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**HOMELESSNESS PATHWAYS AND  
CAPABILITIES: A STUDY OF THE  
LIVED EXPERIENCES OF THE  
HIDDEN HOMELESS IN PRIVATE  
HOSTELS IN NEWCASTLE-UPON-  
TYNE**

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A thesis submitted in partial fulfilment of the requirements of the University of  
Northumbria at Newcastle for the degree of Doctor of Philosophy

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## **Abstract**

While traditionally described as the ‘wobbly pillar’ of welfare states, housing has long been considered the ‘saving grace’ of welfare in the UK. However, decades of neoliberalism and more recently, economic crisis, austerity and welfare reform, have undermined the statutory and voluntary sector support available to those unable to access and sustain decent accommodation for themselves. As such, the modern private rented sector (PRS) is playing an increasing role in meeting the housing needs of single homeless and other vulnerable households. However, there has been relatively little research focusing on the entry of these households into the sector and their experiences within it.

In this context, this study provides a purposive and rigorous investigation of the ‘lived experiences’ of individuals residing in private hostels in Newcastle-upon-Tyne. Employing an interpretivist and qualitative research approach, data was principally collected through in-depth, semi-structured – and partly, life history – interviews with 13 private hostel residents and 23 local stakeholders. The concept of ‘homelessness pathways’ and the Capability Approach were the key analytical tools used.

The study identifies that the residents interviewed were ‘single’ or ‘hidden’ homeless individuals. Their pathways into homelessness were typically underpinned by one dominant factor (financial crisis, family breakdown, substance misuse, poor mental health or childhood trauma); these pathways were characterised by different levels of complexity. Critically, it was found that living in the properties had diverse impacts on the residents’ wellbeing (and specifically, their exercise of central functions), despite the hostels having similar objective conditions. Broadly speaking, those who experienced the least complex pathways into homelessness seemed to lead reasonably ‘well-lived’ lives within the properties, while those who experienced the most complex pathways did not. The pathways lens proved to have limited explanatory value on its own. However, it was much more helpful when considered alongside other factors such as the nature of the residents’ social networks, their relationship with substances and

the degree of 'fit' between their needs and wants from the hostels and the hostel attributes.

The overarching original and significant contributions of the study are firstly, an understanding of the factors affecting the diversity of private hostel residents' experiences of wellbeing and secondly, the development of a robust, person-centred and flexible model for the holistic evaluation of 'lived experiences' within specific housing contexts. The research also has several homelessness policy and practice implications.

## Contents

### Part One: Overview of the Study

#### **Chapter One: Introduction**

1.1	Overview of the Thesis	13
1.2	Origins, Scope and Contributions of the Study	15
1.3	Structure of the Thesis	20

### Part Two: The Research Problem

#### **Chapter Two: The Emergence of the PRS as a Primary Housing Destination for Single Homeless People**

2.1	Introduction	26
2.2	The Recent Revival of the PRS	26
2.2.1	<i>Key Explanatory Factors</i>	30
2.3	'Lived Experiences' at the Bottom End of the PRS	33
2.3.1	<i>Key Explanatory Factors</i>	36
2.4	The Modern PRS as a Primary Housing Option for Single Homeless People	38
2.4.1	<i>Key Explanatory Factors</i>	40
2.5	Understanding the Causes of Homelessness	43
2.6	Summary	49

#### **Chapter Three: Housing, Wellbeing and Capabilities**

3.1	Introduction	52
3.2	The Concept of Wellbeing	52
3.2.1	<i>Objective Wellbeing</i>	53
3.2.2	<i>Subjective Wellbeing</i>	54
3.2.3	<i>The Capability Approach – An Established Evaluation</i>	

<i>Framework for Wellbeing</i>	60
3.3 The Relationship between Housing and Wellbeing	65
3.3.1 <i>Life Satisfaction Studies</i>	65
3.3.2 <i>Residential Satisfaction Studies</i>	68
3.3.3 <i>Housing and Health Research</i>	73
3.4 Evaluating the Relationship between Housing and Wellbeing	79
3.4.1 <i>The Limitations of Current Approaches to Housing Evaluation</i>	79
3.4.2 <i>The Evaluation Framework Employed in this Study</i>	84
3.5 Summary	86

## **Chapter Four: Methodology**

4.1 Introduction	88
4.2 The Underpinning Research Paradigm	88
4.3 The Research Design and Data Collection	92
4.3.1 <i>Resident Interviews</i>	93
4.3.2 <i>Stakeholder Interviews</i>	99
4.3.3 <i>Seminar and Roundtable Events, Site Visits and Analytical Discussions</i>	102
4.4 Ethics	103
4.5 Data Preparation and Analysis	107
4.6 Strengths and Limitations of the Research Approach	111
4.6.1 <i>The Sample Size</i>	113
4.6.2 <i>Repeated Engagement with Residents</i>	115
4.7 Summary	116

## **Part Three: The Research Findings and Data Analysis**

### **Chapter Five: Private Hostels in Newcastle as a Primary Housing Destination for Single Homeless People**

5.1 Introduction	119
5.2 Conceptualising the Residents as ‘Single Homeless’	120
5.2.1 <i>The Housing Circumstances of the Residents Prior to Entry</i>	120

5.2.2	<i>Key Triggers for the Loss of Settled Accommodation</i>	122
5.2.3	<i>The Experience of Key Risk Factors for Homelessness among the Residents</i>	123
5.2.4	<i>The Overlap of Key Experiences of Exclusion</i>	128
5.2.5	<i>The Use of Metaphors as a Dynamic Approach to Understanding Homelessness among the Residents</i>	133
5.3	The Homelessness Pathways of the Residents	134
5.3.1	<i>Financial Crisis Pathway</i>	138
5.3.2	<i>Family Breakdown Pathway</i>	139
5.3.3	<i>Substance Misuse Pathway</i>	141
5.3.4	<i>Mental Health Pathway</i>	142
5.3.5	<i>Childhood Trauma Pathway</i>	143
5.4	Summary	148

## **Chapter Six: Property Conditions within the Private Hostels and Impacts on the Residents' Central Functions**

6.1	Introduction	151
6.2	Property Conditions within the Private Hostels	152
6.2.1	<i>Physical Conditions</i>	152
6.2.2	<i>Psycho-social Conditions</i>	156
6.2.3	<i>Accounting for the Property Conditions found within the Private Hostels</i>	160
6.3	The Impacts of Property Conditions on the Central Functions of the Residents	165
6.3.1	<i>Life</i>	167
6.3.2	<i>Bodily Health</i>	170
6.3.3	<i>Bodily Integrity</i>	172
6.3.4	<i>Sense, Imagination and Thought</i>	175
6.3.5	<i>Emotion</i>	177
6.3.6	<i>Practical Reason</i>	178
6.3.7	<i>Affiliations and Play</i>	182
6.3.8	<i>Other Species</i>	185
6.3.9	<i>Control over One's Environment</i>	185

