

**“Hell on Earth”: Single mothers’ experiences of temporary accommodation in London and its impact on their mental health.**

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Declaration of interest statement

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## **Abstract**

Working therapeutically in the United Kingdom, means working with individuals made homeless by a housing crisis created by economics and policy decisions. Negative effects are often experienced by the most vulnerable with subsequent injustices concealed by those at the top; this has been conceptualised as a structural violence. Whilst the mental health of homeless single mothers and their children is disproportionately affected, research on structural inequality is minimal and neglects lived experience. Semi-structured interviews with 12 single mothers living in temporary accommodation in London were analysed using Thematic Analysis. Four main themes emerged: 'Neglect and abuse within a powerful, unjust system', 'Futility, entrapment and cycles of suffering', 'Mothering against the odds', and 'Surviving and resisting in the face of adversity'. Results highlighted the distress temporary accommodation created for mothers and children. Despite this, love and care were evident within mother-child relationships. Through individual and collective action, mothers strove to resist the sources of their distress, even whilst facing adversity and stigma, providing insight for therapists on the operation of structural violence. Social action psychotherapy provides a collective approach addressing experiences of stigma and material inequalities where professionals can acknowledge the reality of oppression and stand in solidarity to resist it.

## **Keywords**

Single mothers; homelessness; temporary accommodation; mental health; structural violence; inequality; resistance

Working therapeutically in the United Kingdom's (UK) National Health Service (NHS) means working with those whose mental health has been affected by more than a decade of austerity measures and income inequality (Bourquin, Joyce & Norris Keiller, 2020). In the UK, extreme wealth is generated by London's housing stock for investors across the globe, for whom it serves as a reliable investment (Minton, 2017). Treating homes as investments triggers extreme poverty and deleterious outcomes, and consequently, London has a "housing crisis", particularly for those who are the most vulnerable in society (Hardy & Gillespie, 2016, p1). Specifically, policy and legislation have been linked to increased homelessness in the UK, particularly in London (Lees, 2008; Watt, 2018).

Since 2010, UK governments ostensibly utilise market mechanisms to achieve urban regeneration (Lees, Slater, Wyly & Taylor, 2008) by enabling councils to mandatorily sell publicly owned land in high value areas to private investors (Shelter, 2015). This process often involves the demolition of council estates with its affordable housing, and although new properties are built, fewer social homes are included (Minton, 2017). Such policies displace low-income families, separate communities (Shelter, 2015), and generate structural inequality. In addition, other contributors to increased homelessness include cuts to housing and disability benefits (Shelter, 2019), the benefit cap (Rugg, 2016), and the Localism Act (Legislation.gov.uk, 2011) which enables local authorities to remove people from housing lists if offers of accommodation are refused – even in cases where the accommodation is miles away from their families and communities (Foster, 2016). These issues are exacerbated for those whose immigration status means they have No Recourse to Public Funds (NRPF), that is, they are given no access to housing assistance, tax credits or most UK benefits (Home Office, 2019). Other chronic contributors to homelessness include lack of rent control and spiralling rental costs (Minton, 2017). The impact on relationships, and cultural and social identities, has been explored through Bourdieu's concepts of capital which traces connections between such structural economic factors and lived experience (Thatcher, Ingram, Burke & Abrahams, 2015).

Whilst there may be differing implications across Europe in terms of country specific economic contexts, social histories and application of policies, specifically in the UK, the number of homeless families in temporary accommodation<sup>2</sup> in London is on the rise (House of Commons, 2019). Those particularly impacted are children in single parent families, who are around twice as likely to live in poverty as children in couple families, and women, who head 90% of single parent households (Rabindrakumar, 2018). Austerity, therefore, tends to disproportionately affect homeless mothers (Vickery, 2012), with immediate housing and food concerns impacting their wellbeing (Bassuk & Beardslee, 2014; Roze et al., 2018), and their children's wellbeing (Holtrop, McNeil, & McWey, 2015). Indeed, compared to non-homeless mothers, homeless mothers have higher rates of depression (Bassuk & Beardslee, 2014; Roze et al., 2018), stress (Bassuk & Beardslee, 2014) and anxiety (Suglia, Duarte, & Sandel, 2011). A multi-year cohort study found negative impact of homelessness on maternal mental health, that persisted even after being housed (Gilroy, McFarlane, Maddoux, & Sullivan, 2016). This can create strain in mother-child relationships by impacting mothers' ability to interpret and respond to their children's behaviour (Anthony, Vincent, & Shin, 2018).

