes of inequality combine and interact to for systems of oppression – systems that relate directly to differential levels of social vulnerability.’ (pp.127-128).

Some of the women in the current study were able to identify aspects of their identity which they felt had increased their experiences of multiple disadvantage. The findings also highlighted one women's perception that her class identity and appearance meant she felt her needs were dismissed, thus potentially placing her at greater risk in that she felt more exposed and conspicuous while garnering less attention from staff in the male-dominated environment of the homeless shelter. This finding aligns with the notion that homeless women have somehow transgressed or even deviated from societal norms and expectations away from the domestic sphere and the role of mother, wife, or homemaker (Reeve, 2018). As Bretherton (2020) explains:

'These arguments centre on the idea that society does not expect women to be homeless, because women are viewed, essentially, as being the core of family structures...The idea that lone women may be experiencing homelessness at any sort of scale collides with dominant social and cultural paradigms about who women are, or how they live their lives.' (p.256)

A further finding of this study which highlights intersectional experiences of disadvantage and oppression (Crenshaw, 1989) were some of the additional barriers and challenges faced by migrant women. In line with findings from Maycock and Sheridan (2012), both of the women in the current study reported abuse – domestic violence and emotional abuse – prior to homelessness, with the former directly precipitating a loss of home. Maycock and Sheridan (2012) cited economic dependence on a partner as a major hurdle to leaving an abusive relationship, which is concurrent with the experiences of one of the women. For the other, who described relative economic independence, rather it was a fear for her personal safety (Maycock & Sheridan, 2012) that had initially prevented her from leaving. Also highlighted for both women was a sense of social alienation and isolation, likely aggravated by both women's diminished or non-existent support networks (Graham & Thurston, 2006) and lack of proficiency in English language skills (Maycock & Sheridan, 2012) which may in turn reduce capacity to participate in social and cultural life. This disadvantaged social positioning may render migrant women more exposed to victimisation (Maycock & Sheridan, 2012), and the findings did indicate that where exploitation was experienced during one women's time staying in a refuge, she firmly perceived her language disadvantage had attracted bad actors keen to exploit this. This finding highlights the importance of supporting women with their language needs throughout all stages of homelessness, and the availability of interpreter services as a multi-agency requirement, in order to prevent burgeoning feelings of detachment from society, to promote agency and decision-making capabilities for non-English speaking women during their homelessness journeys, to facilitate feelings of trust and safety between homeless women and those running homeless services, and importantly to help to prevent the kind of exploitation and abuse outlined.

According to Maycock & Sheridan (2012) some of the challenges faced by migrant women will be mediated by their legal immigration status and the immigration policies of their host nation. While both migrant women in the current

study had the right to work in the UK, there were notable challenges for one in securing employment due to her ongoing issues with the language barrier, compounded by a lack of an established support system (Graham & Thurston, 2005) meaning she was wholly reliant on services to help in meeting her needs. A further potentially novel finding in relation to language proficiency skills was one of the women's difficulties in understanding regional accents, which appeared to be a major barrier in gaining public-facing employment, resulting in fewer job opportunities, increased financial pressure, and restricted capacity to pursue meaningful, enjoyable career options. This finding highlights the need to help non-English speaking women to overcome these barriers to both employment and to exiting homelessness, by incorporating more creative and innovative learning techniques which may help to facilitate women's understanding of what can often be impenetrable regional accents where engagement in language learning skills is otherwise impeded. Where women experience language difficulties in their host nation, they may experience higher levels of social and cultural alienation and more acute isolation, which appeared evident in these findings, providing an additional and unique hurdle to attain their own imagining of meaningful participation in society. However, there may be significant structural barriers in providing more innovative learning programmes, as while the third sector continues to show commendable dedication in providing skills and education courses for people experiencing homelessness, statutory funding appears to be limited (Jones, 2018) and cuts to funding still present services with significant challenges in regard to service provision (Fitzpatrick et al, 2016). This picture unfortunately is only set to deteriorate, as the current chancellor Jeremy Hunt prepares to introduce 'eye-watering' (Haygarth & Edrich, 2022) spending cuts across all governmental departments.

The condition of vulnerability is inherently attached to the levels of support, in particular access to housing, which homeless women can expect to receive. Statistics showing consistently lower numbers of homeless women in comparison to their male counterparts is often explained away by the assumption that women are more likely to be caught by the safety net at the point before homelessness occurs (Bretherton, 2020), as Reis (2019) notes:

'As women are disproportionately likely to be caring for children and to be victims of domestic abuse, the main homelessness duty protects significant numbers of vulnerable women. The duty includes provision of temporary accommodation to relieve homelessness and provision of suitable settled accommodation afterwards.' (p.21).

However, this is at odds with the findings of the present study, as where temporary accommodation was offered to women with priority need it was typically wholly unsuitable or dangerous, and one woman reported no offer of housing or help being made at all. Women who do not fall into the category of priority need - which includes people escaping domestic abuse, those who are pregnant or who have dependent children, or those who have become homeless due to fire or flood – are required to prove "vulnerability" to their local council while their housing claim is assessed.

Categorisations which may meet the vulnerability criteria include old age, mental health difficulties, and severe illness. However, evidencing these strict eligibility criteria can be extremely difficult for housing claimants, with many not being accepted under the local authorities main housing relief duty. This also raises important potential questions around the assessment of eligibility criteria, as Reeve et al's (2006) research found that 28.1% of their respondents were deemed to be intentionally homeless, despite falling into the priority need category, following contact with a system which was 'impenetrable, overly bureaucratic and difficult to understand and where the homelessness legislation is variably applied (or perhaps not adhered to at all)' (p.77).

The vulnerability label becomes especially problematic when consistently applied to particular groupings of people, such as is the case for homeless women, where it is associated 'with victimhood and passivity, or with those who lack agency and are incapable of self-representation or political action' (Petherbridge, 2016, p.591). Where women are categorised as inherently vulnerable, this is inexorably linked with their inherent feminine makeup, and is 'conceived as a fixed property that is relatively immutable; certain individuals and groups are deemed vulnerable, whereas others are not, and this attribution of vulnerability is unlikely to change' (Gilson, 2016, p.74). In the context of homelessness as an intractable and inevitable social problem, the framing of vulnerability at an individualistic level functions to both blame women for seemingly lacking the capacity to change their situation, as justification for political inertia which prevents sufficient targeted funding and policy initiatives necessary to meet the needs of homeless women, and to ameliorate the socioeconomic conditions which inevitably contribute to oppressive conditions of homelessness.

If vulnerability is associated with women who are 'incapable of transforming their situation or exercising agency' (Cunniff Gilson, 2016, p.74) then the findings of the current study demonstrate the antithesis of this, via women making of choices to withstand, survive, and move away from the most difficult and dangerous of circumstances. What may be termed "resilience" was evident in the findings, however caution is necessary here, as it may imply the necessity of burden for women to withstand psychological and physical stressors, whereby the onus is placed on the individual in having the resources to hold themselves together rather than examining and challenging the systems which seek to break them. What this finding does show is that "resilience" is a necessary response where survival is prioritised and responsibility in shouldering this weight is severely lacking. As Reeve et al (2006) summarise:

'The ways in which women manage their homelessness demonstrate resourcefulness, competence, imagination and ingenuity. 'Surviving' also demands emotional and psychological devices to cope with the experience of homelessness' (p.60)

The self-perceptions of vulnerability evident may therefore be understood not merely as individual responses to immediate threat, but as reactions to the lack of a presumed safety net and multiple systemic failings, which suggest

they must adopt the language of oppression in order to redress these inadequacies and garner appropriate support. In this way, vulnerability is not an inherent, fixed quality, but a provoked, temporary response.

5.5 Relational disintegration and redevelopment: the power of relationships

The findings indicate that the women's experiences of relationships, and their maintenance, negotiations, dismantling, and rebuilding, appeared to be significant throughout their homeless trajectories. Some of the women in this study were able to maintain pre-existing social support networks, via relationships with family and friends throughout their homeless experiences or were able to form new connections. Research indicates that social support networks play an important role in fostering positive housing outcomes (Cummings et al, 2022), is more greatly required for women than men (Benda, 2006), and has been found to be an effective component in protection against mental health difficulties such as depression (Werner-Seidler et al, 2017), provide a buffer against environmental stressors (Cobb, 1976) and reduce levels of anxiety (Harandi et al, 2017). For these women, the maintenance of these relationships appeared to ease some of the practical and inevitable emotional burdens of their circumstances, such as providing them with temporary accommodation or acting as guardians for their children. However, the majority of the women reported significant disruption of social bonds (Goodman et al, 1991) and as Riggs and Coyle (2002) note, the picture was a complex one with relation to the personal dynamics which impact women's' ability to call upon friends and family for help. For example, domestic violence and abuse within relationships were cited as reasons for loss of home, as well as experiences of family abandonment or rejection at the point of becoming homeless, which in itself may exacerbate the impact of the trauma experienced via a severance of attachment bonds and disruption of a fundamental sense of safety (Van der Kolk, 1987) creating the conditions for an existential threat to identity (Riggs & Coyle, 2002). It could be argued that the women who experienced these relational severances in turn suffered difficulties in maintaining a positive sense of self-esteem and self-efficacy (Riggs & Coyle, 2002), and appeared more likely to report experiencing mistrust of others, fear, and greater difficulties in engaging with services, sometimes leading to greater levels of withdrawal and acute isolation.

Experiencing positive relationships with staff in homelessness services was important for all of the women in the present study, but especially for those who had experienced trauma, either prior to or as a result of homelessness, resulting in persistent feelings of threat and an acute sense of lack of safety and compounded by withdrawal of social networks which the women may have previously relied on for support (Goodman et al, 1991). Building trust within these professional relationships appeared to be crucial for these women, and has been highlighted as a key skill for staff in building effective relationships (Morse, 1999) and as an important marker in relational quality (Phipps et al, 2017). However, in line with previous research (Phipps et al, 2017), profound difficulties were noted in the practical

applications of trust building due to the women's previous experiences of profound breaches of trust, either in their personal lives or in their encounters with professionals.

For those who had been let down, abandoned, abused, or exploited, high importance was placed upon 'the nature of the bond' (Sandu et al, 2021, p.2) between the staff and the women, with particular attention paid to demonstrable authenticity, compassion, and consistency. These findings suggest that the quality or success of these professional relationships, and the requisite components of empathy, congruence, and unconditional positive regard necessary for staff to embody are comparable to that of the therapeutic relationship, echoing findings which point to the utility of a humanistic framework as underscoring this relationship (Chen & Ogden, 2012), and Strauch Brown and Ziefert's (1990) model for working with homeless women, which posits unconditional positive regard as a critical ingredient in the initial stages of group engagement with homeless women. In alignment with the findings of the current research, regarding especially accounts of attendance at the gatekeeper organisation's women-only group, Strauch Brown and Ziefert (1990) posit this as helpful in addressing the disconnect that the women may feel from themselves and from other people, and view 'the group as a context to help women through a healing process that progressively reconnects them to themselves and then to others.' (p.18)

Flexibility, responsiveness to changing needs and circumstances, and informality were some of the key characteristics which typified relationships which were highly prized by the women, whereby structured, formal boundaries and 'professional transactions' (Sandu et al, 2021, p.9) were transcended, not only by emotional authenticity, but also by the staff surpassing the women's expectations in levels of support offered. This element of informality as influential in relationship building echoes findings from Sandu (2020), whose study on the impact of working relationships on marginalised young people found that engaging in normal, everyday conversations helped to foster a sense of mutual understanding and communicated a level of respect which in turn facilitated increased feelings of acceptance and validation. Where the women in the present study made reference to exceptional levels of attentiveness, perseverance and commitment from staff, which contributed to mending the trust which was previously shattered, and appeared to help the women to reconceptualise their sense of self in terms of their worth, esteem, and capabilities. Sandu (2020) also found that similar expressions of dedication, acts of kindness, and unwillingness to give up facilitated relationships where the young people felt wholly accepted and their emotional expressions normalised. The staff's ability to engender a sense of their reliability, via consistently authentic interaction, supports research which suggests this as a crucial skill and mechanism for professionals working with homeless individuals in the delicate process of trust building (Chen & Ogden, 2012). This may facilitate more open communication and higher levels of disclosure which allows professionals to garner more in-depth information about the individual and their difficulties, and in time allows the worker to be more directive in their interventions where appropriate (Chen & Ogden, 2012). The quality of these relationships may also have more long-term implications, as research points to increased positive

outcomes in housing stability amongst homeless populations, as well as changes to levels of openness to emotional experiencing, cognitive shifts, improved self-worth, and enhanced social connectivity (Sandu et al, 2021).

Regarding the importance of relationships which transcend typically formal, professional transactions, the analysis suggested that some of the women's accounts of their relationships with members of staff were akin to a parent-child bond, and that a secure attachment was the most sought-after relational style. This manifested in several ways, including accounts of a desire for close proximity to staff in times of threat, which according to attachment theory (Bowlby, 1969) echoes the infants' need for close proximity to their caregiver as a safe base from which to explore their environment and to where they are able to return for protection and comfort, and also is important in the initial formation of the infants' self-worth (Scharfe, 2017). These proximity and support-seeking behaviours manifesting in adult relationships are therefore functioning as a buffer to environmental stressors and emotional distress the women were exposed to, while reserving and increasing levels of psychological resilience (Mikulincer & Shaver, 2012). The quality of these relationships (Bowlby, 1973) for enhancing socio-emotional (re)development (Karakaş & Dağlı, 2019) further appeared to be evident in accounts of encouragement, empathy, and support which facilitated feelings of trust and validation, and practical support, such as cooking skills, which helped the women to (re)build tangible skills and their confidence in moving towards a more independent future – essential elements for the basis of an informal relationship (Chen & Ogden, 2012). There has been growing recognition of the importance of attachment theory and trauma to homelessness theory, research and praxis – for example, in the high levels of adverse childhood events, including neglect and abuse (Fitzpatrick et al, 2011) apparent amongst a high proportion of people experiencing multiple exclusion and homelessness (Fitzpatrick et al, 2011; Fitzpatrick et al, 2013) and the subsequent challenges they may face when attempting to access mainstream care (Hopper et al, 2010). Recognition of the experience of losing one's home, identity, way of life, and semblance of safety can be considered a trauma in itself (Goodman et al, 1991) has in part led to the development of the psychologically informed environment (PIE) for homelessness services, as initially developed by Keats et al (2011), which employ evidence-based, trauma-informed policy and practice and places democratic, healthy relationships at the heart of its approach (Breedvelt, 2016). It is unclear as to how many of the homeless services currently operating and utilising the PIE framework are also incorporating gender-informed responses into their service provision, however, the gatekeeper organisation involved in the current study clearly informed elements of gender-informed care as embedded within their service provision, as outlined in chapter three, section 3.3.3.

In addition to secure, trusting attachments as facilitating feelings of acceptance, validation and increased self-confidence, the analysis also suggests that these relational components may be critical in fostering greater levels of engagement with services, which in turn has important implications for homeless women's engagement with skills and educational pathways. This was achieved via a gradual process of establishing trust, communicating acceptance

which fostered a sense of validation, leading to increases in self-confidence. As demonstrated in the analysis, trauma and mental health difficulties were major barriers to some of the women feeling able to access group activities, which in turn can create significant barriers to gainful employment (Groton & Radley, 2021). What these findings help to emphasise is the slow, effortful, sometimes protracted process of building trusting relationships that may be necessary for engaging homeless women, which can not only facilitate cognitive and emotional shifts and changes in self-perception (Sandu et al, 2021), but may also begin to build a solid foundation of both committed engagement and concurrent emotional and physical recovery. As highlighted in the analysis, where there is a lack of holistic care, and women are prematurely moved into employment before they feel ready, this can have detrimental consequences for their psychological well-being.

Five out of the seven women in the current research were either working towards or engaging in educational, skills, or employment activities, however as previously highlighted, most had encountered significant obstacles, including mental health difficulties such as anxiety and PTSD, and fundamental issues of mistrust. The analysis suggested that a crucial part of overcoming these obstacles was a gentle, measured, paced approach which prioritises safe, healthy relationships. Where a safe, non-pressurising space is offered in the first instance, it may build confidence and open up doors for future engagement and opportunities. Conversely, and perhaps unsurprisingly, the analysis suggested that a failure of services to build relationships with women, particularly in the early stages of homelessness, and through a chronic lack of support may leave women reticent in asking for help, and doubtful as to their own self-efficacy, which in turn may make the process of engaging with skills and education groups even longer and more difficult to achieve. Understanding this finding in terms of attachment theory suggests that poor quality relationships which lack emotional safety and validation may lead to insecurely attached adults who experience greater levels of social isolation (Mikulincer & Shaver, 2012), and a precarious sense of self which can lead to greater levels of self-doubt and self-criticism (Mikulincer & Shaver, 2012).

5.6 Economic marginalisation during homelessness and restricted access to the labour market

The accounts in the analysis of highlight the potential deleterious impact of financial restrictions and marginalised socioeconomic status on ability to participate either in skills and education training, or in a meaningful and stable sense with the labour market. Acute financial difficulties appeared to create a sense of urgency for some of the women in accepting any kind of employment offered. However, in line with Bretherton and Pleace's (2019) findings, the work was often characterised by low pay, part-time hours, and contracted on a temporary basis, creating an unpredictability of income, difficulties in meeting the expenses of basic provisions, and ultimately housing insecurity (Bretherton & Pleace, 2019). This type of precarious economic existence, cycling through low quality work and unemployment (Shildrick et al, 2012) creates 'recurrent and dynamic' (Shildrick et al, 2012, p.12) experiences of

poverty which instil a fundamental instability in every aspect of the lives of those caught up in it. Employment is perpetually sought out in dispiriting succession, particularly where the nature of that employment is 'mundane and unpleasant' (Bretherton & Pleace, 2019, p.72) in order to stave off the risk of re-entering homelessness (Bretherton & Pleace, 2019). While some of the women were afforded a financial buffer, often in the form of welfare payments, which ultimately allowed them some breathing space, others appeared to be locked in a highly uncomfortable financial position which necessitated engagement with the labour market in any form available. These experiences raise important questions regarding the nature of skills training and education provided to homeless women and queries the utility of moving adults into work as a way of overcoming homelessness (Jones et al, 2020). The spurious claim that people can simply work their way out of poverty, and subsequent centralisation of employment, remains popular in political rhetoric, and has informed much of the UK welfare and homelessness policy (Jones et al, 2020), such as increases in welfare conditionality which ostensibly aim to reduce manipulation of the system or to enact work-related behaviour changes by sanctioning non-compliance with conditionality (Fletcher et al, 2016). Much of this policy is predicated on dichotomies of the deserving and undeserving poor and amplifies rhetoric around welfare as a lifestyle choice and its recipients so-called scroungers (Patrick, 2014) via notions of fairness, but also through state enforced stigmatisation (Redman, 2020). The ideological mantra of "work your way out of poverty" and subsequent policy decisions are demonstrably counter-productive for many wishing to achieve financial stability and security, having shown to impose social exclusion, stigmatisation, increased financial hardship, impacts on physical and mental health, and homelessness (Redman, 2020; Pemberton et al, 2017; Cheetham et al, 2019; Lowe & DeVerteuil, 2020; Batty et al, 2016).

The findings of the present study help to highlight the experiences of 'in-work homelessness' (Jones et al, 2020) amongst single, homeless women, and in line with Jones et al (2020), challenge the idea that employment provides a linear and comprehensive route out of homelessness, instead proposing short-termism as a potentially inadequate mechanism which individualises poverty rather than attending to systemic socioeconomic factors (Jones et al, 2020) and forces women into an insecure labour market - remaining in poverty, rather than facilitating their navigation of a meaningful pathway out of it. In line with research by Bretherton & Pleace (2019), findings of women in work and yet remaining in acute financial difficulty further serve to query the functionality of training programmes which are nominally deemed to be successful if they are able to help participants to find employment, despite being left in 'a liminal state between homelessness and housed' (Bretherton & Pleace, 2019, p.72). The analysis also points to the potential innumerable barriers to engaging with skills and education programmes and activities while struggling to survive experiences of the low pay no pay cycle (Shildrick et al, 2012) and in-work homelessness (Jones et al, 2020). These circumstances appeared to create a series of acute financial crises which demanded immediate attention, and therefore would presumably detract from time able to dedicate to education and skills training.