6.4	Summary	194
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## **Chapter Seven: The Utility of the Pathways Approach to Understanding the Residents' 'Lived Experiences' within the Hostels**

7.1	Introduction	196
7.2	The Diversity of the 'Lived Experiences' of the Residents from a Pathways Perspective	197
7.3	The Relationship between Pathways and Other Factors	205
7.3.1	<i>Standards of Comparison and Reference Points</i>	205
7.3.2	<i>Person-Environment Fit</i>	208
7.3.3	<i>Adaptation</i>	211
7.3.4	<i>Resources and Conversion Factors</i>	216
7.4	Summary	220

## **Part Four: Conclusion**

### **Chapter Eight: Conclusions and Recommendations**

8.1	Introduction	228
8.2	The Research Study	228
8.2.1	<i>The Conceptual Framework and Methodology</i>	230
8.3	The Original and Significant Contributions of the Study to Academic Knowledge and Understanding	235
8.4	Research Implications	237
8.5	Limitations of the Study and Future Prospects	239

## **Appendices**

Appendix 1	Project Ethics Framework approved by Northumbria University's Research Ethics Committee	242
Appendix 2	Research Information Sheet for Residents	253
Appendix 3	Research Information Sheet for Stakeholders	257
Appendix 4	Research Consent Form	261

Appendix 5	Interview Schedule for Residents	262
Appendix 6	Example Interview Schedule for Stakeholders	271
<b>References</b>		<b>275</b>

## **List of Figures and Tables**

Figure 1	Key Trigger Factors for Homelessness (Anderson, 2001)	44
Figure 2	Key Risk Factors for Homelessness (Anderson, 2001)	45
Figure 3	Objective and Subjective Housing Attributes influencing Residential Satisfaction (Francescato et al, 2002)	68
Figure 4	Personal Characteristics Likely to Mediate Residential Satisfaction (Van Kamp et al, 2001)	72
Figure 5	Advanced Conceptualisation of Residential Satisfaction (Amole, 2009)	73
Figure 6	The Evaluation Framework Employed in the Study	85
Figure 7	Thematic Analysis Process Followed (Braun and Clarke, 2006)	110
Figure 8	An Illustration of the 'Lived Experience' of the Financial Crisis Resident	224
Table 1	Basic Demographic and Contextual Information about the Private Hostel Residents Interviewed	96
Table 2	The Prevalence of Key Risk Factors for Homelessness among the Residents Interviewed	124
Table 3	The Experience of Key Risk Factors for Homelessness by Resident	129
Table 4	The Experience of Key Risk Factors for Homelessness by Resident and Pathway	137
Table 5	The Relationship between Central Functions and Key Housing Attributes	180
Table 6	The Relationship between Central Functions in the Context of Housing	192
Table 7	The Residents' Capacity for Central Functions within the Hostels	193
Table 8	The Residents' Capacity for Central Functions within the Hostels including Pathway	199
Table 9	Key Explanatory Factors for the Residents' 'Lived Experiences'	223

## **List of Acronyms**

AST	Assured Short-hold Tenancies
BTL	Buy-to-Let
DHS	Decent Homes Standards
DCLG	Department of Communities and Local Government
DHP	Discretionary Housing Payments
FTB	First Time Buyers
GDP	Gross Domestic Product
HRA	Homelessness Reduction Act
HMO	Houses in Multiple Occupation
HB	Housing Benefit
HHSRS	Housing Health and Safety Rating System
IPPR	Institute for Public Policy Research
LHA	Local Housing Allowance
MEH	Multiple Exclusion Homelessness
NIL	Newcastle Inclusion Lab
NEHTT	North East Homeless Think Tank
PAR	Participatory Action Research
PLS	Private Landlords Survey
PRS	Private Rented Sector
RTB	Right to Buy
SAR	Shared Accommodation Rate
SRS	Social Rented Sector
SP	Supporting People
SWB	Subjective Wellbeing
TAB	Temporary Accommodation Board
UC	Universal Credit
UTA	Unsupported Temporary Accommodation

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Lastly, thank you to the examiners for taking the time to read this thesis and for the reflections and guidance for the future offered. I very much admire the contributions which you have made to knowledge and understanding in the field.

## **Declaration**

I declare that the work contained in this thesis has not been submitted for any other award and that it is all my own work. I also confirm that this work fully acknowledges opinions, ideas and contributions from the work of others.

Any ethical clearance for the research presented in this thesis has been approved. Approval has been sought and granted by the Faculty Ethics Committee.

I declare that the word count of this thesis is 78,527 words.

Name: Adele Irving

Signature: A. Irving

Date: 25.09.18

## **Part One: Overview of the Study**

## **Chapter One: Introduction**

### **1.1 Overview of the Thesis**

Despite traditionally being described as the ‘wobbly pillar’ of welfare states (Torgersen, 1987, cited in Stephens and Van Steen, 2011; Malpass, 2005, cited in Hodkinson, et al, 2013) – reflecting the predominance of private provision in most developed countries (Fitzpatrick and Pleace, 2012) – housing has, to some extent, been regarded as the ‘saving grace’ of welfare in the UK (Bradshaw et al, 2008, cited in Stephens and Van Steen, 2011), due to the long-term provision of Housing Benefit (HB), social housing and the statutory homelessness system (Anderson, 1993, 2004; Fitzpatrick and Pleace, 2012). However, following several decades of neoliberalism and thus radical fiscal retrenchment (Malpass, 2008; Murie, 2012; Jacobs and Manzi, 2013a) and more recently, economic crisis, austerity and welfare reform (Lowndes and Pratchett, 2012; Wiggan, 2012, Jacobs and Mandi, 2013b), mechanisms to facilitate the efficient and equitable provision of housing for vulnerable people, unable to access and sustain decent housing for themselves, appear ever more complex (Holmans, 1987; Hodkinson and Robbins, 2013; Bone, 2014; Kadi and Mustard, 2014). Whilst traditionally accommodated in the social rented sector (SRS), recent evidence suggests that the private rented sector (PRS) and specifically, Houses in Multiple Occupation (HMOs), are playing an increasingly important role in meeting the housing needs of single homeless and other vulnerable households (Houston and Sissons, 2012). This in turn suggests that the PRS should be regarded as ever more central to discussions of housing and welfare (Lucas et al, 2013; Kemp, 2015). Yet, to date, relatively limited research has focused on the entry of vulnerable households into the ‘bottom end’ of the sector and their experiences within it. Most relevant to this PhD is that there has been no study of the impact of the housing conditions provided on residents’ experiences of wellbeing.