Research on the impact of structural inequalities on mental health has focused on wider macro level issues or inequalities in mental health service provision. Between country differences in income inequality and incidences of mental health issues have been documented (Wilkinson & Pickett, 2018); and differing European policy regimes clearly show the impact on socioeconomic inequalities and women's mental health (McAllister et al., 2018). Further, the global impact of COVID-19 reveals the effect of living environments on mental health (Amerio et al., 2020). For those already affected by inequities in housing, addressing the individualised impact structural inequality has on mental health should be prioritised by policy makers, funders of mental health services, housing providers and governments.

Societal structures often place groups of people at the bottom of social and material hierarchies where they may end up with unmet basic physical, social and psychological needs (Galtung, 1969; Farmer et al., 2006). As those nearer the top may conceal

injustices making them invisible, the consequential harm from this has been conceptualised as structural violence (Galtung, 1969). Consequently, working therapeutically with those who have experienced structural violence requires a realistic understanding of social conditions to minimise blame and distortions of experience (Adlam & Scanlon, 2009).

Inadvertently, concealing injustice is a potential threat that all healthcare workers face. Indeed, by using aspects of positive psychology to explain unemployment, psychology can have a complicit and disciplinary role in the coercive aspects of social welfare, which potentially erases structural factors and can lead to exploitation (Friedli & Stearn, 2015). Single mothers have long been subject to similar negative discourses (Cooper, 2017) and discrimination (Benbow et al., 2019; Tyler, 2008), which can intersect with classism (Tyler, 2008) and racism (Benbow et al., 2019). These discourses influence public policy (Shildrick, 2018) exacerbating society's high expectations on mothers; for example, through the concept of intensive mothering where women are encouraged to take full individual responsibility for their children's welfare at the expense of their own health and well-being (Ennis, 2014).

There is minimal research on single mothers' experiences of homelessness in temporary accommodation in London. In this study, to minimise psychologists' complicity, careful consideration was given to a qualitative methodology (Friedli & Stearn, 2015). We aimed to record mothers' lived experiences, noticing connections they made between their mental health and their social conditions. This was achieved through the following research question:

What are single mothers' experiences of living in temporary accommodation in London like and what impact does it have on their mental health?

## **Materials and Methods**

Due to its flexibility in identifying and analysing patterns of meaning, thematic analysis was used to analyse semi-structured interviews with self-identified single mothers living in temporary accommodation in London (Braun & Clarke, 2006).

The first author devised the interview schedule through consultations with people with lived experiences of homelessness and mental health problems, the research team and literature. Questions and prompts included:

1. Could you tell me what it is like living in temporary accommodation?
2. What is your experience of services who provided your housing? *How did this affect you and your children?*
3. Could you tell me how living in temporary accommodation affects your day to day living? *What is this like for you and your children?*
4. Could you tell me about your wellbeing and mental health and how this has been over time?
5. What do you think your child's experience of temporary accommodation has been? *How has it affected them, how does this affect you?*
6. What is the experience of your community like for you and your children?
7. What helps you cope with your situation?

### *Participants*

Due to its appropriateness for recruiting small samples from specific geographical areas, purposive sampling was used in London pre-COVID-19 pandemic to recruit from housing campaign group meetings, a community support project for mothers living in temporary accommodation, and advertisements on Twitter.

### *Data collection*

Demographic data was obtained (table 1) from twelve single mothers aged 26-45 (Mean age=32). As interpreters were unavailable participants were English speakers. The first author conducted ten face-to-face interviews in private rooms within public spaces and two telephone interviews. Interviews lasted 30-120 minutes, were audio recorded and

transcribed verbatim by the first author. Following the interview, participants were given the opportunity to share further information, and were given a £10 voucher and debrief sheet.

### *Ethical considerations*

Ethical approval was granted by the institution's ethics committee (protocol number: aLMS/PGT/UH/03424(2)). Participants were given information sheets and informed consents were obtained. Participants were made aware of interviews being recorded, stored, deleted on transcription, and anonymised data used in a publication.