5.7 Learning environments, engagement, and trauma-informed care

The findings highlight the importance of learning environments which are able to foster a sense of choice and freedom for women in determining their own learning and development pathways and outcomes. One of the ways this appeared to be achieved was by placing the learning agenda in the hands of the women, and therefore centralising their agency in and control over the process in a meaningful way. The findings showed that this appeared to be evident at the very beginning of the engagement and relationship building process. There exist many barriers to homeless women seeking help, and initial engagement with services, including fear and anxiety, shame and perceptions of stigmatisation, insufficient information regarding service availability and admission criteria, language barriers, and a lack of mental health support (Maycock et al, 2015; Schofield, 2021). The rising popularity of the psychologically informed environment (PIE) - a professional environment premised on five, flexibly applied principles of practice which recognise and attend to the differing levels of trauma experienced by its clients (Johnson & Haigh, 2011) - and trauma-informed care, particularly in third sector organisations working with homeless populations reflects a growing recognition of the need for service provision which is able to identify and respond to such emotional and psychological needs in such a way that harnesses the potential in each human being for positive change and recovery (Johnson & Haigh, 2011). Some of the most important aspects of trauma-informed care are the ability to facilitate emotional safety and trust, which mandates that individuals feel in control of their emotional and physical environments (Knight, 2019). The findings demonstrated that feeling in control, and therefore having choice over the pace of initial engagement, may play an important role in developing confidence and promoting future engagement. While one of the women expressed some regret around non-attendance retrospectively, citing mental health issues as a barrier, it appeared that graded, slow steps, gentle encouragement instead of obligation-informed attendance, and initial contact with group environments characterised by informality (Sandu, 2020) and the provision of a warm and welcoming space were broadly successful in encouraging attendance.

Beyond initial engagement, another important facet of choice in the context of educational and skills training provision, was the women's ability to set their own learning agendas, following a similar framework explored in research by Bretherton and Pleace (2019) which included a cohort of chronically economically excluded homeless people, who were facilitated in making their own educational and training choices within a training programme which 'did not advocate or require a set of specific behavioural changes, nor work on the basis that an individual had to take any opportunity that presented itself.' (p.70). Similarly, women in the current research appeared to benefit from support and interventions which facilitated choice in providing a wide range of skills and education opportunities, including more conventional, employment-focused learning such as information technology literacy, creative learning activities, and importantly in also providing opportunities for them to pursue their own interests through more bespoke and individually tailored support, as evident in the findings in one of the women's accounts of the experiential and practical

support she received in following personally-held ambitions and career goals, which culminated in her enrolment on a higher education course. Further, (re)developing soft skills, and engaging in activities which prioritised creativity, self-expression, and fun were evident, and importantly appeared to be consistently available. As these types of skills groups do not immediately lend themselves to employability, in the way that literacy and numeracy skills may do, it is fair to surmise that employment-led programmes may be less inclined to consistently offer such arts based and creative courses, due to organisational structures, resources, funding, and employability targets. As research by Bretherton and Pleace (2019) demonstrated, in evaluating an employment programme for people experiencing homelessness which offered arts-based activities, as well as more formal and vocational training, where individuals were deemed to have made no progress, the service was gradually withdrawn over time. However, as Bretherton and Pleace (2019) note, the primary focus on employability may have been at the detriment of people experience chronic, long-term homelessness, who reaped alternative social and emotional rewards from their participation. While this type of skills engagement does not necessarily 'promote labour market activation' (Bretherton & Pleace, 2019, p.62), and therefore may be viewed as a lower order priority, it does have obvious and highly valuable alternative benefits, such as providing daily structure, social connectedness, and increasing feelings of emotional well-being (Bretherton & Pleace, 2019). The therapeutic value of participation in artistic and creative groups, as an opportunity for self-expression and social engagement, may increase motivation to attend (Thomas et al, 2011) as the participants begin to experience these benefits, developing positive and consistent routines, a greater sense of purpose, and goal-directed orientations (Thomas et al, 2011), therefore providing a useful initial basis for future potential learning, skills, and development pathways.

Going beyond this type of 'choice-led' (Bretherton & Pleace, 2019, p.60) framework, the current findings also highlight the potential benefits of facilitating meaningful autonomy, whereby staff take a step back and hand control of the decision-making processes in terms of skills group content over to the group participants, resulting in increased sense of empowerment. The concept of empowerment is often applied in healthcare policy and intervention, and although often overused and potentially misused in healthcare discourses (Perkins, 2010), in the context of the current study its application appears to be appropriate, as a mechanism to frustrate and resist the systemic oppression and exploitation of women (Dandona, 2015), and authentic, in the context of fostering 'mutual respect, critical reflection...and group participation, through which people lacking an equal share of valued resources gain greater access to and control over those resources; or a process by which people gain control over their lives' (Perkins, 2010, p.207). Service delivery which is actively shaped by those accessing the service is highly useful when working with oppressed groups as it positions them as experts in their own well-being and recovery, in opposition to the medical model which posits the professionals as experts (Helfrich & Fogg, 2007), thus potentially reinforcing an epistemological hierarchy in which oppressed groups are dismissed or silenced. This combination of intrinsic and extrinsic development – the focus on

individual recovery, and meaningful group and social integration via the process of empowerment can enable transformative, life-changing outcomes at individual and societal levels (Perkins, 2010) and did indeed appear to orientate many of the women in the present study towards educational, employment, and personal development pathways which were both meaningful and constructive to both themselves and their wider communities. In line with research which has noted that improvements in the well-being of people experiencing homelessness may precipitate an increased social participation and a desire to give something back to society through meaningful contribution (Dunleavey et al, 2012) the current findings highlight the importance of pursuing highly altruistic development goals which combined the women's intimate, lived experiences with a desire to assist others facing difficult circumstances. These altruistic goals, such as volunteering and third sector work, are often incongruous with the nature of the short-term, low paid work which many homeless women may be expected to accept in more employment-focused skills and training programmes, or where welfare conditionality requirements enact sanctions if available work is rejected (Bretherton & Pleace, 2019). These findings, in line with research by Schwend et al (2015), highlight the motivations of people experiencing homelessness to contribute to society in a meaningful way, rather than (re)enter a position in the labour market which confines them to further socioeconomic disadvantage and restricts material participation in social, cultural, and political life. Holistic recovery via empowerment can further disrupt individualised, neo-liberal constructs of poverty and homelessness as 'entirely self-inflicted' (Bretherton & Pleace, 2019, p.64) by fostering critical, connected communities who reject discourses of deficiency and failure (Feldman, 2019) and demand a greater collective autonomy. Further examples of agency could be distinguished in the current findings, where women chose to reject educational and employment focused pathways altogether, in favour of activities which they ascribed personal meaning and purpose (Kabeer, 1999), that is, recovery, a focus on mental well-being, and personal development. Again, this highlights the importance of women's right to choose how they engage with and participate in the labour market, and society more broadly, and to reject Post-Fordism economic ideology – 'the atomistic production line approach to maximising efficiency' (Johnson & Haigh, 2011, p.33). These women chose to utilise the welfare system to afford them some sense of financial security during a period where they felt the stressful and often uncertain world of employment would be damaging to their integrity of their well-being, and therefore seemingly eschewing stigmatising and mythical narratives of the precariat (Flint, 2019) in favour of reconstructing a more cohesive, valued sense of self (Gonyea & Melekis, 2017).

5.8 Limitations of liberties

5.8.1 Motherhood

Three of the women interviewed were mothers, without their children under their care, and who appeared to often have little or no choice around the discontinuation of this role once they had been rendered homeless. This finding

aligns with prior research on single, homeless women (Reeve et al, 2006; 2009) which found that a large proportion in one study, and all of the women in the following study, were mothers whose children were no longer under their care as either a direct or indirect result of becoming homeless. This finding further supports the suggestion that homeless children are being removed from their mothers' care upon being made homeless and being 'treated as 'single' in legislative terms (Reeve, 2018, p.170). These women are not being protected from homelessness as a priority need category by local authorities in England, as support 'often falls away when their children live elsewhere, even if they are elsewhere only because the mother has nowhere adequate to house them.' (Reeve, 2018, p.170). This was the case for at least one of the women in the present study, who described having her daughters removed from her care, and then losing guardianship of her son in quick succession, causing a rapid decline in her mental health, and a prolonged period of homelessness punctuated by abusive relationships.

It is largely speculative but also entirely reasonable to hypothesise that had this woman received appropriate early intervention, been offered housing, and been able to stay with her children, then the subsequent years chronic homelessness, transitory accommodation, trauma, and persistent decline in mental health may have been avoided, or at least the impact of compounding issues lessened. This finding also integrates with prior research (Reeve et al, 2006; Reeve & Batty, 2011) suggesting that single women are denied housing support for myriad reasons, including being misinformed about their entitlements or given poor quality advice and signposting, being actively discouraged from making applications, or being deemed not vulnerable enough – meaning that many may not 'even reach the point of application' (Reeve et al, 2006, p.75).

What this finding also helps to highlight is that single mothers experiencing familial homelessness may be being pushed into what Reeve and Batty (2011) describe as hidden homelessness – a highly marginalised section of the homeless population who can remain concealed from support and services, from wider housing policy, and often from the research data (Reeve & Batty, 2011). The hidden homeless, a population which the authors believe to be largely synonymous with single homelessness, is therefore potentially of relevance to all of the women interviewed for the current study. While none were "hidden" at the time of the research, evidence of their fluctuating trajectories through homelessness and a lack of a detailed history of each woman's homeless experience means they may have spent some time concealed from services. Further, Agnes' testimony points to roughly 11 years of being "hidden" and without help. While recent evidence (Watts et al, 2022) shows that the Homelessness Reduction Act (2017) is affording increased protection to single homeless people, the same report found that there remain many single housing applicants left without secure, settled accommodation. This may be explained in part by supply failing to keep up with demand in terms of affordable, social housing availability, with only 22% of local authorities in England feeling confident that new, affordable housing is available to meet the needs of homeless people (Watts et al, 2022).

The loss of children, and of the motherhood role, albeit temporary for some homeless women, may be particularly emotionally damaging when coinciding with the trauma of being made homeless, and as discussed can have serious implications for mental well-being, aggravated by the lack of gender and trauma-informed support available, as well as 'lower social support and a lack of social acknowledgment of grief following this form of loss.' (Kenny, 2018, p.304). Further, threats to cohesions of identity and a woman's sense of self emanating from a loss of emotional and physical attachment to home, which may engender low self-esteem and social isolation (Riggs & Coyle, 2002) may be complicated by a concurrent disruption to or severance of parental relationships and responsibilities, potentially leading to social stigmatisation and intrapsychic guilt and shame due to perceived failures in both parental and gender identity roles (Kenny, 2018; Reeve, 2018).

5.8.2 Restrictions of daily liberties

Comparable to discussions around the freedoms and choices which homeless people are or are not able to exercise around employment and financial independence, many interventions and working practices seek to modify what are framed as problematic behaviours (Watts, Fitzpatrick & Johnsen, 2018) and routines of homeless people in order to promote change, and engendering social control (Watts, Fitzpatrick & Johnsen, 2018). Examples of exercised control over homeless people, including the criminalisation of rough sleepers, are in stark contrast to what Watts, Fitzpatrick and Johnsen (2017) describe as "tolerant' agendas' (p.236) which centralise an ethos of unconditional positive regard, and thus an unwavering acceptance, and raises important questions around the autonomy of people experiencing homelessness and the potential ethical concerns surrounding exertions of power over the already marginalised and oppressed.

In the current research, some of the examples of surrendering control and having limited freedoms and choices were evidently and explicitly severely damaging – such as the examples highlighted around lack of choices of accommodation, motherhood, and job opportunities which the findings demonstrated to be further exacerbated by acute financial pressures and language and cultural barriers. Other such experiences of social control appeared to be more subtle, prosaic examples – Stella lamented her partner's visits to her accommodation being curtailed, and Flora struggled with regimented mealtimes - rather than explicit enforcement or coercion. However, their impact was significant nonetheless, with choices, freedoms, and routines severely curtailed, and where many women appeared to be compelled into gratitude for what little they might be given. Dietary limitations, for example, were referenced as reaping negative impacts on physical health, and restrictions on daily routine due to adherence to regimented timetables were seen by some as having a detrimental impact on emotional well-being.

Research has highlighted temporary homeless accommodation as a domain where individuals are often required to prove they are ready to be housed, by demonstrating their capacity to adhere to rules and regulations, with those

demonstrating non-compliance lacking the motivation or capacity for the changes necessary to live independently (Johnson & Pleace, 2016; O'Shaughnessy and Greenwood, 2021). This reflects a strong sense in the current findings of having to jump through hoops and adhere to the demands of others – be they individuals or organisations – manifesting as feelings of infantilisation amongst some of the women.

Using the example of homeless substance users, Gregory (2015) argues that:

‘. . .with adults. . .there should indeed be a presumption of individual autonomy. But this is still not to say that paternalistic judgement is never appropriate... We would of course want to intervene in a way that maximises the recipient's control and dignity – but we also do in fact sometimes know what is better for him.’ (p.345)

There is clearly a delicate balance to be struck between leaning towards care and towards control within particular service models, but there also needs to be careful, nuanced consideration of the impact of exerting power on oppressed groups, and of the potential harms to the health, well-being, and dignity of homeless people. The current findings highlight circumstances where explicit control is not necessarily enforced, but implicit control appears to be necessarily surrendered in order to navigate and ultimately exit the homelessness system, with notable detrimental impacts on health and well-being. The above quotation highlights the potential for vast power differentials to be enacted and maintained by staff working with homeless individuals within a paternalistic framework, but also what this, and the findings of the current research, also help to demonstrate is the importance of truly collaborative work, whereby homeless individuals actively shape the services they access. If different domains of homelessness services, whether in emergency accommodation or in educational and training settings, exercise power and control over the individual to the extent that they are rendered infantilised and experience a loss of control and autonomy in their own lives, then these environments risk replicating the social, economic, and political conditions which originally tipped them into homelessness. Women who obey by the rules may be permitted to access to safety, shelter, and the prospect of a roof over their head, but the feelings of powerlessness and despair – feeling dehumanised and trapped in a prison-like system, as reflected in the research findings – is likely not be conducive to long-term, meaningful recovery. Further, the proclivity to view women experiencing homelessness as a discrete and separate entity, and to deny them their capabilities as rational, autonomous actors, is tantamount to social Othering (Levinas, 1969) – further excluding them from mainstream society and maintaining hierarchies between the housed and the un-housed and positioning them as projects to be moulded into forms or social acceptability, or objects of enquiry.

This discussion has both critical feminist and social justice frameworks as ways to conceptualise single women's homelessness precipitated by, and an example of, gendered inequality and disadvantage. Its aim is to present a counter narrative to androcentric narratives of homelessness, the divisive rhetoric which claims individualised narratives of poverty, and unequal power differentials which render social stratification and homelessness as the

status quo. What is clear from the accounts of these lived experiences is that single women have highly differentiated trajectories throughout homelessness, experiencing inadequate provision and care – sometimes without the ability to call upon their support network for help. Further, the complexion of that care clearly matters greatly, where women's trust has been breached on multiple occasions, then an authentic, person-centred, trauma-informed approach in safe, gender appropriate spaces is necessary in order for professionals to facilitate meaningful, client-led, and autonomous changes. Crucially, both SJ and critical feminist frameworks can help us to recognise and respond to conditions of socioeconomic marginalisation which pervasively threaten security and mean single women may be unable to enjoy full social participation and contented lives.

5.9 Methodological strengths and limitations

One of the key strengths of this study is its ability to add to the notably scant knowledge base on the experiences of single, homeless women, of which there appears only to be a handful of dedicated studies in existence (Bretherton, 2020; May et al, 2007; Reeve et al, 2006; Watson & Austerberry, 1987). Furthermore, research on single homelessness as a phenomenon tends to focus on empirical and statistical evidence, presumably in attempts to plot the demographic makeup of this frequently hidden cohort and build a more comprehensive picture of their often unmet needs (Reeve et al, 2006). The present study's qualitative approach is able to go beyond enumeration, adding to prior research (e.g., Reeve et al 2006) which has fleshed out the finer detail of single, homeless women's daily lived experiences and perceptions – notably via the insights gained on the perceived utility of particular elements of help and support received, such as skills training and education. More broadly, this study is able to contribute to a growing body of research which considers gendered understandings of homelessness, by exploring some of the ways in which gender may impact how homelessness is triggered, experienced as a trajectory, and potentially exited (Bretherton, 2020).

It is not the intention of this research to provide commentary on single, homeless women broadly as a homogenous group through a lens of objectivity. Thus, the current research employs transferability by emphasising reflexivity and the subjective and active role of the researcher throughout the process – as discussed in chapter three, section 3.6. It could be argued that a further limitation of the scale of this research is the diminished consequential validity (Morrow, 2005), which in line with the paradigmatic tenets of this study's approach, measures the degree to which the objective of provoking social and political change may have been achieved (Mertens, 2007; Patton, 2002). Timeframe limitations, the scope of the research in the context of the doctoral programme in which it was undertaken, and my status as student researcher account for this limitation, however my ambition to disseminate the research aims to increase awareness of the experiences of this diverse group of women, and encourage greater interest and active participation by trainees and practitioners in the field of CP, by 'identifying sources of inequality and representing the

perspectives of those who have been silenced or disempowered' (Morrow, 2005, p.253). Finally, in the initial formulation of the research proposal I had planned to incorporate a longitudinal element, conducting two interviews with each participant, in order to capture the dynamic, fluctuating, and unstable elements of the experiences of homelessness, rather than focusing on a fixed element or 'snapshot' (Williamson et al, 2014, p.70) of homelessness. However, as the research was conducted during the COVID-19 pandemic, where lockdowns and restrictions on movement severely hampered my attempts to source a suitable gatekeeper organisation initially, time constraints made this option unviable. Despite this limitation, I am hopeful that the analysis has been successful in capturing detailed findings across a variety of different domains of a homeless experience and presenting a non-voyeuristic glimpse of these experiences to the reader.

Another potential limitation is the differential involvement of each woman during the interview process. As noted in chapter three (section 3.4.2), while interviews were initially proposed as 60-minutes in duration, in actuality interview lengths ranged from 14 to 170 minutes. Differences in duration were partially attributable to practical factors, such as the women's competing engagements. While many researchers working within homelessness recognise a certain level of instability due to life circumstances (Williamson et al, 2014) which may make organising and conducting research interviews more challenging, happily it was also evident that some of the women were juggling busy schedules and other commitments, such as attending skills groups and workshops, spending time with family or friends, and generally engaging wholeheartedly with the services provided by the gatekeeper organisation and those offered in the wider community. It was important for me to respect these commitments, so as not to detract from their range of important benefits, and also to respect each woman's wishes with regards to the breadth and depth of detail she wished to disclose. As such, a non-directive ethos was employed, akin to that evident in a person-centred therapeutic relationship, in order to minimise my own influence or agenda (Moon & Rice, 2012) during proceedings, and to maximise the influences and agendas of the women, in alignment with the paradigmatic, epistemological, and theoretical standpoints of this research, whereby a democratic space for knowledge production is prioritised. Furthermore, I was able to reflexively consider the quality of the relationship cultivated with each woman, and the extent to which this quality may have impacted upon the research findings. I compare this to the therapeutic concept of relational depth – that is, the extent to which 'a flowing, bi-directional encounter' (Cooper, 2007, p.87) is achieved whereby the interviewer realises a greater level of clarity and immersion within the dialogue and process, and the interviewee is potentially more freely able to express their innermost experiences (Cooper, 2007). Limitations regarding the extent to which I was able to establish a pre-interview relationship with the women, generated and exacerbated by the COVID-19 pandemic, undoubtedly played a significant role. However, the arrangement of informal meetings via remote video conferencing software and my therapeutic, relational training and experience meant that I was able to diminish the impact upon the quality of the findings. Further, while some of the lengthier, more in-depth

interviews where I felt relational depth was achieved provided incredibly detailed data, this does not in my opinion detract from the shorter interviews. These interviews contributed enormously to the richness and breadth of the overall dataset and to my own understanding of everyday experiences of homelessness, which in turn render these interviews as valued and highly valuable contributions in challenging androcentric understandings of homelessness.