This study addresses the above research gap by presenting a purposive and rigorous investigation of the ‘lived experiences’ of households residing in private hostels in Newcastle-upon-Tyne: a city in the North East of England. In doing so, the thesis:

- Explores the utility of a range of concepts from the field of homelessness – notably, the concept of ‘homelessness pathways’ – to the generation of a detailed understanding of the biographies of households living in the hostels;
- Employs the Capability Approach as a framework for evaluating the impacts of living in the properties on the residents’ exercise of central functions; and
- Examines the utility of the pathways approach as a means of advancing a nuanced understanding of the impacts of living in the properties on the central functions of the residents.

Employing an interpretivist lens (Kivunja and Kuyini, 2017) and qualitative research design – with the aim of elucidating the subjective worlds and perspectives of the residents – in-depth, semi-structured interviews (with some ‘life history’ elements) with 13 residents were the substantive focus of data collection efforts. These were supplemented by semi-structured interviews with 23 local stakeholders and a series of broader stakeholder events and discussions.

The study identifies that private hostels within Newcastle-upon-Tyne are a key housing destination for otherwise single or hidden homeless individuals. Of the residents engaged with, their experiences of homelessness – while often triggered by a sudden life event and made more likely by long-term vulnerabilities – were largely influenced by one dominant factor. Reflecting Chamberlain and Johnson’s (2011) study into adult homelessness, five ideal-type pathways into homelessness were identified. These related to: financial crisis, family breakdown, substance misuse, poor mental health and childhood trauma. Each pathway was further characterised by a different degree of complexity. While the pathways could be seen to suggest that experiences of homelessness among the residents were the result of personal difficulties, structural challenges such as housing exclusions, the limitations of the statutory homelessness system and public spending cuts were found to be central to the residents’ entry into the hostels, rather than other forms of accommodation.

Critically, the study identified that despite the hostels in the area offering seemingly similar environmental conditions, the residents had highly diverse ‘lived experiences’ within them – particularly in respect of the impacts of the

property conditions on their exercise of central functions (Nussbaum, 2003). The pathways lens made the diversity of the residents' experiences more comprehensible – with a relationship identified between the pathways and the extent to which they lived 'well-lived' lives within the hostels. However, the pathways had most explanatory value when considered alongside other concepts drawn from the housing and wellbeing literature. These concepts related to the degree of 'fit' between the residents' needs and wants from the hostels and the hostel attributes, the nature of the residents' social networks and their relationships with substances.

The study makes several important contributions to knowledge and understanding. In addition to generating unique empirical and conceptual insights into a neglected sub-sector of the housing market and a discrete homelessness population, the study advances a holistic framework to support future evaluation in this area. It also has social policy implications, regarding the importance of targeted housing support and the value of strengths-based approaches to working with single homeless people with complex needs.

## **1.2 Origins, Scope and Contributions of the Study**

While the thesis is principally intended as a contribution to academic knowledge and understanding, the data presented was collected for the dual purposes of the doctoral study and a local and collaborative 'applied' research project, with the latter originating first. In mid-2011, the Newcastle Inclusion Lab (NIL) – comprised of Newcastle City Council, Northumbria University, Northumbria Police and the homelessness charity Changing Lives – was formed, following a successful application to a Cabinet Office call for the formation of ten 'local inclusion labs' across England. These were to be tasked with exploring innovative solutions to problems of 'multiple disadvantages' in their localities. Here, 'multiple disadvantages' was defined as a wide-ranging set of concerns in the realms of education, health, employment, income, social support and housing (Bramley et al, 2015). At this time, the Coalition government estimated that 5.3 million people in the UK (roughly 11% of the adult population) were likely to be suffering in respect of three or more of these areas (HM Government, 2010, cited in Bramley et al, 2015). In Newcastle-upon-Tyne, a range of issues around HMOs

– and specifically, private hostels – were identified as key knowledge gaps. Reflecting the situation in many other areas, the local authority and its partners did not have relationships with any of the private hostel landlords in the area. This was attributed by some to the availability of social housing and supported accommodation (making partnership working with private landlords unnecessary) and most contact with hostel landlords generally being of a regulatory nature (and thus, not necessarily conducive to positive relations). Nonetheless, the core partners involved were each aware of increasing first-hand and anecdotal information suggesting that these properties were typically in poor physical condition, were poorly managed and were adversely affecting the wellbeing of a potentially hidden homeless population.

Securing a political mandate and financial support for a project around private hostels was challenging. Some influential local stakeholders did not consider the sub-sector sufficiently large or problematic to warrant attention, while others were concerned about the ability of the local authority to respond to any likely recommendations in a context of public spending cuts. But, by mid-2013 – following much local dialogue and a successful grant application – sufficient mandate and resources were secured to support the development of a robust evidence base around multiple disadvantages within private hostels in the area. The NIL stakeholders were particularly interested in: entry routes into the hostels, the demographics and service needs of residents, property conditions, management practices and the impacts of living in the hostels on experiences of wellbeing. The research project was led by myself at Northumbria University. The partner agencies agreed to take part in research interviews, to provide relevant secondary material and to support the recruitment of private hostel residents as research participants. They were also keen for the research to generate a series of recommendations to inform local strategic and frontline responses to any issues raised and pledged a commitment to embrace these, where possible (see Irving, 2015).

Over time, the project was considered ever more important by NIL stakeholders in light of increasing levels of homelessness in the area, significant cuts to the local authority's spending budget and the introduction of the Localism Act 2011, which gave local authorities powers to discharge their homelessness duty to the PRS (Gousy, 2016). Also very significant were changes to the welfare

system through the Welfare Reform Act 2012, with the extension of the Shared Accommodation Rate (SAR) – which limits the amount of HB to the cost of renting a room in a shared house from a private landlord – to people up to the age of 35, being a key concern (Edwards et al, 2013). Reflecting the national picture, as discussed in Chapter Two, there was concern among stakeholders that the above changes would increase demand for and the supply of large shared accommodation units at the bottom end of the PRS. The concerns of stakeholders are exemplified by the following quote:

*‘We’re assuming at some point that [changing government policy] will create a shared accommodation, HMO-type market. Landlords can potentially make a lot more money out of HMOs. You can cram a lot more people in’.*

Local authority data confirmed that the area already had one of the largest private rental markets in the North East, accounting for approximately 20% of the total housing market or 27,000 properties. This compared to nearly a decade previous, when the sector made up just 12% of the local market. Growth had occurred in all sub-sectors of the PRS, but included HMOs of all types. There was also concern that should the changes create concentrations of large shared accommodation units in some parts of the city, this could generate ‘spill-over’ effects within local communities. Some areas of the city already had high concentrations of supported accommodation – largely due to the nature of the housing stock (typically large, Victorian-style properties) – and some community tensions had developed as a result of the building aesthetics and the anti-social behaviour of residents. Spill-over effects have been documented by studies from other geographical areas (see for example, Bill et al. 2008; Northern Ireland Housing Executive, 2009). It was also feared that, if HMOs negatively affected the wellbeing of residents, this would not only be concerning in itself, but would also have subsequent implications for services, such as higher call-outs for police and healthcare providers, at a time when statutory resources were under threat from central government.