Confidentiality was ensured throughout with identifiable information removed during transcription and pseudonyms applied. Participants were in vulnerable positions due to homelessness, financial hardship and isolation. Four participants disclosed suicidal ideation, necessitating risk assessments; one consented for their doctor to be contacted when unable to give assurances of safety. Full debriefs were conducted.

### *Data analysis*

To explicitly explore surface level meanings and underlying assumptions, issues and ideas, data were analysed inductively rather than being theory driven (Braun & Clarke, 2006). The analytic process involved moving back and forth between the phases of thematic analysis: familiarisation with the data; generation of initial and overarching codes; identification of themes; and reviewing and defining themes to ensure they were distinct from each other, meaningfully conveyed participants' accounts, and reflected the data set and codes (Braun & Clarke, 2006).

### *Quality assurance*

Standards for reporting qualitative research were utilised throughout; for example, to enhance credibility processes of triangulation took place through consultations from those with lived experience and clinicians working with families facing homelessness;

following analysis, member checking was conducted with all participants; two responded confirming the themes (O'Brien et al., 2014). To ensure reflexivity, the influence of personal beliefs on the research process was considered (Braun, Clarke, Hayfield & Terry, 2019), and reflexivity was maintained through a reflective log and reflexive conversations between peers and the research team to identify points of difference; codes were updated to represent multiple perspectives (O'Brien et al., 2014).

## **Results**

Four themes emerged from the analysis: *Neglect and abuse within a powerful, unjust system; Futility, entrapment and cycles of suffering; Mothering against the odds; and Surviving and resisting in the face of adversity.*

### *Neglect and abuse within a powerful, unjust system*

This theme represents the sense of powerlessness when attempting to navigate a system which exerted ultimate control. Participants described feelings of powerlessness and degradation from hidden games played by the system towards them. For example, many participants described feeling *threatened*, blamed or punished; Maha feared non-compliance might leave her with nowhere to turn:

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

Several participants conveyed an unchallengeable quality to the housing system, tragically symbolised when Maha stated that domestic violence would be more bearable than the systemic '*abuse*' experienced:

*The system will abuse you, and you will not be able to say anything...At least if your husband abused you, you can say it, you can threaten him. So the system,*



*you can't threaten them...Sometimes I feel like I should have stayed with my ex, I'll be beaten up, but at least I'll have a clean house and a roof on top of me and my children.*

The voiceless impotence of the situation overwhelmingly conveyed this sense of powerlessness and injustice. It seemed inevitable that underlying these experiences was emotional and psychological distress for many participants, as the impact from the external onslaught gnawed away, poignantly highlighted by Monika:

*I got PTSD, intrusive thoughts on and on and on and on and on in my head...the fact that they can do this, in a democracy. They can do this and then I can't do anything about this. It's takes your breath away. You're in a state of shock about how much you are not protected...the whole thing is so demoralising.*

Monika clearly named the experience as traumatic, with the powerlessness she felt from a purportedly fair democratic system which did not actually protect her. The system seemed even more demoralising when many participants experienced judgments from housing staff around their single mother and low-income status. Ava described the unintentional nature of her homelessness to escape domestic violence:

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

With no empathic response, such treatment left her feeling more like 'scum' rather than human. To compound this, deprived of basic items, many participants felt this sense of degradation within their basic living conditions. This was particularly poignant for participants with NRPF:

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

Indeed, with heightened emphasis, Ava stated the impact from housing issues and the housing system was 'hell on Earth':

*Being a single mum through my housing journey has been horrendous... to the council and present myself and get help, it's a battle. Being a single mum in temporary housing is hell on Earth, it's horrible, it's daunting, it's pressure, pressure, pressure. You're not supported fully by the council.*

*Futility, entrapment and cycles of suffering*

This theme highlighted the way participants felt entrapped within confined, unpleasant environments with stresses generated by the wider system repeatedly overwhelming them until they felt physically and emotionally depleted. Their living accommodation was likened to 'prison' conveying a sense there was no escape, provoking perpetual distress. For example, hauntingly nihilistic language by Ava emphasised her despair in feeling trapped:

*You're lied to when you move in, and you're told you'll be here two years...It's a time limit that's imposed, but I think will I die in this period of time? Before I leave this prison, will I be dead? Will I have killed myself?*

There were wider repercussions with participants describing distressed children who were impacted by instability:

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

One could sense the environment with unwanted co-habitants, physically and emotionally gnawing away, so children could not feel safe even in sleep. Similarly, poor conditions resulted in physical sickness for Maureen's child:

*Before we go to that house my baby doesn't sick. I don't take her to hospital but since I take my baby to that house she's sick always... her body is hot.*

These wider repercussions extended to medical professionals raising concerns about accommodation restricting movement for young children, limiting the ability to move in developmentally appropriate ways:

*Zainab: You can tell she doesn't have the space to play, because when she comes out, she's like a maniac, sorry- she just wants to be free, even my GP notices it, to tell the council, this child is so active.*

[Insert figure 1 near here]

This futile, intense entrapment within confined spaces was illustrated through Freya's drawing of a snow globe with others looking in (figure 1). A further poignant example of feeling cyclically trapped emerged through Ruqqaya's description of futile efforts to improve quality of life:

*You can't do anything, but service your babies, like to keep them alive. So we're meant to be in a 'first world country', which means that technically we're meant to be able to have the liberty to work....But when rent is so high, you would pretty much be expected to work for free, if not at a minus because of the childcare. Which then means like, technically we're slaves.....That does not make any sense at all. So yeah, it does grind you down and makes you feel a bit like worthless, effects your self-esteem, yeah, it's shit*

Ruqqaya's language conjured a nation whose policies created a pervasively exploitative system within all its layers - from working principles, to financial recompense, to basic survival strategies, to meeting basic needs; it was intensely draining, fueling feelings of worthlessness and distress. Maha described her distress when witnessing her children's distress:

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

### *Mothering against the odds*

This theme highlighted mothers' fulfillment, dedication and commitment towards mothering despite impacts on their mental health from the powerless, draining and futile positions they were in. Indeed, this was poignantly highlighted by Ava:

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

Valerie corroborated this, conveying her value in single motherhood in absolute terms, stating her stressors derived from inequities in the system:

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

Despite such hardship participants nurtured to their best ability, describing protective cycles of love and fear. Participants continually put their children first, 'sacrificing' their own needs for the wellbeing of their children:

*Valerie: Because I am a mother and I've got a daughter, what I have to do is take the sacrifice and stay there for my daughter, for her to be stable...if I'm going to get something for myself, I get it for my daughter. I rather not have, but she has.*

### *Surviving and resisting in the face of adversity*

This theme represented survival despite the hardships, from resistance to active, community-based initiatives which more positively impacted their mental health.

Aisha, facing darkness, took a position of resistance for her son, emphatically concluding she was a 'fighter': *I've been depressed, I've had some dark days where I just wanted to give up, but I look at my son and I could never do that, cos I'm a fighter.*

To protect their mental health participants described acts of individual resistance towards the system. For example, Valerie, refused to accept offers of accommodation outside of London believing it would be 'detrimental' to her 'wellbeing':

*Moving outside London to me is like moving outside the country. I don't know anyone, I have no support, I have no network. I suffer from anxiety...I refuse to put myself in a position or in a predicament where I know it's going to have a detrimental effect on my wellbeing....I'm not willing to step into it because I know my state of mind. I won't be able to control it. I can't do that on my own. Even having a job, who's going to help me with my daughter?*

Such resistance, at times, seemed a lonely place, as they sought to protect their children. In the face of such hardship, survival necessitated support from others. For example, Ava stated:

*My links are strong, and I love people in the community. I feel invigorated by the community when I see people that I know, who tell me they're supporting me, who*

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

In contrast to the nihilistic, absolute language describing the futility of their situation in temporary accommodation, Ava utilised emotive, positive language when describing the sense of 'love' within her community, energising her and improving her mental health. Valerie suggested that community relationships involving advocacy and support aided resistance towards the housing system enabling a better outcome:

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

Again, contrasts were palpable - those in the system tasked with providing temporary accommodation made participants feel judged and ignored; yet relationships from voluntary community groups provided help and emotional support. Likewise, Zainab described a sense of solidarity from a community organisation which helped her 'value life more':

*...now I've met other mothers and...seeing other people go through things, I've become friendlier. Now I value life more...Emotionally, it has helped me...You need to come out and look for organisations...someone is going through what you're going through....they will tell you it's not the end of the world.*

Thus, despite feeling engulfed amid adversity, mothers found ways to collectively persist and resist an abusive system.