5.10 Reflexive statement

In the introduction (chapter 1), I provided a reflexive statement outlining my own personal and professional positionality in relation the research topic, and my interest in it. I also outlined reflexivity as embedded in the methodological approach of this study in chapter three (section 3.8), particularly in relation to an awareness of power differentials between the researcher and the researched, and therefore it feels appropriate to return to these ideas and address these issues in the concluding chapter. I experienced a keen awareness of power differentials within the research context, between my academic enquirer orientation and the women's' position as participant. However, for me, the label of participant is reminiscent of cold, scientific detachment and denotes an object to be observed, measured, poked, and prodded – hence why I have tried to avoid usage of this word where possible. Going into the interviews, while outlining my role, experience, and interest in homelessness, I made a concerted and explicit effort to position myself as learner, rather than expert, in order to subvert typical epistemic knowledge hierarchies – chiefly because I do not believe I can claim true expertise over someone who has direct experience of the phenomena at hand.

In chapter three, I outlined the transformative paradigm in which this thesis is situated, and its aim to engender tangible change for oppressed groups (Mertens, 2007). Although I highlighted the potential diminished consequential validity (Morrow, 2005) of this thesis in the previous section (5.9), reflecting on the process of this project altogether – the interviews and data generated from them in particular – has allowed me to consider what changes I hope to see for single, homeless women in the future, and how I may play a role in affecting them. Firstly, I hope this thesis may act as a springboard from which to publish further papers and promote CP's contribution to existing knowledge of single women's homeless and gendered understandings of homelessness broadly. Conducting this thesis has also given me much to consider around notions of exiting homelessness, and what constitutes meaningful recovery. It appears to me to be a complex, highly personal, and political picture, which goes beyond simply obtaining housing and employment – especially so when women face chronic economic marginalisation which may confine them to prolonged experiences of poverty and insecurity. I believe holistic recovery from homelessness necessitates critical examination and disruption of this systemic oppression. I have also become more aware of the levels of trauma associated with the homeless trajectory and feel that CPs have an important role to play – both in early intervention to prevent some of the more harrowing experiences described in this thesis, and to provide a place of psychological

safety during and after the homeless experience. If I am lucky enough to return to the homeless sector as a qualified CP, I hope to use this knowledge to promote awareness amongst colleagues and use my privileged position to influence the way services are delivered.

5.11 Implications for counselling psychology

The current study is able to add to a small body of literature within CP which explores the issues of homelessness (e.g., Bentley, 1997; Howe et al, 2022; Riggs & Coyle, 2002), and furthermore responds to Hore's (2013) call for CPs in the UK to consider homelessness a matter of SJ, and for the profession to explicitly adopt a SJ agenda in order to address the concerns of marginalised communities facing systemic inequality and oppression (Hore, 2013). From my clinical and research experience during the doctoral programme, I would emphatically agree with Hore's premise, and argue that CP's central humanistic values (Cooper, 2009) are able to offer homeless women a uniquely democratic and empowering space geared towards growth and understanding the client as a subjective, unique, and socially, culturally, and historically embedded human being (Cooper, 2009). The findings of this study demonstrate the benefits of forming therapeutically authentic, safe, and warm relationships with homeless women, while also critically acknowledging and challenging the socioeconomic inequities which have made becoming homeless more likely, and successfully exiting it more challenging. However, this is more likely to be achievable for the profession if it embraces SJ as inherent to its identity, as currently there appears to be a crucial lack of shared understanding and consensus (Hanley & Winter, 2015) as to how a SJ framework might be envisaged and enacted, and a 'culture of silence' (Winter, 2019, p.309) particularly around the more politicised elements of the work. CPs and training programmes ought to get comfortable with these thornier elements, in challenging and working towards disrupting the ideological systems which push women into positions of economic marginalisation and social exclusion. If CP recognises that homeless women can be 'disempowered' (Hore, 2013, p.20), and that this often has devastating implications for their health and well-being, then therapeutic and research endeavours to facilitate empowerment may risk being fruitless while offering sporadic and piecemeal contributions to knowledge, instead of offering a cohesive, collective critique. That is not to say there is absolute inertia in the field, but I suspect that potentially for trainees, undertaking placement in a homeless setting may be fraught with the risk of too few hours where attendance may be low and the pressure for trainees to accumulate 450 clinical hours is enormous. Furthermore, inconsistent exposure to issues of SJ in CP training (Winter, 2015) will result in missed opportunities raise the consciousnesses (Goodman et al, 2004) of trainees to the complexities of the homelessness issue as a matter of relevance to the profession. I believe that critical understandings of homelessness should be added to the curriculum of all doctoral training programmes in the UK, and trainees should be supported creatively and responsively in gaining their clinical hours in such placement settings – for example, ensuring flexibility in gaining clinical hours where trainees engage in street outreach work, informal interventions, and pre-therapy engagement.

5.12 Directions for future research

The current research aims to view the experiences of single, homeless women through a broad lens, particularly regarding RQ 1 (what have been the experiences of single, adult women during their homeless trajectories) and therefore has been able to capture a range of findings which warrant further investigation. However, there is still much we do not know and therefore I would suggest that the task for qualitative researchers may be to undertake larger scale studies, incorporating a longitudinal design element to capture the breadth and depth of these experiences, and that an approach such as the one utilised in the research. Alternatively, critical participatory action research would offer a highly relevant, democratic, and equitable approach to knowledge production (Fine et al, 2021). This would be particularly useful when building upon the findings of this study which suggest that going beyond 'choice-led' (Bretherton & Pleace, 2019) frameworks in skills and educational pathways, to embrace the inclusion of wholly service user designed programmes which facilitate homeless women in positioning themselves as agentic decision makers, may have positive and transformative effects for the well-being of the individual and for their wider community context. Furthermore, a broader understanding of single women's homelessness would provide much needed evidence to inform the development of gender informed frameworks for frontline staff.

I would also suggest that further testimony is needed regarding the dangers of temporary accommodation for single women, with particular attention paid to how these experiences may be mediated at an intersectional level to create unique experiences of threat and danger, for example amongst homeless women with low or no levels of English language proficiency. Further research is also needed to understand why single women are being failed in the provision of adequate protection, both before and during homelessness, and specifically their experiences in approaching local authorities for housing support following on from the introduction of the Homelessness Reduction Act (2017), which has placed new duties of prevention and relief on councils in England. While this legislation has been demonstrably beneficial to single homeless people (Fitzpatrick et al, 2019), further evidence is needed to understand why some single women, and women with dependent children, are not meeting the criteria for housing duty, and I would argue that qualitative accounts which adopt a critical framework are likely to yield the most detailed, nuanced picture, in the context of the UK's current housing and economic crisis. Similarly, I would suggest that further SJ orientated research is needed to better understand the socioeconomic determinants of homelessness for single women, looking specially at key areas of economic marginality, such as experiences of in-work homelessness, (Jones et al, 2020) and welfare retrenchment, on women's ability to avoid being pushed into homelessness, as current understandings of the relationship between labour market participation, welfare regimes and homelessness are often overwhelmingly androcentric (Bretherton et al, 2016). For example, critical feminist research examining the ways in which single women have experienced homelessness due to the impact of the bedroom tax, building upon the findings of the current study, and that of Greenstein et al (2016) would be advantageous, by explicitly providing a

counternarrative to the ideological positioning of austerity as economic necessity – an argument which is vital in the current climate.

The findings were able to highlight that rough sleeping does occur amongst single, homeless women, however, due to high levels of stigma and shame associated with homelessness and especially rough sleeping (Reeve et al, 2006), it is possible that this had been experienced by a higher proportion of women in the present study. Research which focuses expressly on single women and rough sleeping would offer a valuable contribution, and also resist the erasure of women from our understanding of rough sleeping through underrepresentation in the data and exclusion from enumeration (Pleace, 2016), due to erroneous assumptions around women's experiences of homelessness (Reeve, 2018).

5.13 Implications for practitioners and frontline staff working with single homeless women.

Arguably the one of the most significant findings for professionals working with homeless women regards the nature and quality of relationships formed, in that they are safe, authentic, and meaningful, and embody the core tenets of a humanistic therapeutic relationship, in order to facilitate psychological safety, trust, engagement with a variety of support, and empowerment. Service funding and provision should be consistently working in line with the PIE framework, and all frontline staff should be trained in trauma-informed approaches, including the importance of attachment theory to these relational approaches. Further, more funding is required for the development and adoption of gender-informed service provision, such as access to safe and rapid rehousing - such as that offered under the Housing First approach - should be utilised by all organisations supporting homeless women (Bimpson et al, 2021), particularly where there is a risk of women falling into the category of hidden homeless.

With regards to safeguarding concerns, staff working across the homelessness sector, and particularly those within night shelters and other forms of temporary accommodation, should also receive gender informed training, particularly in paying attention to the signs of abuse and exploitation. What is also clear is that all staff should be sensitised to the risk of exploitation of women from other professionals, and there is the necessity strong multi-agency working and clear whistleblowing procedures in these instances to prevent further harm. Instances of exploitation in refuges highlighted in the findings also show the need for available interpreter services, across all organisations. Not only are these vital in helping non-English speaking women to feel more confident and in control of their situation and in decision-making processes, but can also prevent women who self-categorise as vulnerable from being otherwise silenced, which is crucial where there is the potential for harm, abuse, or exploitation. All homelessness services should aim to offer at least one women-only space, but this is particularly important for in accommodation spaces, providing a place of relative physical and psychological safety, and mitigating the risk of violence and harm.

Consistent funding should also be allocated directly into mental health provision for all organisations across the

homelessness sector, meaning women can have access to specialist, trauma-informed interventions, and support. CPs are able to offer homeless women a unique therapeutic space, which aims to address fundamental power imbalances (Jarrett, 2010; Winter, 2019), which may alleviate the effects of experiences where liberties and freedoms have been curtailed, rendering homeless women temporarily without agency and infantilised. CPs (and all practitioner psychologists) should also be seeking out and attempting to implement new and perhaps unorthodox ways of working with single, homeless women which do not reproduce those systemic inequalities (Pare, 2014) and conditions of marginalisation and oppression which gave rise to their homeless experiences, and be ever awake to the dangers of doing so. Responses to psychological distress which take a SJ, systemic perspective may be a sound way to achieve this, as well as embodying reflexivity within practice, engaging in meaningful collaboration, and working at community levels (Meyer & Young, 2021). Doing so may provoke a shift in focus from individual, stigmatising pathology and towards interventions which may engender personal, group, and community growth and recovery. Despite the perhaps well-founded accusations of navel gazing and 'looking inward' (Lane, 2016, p.xxi) as a profession over the years, CP may do well to earnestly evaluate its identity in relation to the medical model and ask itself how 'radical' (House & Feltham, 2015, p.164) it really wants to be. Finally, it is important that funding for adult education is increased for services supporting homeless adults, meaning focus may be shifted from solely employment-focused pathways, and towards a broader remit and skills and educational pathways which align with the interests and values of homeless women, and may incorporate more creative and innovative learning strategies to better meet specific needs and overcome barriers, such as those identified in the discussion regarding the learning needs of non-English speakers. Doing so can engender transformative effects on well-being and facilitate women in pursuing meaningful and rewarding life goals.

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Appendix 1: Recruitment poster



Volunteers needed for
research project on women
and homelessness!

Are you a woman with experiences of homelessness? If you are over the age of 18, and have no dependent children in your care, we would love to speak to you.

What will I be asked to do?

- One 60-minute, remote interview.
- You will not be asked to disclose any information you do not feel comfortable with.

Why take part?

- We hope this study can help give better understanding of your lived experience, from **your** perspective.
- We hope to make this a shared learning experience, so will ask for your opinions and feedback on different elements of the research process, if you are comfortable to share them.

Important Information!

- Please be aware that your participation in the study will remain anonymous.
- Access to services and support will **NOT** be affected if you choose not to participate.

For more information about this study, or if you wish to take part, please speak directly with your key worker or a member of staff at The Goodall Centre. Alternatively, you can email the researcher directly at: emily.lecouteur@postgrad.manchester.ac.uk

Appendix 2: Participant inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> – Adult women (aged 18+) – Women who are accessing support and/or services at the gatekeeper organisation. – Current or prior experience of homelessness. – Classed as 'single homeless', i.e., do not have children under their care. – An appropriate level of verbal fluency in English. 	<ul style="list-style-type: none"> – Current illicit drug use, for example, if they are known users of a drug with a long half-life, the effects of which may impair their judgment or ability to participate in the interviews (e.g., benzodiazepines). – A known history of violence or aggression (e.g., towards staff members). – Certain mental health difficulties, for example a severe mental illness (e.g., paranoid schizophrenia) of which the symptoms may preclude them from giving full informed consent.

Constructing the Interview Schedule

Interview Question Development Protocol:

What are the RQs? Write down broad areas of knowledge that relate to answering these questions.

Develop questions in each of these areas, shaping them to fit the different kinds of respondents – tap into experience and expertise.

Adjust language accordingly.

Develop probes to elicit elaboration.

Begin with warm up questions, which may only pertain to the larger research questions.

Think about the logical flow of conversation.

Aim to provide a sense of closure and/or empowerment in the last question.

The interview protocol framework is comprised of four-phases (Castillo-Montoya (2016):

- ✓ Phase 1: Ensuring interview questions align with research questions,
- ✓ Phase 2: Constructing an inquiry-based conversation,
- ✓ Phase 3: Receiving feedback on interview protocols
- ✓ Phase 4: Piloting the interview protocol.

Interview schedule can be broad and flexible, including general topics/areas to be covered, specific questions, and prompts.

RQs:

Q1: What have been the experiences of single, adult women, moving through homelessness while accessing support at a specialist service?

Q2: What do single, adult homeless women feel has been helpful when accessing adult education and 'basic skills' courses through a specialist service?

Q3: What do single, adult homeless women feel has been unhelpful when accessing adult education and 'basic skills' courses through a specialist service?

Areas relating to the RQs:

What does it mean to be homeless – definitions and categorisations vs subjective perceptions of homelessness. How do women who have experienced homelessness define and describe it?

What is homelessness like - what does homelessness *look* like? Has it been linear or more complex? What is daily life like – the struggles and challenges *and* resources needed to overcome them.

What causes homelessness for women in particular? How might this be different for women?

Services – what is accessed and why? Thinking about what might make women more or less likely to access homeless services. What does a good service look like/what does a bad service look like?

Employment, skills, education – is this a viable route out of homelessness in the current climate? Are more skills/greater levels of education and training helpful? Needs in terms of training – women may already hold training/education – are these being utilised. Do they *want* to work, or feel *able* to work? Education or employment may not be subjectively important – what do they want? What helps/doesn't help? Welfare

may play a role – impact of reforms and difficulties navigating the system, or helpful way to support self in ‘independent’ living. Thinking about what is helpful in moving towards an autonomous and fulfilled life.

Identity – how does being a woman impact the homeless experience? Age? Ethnicity? How might these identities overlap and create particular disadvantages?

Feedback and Piloting:

Seek feedback from research supervisor, discussing suitability of questions (topics/wording/order) and amend as necessary.

Pilot interview with doctoral colleague over Zoom session. Seek feedback and amend as required.

Interview Questions

Optional Demographic Questions:

Age/race/ethnicity/sexuality.

Introductory Questions

1. In your experience, why do you think women become homeless?
2. What does ‘home’ mean to you?

Transition Questions

3. How would you describe your current/past housing situation?
4. Describe a typical day in your life (Grand Tour Question, Spradley, 1979)

Key Questions

5. What is it like for you being a homeless woman? (Grand Tour Question, Spradley, 1979)
6. Thinking about your experiences, what would say are the most difficult things about being homeless?
7. Tell me about the services you access at the centre.

Follow up: In what ways do you feel the services help you, or could be improved?

8. Tell me your opinion on gaining education and new skills as a way of helping people out of homelessness.

9. Can you describe any of your needs in terms of skills and education?

10. Do you think your education and skills needs are being met?

Follow up: If yes, can you tell me a bit more about how? If no, can you describe what else would help you?

11. In what ways do you feel money has affected your current/past housing situation?

12. What have your experiences been like in looking for a job?

13. Do you feel that your identity (ethnicity/sexuality) has impacted your particular experiences of homelessness in any way?

Closing Question

14. As a homeless woman, what type of support would help you to feel valued and/or empowered?

END: Are there any areas, topics or questions we have not covered today which you feel are important to your experience?

Interview Protocol Matrix

Interview Question	Introductory/Background	RQ1	RQ2	RQ3
1	X			
2	X	X		
3		X		
4		X		
5		X		X
6		X		X
7		X		X
8		X	X	
9			X	
10			X	X
11		X	X	X
12		X		X
13		X		X
14		X		X
15			X	X

Prompts/Probes/Clarification

Could you tell me more about...?

When you say...do you mean...?

How so?

When/where...?

How do you feel about that?

What does that mean to you?

Repeating a key term from the respondent's last remark as a question (Leech, 2002).

NB – potential participants will be given advanced sight of one of the questions in this schedule. This is outlined in the Participant Information Sheet (PIS).

‘Gender, homelessness and support: a qualitative exploration into the lives of single, adult women with experiences of homelessness in the North West’

Participant Information Sheet (PIS)

You are being invited to take part in a research study exploring the experiences of single, adult, homeless women accessing support in the North West. This study is being conducted as part of a professional doctorate in counselling psychology programme at The University of Manchester. Before you decide whether to take part, it is important for you to understand why the research is being conducted and what it will involve. Please take time to read the following information carefully before deciding whether to take part, and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Thank you for taking the time to read this.

About the research

➤ **Who will conduct the research?**

The current research will be conducted by Emily Le Couteur; School of Environment, Education and Development; The University of Manchester. The research supervisor will be Dr Laura Winter.

➤ **What is the purpose of the research?**

This research aims to better explore the experiences of single, adult homeless women in the North West, particularly experiences of accessing specialist support and education/skills courses. This is a greatly under researched area, and women are often missing from some official homelessness data, so it is important that we begin to know more about what life is like for this group of women. It is also hoped that we can understand what more professionals can do to support and meet the specific needs of women experiencing homelessness.

You have been identified as a potential candidate for this study due to access of services at The Goodall Centre. The project aims to recruit a further 7-15 women of adult age (18+) who are currently experiencing or have previously experienced homelessness.

➤ **Will the outcomes of the research be published?**

The outcomes of this study may be published in peer-reviewed academic journals or presented at research conferences. All participant information will be fully anonymised in the final report.

➤ **Disclosure and Barring Service (DBS) Check**

The researcher has undergone an enhanced DBS check, obtained by the University of Manchester.

➤ **Who has reviewed the research project?**

The current project has been subject to a full University Research Ethics Committee (UREC) Review.

What would my involvement be?

➤ What would I be asked to do if I took part?