Several years after initial discussions began, the fears of stakeholders appear not to have materialised to any great extent. A stakeholder recently

confirmed that there had not been a 'push' of people into the lower end of the market, due to a relatively good supply of affordable housing in the area, high levels of supported accommodation and good levels of rental demand by a number of economically-active and affluent tenant groups (see Harding et al, 2013 for a detailed discussion of the city's approach to the management and prevention of homelessness). More generally, the North East may perhaps be more resilient to the effects of housing and welfare policy than other regions due to the affordable nature of the housing market (Edwards et al, 2013). Having said this, there was acknowledgement that the true impacts of social, economic and political changes are often not fully evident for several years after coming into effect. But, even without spiralling demand and supply increases at the bottom end of the PRS, the applied and doctoral research findings presented are concerning and point to likely benefits of local action, particularly in respect of more effective responses to tackling and preventing homelessness.

With an already significant interest and track record of research in the area of multiple social exclusion and particularly single homelessness, agreement was secured from project stakeholders that the NIL project could form the basis of a doctoral research study also. Similar to the applied research project, a key element of the research would be a detailed, qualitative investigation into the demographics, characteristics and needs of the private hostel population and their 'lived experiences' within the properties. However, the doctoral study would be more ambitious in terms of its conceptual underpinnings and contribution to academic knowledge and understanding. The challenges experienced as a result of combining the applied and doctoral research studies are detailed in Chapter Four. However, the primary aims of the doctoral research were to:

- Explore the utility of a range of concepts from the field of homelessness – notably, the concept of 'homelessness pathways' – to the generation of a detailed understanding of the biographies of households living in the private hostels;

- Employ the Capability Approach as a framework for evaluating the impacts of living in the properties on the residents' exercise of central human functions; and
- Examine the utility of the pathways approach as a means of advancing a nuanced understanding and explanation of the impacts of living in the properties on the central functions of the residents.

Accordingly, the objectives of the research were to:

- Analyse the personal biographies of residents up until the point of entry into the hostels, using concepts such as 'trigger' and 'risk' factors and 'homelessness pathways';
- Identify the nature of the physical and psycho-social conditions within the hostels;
- Explore the residents' exercise of central functions which all humans may have reason to value while living in the hostels; and
- Critically examine the key factors which account for the diverse impacts of the property conditions on the residents' exercise of central functions.

The study makes several original and substantive contributions to knowledge and understanding. Firstly, it provides unique and detailed, conceptual and empirical insights into the characteristics of private hostel residents, the nature of private hostels (including property conditions and management practices) and most importantly, 'lived experiences' within these properties. Indeed, very few, robust academic studies have given attention to this sub-sector of the housing market and the lives of those within it. At the time of commencing the study – as will be discussed in Chapter Two – this should have been a critical social policy concern, in light of the rapid growth of the PRS as a provider of accommodation for otherwise single homeless people (Davies and Rose, 2014; Barratt and Green, 2015). The increasing number of households being affected by homelessness (Fitzpatrick et al, 2018) and the challenging conditions within the properties alluded to by the limited extant research base

(Spencer and Corkhill, 2013; Davies and Rose, 2014) were further reasons for surprise that this issue had not attracted more attention in policy circles.

Secondly, the study makes a significant contribution to the field of housing studies in terms of the development of a holistic framework for the evaluation and explanation of 'lived experiences' within specific housing contexts. Commenting on the need for such a framework, Harrison (2004) argues that the field of housing lacks a multi-faceted framework that fully embraces the importance of housing environments to wellbeing. The framework produced is person-centred, conceptually and methodologically robust and flexible, and aligns directly with the most contemporary insights to emerge from the housing and wellbeing literature. Central to the framework is the Capability Approach. While largely neglected within the field of housing (Clapham et al, 2017), the approach is widely accepted to be a suitable basis for robust individual and interpersonal evaluations of wellbeing (Robyn's, 2000, 2006). Through this study, its use was validated by the identification of clear links between housing attributes and the residents' exercise of central functions.

Finally, the study has much relevance to contemporary homelessness policy and practice discussions. Through the identification of which single homeless households are most and least likely to function in unsupported, multi-occupancy contexts, and the key reasons for this, the study emphasises the importance of offering targeted alternative housing options to individuals with complex needs, such as Housing First schemes (Woodhall-Melnik and Dunn, 2016). Furthermore, the key causal role played by both internal and external resources in the residents' exercise of central human functions within the hostels emphasises the likely value of strengths-based approaches when working to tackle and prevent homelessness.

### **1.3 Structure of the Thesis**

The remainder of the thesis is comprised of three parts and seven chapters. Part Two, which is comprised of chapters two to four, outlines the context of the research, the key research gaps which it addresses and the conceptual and methodological approaches used. Chapter Two examines the expanding and ever-more critical role of the PRS as a provider of accommodation

for single homeless households since the 1980s and the 'lived experiences' of households at the bottom end of the sector. Accordingly, the chapter is divided into four substantive sections. The first traces the dramatic growth of the PRS in recent decades and locates a key explanation for this in a series of government policies which have impacted on issues of housing supply and demand. Next, the chapter reviews the limited literature available on the 'lived experiences' of households within HMOs at the bottom end of the PRS, giving particular attention to the physical and psycho-social property conditions on offer and the impacts of living in this kind of accommodation on experiences of wellbeing. Thirdly, the chapter gives consideration to the definitional complexity of the term 'single homelessness' and the key reasons why single homeless people may find themselves with no or few options other than to accept multi-occupancy accommodation in the PRS. Finally, the chapter critically discusses the utility of a range of concepts which have emerged from the field, in an effort to understand the fundamental causes of homelessness and housing exclusion, more broadly.

Having substantiated the context and criticality of the study, the focus of Chapter Three is an examination of the relationship between housing and wellbeing and the identification of a suitable framework for evaluating the 'lived experiences' of the private hostel residents engaged with. The chapter has three main sections. It begins with a critical examination of the wellbeing literature, with a particular focus on the challenges associated with the definition and measurement of wellbeing, before assessing the validity of the Capability Approach as a framework for the evaluation of wellbeing within the research context. Following this, the chapter establishes housing as a key determinant of wellbeing, before considering the specific attributes of housing which the literature suggests are of greatest significance to wellbeing, the ways in which they impact on wellbeing and the complexity of the relationship under investigation. Thirdly, the chapter critiques the various ways in which the relationship between housing and wellbeing has been defined, evaluated and managed in academic, policy and practice circles to date, before outlining the evaluation approach used in this study.