## Discussion

Aside from research within the discipline of geography (Watt, 2018) the effect of living in temporary accommodation within London's chronic housing crisis, has not been documented. The impact for single mothers in temporary accommodation becomes even more pertinent given globally imposed COVID-19 lockdowns, and housing's generic impact on health and wellbeing (Amerio et al., 2020).

Complex systemic issues were prevalent (Bronfenbrenner, 2001) whereby interactions between housing policy/legislation, temporary accommodation and participants and their children's mental health were described; highlighting the plight of single mothers as they faced *neglect and abuse within a powerful, unjust system*<sup>3</sup>. Interactions with housing staff were traumatic, emotionally violent and degrading, with wider social and political ideology impacting mothers' wellbeing. Indeed, homeless mothers experienced accommodation staff as stigmatising and lacking in empathy (Watt, 2018). Such treatment may relate to attitudes promoted within government policy which individualise and stigmatise poverty, social housing (Shildrick, 2018) and single motherhood (Benbow et al., 2019; Tyler, 2008).

Degrading, repetitive treatment within the context of homelessness engendered *futility, entrapment and cycles of suffering* which negatively impacted mothers' mental health (Bassuk & Beardslee, 2014; Roze et al., 2018) and that of their children (Holtrop et al., 2015). Indeed, the context of temporary accommodation triggered suicidal feelings, poignantly highlighted when mental health risk assessments were conducted within a third of interviews. Yet, even in the face of hardship and adversity, mothers' maintained *Mothering against the odds*. This intensive mothering (Ennis, 2014) provided meaning and focus within their lives distracting them from their internal and external suffering. Through this focus, they attempted to break the cycle of suffering by providing their children with opportunities and nurturing environments. Nevertheless, whilst admirable, this was at the expense of

<sup>3</sup> themes from the results are shown in italics

their own health (Elliott et al., 2015). *Surviving and resisting in the face of adversity*, meant mothers looked beyond the system, externally accessing the support needed to sustain themselves. Consequently, community relationships enabled negative impacts on their mental health to be redressed (Holtrop et al., 2015; Lee, 2012). Unique to this study was the importance mothers placed on collective action and resistance to the system as a means of improving their own, and their children's lives, even whilst facing adversity from structural inequalities.

Whilst numbers of participants were small, its qualitative methodology produced rich, in-depth data with the analysis supported by quality checks involving reflexivity, triangulation, community involvement and consulting those with lived experiences; member checking was also offered to all participants with those responding corroborating the analysis (O'Brien et al., 2014).

Given striking similarities to recent qualitative studies of homeless mothers in Canada with state support systems triggering negative emotional experiences (Benbow et al., 2019), research would benefit from a more systematic approach to addressing inequities across countries with future research exploring connections between punitive policies and specific experiences of distress for homeless mothers across countries and contexts. This is particularly relevant following the additional impact from COVID-19 (Amerio et al., 2020). As the current study was limited to English speakers, such research should be extended to those most marginalised by housing and immigration systems, by including those who do not speak the national language. Additionally, to consider the diverse range of issues impacting homelessness, future research could consider a theory-driven analytical approach to qualitative data, for example using a framework such as Bourdieu's concepts of capital (Thatcher, Ingram, Burke & Abrahams, 2015).

### *Clinical implications*

Given the complex systems surrounding single mothers in temporary accommodation (Bronfenbrenner, 2001), distal powers can have a greater influence on wellbeing than individual agency (Smail, 2005), necessitating systemic, community approaches. As



homelessness is frequently beyond the control of the individual, therapists may be unsure how to help, particularly if guidelines focus on simplified individualised interventions. This study highlighted the value of building relationships and taking community action to address the causes of distress and improve wellbeing in homeless mothers and their children, particularly as communities rebuild from the impact of COVID-19 (Amerio et al., 2020). Providing collective approaches is warranted to address stigma and inequalities, alongside space to process traumatic experiences, reduce isolation and take action. For example, social action psychotherapy involves the provision of individual therapy, group therapy and collective social action to create wider social change (Holland, 1992); it has been successfully used with refugee, asylum seeking and migrant women with a diagnosis of HIV (Byrne et al., 2016).

Policies and practice should be adjusted, given the impact temporary accommodation has on children's wellbeing and physical health, alongside mothers' efforts to protect them despite costs to their own wellbeing. It is essential societies provide sufficient socio-economic resources to enable those who care, to care for others (Duschinsky et al., 2015). Agencies require appropriate funding and frameworks to allow those in poverty to actively resist it (Krumer-Nevo, 2016).