If you decide that you would like to take part in this study, you will be invited to take part in a 60-minute interview with the researcher, either via video conferencing (Zoom) or by telephone. It is up to you to select which you would prefer. If the interview is by telephone, the researcher will call you, and a phone can be provided by The Goodall Centre to ensure that you do not incur any costs. If the interview is by Zoom, you will be given access to a suitable device (e.g. computer/tablet). There will be a short break approximately halfway through the interview.

Each interview will involve the researcher asking you questions about your experiences of homelessness. You will also be asked about your experiences of and thoughts on education and skills courses which you have accessed.

An example of a question you will be asked is: **thinking about your experiences, what would you say are the most difficult things about being homeless?** Other topics will include housing, employment, money and services you access at The Goodall Centre.

During the interview you will be in a quiet, private room at The Goodall Centre or partnership organisation, to ensure your comfort and privacy while talking to the researcher. The time and day will be arranged prior to the interview taking place, and at a time that is convenient to you. You may have someone accompany you to the interview if you wish – please inform your keyworker of this, as they will need to comply with The Goodall Centre's current COVID safety rules.

At the beginning of the interview, the researcher will make sure you are happy to continue, and will check that you are happy for your data to be used at the end.

You are free to stop the interview at any time. Please speak to the researcher if you experience any distress during the interview. A member of staff will also be on hand to ensure your mental well-being is being looked after. You will also be signposted to any relevant organisations should you experience any upset or distress when talking about your experiences. Your safety is paramount.

Please note, if you do suffer any mental distress after the interview, please speak to your key worker, or a member of staff.

After the interview has concluded, you are not required to do anything else as part of this study. However, your experiences and opinions are extremely important to us, so you will be invited to take part in a member checking process – this means giving feedback on the themes/findings of this study. If you consent to take part in this process (see Consent Form no.9), your key worker will provide you with material from this study's analysis. You will be asked to provide general views and comments, if you feel it reflects your experiences accurately, and if you feel any material should be edited or removed. You will be provided with a sheet to give as much or as little feedback as you wish, which you will then return to your key worker to email securely to the researcher. If you would prefer to give your feedback over the phone, the researcher will arrange to call you for a discussion at an agreed time. This process should take *up to* 30 minutes, depending on how much feedback you wish to give. It is important to note that you are not obliged to give any feedback if you do not wish to. This is **optional**.

Please note that it will not be possible to remove your data from the study once it has been anonymised.

If you have any questions during the research process, or feel that you need any additional support due to your involvement, please contact the researcher directly (contact details can be found at the end of the form), or speak to a member of staff and you will be directed to the appropriate person/organisation.

➤ **Will I be compensated for taking part?**

The research team are unable to provide compensation for your participation in the study.

➤ **What happens if I do not want to take part or if I change my mind?**

It is important that you know that your rights to access any help and support through The Goodall Centre, or any other organisation will **NOT** be affected if you do not wish to take part in this research.

Please be aware that it is up to you to decide whether or not to take part. A member of staff will ask you whether you wish to take part in the study and inform the researcher of your decision. This will stop the researcher contacting you directly, if you do not wish them to do so. Alternatively, you can contact the researcher with the contact details at the end of this form to express your interest.

If you do decide to take part, you will be given this information sheet to keep, as well as a copy of the [Privacy Notice for Research](#). You will also be asked to sign a consent form and will be asked for verbal consent prior to beginning each interview. If you decide to take part, you are still free to withdraw at any time without giving a reason and without detriment to yourself. However, it will not be possible to remove your data from the project once it has been anonymised as we will not be able to identify your specific data. This does not affect your data protection rights. If you decide not to take part, you do not need to do anything further.

If you chose to decline the audio recording of your interview, then you will not be able to continue participation in the study. Please note that no video recordings will be made as part of this research. It is very important that you are comfortable with the audio recording process, and you should be aware that you are free to ask that the recording be stopped at any time during the interview.

Data Protection and Confidentiality

➤ **What information will you collect about me?**

As part of the research, we will ask to collect information that could identify you, called “personal identifiable information”. This is optional. Specifically, we will ask to collect:

- Full name
- Temporary address (if applicable)
- Email address (if applicable)
- Telephone number (if applicable)
- Ethnicity
- Sexual orientation

➤ **Under what legal basis are you collecting this information?**

We are collecting and storing this personal identifiable information in accordance with UK data protection law which protect your rights. These state that we must have a legal basis (specific reason) for collecting your data. For this study, the specific reason is that it is “a public interest task” and “a process necessary for research purposes”.

➤ **What are my rights in relation to the information you will collect about me?**

You have a number of rights under data protection law regarding your personal information. For example, you can request a copy of the information we hold about you, including audio recordings.

If you would like to know more about your different rights or the way we use your personal information to ensure we follow the law, please consult our [Privacy Notice for Research](#).

*Please note, you will be given a physical copy of the Privacy Notice for Research, with your physical copy of this sheet (PIS).

➤ **Will my participation in the study be confidential and my personal identifiable information be protected?**

In accordance with data protection law, The University of Manchester is the Data Controller for this project. This means that we are responsible for making sure your personal information is kept secure, confidential, and used only in the way you have been told it will be used. All researchers are trained with this in mind, and your data will be looked after in the following way:

Your personal data will only be accessible to the research team at The University of Manchester. You will be assigned a random ID number which replaces your name will be used to identify your data (pseudonymisation). Only the research team will have access to the key that links this ID number to your personal information. All data will be securely encrypted and stored in secure, university approved storage. Audio data will be stored securely and separately from your personal identifiable information, and deleted from devices after transcription. Your consent form and contact details will be retained for 5 years in line with the standard data retention period. This information will not be used to contact you for future studies and will not be shared with any other organisation or third party.

For audio recordings:

Audio recordings obtained during the interview will be transcribed by the primary researcher. Final transcripts will be pseudonymised (will contain your random ID number and no personal identifiable information. Recordings will be made on a University of Manchester encrypted audio recording device, which will be transferred to secure storage and immediately deleted from the device. You will be asked at the beginning of the interview not to state your name or any other personal identifiable information during the recording. When in secure storage, only the research team will have access to the recordings.

Potential disclosures:

There may be instances where information is revealed during the interviews which means that confidentiality may have to be breached in order to ensure the safety of the participants and third parties. This includes the following:

- ✓ If, during the study, we have concerns about your safety or the safety of others, for example disclosure of suicidal thoughts, we may inform your GP/key worker.
- ✓ If, during the study, you disclose information about any current or future illegal activities, we may have a legal obligation to report this and will therefore need to inform the relevant authorities. Examples of this include: terrorism; money laundering; serious, immediate threat to others.
- ✓ If, during the study, there are disclosure of, or concerns about abuse, your key worker or a member of staff will be informed in line with Liverpool City Council guidelines.

Please also note that individuals from The University of Manchester or regulatory authorities may need to look at the data collected for this study to make sure the project is being carried out as planned. This may involve looking at identifiable data. All individuals involved in auditing and monitoring the study will have a strict duty of confidentiality to you as a research participant.

What if I have a complaint?

➤ **Contact details for complaints**

If you have a complaint that you wish to direct to members of the research team, please contact:

Dr Laura Winter CPsychol

Ellen Wilkinson Building, A6.14, The University of Manchester, Oxford Road, Manchester, M13 9PL.

Laura.winter@manchester.ac.uk

+44 (0)161 275 3432

If you wish to make a formal complaint to someone independent of the research team or if you are not satisfied with the response you have gained from the researchers in the first instance then please contact:

The Research Ethics Manager, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester, M13 9PL, by emailing: research.complaints@manchester.ac.uk or by telephoning 0161 306 8089.

If you wish to contact us about your data protection rights, please email dataprotection@manchester.ac.uk or write to The Information Governance Office, Christie Building, The University of Manchester, Oxford Road, M13 9PL at the University and we will guide you through the process of exercising your rights.

You also have a right to complain to the Information Commissioner's Office about complaints relating to your personal identifiable information.

Tel: 0303 123 1113

<https://ico.org.uk/make-a-complaint/>

If you wish to view the Information Commissioner's Office guidance on complaints, please use the above link. If you do not have internet access, please ask your key worker or a member of staff.

Contact Details

If you have any queries about the study, or if you are interested in taking part, then please contact the researcher:

Emily Le Couteur

emily.lecouteur@postgrad.manchester.ac.uk

Please note, you may also inform your key worker if you wish to take part in the study, and they will contact the researcher on your behalf.

Additional information in relation to COVID-19

You will be given the option to participate either through Zoom (online) or by telephone. If you chose to participate via Zoom, your participation will be recorded in Zoom and your personal data will be processed by Zoom. This may mean that your personal data is transferred to a country outside of the European Economic Area, some of which have not yet been determined by the United Kingdom to have an adequate level of data protection. Appropriate legal mechanisms to ensure these transfers are compliant with the Data Protection Act 2018 and the UK General Data Protection Regulation are in place. The recordings will be removed from the above third party platform and stored on University of Manchester managed file storage as soon as possible following the completion of data collection.

Due to the current COVID-19 pandemic, we have made some adjustments to the way in which this research study will be conducted that ensures we are adhering to the latest government advice in relation to social distancing as well as taking all reasonable precautions in terms of limiting the spread of the virus. You should carefully consider all of the information provided below before deciding if you still want to take part in this research study. If you choose not to take part, you need to inform research team. If you have any additional queries about any of the information provided, please speak with a member of the research team.

Are there any additional considerations that I need to know about before deciding whether I should take part?

The time and location of the interviews will be arranged at your convenience. You will not come into physical contact with the research team or any other participants during the interviews. Please avoid using public transport to travel to the location unless absolutely necessary. Once at the location, you will be provided with a face covering (unless you are exempt from wearing one), and asked to keep two-metres apart from any staff you come into contact with. Hand sanitiser will be provided.

Please do not take part if you are considered clinically vulnerable or have COVID-19 symptoms.

What additional steps will you take to keep me safe while I take part?

Any equipment you are asked to use (telephone or computer/laptop/smart tablet) will be disinfected before use. As noted above, you will be given a face covering upon entering the interview location (unless you are exempt), and hand sanitiser will be provided. Please adhere to social distancing rules where possible (keep two metres apart).

What if the Government Guidance changes?

The research team will monitor the ongoing COVID-19 situation and comply with any current government guidance. As this study will be conducted online or by telephone, there should be minimal disruption. However, if circumstances change and impact your participation, you will be informed immediately.

What if I have additional queries?

For any additional queries about the above information, please contact:

Emily Le Couteur

emily.lecouteur@postgrad.manchester.ac.uk

OR

Dr Laura Anne Winter

Laura.winter@manchester.ac.uk

+44 (0)161 275 3432



'Gender, homelessness and support: a qualitative exploration into the lives of single, adult women with experiences of homelessness in the North West'

Participant Information Sheet (PIS)

You are being invited to take part in a research study exploring the experiences of single, adult, homeless women accessing support in the North West. This study is being conducted as part of a professional doctorate in counselling psychology programme at The University of Manchester. Before you decide whether to take part, it is important for you to understand why the research is being conducted and what it will involve. Please take time to read the following information carefully before deciding whether to take part, and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Thank you for taking the time to read this.

About the research

➤ **Who will conduct the research?**

The current research will be conducted by Emily Le Couteur; School of Environment, Education and Development; The University of Manchester. The research supervisor will be Dr Laura Winter.

➤ **What is the purpose of the research?**

This research aims to better explore the experiences of single, adult homeless women in the North West, particularly experiences of accessing specialist support and education/skills courses. This is a greatly under researched area, and women are often missing from some official homelessness data, so it is important that we begin to know more about what life is like for this group of women. It is also hoped that we can understand what more professionals can do to support and meet the specific needs of women experiencing homelessness.

You have been identified as a potential candidate for this study due to access of services at The Goodall Centre. The project aims to recruit a further 7-15 women of adult age (18+) who are currently experiencing or have previously experienced homelessness.

➤ **Will the outcomes of the research be published?**

The outcomes of this study may be published in peer-reviewed academic journals or presented at research conferences. A fully anonymised dataset will be deposited in an open data repository at the end of the project. All participant information will be fully anonymised in the final report.

➤ **Disclosure and Barring Service (DBS) Check**

The researcher has undergone an enhanced DBS check, obtained by the University of Manchester.

➤ **Who has reviewed the research project?**

The current project has been subject to a full University Research Ethics Committee (UREC) Review.

What would my involvement be?

➤ What would I be asked to do if I took part?

If you decide that you would like to take part in this study, you will be invited to take part in a 60-minute interview with the researcher. This will be completed in person (face-to-face), or remotely, either via video conferencing (Zoom) or by telephone. It is up to you to select which you would prefer.

If the interview is conducted in person, you will be in a quiet, private room, at The Goodall Centre or partnership organisation, to ensure your comfort and privacy while talking to the researcher. The time and day will be arranged prior to the interview taking place, and at a time that is convenient to you. You may have someone accompany you to the interview if you wish – please inform your keyworker of this, as they will need to comply with The Goodall Centre’s current COVID safety rules.

If the interview is conducted remotely (via Zoom or telephone) you will be invited to attend the Goodall Centre, and will be allocated a quiet, private room for the duration of the interview. If the interview is by telephone, the researcher will call you, and a phone can be provided by The Goodall Centre to ensure that you do not incur any costs. If the interview is by Zoom, you will be given access to a suitable device (e.g., computer/tablet). The time and day will be arranged prior to the interview taking place, and at a time that is convenient to you. You may have someone accompany you to the interview if you wish – please inform your keyworker of this, as they will need to comply with The Goodall Centre’s current COVID safety rules.

At the beginning of the interview, the researcher will make sure you are happy to continue, and will check that you are happy for your data to be used at the end.

You are free to stop the interview at any time. Please speak to the researcher if you experience any distress during the interview. A member of staff will also be on hand to ensure your mental well-being is being looked after. You will also be signposted to any relevant organisations should you experience any upset or distress when talking about your experiences. Your safety is paramount). There will be a short break approximately halfway through the interview.

Each interview will involve the researcher asking you questions about your experiences of homelessness. You will also be asked about your experiences of and thoughts on education and skills courses which you have accessed.

An example of a question you will be asked is: **thinking about your experiences, what would you say are the most difficult things about being homeless?** Other topics will include housing, employment, money, and services you access at The Goodall Centre.

After the interview has concluded, you are not required to do anything else as part of this study. However, your experiences and opinions are extremely important to us, so you will be invited to take part in a member checking process – this means giving feedback on the themes/findings of this study. If you consent to take part in this process (see Consent Form no.9), your key worker will provide you with material from this study’s analysis. You will be asked to provide general views and comments, if you feel it reflects your experiences accurately, and if you feel any material should be edited or removed. You will be provided with a sheet to give as much or as little feedback as you wish, which you will then return to your key worker to email securely to the researcher. If you would prefer to give your feedback over the phone, the researcher will arrange to call you for a discussion at an agreed time. This process should take *up to* 30 minutes, depending on how much feedback you wish to give. It is important to note that you are not obliged to give any feedback if you do not wish to. This is **optional**.

Please note that it will not be possible to remove your data from the study once it has been anonymised.

If you have any questions during the research process, or feel that you need any additional support due to your involvement, please contact the researcher directly (contact details can be found at the end of the form), or speak to a member of staff and you will be directed to the appropriate person/organisation.

➤ **Will I be compensated for taking part?**

The research team are unable to provide compensation for your participation in the study.

➤ **What happens if I do not want to take part or if I change my mind?**

It is important that you know that your rights to access any help and support through The Goodall Centre, or any other organisation will **NOT** be affected if you do not wish to take part in this research.

Please be aware that it is up to you to decide whether or not to take part. A member of staff will ask you whether you wish to take part in the study and inform the researcher of your decision. This will stop the researcher contacting you directly, if you do not wish them to do so. Alternatively, you can contact the researcher with the contact details at the end of this form to express your interest.

If you do decide to take part, you will be given this information sheet to keep, as well as a copy of the [Privacy Notice for Research](#). You will also be asked to sign a consent form, and will be asked for verbal consent prior to beginning each interview. If you decide to take part, you are still free to withdraw at any time without giving a reason and without detriment to yourself. However, it will not be possible to remove your data from the project once it has been anonymised as we will not be able to identify your specific data. This does not affect your data protection rights. If you decide not to take part you do not need to do anything further.

If you chose to decline the audio recording of your interview, then you will not be able to continue participation in the study. Please note that no video recordings will be made as part of this research. It is very important that you are comfortable with the audio recording process, and you should be aware that you are free to ask that the recording be stopped at any time during the interview.

Data Protection and Confidentiality

➤ **What information will you collect about me?**

As part of the research, we will ask to collect information that could identify you, called “personal identifiable information”. This is optional. Specifically, we will ask to collect:

- Full name
- Temporary address (if applicable)
- Email address (if applicable)
- Telephone number (if applicable)
- Ethnicity
- Sexual orientation

➤ **Under what legal basis are you collecting this information?**

We are collecting and storing this personal identifiable information in accordance with UK data protection law which protect your rights. These state that we must have a legal basis (specific reason) for collecting your data. For this study, the specific reason is that it is “a public interest task” and “a process necessary for research purposes”.

➤ **What are my rights in relation to the information you will collect about me?**

You have a number of rights under data protection law regarding your personal information. For example, you can request a copy of the information we hold about you, including audio recordings.

If you would like to know more about your different rights or the way we use your personal information to ensure we follow the law, please consult our [Privacy Notice for Research](#).

<http://documents.manchester.ac.uk/display.aspx?DocID=37095>

*Please note, you will be given a physical copy of the Privacy Notice for Research, with your physical copy of this sheet (PIS).

➤ **Will my participation in the study be confidential and my personal identifiable information be protected?**

In accordance with data protection law, The University of Manchester is the Data Controller for this project. This means that we are responsible for making sure your personal information is kept secure, confidential and used only in the way you have been told it will be used. All researchers are trained with this in mind, and your data will be looked after in the following way:

Your personal data will only be accessible to the research team at The University of Manchester. You will be assigned a random ID number which replaces your name will be used to identify your data (pseudonymisation). Only the research team will have access to the key that links this ID number to your personal information. All data will be securely encrypted and stored in secure, university approved storage. Audio data will be stored securely and separately from your personal identifiable information, and deleted from devices after transcription. Your consent form and contact details will be retained for 5 years in line with the standard data retention period. This information will not be used to contact you for future studies, and will not be shared with any other organisation or third party.

For audio recordings:

Audio recordings obtained during the interview will be transcribed by the primary researcher. Final transcripts will be pseudonymised (will contain your random ID number and no personal identifiable information. Recordings will be made on a University of Manchester encrypted audio recording device, which will be transferred to secure storage and immediately deleted from the device. You will be asked at the beginning of the interview not to state your name or any other personal identifiable information during the recording. When in secure storage, only the research team will have access to the recordings.

Potential disclosures:

There may be instances where information is revealed during the interviews which means that confidentiality may have to be breached in order to ensure the safety of the participants and third parties. This includes the following:

- ✓ If, during the study, we have concerns about your safety or the safety of others, for example disclosure of suicidal thoughts, we may inform your GP/key worker.
- ✓ If, during the study, you disclose information about any current or future illegal activities, we may have a legal obligation to report this and will therefore need to inform the relevant authorities. Examples of this include: terrorism; money laundering; serious, immediate threat to others.
- ✓ If, during the study, there are disclosure of, or concerns about abuse, your key worker or a member of staff will be informed in line with Liverpool City Council guidelines.

Please also note that individuals from The University of Manchester or regulatory authorities may need to look at the data collected for this study to make sure the project is being carried out as planned. This may involve looking at identifiable data. All individuals involved in auditing and monitoring the study will have a strict duty of confidentiality to you as a research participant.

What if I have a complaint?

➤ Contact details for complaints

If you have a complaint that you wish to direct to members of the research team, please contact:

Dr Laura Winter CPsychol

Ellen Wilkinson Building, A6.14, The University of Manchester, Oxford Road, Manchester, M13 9PL.