Moving forward, Chapter Four begins by explaining the ontological and epistemological underpinnings of the research and the extent to which these reflect key developments in thinking in housing studies as a field. The chapter

then outlines the broad nature of the research design and why this was chosen, as well as explaining the specific methods used in the study. There is discussion of the key ethical considerations that affected the study and the efforts which were undertaken to mitigate any harm which could emerge through the research. The chapter then moves on to an account of the data analysis techniques used and the process of writing up, before lastly reflecting upon the strengths and limitations of the research process.

Part Three of the thesis is comprised of three chapters and presents a critical analysis of the data collected in response to the gaps in knowledge and understanding highlighted throughout Part One. The focus of Chapter Five is the development of a detailed and robust understanding of the nature of individuals residing in private hostels in the research locality and their wider biographies. This includes both those engaged with through the research and the wider hostel population (as far as possible). There are two reasons for the chosen emphasis of the chapter. The first is that, as evidenced in Chapter Two, private hostel residents are a largely hidden and un-researched population. Few studies have focused on this population group and even fewer could be considered conceptually and methodologically robust. However, more robust conceptual and empirical insights in this regard could be highly useful in terms of ensuring that the needs of this group are supported as necessary. Secondly, thinking ahead to the focus of the subsequent analysis chapters, the literature reviewed in Chapter Three highlights that a comprehensive analysis of the 'lived experience' of different situations requires a detailed knowledge of the biographies of those involved. As such, it was anticipated that the conceptual insights yielded through this chapter would provide a useful organising and potentially explanatory framework for the latter chapters. Having previously established that multi-occupancy units at the bottom end of the PRS are increasingly home to single homeless people, throughout Chapter Five, a number of key definitions, concepts and approaches drawn from the field of homelessness are used to help elucidate the residents' biographies, with the utility of these being critically discussed throughout. The chapter demonstrates that 'pathways' is the most helpful concept for understanding the reasons for respondents becoming residents of hostels; all could be placed into one of five pathways.

Chapter Six centres on the development of a robust mapping of the 'lived experiences' within the hostels of the residents engaged with. The chapter is organised into two substantive sections. The first involves a broad thematic discussion of the nature of the physical, psychological and social conditions within the hostels and a discussion of the key factors which are likely to account for them. The second, drawing upon the Capability Approach, analyses the key impacts of the property conditions on the residents' exercise of central functions. While this section provides detailed insights into the impacts of living in the hostels on the wellbeing of the residents, it also represents the first study to empirically explore the complex nature of the relationship between specific housing attributes and key functions.

Chapter Seven is the final analysis chapter. The emphasis here is the unfolding of a robust understanding of the diversity of the residents' 'lived experience' within the properties and, specifically, an examination of the relevance of the residents' pathways into homelessness and wider biographies to this. The chapter is organised into two sections. The first discusses the key patterns to emerge in respect of the residents' experiences when considered from a pathways perspective. The section makes clear that pathways alone cannot explain the differences in the central functions exercised by the residents. So, the second section examines the relevance of a number of concepts which the literature suggests may have influenced and mediated the extent to which the residents felt they could live a 'well-lived' life within the hostels. Drawing upon key concepts identified within the housing and wellbeing literature critiqued in Chapter Three, particular consideration is given to: the relevance of the residents' different 'standards of comparison' and 'reference points' (Amerigo and Aragones, 1997); the level of 'person-environment' fit between the residents' support needs while living in the hostels and the hostel attributes (Roberts and Robin, 2004); the extent to which the residents could be considered to have adapted to the hostels as a 'way of life' (Beiwas-Diener and Diener, 2001, 2006; Chamberlain and Johnson, 2011); and, the mediating effects of the resources possessed by different residents and their ability to maximise available resources in the pursuit of key ends (Robeyns, 2005). The relationship between each of these factors and the residents' pathways into homelessness is also considered.

Part Four of the thesis – which is comprised of Chapter Eight – refers back to the focus of the study, as well as the research approach and methods employed. It then summarises the key findings from the process of data analysis and in doing so, states the principal contributions of the study to academic knowledge and understanding. Following this, the key policy and practice implications to emerge from the research are discussed. Finally, there is reflection upon the need for further study in this area and the directions which this could potentially take.

## **Part Two: The Research Problem**

## **Chapter Two: The Emergence of the PRS as a Primary Housing Destination for Single Homeless People**

### **2.1 Introduction**

As a central tenet of the research, this chapter critically examines the recent expansion and efficacy of the PRS as a provider of accommodation for single homeless households. In doing so, it establishes the context for the research, the importance of the study and some of the key knowledge gaps which it aims to address. The chapter is divided into four substantive sections. The first section traces the dramatic growth of the PRS – and specifically, HMOs at the bottom end of the market – since the 1990s and locates a key explanation for this in a range of government policies which have increased the supply of, and demand for, PRS accommodation. Next, the chapter critically discusses the nature of the extant evidence base regarding the property conditions on offer within large HMOs at the bottom end of the market and the reported impacts of these on wellbeing. The third section begins by outlining the definitional complexity of the term 'single homelessness', before outlining the key factors which point to the increasing entry of single homeless people into HMOs. Finally, in seeking to understand the causes of single homelessness, more broadly, the key insights – but also limitations of – a range of concepts which have emerged from the field are considered. The chapter concludes by summarising the key points to emerge from the literature review, before providing signposting to the next chapter.

### **2.2 The Recent Revival of the PRS**

One of the central justifications for this research is the remarkable growth of the PRS since the 1980s, following almost a century of decline (Crook and Kemp, 1996). Indeed, the literature indicates that from its accommodation of almost three-quarters of all households in England following World War One, the PRS entered a period of decline, when it accommodated less than 10% of households in the late 1980s (Ball, 2010; Oxley et al, 2011; Kemp, 2011, 2015; Powell, 2015). The early phase of its decline was slow and can be most likely

attributed to: the poor housing standards on offer, particularly in comparison to other parts of the housing market; high rents, resulting in housing becoming a central social and political issue; and, subsequent rent control legislation, making investment in the sector less competitive than other investments and thus triggering some landlords to sell their properties to owner-occupiers (Somerville, 1994; Kemp and Kofner, 2010). A more comprehensive shift, however, occurred after World War Two, which highlighted the need for good quality housing and triggered a widespread programme of social housing building, the introduction of new financial schemes for those wishing to become owner-occupiers and the imposition of further PRS rent controls (Malpass and Murie, 1999; Anderson, 2004). Accordingly, the role of the PRS was gradually reduced to that of an increasingly regulated and marginal form of tenure, largely catering for people in various stages of life-course transition (Bone, 2014). Since the 1980s, however, analysis reveals that the PRS has undergone a 'remarkable renaissance' (Bentley, 2015: 5), representing one of the most significant changes in the housing market over recent decades (Marsh, 2013). The number of households privately renting has hit over 4 million (Lucas et al, 2013), equating to approximately 10 million individuals (DCLG, 2014). There are now more households living in the PRS than in social housing (Crook and Kemp, 2011; DCLG, 2016). Furthermore, many argue that the growth of the PRS will continue (see for example Murie, 2012; Stephens et al, 2014). By 2032, it is expected to account for more than a third of UK housing stock (Bentley, 2015).