To redress these clear and striking imbalances, it is critical stigmatisation related to homelessness, economic status, ethnicity, and single motherhood are challenged. Professionals, including psychologists, must advocate for changes in policy and legislation (Harper, 2016), across countries. The lived experiences of mothers suggest professionals must acknowledge the reality of oppression and stand in solidarity with those experiencing it (Bagnall-Oakley & Lyons, 2018). Communities resist power in many ways, and whilst there is potential for their complicity to maintain injustices, all professionals can respond to Reynolds' (2012) urge to challenge seemingly neutral professionals and attend to injustices and structural inequalities. This includes resisting engaging in professionally related dialogues labelling mothers as 'difficult'; whilst this may allow services to manage caseloads and budgets by pushing people away, the stigma they maintain should be recognised and challenged. It is especially critical to address this

for single mothers in temporary accommodation given their vulnerable positions and the impact living environments can have on mental health more generally, particularly within the context of COVID-19 (Amerio et al., 2020) and its aftermath.

### Biographical notes

**Nina Carey** is a Clinical Psychologist working in an NHS Maternal Mental Health Service. Nina's experiences of growing up in social housing in London, in a multi-racial working-class family headed by a single mother led her to become involved in activism and research around housing and social injustices. This interest was strengthened through her work in NHS services for children and young people with disabilities and perinatal services in London; where she witnessed the impact of poor housing and social inequality on the mental health of mothers, children and families. Nina is interested in the use of social action to challenge these sources of distress, and in community and liberation psychology approaches. Nina is currently supervising further doctoral research on the impact of temporary accommodation on single mothers and children.

**Emma Karwatzki** is a Consultant Clinical Psychologist registered with the HCPC and Chartered with the British Psychological Society. She is also an Associate Fellow of the British Psychological Society and a Fellow of the Higher Education Academy. Emma has worked in NHS children and young people's services in Hertfordshire since 2005 and worked as a Senior Lecturer on the Doctorate in Clinical Psychology at the University of Hertfordshire between 2016 and 2019. Emma also holds an Honorary post as an External Examiner for the University of Hull. Emma has published research on attachment in fathers and supervised doctoral research on family and young people's mental health.

**Vanessa Griffin** is a clinical psychologist working in the NHS in child and adolescent mental health services (CAMHS). She has a special interest in the impact of material and social factors on 'mental health' and emotional experience as well as the political uses of psychological ideas. She has previously written about the psychological impact of

austerity, Universal Basic Income (UBI) and a critique of the Layard 'Action for Happiness' policies. Her awareness of the stark effects of overcrowding and poor housing on the health and wellbeing of children and families grew when working in a CAMHS in social care team for three years in London. Vanessa has been involved in feminist activism for reproductive rights and against healthcare charges for migrants, as well as union organising with gig economy workers.

**Saskia Keville** is a Registered and Chartered Clinical Psychologist, Associate Fellow of the British Psychological Society and Fellow of the Higher Education Academy. She has a broad range of interests particularly focussing on understanding experiences and distress from a compassionate, accepting, tolerant or normalising perspective. She has published in areas which include carers perspectives in mental health and neurodiversity, reflective practices and the dual positions of clinicians with lived caring experiences. Through her lived experiences she understands inequities and injustices within systems and the inherent personal and professional risks involved in challenging the status quo.

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Table 1: Demographic information

<b>Participant</b>	<b>Characteristics</b>	<b>Number</b>
<b>Accommodation Type</b>	Self-contained home	4
	Hostel	6
	Bed and Breakfast	1
	Hotel	1
<b>Accommodation Provider</b>	Council	7
	Social care	4
	Home office	1
<b>Recourse to Public Finds</b>	No Recourse to Public Funds (NRPF)	5
	Recourse to Public Funds	7
<b>Ethnicity</b>	Arabic	1
	Black African	4
	Black Caribbean	1
	Mixed Race	2
	South Asian	3
	White European	1
<b>Number of children</b>	One	7
	Two	5
<b>Child age ranges</b>	0-5	12
	6-12	2
	13-18	3

Figure 1: Picture drawn by Monika's daughter, Freya (age circa 13), representing her experience of homelessness