Laura.winter@manchester.ac.uk

+44 (0)161 275 3432

If you wish to make a formal complaint to someone independent of the research team or if you are not satisfied with the response you have gained from the researchers in the first instance then please contact:

The Research Ethics Manager, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester, M13 9PL, by emailing: research.complaints@manchester.ac.uk or by telephoning 0161 306 8089.

If you wish to contact us about your data protection rights, please email dataprotection@manchester.ac.uk or write to The Information Governance Office, Christie Building, The University of Manchester, Oxford Road, M13 9PL at the University and we will guide you through the process of exercising your rights.

You also have a right to complain to the Information Commissioner's Office about complaints relating to your personal identifiable information.

Tel: 0303 123 1113

<https://ico.org.uk/make-a-complaint/>

If you wish to view the Information Commissioner's Office guidance on complaints, please use the above link. If you do not have internet access, please ask your key worker or a member of staff.

Contact Details

If you have any queries about the study, or if you are interested in taking part, then please contact the researcher:

Emily Le Couteur

emily.lecouteur@postgrad.manchester.ac.uk

Please note, you may also inform your key worker if you wish to take part in the study, and they will contact the researcher on your behalf.

Additional information in relation to COVID-19

Due to the current COVID-19 pandemic, we have made some adjustments to the way in which this research study will be conducted that ensures we are adhering to the latest government advice in relation to social distancing as well as taking all reasonable precautions in terms of limiting the spread of the virus. You should carefully consider all of the information provided below before deciding if you still want to take part in this research study. If you choose not to take part, you need to inform research team. If you have any additional queries about any of the information provided, please speak with a member of the research team.

Are there any additional considerations that I need to know about before deciding whether I should take part?

If you decide to attend an interview in person, you should be aware of the additional risks of coming into contact with the COVID-19 virus, for example, if you travel to and from the interview venue using public transport. You will also come into contact with the researcher; however, steps will be taken to ensure the risk of transmission is minimised (e.g., social distancing, use of PPE, ventilation, etc).

Please note that you should not take part in a face-to-face interview if you are considered extremely clinically vulnerable, if you are displaying symptoms of COVID-19, or if you are currently isolating.

If you decide to attend an interview remotely, you should be aware of the additional risks of coming into contact with the COVID-19 virus, for example, if you travel to and from the interview venue using public transport. However, you will not need to come into contact with the researcher.

What additional steps will you take to keep me safe while I take part?

If you decide to take part in face-to-face interviews, the researcher will wear a face mask, practice social distancing, and make use of good hand hygiene throughout the interview (e.g., hand sanitiser). You will also be provided with a face mask (if you would like to wear one) and hand sanitiser will be available. The room where the interview will be conducted will be disinfected, and well-ventilated where possible. You will not be asked to come into contact with other participants, and will only be asked to attend a single interview session. Any equipment you may come into contact with (i.e., pens or pencils) will be single-use, or sanitised before use.

If you decide to take part in remote interviews, you will be provided with suitable PPE (face mask) and hand sanitiser when at the interview location. The room where the interview will be conducted will be disinfected, and well-ventilated where possible. You will not be asked to come into contact with other participants, and will only be asked to attend a single interview session. Any equipment you may come into contact with (i.e., pens; telephone; laptop) will be single-use, or sanitised before use.

Is there any additional information that I need to know?

In line with current government guidance, wearing a face mask is optional in this setting. If you require a face mask, please ask a member of staff. COVID-19 measures will be in place in the building, such as provision of hand sanitiser and social distancing, to help you feel comfortable at the interview location. Where possible, please try to arrive on time for your interview, in order to limit the number of people gathering in the same area.

Additional data use

No additional data will be used for face-to-face interviews.

What if the Government Guidance changes?

The research team will continue to monitor the ongoing COVID-19 situation, and comply with any government guidance implemented. If the circumstances change, the research team may need to make a decision around whether it is safe to continue face-to-face interviews. Should this be deemed unsafe or not possible, and contact needs to be delayed, the researcher will inform you of this as soon as possible. Every effort will be made to rearrange your interview to a time and date that is convenient for you.

What if I have additional queries?

If you have any additional questions about the information above, please contact:

Emily Le Couteur (researcher)

emily.lecouteur@postgrad.manchester.ac.uk

OR

Dr Laura Winter

laura.winter@manchester.ac.uk

OR

Please feel free to contact your key worker, who can pass on any questions or queries you may have directly to the researcher.

Appendix 6: Consent form



'Gender, homelessness and support: a qualitative exploration into the lives of single, adult women experiencing homelessness in the North West'

Consent Form

If you are happy to participate, please complete and sign the consent form below.

	Activities	Initials
1	I confirm that I have read the attached information sheet (Version 6, 07/12/2021) for the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
2	I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself. I understand that it will not be possible to remove my data from the project once it has been anonymised and forms part of the data set. I agree to take part on this basis.	
3	I agree to the interviews being audio recorded.	
4	I agree that any data collected may be included in anonymous form in publications/conference presentations.	
5	I understand that a fully anonymised dataset will be deposited in an open data repository at the end of the project.	
6	I understand that data collected during the study may be looked at by individuals from The University of Manchester or regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data.	
7	I understand that there may be instances where during the course of the research information is revealed which means the researchers will be obliged to break confidentiality and this has been explained in more detail in the information sheet.	
8	I agree to take part in this study.	

The following activities are optional, you may participate in the research without agreeing to the following:

9	I agree that the researchers may retain my contact details in order to send me data from the study on which I may provide feedback.	
10	I agree that the researchers may retain my contact details in order to provide me with a summary of the findings for this study.	

Data Protection

The personal information we collect and use to conduct this research will be processed in accordance with UK data protection law as explained in the Participant Information Sheet and the [Privacy Notice for Research Participants](#).



Participant Debrief Sheet

Study: 'Gender, homelessness and support: a qualitative exploration into the lives of single, adult women experiencing homelessness in the North West'

Thank you for choosing to participate in these interviews. The purpose of this study was to explore the experiences of single, adult homeless women in day-to-day life, and in accessing support such as education and skills courses. It is also hoped that this study can help professionals in the field understand what they need to do better in providing help and support.

We hope that you have found it interesting, and that you have not been upset by any of the topics discussed. However, if you have found any part of this experience to be distressing, or if you have any further questions or feedback, and you wish to speak to the researchers, please contact:

Emily Le Couteur, Counselling Psychologist in Professional Training
University of Manchester
Ellen Wilkinson Building
Oxford Road
M15 6JA

emily.lecouteur@postgrad.manchester.ac.uk

There are also a number of organisations listed below that you can contact.

Organisation	Contact details
The Samaritans	Call: 116 123 Email: jo@samaritans.org
[REDACTED]	[REDACTED]
Shout 24/7 mental health support	Text: 85258
Mind Info Line	Tel: 0300 123 3393

If you would like any information on the results of this study, please use the above contact details, or speak with a member of staff. Thank you again for your participation.

Distress Protocol

Protocol for managing participant distress before, during and after interview process. Adapted from: Draucker, C. B., Martsof, D. S., and Poole, C. (2009) *Developing Distress Protocols for research on Sensitive Topics*. Archives of Psychiatric Nursing 23 (5) pp 343-350)

Managing Distress: general principles

- ✓ Participants are made aware of the support available to them should they experience any distress during or after the interview via the Participant Information Sheet.
- ✓ During the interview, participants will notify the researcher if they experience any distress. The interview will be paused, level of distress assessed, and a decision made as to whether the interview should continue (see stepped approach below).
- ✓ During the interview, if participants display any non-verbal signs of distress, the interview will be paused, level of distress assessed, and a decision made as to whether the interview should continue (see stepped approach below).
- ✓ After the interview, participants will be offered a debrief space with the researcher.
- ✓ Participants will be made aware that they may withdraw from the study, and their data will be securely destroyed.
- ✓ Participants may be offered a follow-up phone call with the interviewer the next day.
- ✓ Any participants who experience distress and require additional support (beyond what has been outlined above) will be directed to their key worker, who may provide emotional support, and direct them to services/pathways within the Goodall centre, dependent on their particular needs (e.g., physical/mental health; housing; employment; finances). Key workers may also signpost the participant to any local, relevant organisations dependent on their particular needs (e.g., physical/mental health; housing; employment; finances).

Stepped Approach for Assessing and Managing Distress

Should a participant report or show signs of distress and feeling uncomfortable, such as incoherent speech, uncontrollable crying, or indications that the participant is experiencing flashbacks during the interview, then the following actions will be taken by the researcher:

Step 1

- Stop the interview.
- Suggest that the participant takes a short break to regroup, has a drink of water, goes to a separate room, etc.
- Assess the mental state of the participant by asking the following questions (ensure the participant is listened to and offered empathy and support):
 - *Tell me what thoughts you are having?*
 - *Tell me what you are feeling right now?*
 - *Do you feel you are able to go on about your day?*
 - *Do you feel safe?*
- If the participant's distress means they are unable to continue with the interview, offer brief emotional support and direct them to their trusted key worker.

Step 2

- If the participant would like to continue, remind the participant that they will be offered continued support throughout the interview, and reiterate that the participant can stop the interview at any time. Resume interview.
- If the participant would like to stop or appears highly distressed (e.g., uncontrollable crying) follow the actions in Step 3

Step 3

- Stop the interview. Assess level of distress.
- **Mild/moderate distress:** if the participant is experiencing mild/moderate distress, but wishes to continue the interview, the researcher will offer them a short break to have time out and a drink of water. If their distress means they wish to stop the interview, the interview will be terminated, and the participant directed to their on-site key worker for further support.
- **High distress:** where the participant is experiencing high levels of distress, the researcher will liaise with on-site staff while maintaining contact with the participant (over Zoom/telephone contact). The researcher will ask the participant to present at their nearest A&E if they cannot keep themselves safe. Otherwise, if immediate and serious risk is present, the researcher/on-site staff will contact 999, ensuring at least one individual remains with the participant until they arrive.
- In all instances of high distress, the researcher will seek support from their supervisor/senior staff members.

Appendix 9: Interview Protocol to Guide Beginnings and Endings of Each Interview

Rapport building Questions

How are you? How are you feeling? Have you done anything like this before?

Remind them that there are no right or wrong answers.

Thank you so much for agreeing to take part in this research. Just a few things to check in with before we begin.

- Check the consent form is understood and signed.
- Check they have a copy of the PIS and have understood it.
- Check in to see if they have any questions about either.

We are going to be audio recording today's session, so I just want to make sure you are still okay with that, and that you know there will be no video recordings. All the audio will be stored securely and deleted once these sessions are transcribed.

Introduction to researcher and the research.

A little about me: I'm training to be a counselling psychologist at UoM, and I first became interested in issues around homelessness when I worked with clients experiencing similar issues in a drug and alcohol service. I'm so pleased that I now have the opportunity to look at this as a research topic.

This piece of research aims to look at the experiences of homeless women, and I think to me this is important because they are not always understood as well as they could be. There's been a lot of focus on men's homelessness, especially around things like rough sleeping, and this means we just don't know as much as we should (as researchers) about what it's like for women.

And this is where you come in. And why you've been selected to take part. It is your experiences, and your expertise on this, that I want to benefit from.

We will also be talking about the education and skills training you may, or may not, have received, and what your opinions on this. I'm interested to find out what's been helpful and what's maybe not been so helpful.

Respect and sensitivity.

It's important to say, please share what you are comfortable with. This is a safe space, and the most important thing is that you are comfortable with what we chat about. If you don't want to answer any questions, that's totally fine and I respect that choice. Anything you don't want to answer, just shout up! Everything we talk about will be **confidential**, all the data you give me will be anonymised, so you can't be identified. None of the staff at the Goodall centre will know what we've talked about and what you said. There are some very rare exceptions to confidentiality which are outline in your PIS.

Also, if there's anything you think is important to say more about, absolutely feel free. You are the expert here so I will be guided by you if you feel there are important things to say.

Trigger warnings

It's also important to mention that this conversation could be triggering or upsetting for you. Again, what you tell me is totally up to you, but I am here to support you through any difficult topics you might bring up. You can chat to me at any time about how you're feeling, take a break or stop if it's too much, or talk to your key worker.

A word on technology issues.

Don't worry one bit if we have a technology fail. I'll do my best to get it all sorted out and reconnect us, but these things happen!

If we do get cut off, I will make several attempts to reconnect us. You don't need to worry. If the worst comes to the worst, I'll send you an email to let you know what's happening.

Breaks.

We will be having a break halfway through, as I appreciate it could be quite long. If you need to stop for a break for whatever reason, or you're just ready to stop completely, shout up!

Reminder: it is scheduled to be a 60-minute chat, and I do have some questions prepared, but the time is guided by you. You might want to say more, or you might want to say less!

Questions.

Do you have any questions? If you have any questions at any point here, please feel free to ask. If you need anything from me at any point, just say the word.

Pseudonym

We want to keep you and your identity private, so we usually use a pseudonym – it's basically just a different name, if we use anything you've said in the final report. Would you like to pick a name?

I would encourage you not to reveal your name or other personal identifiable information while recording, as it's really important that your information is kept confidential.

REQUEST PERMISSION TO RECORD

CONFIRM BEGINNING OF RECORDING

Request permission for personal info:

You don't have to answer these, but they may help shape the research in terms of the identities of women experiencing homelessness.

- How old are you?
- How would you describe your sexual orientation?
- How would you describe your racial and ethnic identity?

END RECORDING

Ending the Interview

Check in – It's important to provide a space here for you to share anything, good or bad, that might've brought up for you - how are you feeling? How did that feel for you?

Member checks – this is something sometimes done in research that makes sure the participants views are fully taken into account. It involves looking at some of the findings, and having your say. E.g., Do you agree or disagree? Does it ring true for you? It's a simple process to get your feedback that can be done over an email or a phone call, but it's totally optional.

I will follow up by contacting your key worker to see if you would like to do this.

It's an important part of **you** shaping the research, not just me.

Debrief sheet – just to say thanks again, and some contact information, including the research team, if you need anything else.

Ending – thank you so much again for taking the time out to talk to me today. I really hope that you have had a positive experience, and felt able to say everything you wanted to say. All of my details are on the PIS if you have any questions or comments after today. Thank you for your time – it is very much appreciated, and I will send you the results of this study in due course, if you would like to receive them.

Ensure that they have copy of Debrief Sheet.

Appendix 10: Transcription Convention

(.)	A dot in parentheses indicates a tiny ‘gap’ within or between utterances.
(..)	Two dots indicates a slightly longer gap within or between utterances (one second).
(...)	Long pause.
(??)	Indecipherable.
::	Colons indicate prolongation of the immediately prior sound. Multiple colons indicate a more prolonged sound.
<u>WORD</u>	Underscoring indicates some form of stress, via pitch and/or amplitude.
< >	Indicates whisper/lowered tone.
(())	Double parentheses indicate the transcriber’s descriptions rather than transcriptions.
-	Hyphen at the end of a word indicates that either the word is unfinished, or the speaker has been interrupted.
“Erm” “Hmm” “Ahh”	Utterances made by the speaker which may not be fully formed words.

Appendix 11: Example transcript excerpt (Grace)

G: It was literally, I think it was like the ceiling wasn't even painted or something.

E: Uh-huh.

G: It was something stupid.

E: Yeah.

G: Yeah, it was a hard time ((chuckles)).

E: Yeah, it sounds it. I mean, that's such a long time (..) to wait as well.

G: And then I was ill. The erm, I was at the Goodall, uh, for a few months before (..) all of that, and then I just (..) it was just a nightmare.

E: Yeah, I can imagine. So, what, what happened with this other place you said got shut down?

G: So, the woman, she would (..) there wasn't any curtains on windows you'd have to get your own curtains.

E: Wow.

G: You'd get donations, she'd go through it all first, take what she wanted and then give you-

E: Oh god!

G: If you didn't- I worked when I was in that refuge, I was a carer.

E: Yeah.

G: And I had to sometimes provide for, for all the house to eat (..) because she'd get annoyed with somebody-

E: Yeah.

G: -and not give them food. But it's a mother and baby placement.

E: Yeah.

G: So, none of them worked. They relied on that woman to give them food. I had to go to the shops and buy like(.) cook a big dinner-

E: Sure.

G: -to look after them, 'cos I felt awful, but I was the only one that was working.

E: Yeah.

G: 'Cos when I was, erm (..) when I was in the Goodall (..) I was there for, uh, two, two months.

E: Hmm.

G: Four, uh, three people I met in there (...) and one was a girl, and the other two were lads.

E: Hmmm.

G: And (..) they seemed a bit more like, we could interact than like, druggies or anything like that.

E: Hmmm.

G: So, w- we made friends, and the girl and this other lad (..) started seeing each other.

E: Yeah.

G: And I think the other lad that was there (..) thought I was going to start seeing him!

E: Right.

G: And it was not the case.

E: Uh-huh.

G: So, he (..) e-eventually, days went on. I woke up one morning, and I had to walk from Purkiss House to the Goodall at seven in the morning, wait an hour to get in, at eight, and then eat. So, I'd walked from Purkiss this one morning, I had all my bags, and this lad has ran behind me saying 'where are you going?!'. Like saying, 'you shouldn't be walking without me, wait for me, blab la bla'. And I thought, who are you?

E: ((chuckles))

G: I don't even know you very well. I'm walking on my own, I'm having a bit of a bad day, already. Seven in the morning, I'm going to wait, to go into this Goodall Centre.

E: Yeah.

G: He strangles me-

E: Urgh!

G: -gets me against the shutter. Took all my bags, my, my phone.

E: Yeah.

G: And I just started head butting walls, cos I just thought, urgh, I can't deal with this anymore. So then, brought myself back round again, and I went up to the Goodall, explained what had happened, they took me in. Erm (..) they, they kept me in a room on my own, I slept all the time, and they put me in a little like safehouse.

E: Hmmm.

G: I went there for the weekend and had to go again. I had to go back to the Goodall (..) and I sat there, and I was obviously a bit better than I was the day before.

E: Yeah.

G: And I sat in the little lobby, lobby? Thing. Lobby, is it called a lobby? ((laughs))

E: Yeah ((laughs))

G: Yeah, I sat in that, and I knew that was the safest place I could be.

E: Yeah.

G: Because the workers were right there in the offices.

E: Right.

G: He just kept following me all the way round, so I couldn't get rid of him.

E: Gosh.

G: So then one of the workers in there suggested, let's find you another refuge. We need to get you out of here, it's not safe.

E: Yeah.

G: So, they put me in that refuge.

E: Uh-huh.

G: It was mouldy. There was no curtains. It was (..) terrible-

E: Yeah, it sounds it!

G -it was really bad but it was better than where I was, I felt safe.

E: Right, yeah, yeah.

G: I got a job. Started working. And then (..) erm (...) someone died in the family, so I had to go home for that funeral.

E: Hmmm.

G: So that's how I ended up getting the flat and it was just a nightmare. I had the flat when I was in the refuge, and I was just waiting to move in.

E: Hmmm.

G: And then all these different things kept happening. Took seven months to get into this flat, it was horrendous, but I, I'm so glad that I waited.