Within the PRS, evidence suggests that a key area of growth has been the HMO sub-sector. For example, census data recently identified HMOs as the household type which had experienced one of the biggest increases in growth since the previous count (Pattison, 2015). At present, however, a robust understanding of the magnitude of the HMO sub-sector is lacking, with widely conflicting counts being evident within the literature. For example, in 1996, Carter (1997) estimated the number of households living in Bed and Breakfast (B&B) establishments in England to be 72,550. The official government figure for this population in England and Wales was just 7,660 at the time. Later, using a dataset compiled by the then Department of Communities and Local Government (DCLG), based on local housing condition surveys, Smith (2008) estimated that there were almost 380,000 HMOs in England in 2007, with a distinct spatial

distribution noted across the country (with most recorded in seaside locations and urban centres). Most recently, Justlife estimated that there are over 51,500 people currently living in Unsupported Temporary Accommodation (UTA) in England, with UTA defined as private, short-stay accommodation, including B&B establishments, short-stay HMOs, private hostels, emergency accommodation and guesthouses. Yet, local authority data estimated that just 5,870 households were living in UTA at the time (Yates and Maciver, 2018). It seems that estimating the scale of the sub-sector is immensely challenging, not least because of the lack of definitional consensus. The Housing Act 2004, which states that an HMO is a house which is occupied by three or more unrelated persons who do not form a single household and who share a kitchen, bathroom or toilet facilities (DCLG, 2008), provides perhaps the most widely used and accepted definition. But, even from this perspective, the term 'HMO' is essentially an umbrella term for a variety of property types, including bedsits, shared houses, households with a lodger, hostels, guesthouses and B&B establishments (DCLG, 2008). In addition, only HMOs which meet particular criteria are required to apply for a licence and thus make themselves known to local authorities and many are likely to be operating without licenses. Limited local authority resources are also likely to be hindering the effective licensing of HMOs (despite a legislative directive for public registers for this) and few local authorities operate additional 'selective' licensing schemes (DCLG, 2007a; Smith, 2012).

### 2.2.1 Key Explanatory Factors

Considering the key factors which account for the above changes – some of which will be explored through the empirical research – a reading of the literature suggests that successive UK governments have increasingly come to see the PRS as a reasonable alternative to social housing and owner-occupation for those unable or unwilling to enter the home-ownership market (Van Der Heijden and Boeohiuwer, 1996; Rugg and Rhodes, 2008). Indeed, a number of measures have been implemented since the 1980s which have been specifically intended to increase the supply of PRS accommodation. Of particular note, the introduction of the 1988 Housing Act is said to have transformed the private lettings environment, to the advantage of landlords (Crook and Kemp, 1996), by

deregulating the rents on all new lettings and introducing Assured Short-hold Tenancies (ASTs), thus allowing landlords to let properties at higher market rates and regain possession of their properties more easily (Whitehead, 1996). In addition, the new lettings regime provided greater certainty about the legal status of tenancies and the institutional rules governing them. More significant growth, however, occurred in the early 2000s as a result of the increased availability of favourable Buy-to-Let (BTL) mortgages (Kemp, 2011, 2015; Bone, 2014) and tax relief for new investments (Clapham, 1996). In 1999, there were 73,200 outstanding BTL mortgages worth £5.4 billion. By 2011, the value of outstanding mortgages had increased to £15.9 billion. This coincided with the number of homes owned by private landlords almost doubling, from 1.9 million in 2001 to 3.6 million in 2011 (Kemp, 2015). More recently, the introduction of Local Housing Allowance (LHA) (the amount of HB available to individuals to rent a home from a private landlord) in 2008 (Gousy, 2016) is said to have raised capital values and thus incentivised landlords to enter the market and turn their properties into HMOs in order to earn higher rental yields (Hamnett, 2010, 2011), while also facilitating greater household access to the PRS.

A wider review of the literature, however, suggests that recent government policy with regards the PRS must be seen in the context of a broad neoliberal project (Murie, 2012; Jacobs and Manzi, 2013a, 2013b; Bone, 2014; Forrest and Hirayama, 2014; Kadi and Mustard, 2014), underpinned by both ideologically and economically driven beliefs that the market is a more efficient provider of goods than government and individuals benefit more greatly by taking responsibility for themselves (Hodkinson and Robbins, 2013). Indeed, it is no coincidence that the growth of the PRS has coincided with a radical shift in the discourse surrounding the SRS and the significant privatisation of stock. While traditionally serving as the primary tenure for low-income and otherwise vulnerable households (Gousy, 2016), the 1980s onwards has seen the SRS being increasingly portrayed as an agent of social exclusion, promoting welfare dependency and undermining self-sufficiency by distancing people from paid work (Robinson, 2013). The privatisation of social housing has been underpinned by the flagship 'Right to Buy' (RTB) scheme, which was first introduced by the Thatcher government in 1980, but continued under New Labour and the more recent Conservative governments. The scheme gives existing tenants a right to purchase their council

homes at below market rates. To date, over 2 million council houses have been sold under RTB (Powell, 2015). Local authorities have also sold off a significant amount of housing stock to housing associations, through a process of 'stock transfer' (Kemp, 2011, 2015). This was particularly virulent under New Labour, who set a stock transfer target of 200,000 council homes a year during their first term in office (Hodkinson et al, 2013). Meanwhile, the progressive slashing of local authority house building budgets means that much of the privatised stock has not been replaced. Social housing building in England and Wales fell from 89,700 in 1979/80 to just 2,060 in 2013/14 (ONS, 2015). The total stock of homes let at social rents stood at 3.99 million in April 2014 and is projected to decrease to 3.65 million by 2020 (Gousy, 2016). Most recently, the Localism Act 2011 – described as a *'trojan horse'* to accelerate the privatisation of housing (Hodkinson and Robbins, 2013: 65) – endorsed a removal of the requirement that social housing tenancies be 'secure for life' (Bochel, 2011; Hodkinson and Robbins, 2012; Fitzpatrick and Pawson, 2014). While the Cameron government argued that this would make social housing more responsive to needs and a springboard for social mobility (DCLG, 2011a), critics have argued that the SRS has become an 'ambulance service', serving as short-term respite provision for all but the most vulnerable of households (Robinson, 2013; CIH, 2018). The empirical evidence base for a dependency culture is, however, weak and as Fitzpatrick and Pawson (2014) have suggested, the 'dependency' discourse that households in the SRS are on the whole 'too needy' conflicts somewhat with the 'equity' argument that some are 'not needy enough'.