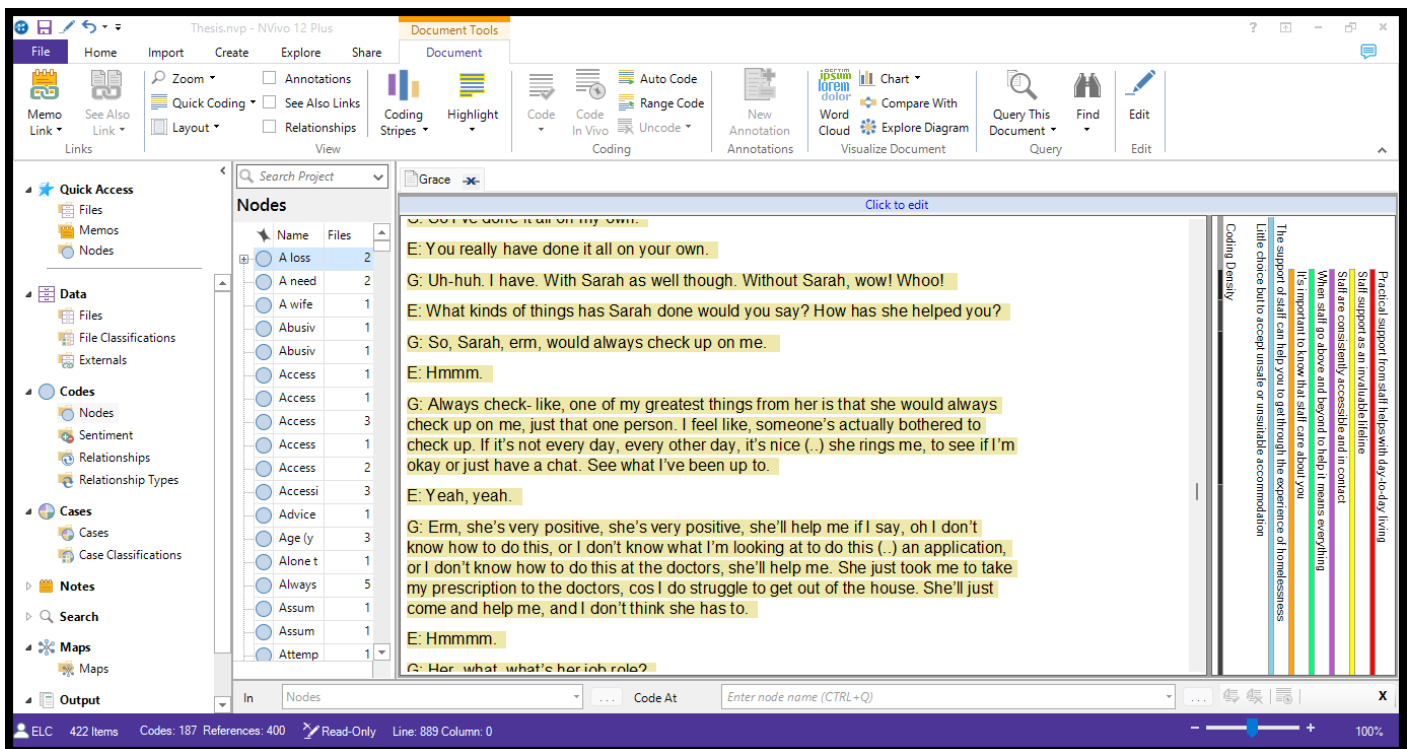
E: Yeah.

G: I obviously thought I weren't gonna get it. It was bad.

E: Yeah. You must've been so relieved when you did, my god. After all that.

G: Yeah, yeah, it was (..) I cried ((laughs)). I cried for days. Just so happy. I didn't have anything. I didn't have any carpet for a whole year, I didn't have flooring, just concrete, but I was not bothered.

Appendix 12: Line-by-line coding in NVivo



Appendix 13: List of initial codes generated

Nodes

Name	Description
A loss of home is a loss of identity	The ways in which homelessness impacts at an individual/psychological level?
A deep mistrust of all staff	The importance of relationships for homeless women; trust/trauma and the impact on engagement.
A need for companionship	Relationships and isolation
A wife should look after her husband	“Traditional” gender roles
Abusive partner as protector	DV and an unsafe home prior to homelessness – lack of safety.
Abusive relationships are a means of escaping homelessness	Unorthodox means of exiting homelessness – lack of options.
Access to free healthcare is vital	Everyday needs/unmet needs.
Access to housing can be a long and challenging process	The challenges of gaining appropriate accommodation.
Access to mental health support is vital	Everyday needs.
Access to the refuge denied	Difficulties with gaining appropriate accommodation.
Access to your children helps maintain relationships	Parent-child bond and motherhood.
Accessing support, especially groups, can be a frightening prospect	Barriers to support.
Advice and signposting is important in gaining education	Everyday/practical support.
Age (youth) can make you vulnerable to harm	Identity.
Alone time with my therapist is important	Mental health needs.

Name	Description
Always on the move - never settled	Unsettled and unstable existence.
Assumption that homeless people are mostly men	Identity and barriers to support.
Assumption that women are often to blame for male homelessness	Preconceptions about gender and homelessness.
Attempts to leave an abusive partner	Link between DV and homelessness.
Attending groups can improve mood	Benefits of support.
Attending groups can open up doors for new opportunities	Benefits of support.
Attending groups gives you routine	Benefits of support.
Attending groups is fine when you aren't feeling the impact of trauma	Barriers to support via previous experiences/MH.
Austerity policy causing homelessness	Socioeconomic context.
Authentic connection with staff helps you to feel validated	The importance of relationships.
Basic life skills are an important part of education	Different forms of training and education are helpful.
Becoming homeless again to escape DV	The link between DV and homelessness.
Becoming homeless to save your life	Homelessness not a choice (DV)
Becoming invisible	Identity and feeling dehumanised.
Becoming unwell due to a poor diet	Physical impacts of homelessness.
Being a bad tenant and losing your home	Taking responsibility for a loss of home?

Name	Description
Being a 'good' wife and still being abused	Gender roles, abuse and becoming homeless.
Being a perpetrator of violence	Women as perps of violence.
Being able to handle yourself (in difficult situations)	The need to become 'tough'
Being closed off to support isn't always helpful in the long-term	Barriers to support with unintended consequences.
Being evicted from your home	Loss of home.
Being given a choice about where you live is important	Choice and freedoms over your own life.
Being homeless can be expensive	Unexpected financial implications of loss of home.
Being homeless can mean not being treated like a human	Feeling dehumanised.
Being homeless grinds you down	Homelessness as a trauma.
Being homeless is a trauma in itself	Homelessness as a trauma.
Being homeless teaches you to value what you have	Loss of home can give you a new perspective on your life.
Being in employment, but still being homeless	Working and homeless – skills and education training.
Being institutionalised into homelessness	Becoming accustomed to homeless life – lack of options for meaningful exit?
Being lost in the system	Feeling dehumanised – not receiving adequate support.
Being made homeless, again!	Repeat patterns of homelessness.
Being poor grinds you down	Cycles of poverty and consequences.
Being sensible with money is important when you don't have much	Skills? Budgeting?

Name	Description
Being threatened with eviction	The fear of loss of home.
Being torn away from your old life	The destructive nature of homelessness.
Blaming self for abuse	Psychological impacts of abuse.
By the time you get help it's too late	Not receiving timely support or intervention has serious consequences.
Children are better off in a safe and stable home	Parent-child relationship.
Children are expensive	Parent-child relationship and finances.
Children can be looked after by non-homeless family members	Parent-child relationship.
Children need to be protected from homelessness	Putting children first (at the expense of women?)
Choosing not to attend groups	Making your own choices.
Choosing to give up your child	Making your own choices.
Close support and encouragement from the staff can help engagement (and learning new skills)	Relationships with staff and importance for engagement.
Coercion and control is different for migrant women	Differentiated experiences – gender/ethnicity/race.
Coming to the UK and feeling out of place	Differentiated experiences – gender/ethnicity/race. Isolation and alienation.
Coping with homelessness through self-isolation	Coping strategies.
Coping with homelessness through self-harm	Coping strategies.
Courses can be tailored to individual interests	What is helpful in skills/education training.
COVID as compounding existing difficulties	The impact of COVID.

Name	Description
Creating a distance from homelessness once you are out of it	What does exiting homelessness look like?
Deference to an abusive partner	DV.
Doing low paid work	Low paid/no pay cycle – poverty and homelessness.
Doing skilled, low paid work	Low paid/no pay cycle – poverty and homelessness.
Doing what is best for your child	Parent-child relationship.
Drug use is rife and inescapable in hostels	Dangers in accommodation.
Drug use is understandable when you're homeless	Coping strategies.
Drug users need help too	Who is deserving/underserving?
Drugs might help you cope in the short-term but not in the long-term	Coping strategies.
Education and skills training is about doing what's important to you - following your dream	Bespoke support.
Education can bring exciting new horizons	The importance of having access to education.
Employment as a route to housing	Exits from homelessness?
Employment as meaningful to the individual	Bespoke support – being able to make own choices.
Encountering cultural and religious differences	Navigating identity and homelessness.
English as a second language makes finding work hard	Barriers to employment for migrant women.
Entering the country as a <i>vulnerable</i> woman	Navigating identity and homelessness.

Name	Description
Escaping abusive relationships can precipitate homelessness	DV and homelessness.
Everyday help with managing finances helps you keep your head above water	Practical support – important part of training?
Experiencing mental health difficulties	Ubiquitous nature of MH difficulties.
Experience is more valuable than formal education	Different kinds of training – less formal – may be helpful.
Experiencing an emotionally abusive partner	Women and abuse.
Experiencing difficulties with landlords	Eviction.
Experiencing domestic abuse	DV.
Experiencing physical violence	Danger during homelessness.
Experiencing sexual violence	Danger during homelessness.
Experiencing trauma in childhood	Pre-homeless experiences.
Explaining homelessness to your children is difficult	Parent-child relationship.
Family friction makes things harder	Relational disintegration.
Fear of getting English wrong	Navigating identity.
Feeling afraid of the outside world	Isolation and MH – impact of homelessness.
Feeling an obligation to look after other homeless people	Altruism despite suffering.
Feeling appreciative for the help and support of staff	Help and support from staff.
Feeling as though nobody is there to help you	Isolation and lack of a support network.

Name	Description
Feeling at risk of violence in your accommodation	Dangerous accommodation.
Feeling completely alone	Isolation.
Feeling content in a temporary accommodation	Provision of adequate housing.
Feeling emotionally, psychologically, and physically broken	Homelessness as a trauma.
Feeling excluded if English is not your first language	Social/cultural alienation.
Feeling financially out of control	Loss of control – loss of freedom?
Feeling happy with life as it is	Content with life – no pressure to change?
Feeling infantilised when you can't make decisions for yourself	Loss of freedom/control/power?
Feeling joy in other people's happiness	Altruism.
Feeling like there's nowhere to go	Isolation – lack of options.
Feeling mistrustful and suspicious of everyone around you	Trust issues.
Feeling powerless to change your circumstances	Loss of control/power over own life.
Feeling powerless to stop the violence	DV.
Feeling pressure to find work, even if you don't want, or can't	Financial pressures of employment options.
Feeling rushed into things (group work) is uncomfortable	Importance of pace.
Feeling safe at the refuge	The importance of a place of safety.

Name	Description
Feeling satisfied with the level of support	Adequate provision of support.
Feeling scared or intimidated by other homeless people	Danger and threat.
Feeling the impact of childhood trauma in adult life	Previous trauma and adult difficulties.
Feeling the temptation to use drugs as a means of coping	Coping mechanisms.
Feeling unable to express yourself where English is not your first language	Navigating identity and language.
Feeling unfamiliar with the culture as an immigrant	Social and cultural alienation.
Feeling unsafe because of others' drug use in accommodation	Danger and threat – accommodation.
Feeling unsafe where you live	Danger and threat – accommodation.
Feelings of joy when finding a place to call home	The importance of a place of safety.
Financial dependence on homeless charity	Lack of financial autonomy.
Financial difficulties resulting in loss of home	Link between economic circumstances and homelessness.
Financial precarity is a hard way to live	Psychological impacts of poverty.
Finding a job you are passionate about	Having the choice about finding a job that is meaningful.
Finding a renewed sense of confidence	Confidence/self-esteem as an important part of recovery.
Finding it difficult to adhere to a strict routine	Loss of liberty.
Finding places of safety after living in fear	The importance of places of safety.

Name	Description
Finding the benefits system easy to negotiate	Welfare support.
Finding the courage to stand up for yourself	Finding one's voice.
Finding the right home for you is important	Accommodation – the importance of feeling safe and secure.
Finding the right home means a stable, normal life	Accommodation – the importance of feeling safe and secure.
Forming good relationships with staff	Relationships with staff.
Friendly and informal group atmospheres help you to open up	Making the engagement process easier.
Gender can make you <i>vulnerable</i> to harm	Gender and danger.
Giving back by advocating for others	Altruism.
Giving back by volunteering	Altruism.
Giving back helps you to heal	Altruism and recovery.
Going from being well off to having nothing	Not everyone who is homeless has experienced chronic poverty.
Going into education is an exciting new chapter	The benefits of formal education – helpful.
Going it alone	Isolation and lack of support.
Going through difficulty is an inevitable part of life	Philosophical views of homelessness.
Going to groups can feel unhelpful	Skills groups – unhelpful if timing is not right?
Good relationships with staff helps reduce isolation	Relationships with staff.
Groups allow you to try new things and find meaningful	Skills groups – helpful when meaningful.

Name	Description
activities	
Groups can build your confidence	Skills groups - confidence and self-esteem building.
Groups can help your communication skills	Skills groups – helpful when meaningful/relevant – soft skills.
Groups don't have to be geared towards employment to be helpful	Informal groups as helpful/important.
Groups help homeless people help each other	Peer support.
Groups should include variety	Skills groups – choice in content? Varied content.
Growing as a person out of painful experiences	Post-traumatic growth.
Having a choice in what happens in groups is important	Choice as important in skills and education.
Having a home but still feeling the impact of homelessness	Exits from homelessness.
Having a purpose in life is important	Meaning/direction/purpose as helpful.
Having choice helps you help yourself and others	Choice as empowering.
Having contact with your child can be a lifeline	The parent-child relationship.
Having it all and then losing it	Loss and homelessness.
Having money means having to look after other people	When homeless people have to help each other – as nobody else will.
Having no choice about precarious employment	Choice and employment status.
Having routine and purpose is important	Routine/direction/purpose as important.
Having somewhere to go where your needs are met	Adequate support.

Name	Description
Having to be constantly alert to danger	Danger and threats.
Helping others experiencing homelessness	Altruism and peer support.
Hiding abuse from family to protect them	DV.
Historical impacts of other's drug use gives an insight into its affects	Insights into coping mechanisms.
Hobbies and activities can help to channel emotion	Helpful group content.
Home is more than a roof and four walls	The meaning of home.
Home is protection (from other people and the outside world)	Places of safety.
Homeless is not a lifestyle choice	Resisting stereotypes.
Homelessness leaves a scar	Homelessness is a trauma.
Homelessness runs in the family	Historical experiences of homelessness.
Homelessness services struggle to meet everyone's needs	Inadequate provision of support.
Hostel staff can be a support system if you don't have one	The importance of the relationship with staff.
Hostel staff cannot solve every problem	Inconsistent/unreliable support?
Hostel staff don't do enough to keep everyone safe	Inadequate support and safety.
Hostel staff unable or unwilling to stop drug use	Inadequate support and safety.
Hostels are not a safe place for women	Identity, gender and safety.

Name	Description
Hostels aren't all bad, but it helps to keep your head down	Staying safe.
Hostels make your mental state worse	Damaging accommodation.
If you are strong you can help others who are 'weaker'	Ideas of strength and 'weakness' in surviving homelessness.
If you don't 'look' homeless, people assume you're okay	Stereotypes and identity.
Importance of the organisation having a good reputation	Engagement and support.
In work and struggling (can't keep up with the rent)	In-work poverty.
Incentives help engagement	What is helpful for engagement.
Informal groups are helpful	What is helpful for engagement.
Informal means of finances	Unreliable/uncertain financial situations.
Inner strength and determination helps you to survive	Resilience.
Interpreters facilitate meaningful participation	What is helpful to engagement.
Interpreters help with access to vital services	What is helpful to engagement and access.
It can be hard for women to get out of homelessness	Cycles of homelessness.
It feels like nobody cares	Isolation and lack of relationships.
It is helpful for staff to act as a bridge to other services	Importance of access to services.
It is helpful when staff are sensitive to individual needs	Relationship with staff/qualities of staff.
It's easier to be homeless than to work and live in poverty	Financial strain and cycles of homelessness and poverty,.

Name	Description
It's easier when meal times aren't too rigid	Lack of choices and freedoms.
It's fun to learn new skills	What is useful in skills groups.
It's hard to ask for, or receive help (even if it's right in front of you)	Barriers to support.
It's hard to do normal things with your children when you've got no money	Parent-child relationships.
It's hard to get a job when life is chaotic	Employment and homelessness.
It's hard to open up when you don't trust people	Trust, engagement, and barriers.
It's hard to plan for the future when life is chaotic	Skills and education may be difficult for homeless people.
It's hard to think about education when you're trying to survive	Skills and education may be difficult for homeless people.
It's important to feel ready to receive support	Importance of pace and timing.
It's important to give back and help others	Altruism.
It's important to know that staff care about you	Relationships with staff.
It's vital to trust the staff	Relationships with staff.
Jumping though hoops	Barriers.
Keeping busy keeps you sane	Mental health and routine.
Keeping up appearances when you are physically broken	Hiding the psychological damage of homelessness.
Kindness, warmth and authenticity is important in staff	Relationships with staff.

Name	Description
Lack of a support network makes you lonely	Isolation.
Lack of choice in your own life	Lack of choice/freedoms.
Lack of language skills (and ethnicity) makes you <i>vulnerable</i>	Threat, danger and non-English speakers.
Lack of structure during the day	Importance of routine.
Learning a new language is daunting	Barriers for non-English speakers.
Learning to be self sufficient	Independence.
Leaving an abusive partner is not easy	DV.
Leaving your home country in search of a better life	Migration and homelessness.
Leaving your home country to make a better life	Migration and homelessness.
Leaving your whole life behind you is terrifying	The psychological impact of homelessness.
Listen to the advice of professionals	The importance of the professional relationship.
Little choice but to accept unsafe or unsuitable accommodation	Lack of choice – unsuitable accommodation.
Lived experience means true empathy	Going through homelessness allows for true understanding of its difficulties.
Living in a hotel is hard	Unsuitable temporary accommodation.
Living in fear after abuse	The aftermath of abuse.
Living on the streets toughens you up	Having to become ‘streetwise’.
Looking for ways to cope with the trauma	Coping strategies for trauma.

Name	Description
Losing custody of children	Parent-child relationship.
Losing everything and nobody helps you	Isolation and lack of support.
Losing everything in one go	Loss.
Losing your children makes you lose your mind	Loss – the parent-child relationship – the impact on MH.
Losing your home means losing your children	Loss – homelessness – the parent-child relationship.
Losing your old life is like a death	Loss and grief.
Losing your old life when you become homeless	Loss.
Love has lost all meaning	Relational disintegration and despair.
Loyalty to an abusive partner	DV.
Making the wrong choices can take you down a slippery slope	Choices through homelessness can impact what happens to you.
Men can survive homelessness because they are stronger	Gender and homelessness.
Men take up all the hostel staff's time	Gender, homelessness, and impact on women.
Mental health groups are helpful	What is helpful – group work.
Mixed sex hostels can be safe with the right security	Adequate service provision helping women feel safe.
Most people born into wealth will never understand	The wealth gap.
Moving around different parts of the country to access help	Transient nature of homelessness.
Need for staff to advocate for you	Important skills/characteristics of the staff.
Needing help to figure out the	Helpful employment support.

Name	Description
path to employment	
No choice but to find work	Lack of choice and employment.
No longer 'homeless'	Exiting homelessness.
No option but suicide to escape	Means of escape when there is no other choice.
Nobody reaches out to help you	Isolation and lack of support.
Nobody's going to do it for you	Learning to be independent.
Not being able to look after your child because of homelessness	The parent-child relationship.
Not being able to look after your child because of mental health difficulties	The parent-child relationship.
Not being an addict singles you out	Stereotypes of homelessness.
Not being believed about how bad your situation is	Identity and barriers to support.
Not engaging with skills or education groups through choice	Making your own choices about skills/education.
Not everyone finds the benefits system easy to negotiate	Navigating the welfare system.
Not everyone who experiences homelessness comes from a 'broken home'	Lack of previous trauma.
Not feeling in control of own decisions	Loss of control/power over own life.
Not feeling in control of your own life	Loss of control/power over own life.
Not feeling obligated to other people's demands	Making own decisions.

Name	Description
Not feeling pressure to find employment	Resisting the low-pay no-pay work cycle.
Not giving in to peer pressure or the temptation to use drugs	Homeless stereotypes and coping strategies.
Not having a fair day's pay for hard work	The difficulties of low paid employment.
Not having the typical appearance of a homeless person	Identities and stereotypes.
Not keeping up with the rent triggers homelessness	Financial difficulties and homelessness.
Not knowing what help you will get	Fear/uncertainty over service provision?
Not looking like a typical drug user	Identities and stereotypes.
Not looking like the typical homeless person because you are a young woman	Identities and stereotypes.
Not wishing to be exposed to other people's drug use	Danger and threats.
Only just about surviving (you never know what will happen tomorrow)	The experience of being homeless – threat and danger.
Opening up to the world	Increases in self-confidence.
Other people will take advantage of your <i>vulnerability</i>	Feeling exposed to threats and dangers.
Parents involved in antisocial behaviour won't get their kids back	The parent-child relationship.
Peer support can feel unhelpful	Unhelpful – work with other people experiencing homelessness can be painful.
People don't understand what it's like as a homeless woman	Not feeling heard/seen/understood as a woman.
People negatively stereotype	Mental health, stereotypes and barriers.

Name	Description
you if you have poor mental health	
People turn their back on you when you are homeless	Loss of support – isolation.
People who use drugs are not to be associated with	Avoidance of threats – judgements of others?
Pets as substitute children	Relationships.
Planning for the future	Setting goals.
Poor mental health can be a barrier to help	Mental health barriers.
Poor mental health is a barrier to employment	Mental health barriers.
Poor mental health makes dealing with finances worse	Mental health barriers.
Poor mental health means you cannot work	Mental health barriers.
Poor mental health triggering loss of home	The link between homelessness and mental health.
Poor or squalid living conditions	Unsuitable accommodation.
Practical barriers get in the way of finding work	Employment barriers.
Practical support from staff helps with day-to-day living	Helpful staff support.
Precarious living arrangements	Unstable living.
Preferring to risk sleeping rough rather than sleeping in a hostel	Avoiding threat and danger.
Prioritising getting a roof over your head	The importance of a place of safety.
Quite common for women to turn to sex work	Alternative means of finance.

Name	Description
Regular attendance at peer led groups is empowering	Helpful – group work, confidence, and empowerment.
Rejecting an overprotective and privileged lifestyle	Freedom and making one's own choices in life.
Rejecting the educational pathway	Making own educational choices.
Rejecting the judgemental nature of others	Freedom and making one's own choices in life.
Relationship breakdowns triggering homelessness	Relational disintegration.
Rich people don't care about poor people	The rich/poor divide.
Sadness at spending Eid alone	Cultural alienation and homelessness.
Seeing self as <i>vulnerable</i> and at risk	Self-categorisations of <i>vulnerability</i>
Seeking out more stability	Moving away from the instability of homelessness.
Self-development is important for moving on with your life	What does recovery look like?
Selfless acts even when you're suffering	Altruism.
Sexual harassment or unwanted attention	Threat and danger.
Shame at others knowing what goes on in an abusive home	DV.
Sleeping outside on the streets is the worst option	Rough sleeping.
Socialising with homeless people might mean mixing with the wrong crowd	Avoiding potential threats to self.
Society doesn't expect women to become homeless	Stereotypes of homelessness and gender.
Society judges homeless	Stereotypes and condemnation from others.

Name	Description
people	
Some hostels have a reputation	Unsuitable accommodation.
Some people are to blame for their housing circumstances	Taking responsibility? Judging others for loss of home?
Some people might feel safe in hostels but others will not	Dangers in accommodation.
Some people will take advantage of you	Perceptions of <i>vulnerability</i> .
Some women lose contact with their children completely	The parent-child relationship.
Sometimes you need to be pushed out of your comfort zone	Doing what is uncomfortable can be helpful.
Staff are consistently accessible and in contact	The importance of the relationship with staff.
Staff are replacement for family and friends	The importance of the relationship with staff.
Staff being with you can offer a sense of safety and protection (a safe base)	The importance of the relationship with staff. Attachment bonds.
Staff breaking your trust and confidence	The importance of the relationship with staff.
Staff can be a shoulder to cry on	The importance of the relationship with staff. Emotional support.
Staff can help with communication barriers	The importance of the relationship with staff. Practical help.
Staff have the power to retraumatise with their actions and words	The importance of the relationship with staff. Power and threat.
Staff misconduct at the refuge	The importance of the relationship with staff. Abuse and exploitation.
Staff should be directive, not just good listeners	The importance of the relationship with staff.

Name	Description
Staff support as an invaluable lifeline	The importance of the relationship with staff.
Staff taking a slow and gentle approach when it comes to education and employment	The importance of the relationship with staff. Pace and timing.
Staying in a hotel	Temporary accommodation.
Staying in contact with your children can be difficult	The parent-child relationship.
Staying out of the way in a hostel can be the best option	Keeping safe in accommodation.
Staying with people you know means you are safe	Safety and support networks.
Strict schedules are problematic for sex workers	Loss of freedoms has practical problems.
Struggling to live by strict house rules	Loss of choices and freedoms.
Substitute children	Relationships.
Suffering from financial abuse	Exploitation and abuse while homeless.
Suicide as a way of escaping DV	Looking for means of escape when there is no other option.
Suicide as a way out of homelessness	Looking for means of escape when there is no other option.
Superiority over drug users	Judgemental attitudes to coping strategies?
Support can come from other homeless people	Peer support.
Support from and connection to family keeps you going	The importance of a support network.
Support should be tailored to individual needs	Bespoke support = helpful.
Support with navigating employment and education (via appropriate skills)	Help navigating options = helpful.

Name	Description
Surround yourself with the right people to stay on track	The quality of support networks.
Surviving homelessness makes you a stronger, better person	Post-traumatic growth.
Taking action against staff misconduct	Self-advocacy.
Taking control of your life	Choice, power and control.
Teaching basic skills can help migrants to fit in	Life skills groups = helpful.
Telling your story is important	Being heard/seen/understood.
The client led group	Choice and control over group work content.
The emotional support of staff is like a substitute parent	The importance of the relationship with staff.
The experience of homelessness is a tough life lesson	Hardships and challenges of homelessness.
The fear of approaching services for the first time	Barriers to support.
The fear of leaving your home for the unknown	Loss and fear.
The group has the power to decide the activity	Power and control over group content.
The group is intimidating	Barriers to engagement.
The hostel is like purgatory	Unsuitable accommodation.
The importance of feeling loved	Relationships.
The importance of having your own space	What home means to people.
The importance of privacy	What home means to people, and the implications of its loss.
The importance of social connections and friendships	Relationships and support networks.

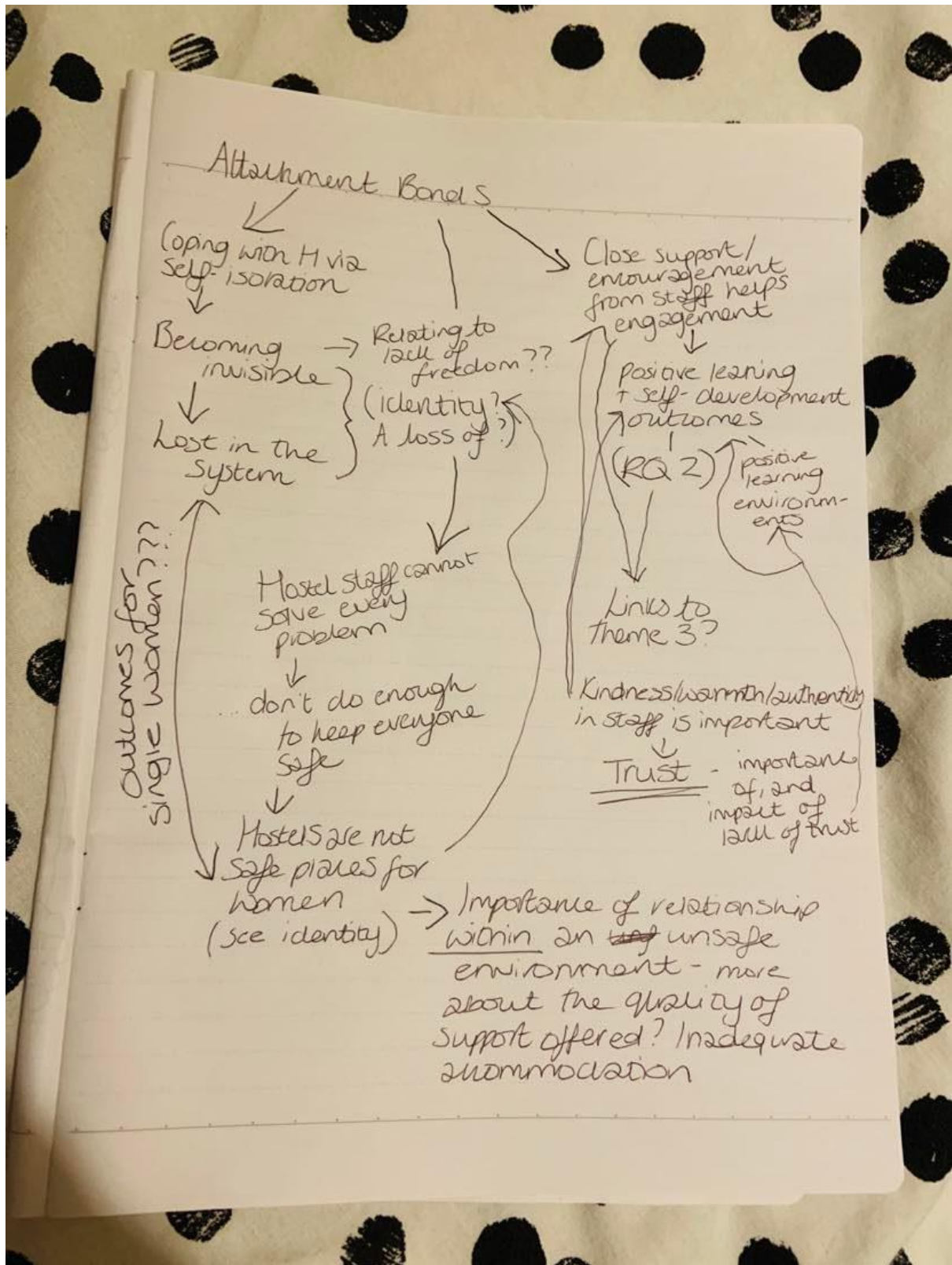
Name	Description
The journey out of homelessness is full of ups and downs	Homelessness is not a linear experience.
The lasting impact of DV and abuse	Mental health and trauma.
The need for women only spaces	Gendered service provision.
The options for homeless women are limited	The lack of gendered service provision.
The options for single women are limited	The lack of gendered service provision.
The people who are meant to look after you can take advantage of you	Threat and danger from professionals.
The politics of living in shared accommodation	Temporary accommodation.
The psychological toll of losing your children	Parent-child relationship – mental health.
The refuge is run like a prison	Loss of freedoms – unsuitable accommodation.
The staff are like guardian angels	The importance of the relationship with staff.
The support of staff can help you to get through the experience of homelessness	The importance of the relationship with staff.
The support offered has to feel appropriate	The importance of the relationship with staff.
The terror when your DV is exposed	DV.
The welfare system is potluck	Experiences of the welfare state.
The wrong housing can make your mental health worse	Unsuitable accommodation.
The wrong housing can make your physical health worse	Unsuitable accommodation.

Name	Description
Theft is common between people in hostels	Threat and danger – accommodation.
There is always the option to find shelter if you want it	Lack of option/choice with accommodation.
Trauma-informed staff helps you to feel safe	The importance of the relationship with staff – psychologically informed – places of safety.
Trusting the staff helps to build your confidence	The importance of the relationship with staff.
Trying to find a job, but not succeeding	Barriers to employment.
Unable to have children	Parent-child relationships (lack of).
Understanding regional accents makes finding work hard	Barriers to employment for non-English speakers.
Unfairness of becoming homeless	Experiences/perceptions of homelessness.
Unfaithful and abusive partner	DV.
Unorthodox means of accommodation	Ensuring access to accommodation where options are limited.
Unstable employment means lack of housing options	The link between work and housing.
Unsuitable living conditions prior to homelessness	Pre-homelessness experiences – poverty?
Using drugs can keep you in the cycle of homelessness	Coping strategies with unintended consequences.
Using drugs can make you <i>vulnerable</i>	Coping strategies with unintended consequences.
Using drugs shows weakness	Judgments on the coping strategies of others.
Using lived experience to help others	Altruism – personal knowledge of homeless experience can be used for good.
Valuing one-on-one support	Support and relationships with staff.

Name	Description
Wanting to help others despite not having all the help you needed	Altruism.
Welfare as only form of income	Experiences of the welfare state.
When others intervene to stop DV	DV.
When staff go above and beyond to help it means everything	The importance of the relationship with staff – going the extra mile.
When those who are meant to help you harm you	Exploitation.
When you are homeless you feel trapped in it	Loss of freedom – lack of options.
When you are in a good place helping others is important	Altruism.
When you can't express your feelings you suffer psychologically	Language barriers and mental health.
When you need help the most you don't get it	Lack of support.
Why would a person treat another person this way	Experiences of cruelty.
Witness to violent or traumatic incidents	Threat and danger – trauma.
Women without children are not prioritised for support	The parent-child relationship – impact on women.
Women's needs sidelined for men's needs	Gendered experiences of a lack of support.
Work doesn't have to be paid to be meaningful	The benefits of voluntary work.
You can rebuild your strength with the right support	Support and recovery.
You don't know where to start	Navigating the employment system.

Name	Description
(employment)	
You have to hide DV from others	DV.
You have to take whatever you're given	Lack of options/lack of choice.
You need to go at your own pace	The importance of pace and timing.
You need to work on yourself before you're ready to work	Recovery and employment.
You should feel safe in the place you live	Unsafe/unsuitable accommodation.
You should get help but you don't	Lack of adequate support.
Young, alone and without a home	Identity and homelessness.
You've got to push yourself (because other people won't do it all for you)	Motivation and helping yourself.
You've got to put yourself first	Prioritising own welfare.

Appendix 14: The messiness of RTA: developing themes ideas



Appendix 15: Theme development table

Developing/refining themes: how do the findings answer the research questions?

Theme 1: Experiences of threat and perceptions of vulnerability

Research Question	Findings
Q1: What have been the experiences of single, adult women, moving through homelessness while accessing support at a specialist service?	Feelings of being under threat or in danger were commonplace amongst single, adult homeless women, especially in relation to various types of unsuitable or inadequate accommodation.
	Experiences of threat or danger existed prior to, and often precipitated homelessness. Threats included housing, employment and financial precarity, and threats of physical harm and emotional abuse by male partners. Two of the women experienced domestic violence and one financial abuse prior to homelessness.
	Accommodation insecurity and frequent movement between accommodation were evident, speaking to the disruptive and unsettled quality of life experienced.
	Only one of the seven women referred to staying with friends or family, while the others experienced a combination of homeless shelters, hostels, rough sleeping, temporary housing, and own rented housing.
	Accounts of accommodation as traumatic were evident, particularly where the women were exposed to violence,

	drug use, theft, serious mental health issues, and self-harming behaviours.
	Accounts of accommodation unsuitable, particularly for women, were evident, as well as descriptions of squalid and prison-like conditions.
	Accounts of accommodation as sites of exploitation were evident, with two of the women being subject to financial and emotional abuse.
	Six out of seven women explicitly or implicitly categorised themselves as “vulnerable”, which was evident particularly where they were exposed to threat or danger due to inadequate provision of accommodation, lack of broader support, and multiple systemic failures.
	Several of the women directly linked their self-identification as “vulnerable” to their identity more broadly, such as young woman, or non-English speaker as a woman with immigrant status. Not having the outward appearance of a stereotypical homeless person was further linked to inadequate support. Being a non-English speaker was linked to exploitation and abuse pre and mid-homelessness, as well as a major barrier to employment.
	The experience of homelessness is a trauma, the effects of which were still being felt by woman in relatively secure and stable housing.

Theme 2: “*She’s still stuck by me and I love that about her*” - Attachment bonds between the women and the staff as a precursor to healing and growth.

Research Question	Findings
Q1: What have been the experiences of single, adult women, moving through homelessness while accessing support at a specialist service?	<p>Experiences of relationships pre- and mid-homeless:</p> <p>Some women had experienced a severance of relationships upon entering homelessness, due to abandonment, or complex domestic violence situations. Other women had no friends or family to call upon due to immigration status. This led to acute loneliness, isolation, withdrawal, and mistrust of others. The impact of the COVID-19 pandemic on isolation and mental health was noted by one woman.</p>
	The importance of authentic, meaningful, warm relationships with staff was highlighted.
	Relationships and trust building with staff had to be earned and built up slowly. These relationships take time, and there is no quick fix.
	The quality, consistency, and timing of the

	relationships with staff appeared to be important – where women felt that they could rely on staff and good quality support was received quickly, this appeared to have a positive impact.
	The relationships between women and staff were sometimes akin to a parent-child bond. Proximity helped them to feel safe; encouragement, empathy, and support helped them to feel validated; and hands-on practical support helped to build their skills and confidence in moving towards a more independent future.
	The importance of support as individually tailored and responsive to specific needs and changing circumstances was highlighted, and staff were praised where they went above and beyond to meet the women's support needs.
Q2: What do single, adult homeless women feel has been helpful when accessing adult education and 'basic skills' courses through a specialist service?	A gentle, measured, paced approach which starts with relationships appears to be key to any engagement with services, especially where women have experienced trauma, exploitation, or abuse. Where a safe, non-pressurising space is offered in the first

	instance, it can build confidence and open doors for future engagement.
Q3: What do single, adult homeless women feel has been unhelpful when accessing adult education and ‘basic skills’ courses through a specialist service?	Failing to build relationships with women, particularly in the early stages of homelessness, or where there are prolonged gaps in support, may leave women feeling reticent in asking for help. This in turn may make the delicate process of engagement and trust building, and engaging with skills and education groups even more protracted, or make it more likely to be successful at all.

Theme 3: The importance of choice and freedom

Subtheme 1: Loss of choice and freedoms during homelessness is damaging to women’s emotional, psychological, and physical well-being.