In a similarly neoliberal vein, successive (largely Conservative) governments have long expressed an ideological commitment to the expansion of home-ownership, in the belief that this will encourage social stability, social responsibility and a stronger sense of territorial attachment (Forrest and Hirayama, 2014). Accordingly, a range of measures have been introduced to help facilitate this, including: schemes to help first-time buyers (FTB) to enter the housing market, lowered stamp duty on the purchase of some properties, capital investment schemes for housing developers for new house building, schemes to support the refurbishing of empty properties and the meeting of the Decent Homes standards and changes to the statutory planning system to favour local development (Hodkinson and Robbins, 2013; House of Commons, 2017).

Despite this, however, there has been a significant reduction in the size of the owner-occupation sector since the early 1990s, which represents the reversal of a long-term trend. Between 1991 and 2012, rates of home-ownership in England fell from 36% to just 10%, with entering the sector being particularly challenging for younger people. Home-ownership rates among heads of households aged between 25 and 34 fell from 67% to 43% during this time (Hodkinson and Robbins, 2013; Bone, 2014; Sarling, 2014; Powell, 2015; Kemp, 2015). Several factors can be seen to account for this, including: a rapid increase in house prices in recent decades, with associated impacts on the amount of deposit required in order to obtain a first mortgage (Kemp, 2015) and a clampdown in mortgage lending following the financial crisis in 2007. Critically, however, recent public spending cuts resulted in a 60% withdrawal of government funding for the Affordable Housing Programme in 2010, resulting in a 26% drop in the supply of affordable new homes by 2012 (Unison, 2015). Considering house building, more generally, following a steady decline in house building over several decades, house building fell to its lowest level since 1946 under the Coalition government, Average build rates stood at 113,000 per year during the Coalition's time in office, compared to the average of 146,000 homes built per year under New Labour (Unison, 2015). Collectively, therefore, scholars have asserted that a wave of aspiring home-owners are entering and remaining in the PRS for significantly longer periods of time than in previous decades (Kemp and Keoghan, 2001).

More recently, a radical programme of welfare reform – underlined by neoliberal discourses of deficit and dependency (Slater, 2014) – can be seen to have impacted on demand and supply issues in respect of the PRS. The passing of the Welfare Reform Act 2012 – purportedly designed to simplify the benefit and tax credit system, improve work incentives and reduce welfare spending (up to £23 billion by 2017) – ushered in the most significant changes to the welfare system in over 60 years (Edwards et al, 2013). Of particular note here are the changes made to HB. The economic recession of 2007/8 significantly increased the number of low-paid and both under- and un- employed households engaging with the benefits system, resulting in an additional 750,000 HB claims by 2010/11 and an annual bill of £21.4 billion in 2010/11 (Hamnett, 2010; Bone, 2014; Powell, 2015). In seeking to reduce this, key reform efforts included: the limiting of the amount of LHA which individuals could claim, the extension of the Shared

Accommodation Rate (SAR) for single claimants up to the age of 35 and the introduction of the under-occupation charge (a HB reduction for social housing tenants with 'spare' bedrooms). At the time, reports predicted that changes to the SAR and the 'Bedroom Tax' would propel demand for low-cost (shared) accommodation (Rugg et al, 2011), while changes to LHA rates would make much rental housing unaffordable (Edwards, 2013). Critically also, Fenton (2010: 29, cited in Hodkinson and Robbins, 2013: 17) predicted that following welfare reform '*low income and poor households will find the only rental housing that they can afford will fall below basic common standards for decent housing*'. Since the changes have come into effect, the scale of Discretionary Housing Payments (DHP) made – payments made at the discretion of local authorities to help claimants with their housing costs – highlights the shortfall between local market rates and HB levels (House of Commons, 2018). Many households – most notably, those aged 25-34 – have been forced out of social housing, had difficulties accessing rented housing and have accepted poor accommodation at the bottom end of the PRS (Hodkinson and Robbins, 2013; Wilson, 2013; Power et al, 2014; NEHTT, 2014; Ward, 2015; Powell, 2015; Homeless Link, 2015).

More broadly, a number of other changes to the benefits system – including the introduction of the Benefits Cap, the localisation of Social Fund, the tightening of eligibility for Local Welfare Assistance and the localisation of Council Tax support schemes, accompanied by a 10% grant reduction – have served to reduce household incomes, with subsequent effects on demand for low-cost housing (see Dixon, 2013; Edwards et al, 2013; Beatty and Fothergill, 2016). But, of most significance – particularly in the context of the North East – is a new system of tougher fixed-period sanctions for failure to comply with work-related benefit requirements, which has led to waves of claimants temporarily losing their benefits and thus being left without income (Tzallas and Meggitt, 2013; NEHTT, 2015). In November 2013, figures showed that the number of JSA claimants referred for sanctions increased by 30% during the first eight months of the new regime and the number of sanctions imposed increased by 13% (Community Links, 2014). Studies have suggested that single homeless and young people are most likely to be sanctioned due to the chaotic nature of their lives, literacy problems, digital exclusion and difficulties understanding the consequences of non-compliance (Homeless Link, 2013a; YMCA, 2014; NEHTT, 2014, 2015).

Universal Credit (UC) was also rolled out in autumn 2017, with single people without dependents being the most prevalent client type (NHC, 2017). A key feature of this is the direct payment of HB to tenants (rather than landlords) who are now responsible – in most cases – for paying their rent. While limited, evidence suggests that some tenants are struggling to manage their household budgets, with rent arrears arising as a result (Hickman et al, 2017; NHC, 2017). It must be noted, however, that in addition to increasing demand for low-cost (shared) accommodation in the PRS, welfare reform may equally be disincentivising private landlords from accepting claimants as tenants due to concerns over the value and reliability of rental payments (Tzallas and Meggitt, 2013; NEHTT, 2014; Homeless Link, 2015). As such, this area of policy change may have a more tempered effect than the literature might suggest.