Research Question	Findings
Q1: What have been the experiences of single, adult women, moving through homelessness while accessing support at a specialist service?	Where women lacked choice around their accommodation, this often appeared to leave them feeling under threat, and trapped in a prison-like environment, which had a negative impact on their emotional well-

	being.
	<p>Experiences of restrictions on choices and freedoms in daily life were highlighted – particularly with reference to the ability to make choices around food and mealtimes, following house rules, and visits from friends or romantic partners, etc.</p> <p>Restrictions were experienced as having a negative impact on emotional well-being e.g., feeling infantilised, and on physical health, e.g., being denied the ability to eat a well-balanced diet.</p>
	<p>Where women felt trapped in accommodation, and left languishing there for long periods of time and having little control over their own circumstances, this could mean that women felt powerless, forgotten about, lost in the system, and sometimes dehumanised. Feelings of despair and hopelessness were also highlighted.</p>
	<p>Where women felt trapped, with few options, and little help available, alternative</p>

	ways out of homelessness were sought, including entering abusive relationships, and considering suicide.
	Three of the women, who were mothers, appeared to have little choice around the continuation of this role once they had been rendered homeless, and therefore rendered single. This inevitably took a toll on women's mental health, to a greater or lesser extent.
Q3: What do single, adult homeless women feel has been unhelpful when accessing adult education and 'basic skills' courses through a specialist service?	Being caught up in a spiral of debt, low or no income, and low paid work appeared to create a sense of urgency in finding paid employment and easing immediate financial crises. Helping women with their financial difficulties may allow them greater breathing space, and flexibility to prioritise career and educational goals, and attend the necessary skills and educational courses necessary to move down a preferred career pathway.
	There was evidence that being employed, and being housed, do not necessarily translate into a sense of certainty, being settled, or being able to make meaningful

	contributions to society (?), particularly where ongoing financial difficulties may mean an ongoing threat of homelessness.
	Regular ESOL lessons may not necessarily translate into English language skills proficiency, a lack of which can create major barriers to employment, and often mean many jobs are unobtainable. This was highlighted as one woman spoke of her language skills preventing her from taking on many public facing role, and a real difficulty in understanding regional accents and colloquialisms

Theme 3: The importance of choice and freedom

Subtheme 2: Fostering a sense of choice and freedom within skills and education pathways has positive outcomes for self- development and self-efficacy.

Research Question	Findings
Q2: What do single, adult homeless women feel has been helpful when accessing adult education and ‘basic skills’ courses through a specialist service?	Having the freedom to choose not to engage in education and skills development, where housing and financial issues have to a greater or lesser extent been addressed, may be important to women’s sense of agency, self-efficacy, and focus on self-

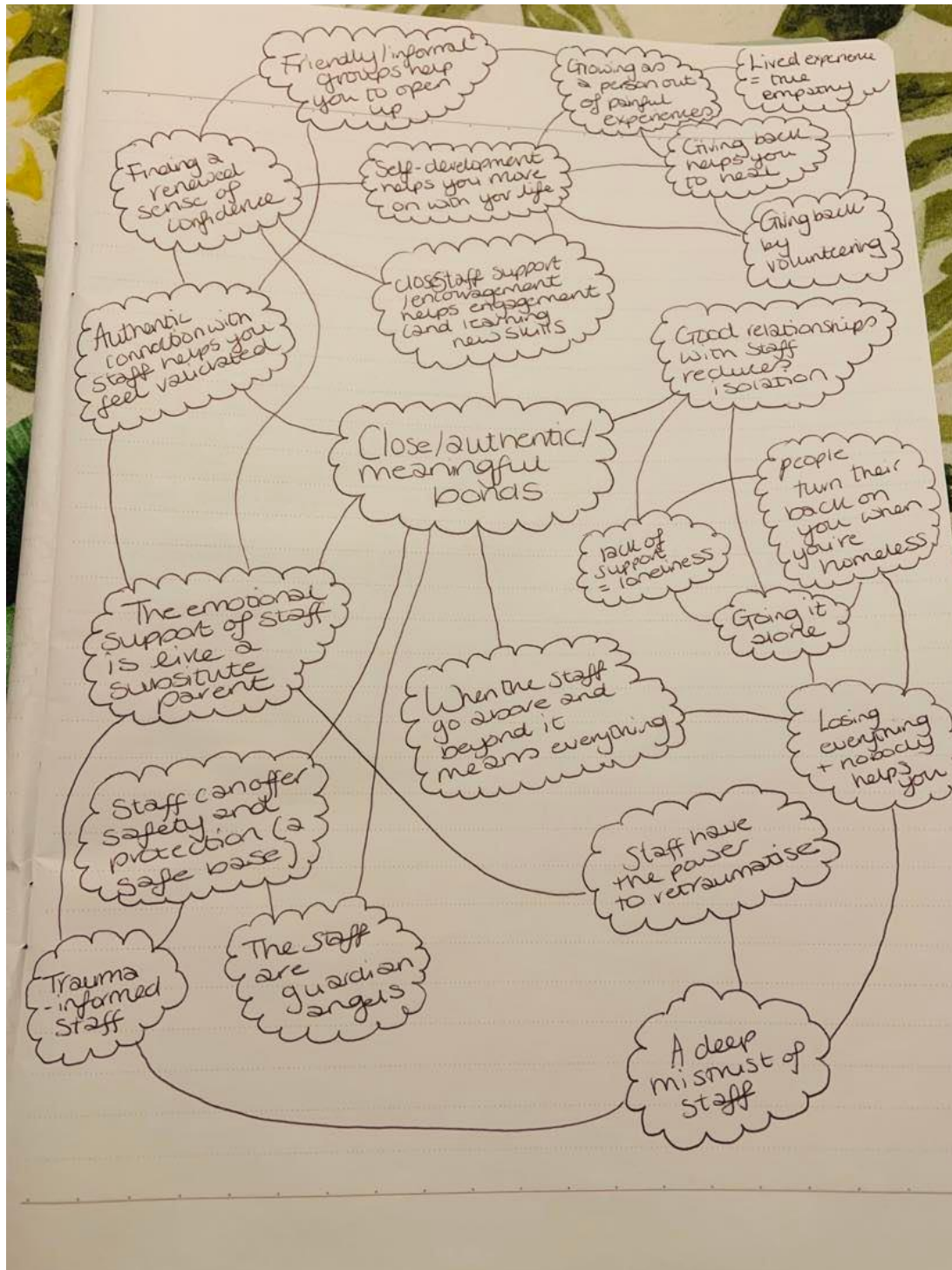
	development.
	Choice and a sense of control appear to be helpful in building confidence and skills through the engagement of groups and activities. Gradual, slow steps into group activities and learning appear to be helpful in easing nerves and allowing trusting relationships to begin to grow.
	<p>The importance of setting one's own agenda was highlighted, in terms of which skills are learned, or which educational pathways are pursued.</p> <p>Bespoke skills, education or employment training and opportunities regarded as important in building self-confidence and a greater sense of autonomy amongst many of the women.</p>
	Developing (or re-developing) soft skills, creativity, fun and self-expression appeared to be highly valued in forming the basis for a learning and skills pathway – as opposed to

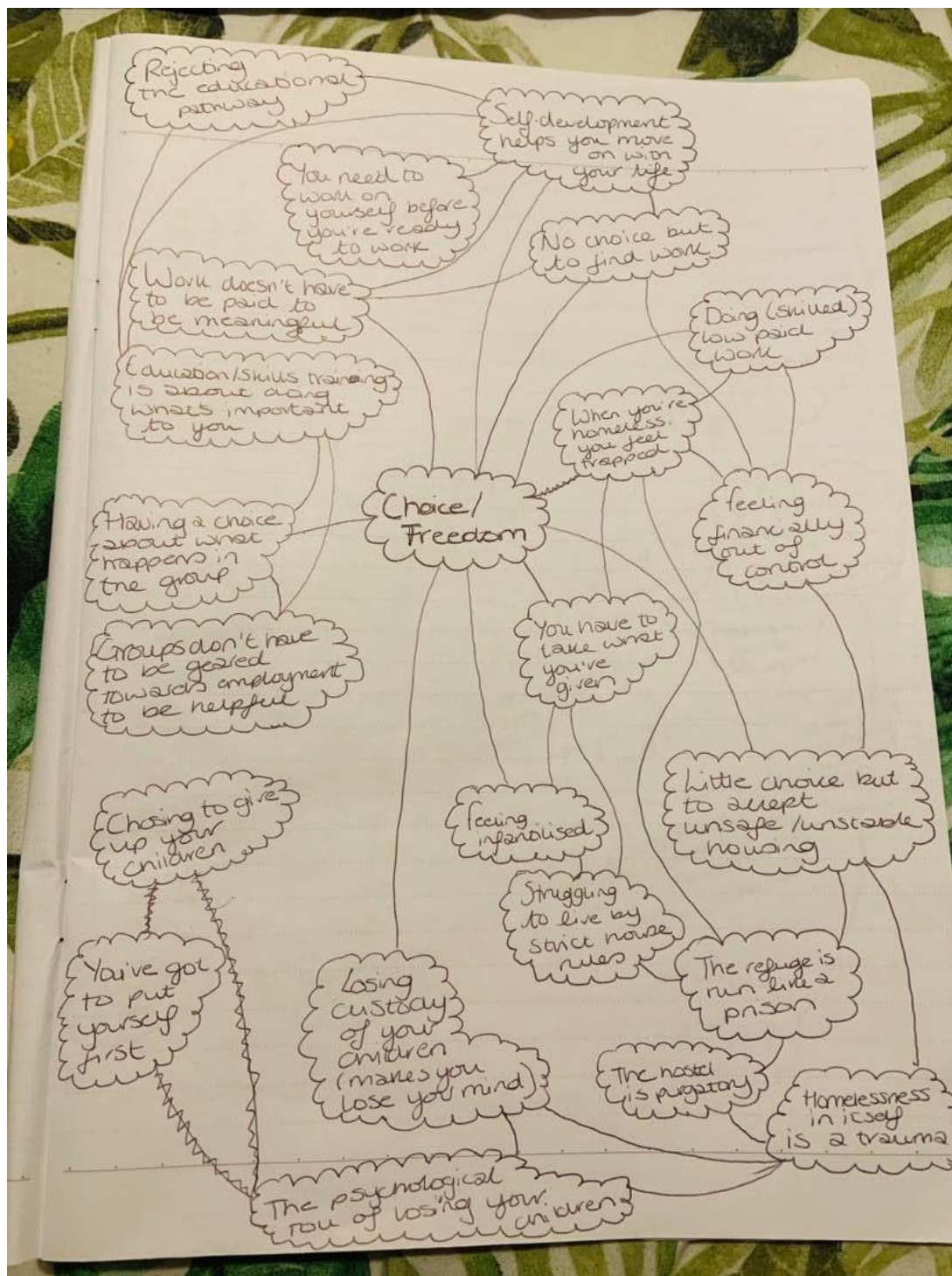
	<p>more traditional learning activities which may be seen as crucial for employment (maths and English).</p>
	<p>The opportunity to pursue their own interests, values, or what mattered most to them was highlighted as helping the women to feel empowered, and to forge meaningful recovery pathways, often using their lived experience and knowledge (of homelessness/trauma/abuse/mental and physical health issues) to help others facing the same circumstances.</p>
	<p>Most of the women had altruistic career goals, but it appeared to be mainly those who had been afforded greater freedom in pursuing these goals, and received prolonged, authentic, high quality, and consistent support in doing so, that were making the greatest strides towards them (freedom and choice, and the right support = empowerment).</p>
	<p>Where niche and idiosyncratic goals and ambitions were nurtured by staff, this resulted in positive educational and career outcomes.</p>

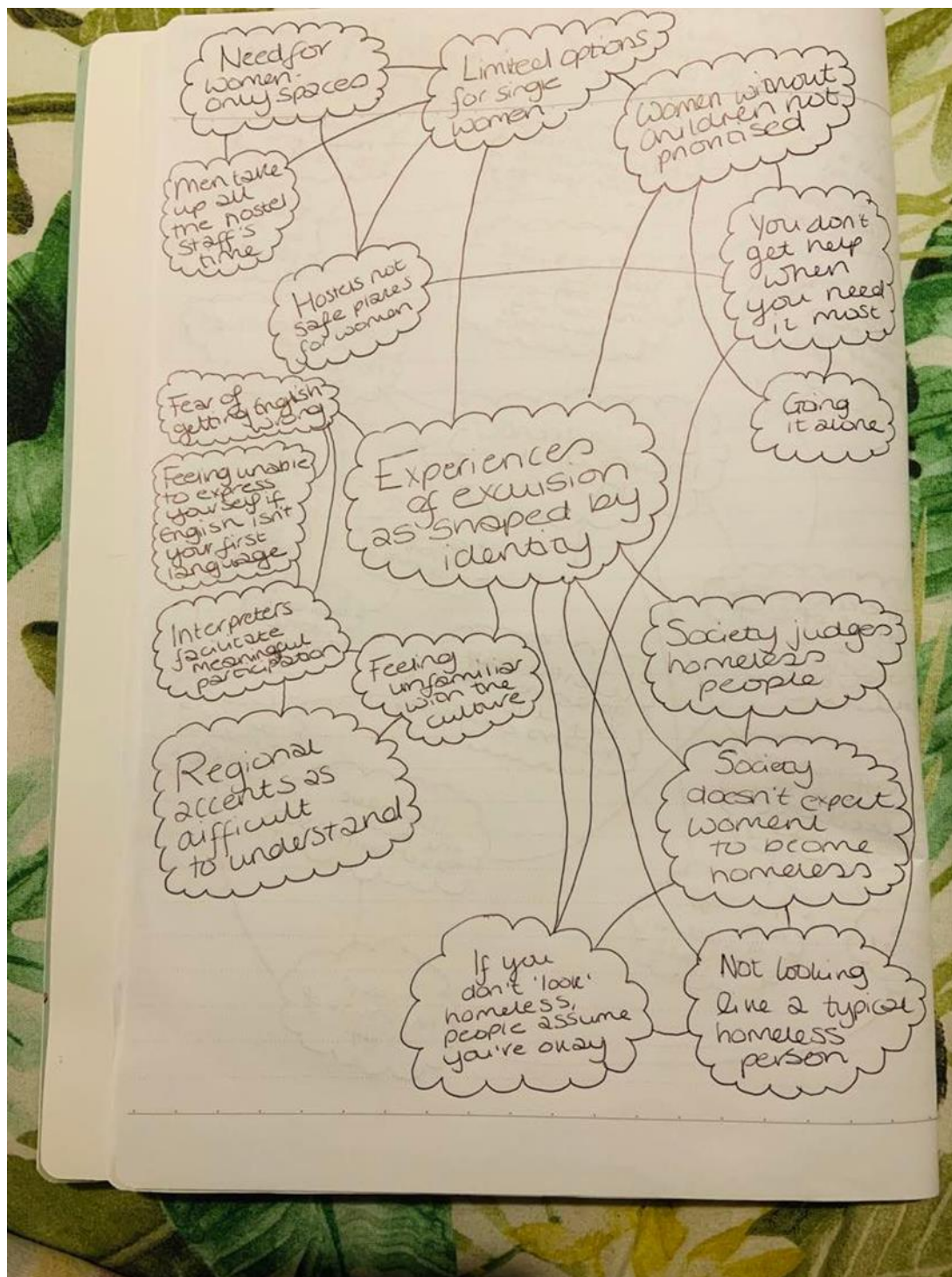
<p>Q3: What do single, adult homeless women feel has been unhelpful when accessing adult education and ‘basic skills’ courses through a specialist service?</p>	<p>Where women have experienced a chronic lack of support and ongoing financial difficulties and restrictions, it appeared they felt fundamentally less able and empowered to pursue their own unique career goals.</p>
	<p>Where women feel pressurised to go back into (often low paid) work, particularly where they had mental health difficulties, poor outcomes for mental health and cessation of work were noted.</p>

Appendix 16: Thematic mapping

Example theme mapping and development (playing around with codes and candidate themes)







Appendix 17: Reflexive journal excerpts

04/02/22

I am just home from an interview and wanted to catch my thoughts while they're fresh.

The woman I spoke with today was amazing. She had really been through so much as such a young age and appeared to be in a really good place – her own flat, thinking about volunteering, starting college in September. She seems to have so much to look forward to, and a real sense of hope and direction. I am aware that I only have a “snapshot” of information to go on, and I don't know if it really is all sunshine and rainbows for her now. I suspect not. In fact, she had hinted at difficulties around feeling anxious, and not wanting to be alone too much at home, so it made me think about the lingering difficulties one might experience after homelessness. You can have a place of your own, direction, goals, a support network, and still feel scared. It makes sense really, after seeing what she has seen and going through what she went through – trauma doesn't just dissipate once you have physical safety.

I also really enjoyed this interview and was aware of what felt like a really good rapport from the start. She was bright, funny, and engaging, and even though we spoke for a long time, I sensed there was so much more to know! I was actually disappointed when we had to end, as someone needed the room, but it gave me thoughts about further research, later down the line, and just how much knowledge and expertise these women have of this area. They really are an incredible font of knowledge and it's so great that they want to share it.

I also wanted to process my reactions to her, and especially the way she presented herself. She looked amazing, in a gorgeous dress, with hair and makeup done. Perhaps I was a bit surprised, I don't know, it's hard to express quite what I felt when I saw how well she looked. But then again, what was I expecting? Someone to show up in torn, tattered, dirty clothes, unkempt hair, and a dirty face? Perhaps there is some sort of unconscious bias going on here,

or at least a preconceived idea of what homeless looks like. This was important, as she told me she tried to stay looking well put together throughout homelessness, which I think I would too! But her outward appearance seemed to mean she was earmarked as not needing help, and not really being in a state of desperation. It seems really strange on reflection to think that her appearance and identity as a young woman could be a barrier to help – why else would she be sleeping in such awful places unless she had to? But if I noted her appearance – and I like to think my training has given me good levels of self-awareness – then others would too. And perhaps make assumptions. With negative consequences. Something to ponder...

07/04/22

Another interview done! Again, as with pretty much all of my interviews, I had the sense that we needed more time, as there was so much to know! But, I am really grateful for the time they were able to give me, and I hope I can use this data well.

One of the women I spoke with today really brought out the “therapist mode” in me. I had to be really mindful to stay in “interview mode”, while being warm, curious, and authentic. It’s actually a very challenging (and potentially arbitrary?) line to tread! Especially when I had this sense that the woman I was speaking to needed some help/guidance/a safe therapeutic space. I could be wrong here, but it seemed that because she spent so long without help and support, that she had still not gained a level of trust and comfort that many of the other women seemed to have. I felt like I was speaking to someone who was at the beginning of the journey, rather than a good way down the path. It’s not about me, but something that brings me comfort is that she is now getting the help she needs, and from the right people.

Anyway, I feel I managed to keep the boundaries and stick to my role well enough. It was really shocking to hear about her losing her home, children, and whole life. I felt angry on her behalf that she had felt her poor mental health meant people had given up on her. As if she

was too far gone to be helped. Such a strange thing, that when people are crying out for help, so obviously in need of something, they don't get it. If someone was there at the beginning, with proper mental health/trauma training, then perhaps none of this would have happened. And her kids being taken away from her was so brutal and unnecessary. It seems like she was *deliberately* pushed to the edge. Everything that she went through seemed to have this enormous impact on her confidence – she had hopes and aspirations, but I just came away with this overwhelming sense of her lack of self-belief. Even though she now has people to help her, to show her how to get where she wants to be, and be kind to her, it felt like she had these emotional blocks. It's something to think about, especially when I think about employment and training. There's almost this assumption that it's really straightforward – you get a job, you get money, you get out of homelessness. But it's clear to me that it takes time. It's a process, and not an easy one. Women need space, to understand what they've been through, rebuild that trust (if that's possible! – I hope so) and rebuild the sense of who they are. You can't just skip back into the world of work when you've been through a potentially life-shattering experience. Lots to think about with this interview, as ever.

Face-to-face interviews can also be stressful I have come to learn. Mainly in the logistics of it. There is necessary travel involved, which means some stress dealing with public transport, busy crowds (and keeping COVID safe), and finding my way around an area I don't know. As I was on the train, I thought it important to read through my interview materials, so I felt well prepared, but also to take some time to get into the right headspace for interviewing. On previous interview days, things have not run to schedule, taxis have not turned up when they are supposed to, and the whole thing was stressful. I don't feel like it impacted my interviews too much, but I did feel flustered beforehand – not ideal! I have planned these interview days as carefully as I can, but I suppose when things go wrong that are out of your control, you have to stay calm and accept it. It can be an issue though, as it could evoke tensions with the

gatekeeper relationship when running late. I am acutely aware of using their time very wisely and being grateful for it.

Appendix 18: Ethical approval from the University of Manchester