### **2.3 ‘Lived Experiences’ at the Bottom End of the PRS**

Following a discussion of the rapid expansion of the PRS in recent decades and locating a significant explanation for this in a broad neoliberal government project, this next section examines what is known about ‘lived experiences’ at the bottom end of the PRS. Here, physical conditions within the sector will be considered first, before moving onto a discussion of psychosocial conditions and lastly, the impacts of these on wellbeing. While some large-scale surveys suggest improvements in property conditions in recent years, the PRS continues to offer significantly poorer property conditions than those found in the owner-occupied and social rented sectors (Lister, 2006; Rugg and Rhodes 2008; Kemp, 2011; DCLG, 2014). For example, the DCLG (2011b) Private Landlords Survey (PLS) identified that more than 20% of PRS dwellings had a Category One hazard, meaning the properties were unsafe to inhabit. This was double the incidence found in the SRS (see also, Turley and Davies 2014). In addition, roughly 1.2 million PRS dwellings were found to be failing to meet the English Decent Homes Standard (DHS) and of these, more than half were not meeting Housing Health and Safety Rating System (HHSRS) standards and over a third did not have valid energy performance certificates (DCLG, 2011b). More recently, the English Housing Survey (EHS) confirmed that the PRS continues to have the highest proportion of non-decent homes at 27% (MHCLG, 2017).

No large-scale studies have considered conditions within HMOs at the bottom end of the market specifically, not least because of the lack of definitional consensus of what constitutes an HMO and accurate records of properties operating as HMOs. But, as the lowest priced accommodation within the PRS, it is reasonable to assume that conditions within HMOs which specifically cater for low-income, homeless and other vulnerable households will reflect these broader trends. While very few academic studies and only limited grey literature is available on this topic, it is consistent in the reporting of poor physical standards. Frequently cited problems include: broken facilities and amenities (such as cookers and showers), poor building insulation and low indoor temperatures, excessive damp, exposed wires, uncertified gas appliances, infestations, inadequate or broken door locks and poor fire safety (see DCLG, 2008; Barrett et al, 2012; Spencer and Corkhill, 2013; Davies and Rose, 2014; DCLG, 2014; Ward, 2015; Gousy, 2016). Collectively, the studies span a range of geographical areas (including both urban and coastal locations), thus suggesting that problems concerning physical conditions are not limited to particular geographical areas.

Moving beyond the physical, HMOs by definition include some element of shared space and are likely to pose challenges in terms of ones sense of control over their environment, levels of privacy and opportunities to seek quiet, refuge and sanctuary (Barratt and Green, 2015). Indeed, Davies (1992, cited in Ineichen, 1993) found that being placed in shared accommodation alongside individuals with complex needs resulted in feelings of stress, isolation and depression among those with a housing need only. Rugg (2002), studying vulnerable young people's experiences of living in HMOs, found that tenancies were often abandoned because the behaviours of other tenants made them feel unsafe. Similarly, Davies and Rose (2014) interviewed single homeless men living in UTA in Manchester and Brighton. Here, residents typically cited close proximity to other residents with complex needs, who often exhibited anti-social and violent behaviours, to be highly challenging. Avoiding relapse into addiction, in light of the widespread availability of drugs, was also reported to be difficult.

The challenges of living in poor physical and psycho-social conditions have also been found to be compounded by poor and often unorthodox management practices. Particularly notable examples within the literature include: tenants having cash cards or benefit books 'confiscated' by proprietors,

tenants being required to carry out unpaid work for proprietors and threatened with eviction should they refuse, sexual abuse and violence, tenants being required to share rooms with strangers, access to shared kitchen facilities being refused, breakfasts being charged for but not provided, tenants being illegally evicted, tenants being locked out of premises during daytimes, long delays to property repairs and the sale of alcohol to residents with alcohol problems (sometimes without a licence) (DCLG, 2008; Rugg, 2008; Spencer and Corkhill, 2013; Sprigings, 2013; Davies and Rose, 2014; Ward, 2015). Nonetheless, it must be recognised that despite benefit claimants and otherwise vulnerable residents being unpopular with some landlords, others choose to operate at the bottom end of the PRS, viewing the accommodation of HB recipients as a potentially regular form of income – at least prior to the introduction of UC – and several have entered the market following experiences of institutional or residential support themselves (Rugg and Rhodes, 2008). A growing number of agencies also offer vulnerable service users support to maintain their tenancies and are working to develop relationships with private landlords for mutual benefit (Gousy, 2016).

Relatively limited attention has been paid to the (subjective) wellbeing of the homeless or vulnerably-housed and the role played by their housing circumstances in this (Biswas-Diener and Diener, 2006; Barczyk et al, 2014). This includes the impacts of living in HMOs at the bottom end of the PRS on the wellbeing of households. Additionally, the conceptual and methodological rigour of much of the extant literature is unclear or lacking. Nonetheless, several of the studies suggest that the impacts of living in these properties can vary, depending on and mediated by the personal characteristics and biographies of the residents. For example, Barratt et al (2012) found that some tenants living in HMOs felt embarrassed and ashamed of where they lived and thus movement into the sector had adverse impacts on their subjective wellbeing. But, for others, accessing this type of accommodation was a first step towards moving away from homelessness and thus resulted in an improvement in their wellbeing. Similarly, Davies and Rose (2014) reported that for the majority of residents that they interviewed, the nature of the physical property conditions and behaviour of other residents had negative impacts on their physical and mental health and experiences of addiction. However, some – particularly those who had been

formerly rough sleeping or living in institutions – reported that their physical and mental health had improved since moving into UTA. A single linear relationship, therefore, between the property conditions on offer within HMOs and the wellbeing of the residents could not be identified.

### 2.3.1 Key Explanatory Factors

While the literature on this topic is somewhat disparate and limited, it was nonetheless possible to identify several key reasons for the nature of the reported conditions. These include: the generally older age profile of the dwellings (DCLG, 2011b, 2014; see also Ward, 2015), high demand for property, meaning that landlords can often let poor quality properties easily and, renters being known to take less care of dwellings than owner occupiers (Holmans, 1987; James, 2008). However, worthy of more substantive discussion is the current approach to regulation and management of the sector, with the most effective means of rectifying deficits only recently emerging as a feature of contemporary discussion (see Moore and Dunning, 2017). Indeed, it seems that discussion about the regulation and management of the sector has long been dogged by unhelpful and extreme dichotomies of opinion about the nature of private renting as either wholly beneficial or perilous, leading to a lack of consensus over the need for the comprehensive regulation of the entire PRS versus the regulation of only the most problematic properties (Rugg and Rhodes, 2003). In recognition that the PRS as it currently operates falls short of ideal, but believing that strict regulation could be costly and drive out good landlords and letting agents (Lister, 2002; Rugg and Rhodes, 2003, 2008), the government currently favours a targeted ‘command and control’ or enforcement approach (Marsh, 2006), with a particular focus on HMOs. While all residential accommodation, regardless of tenure, must comply with a range of legislation and is subject to a range of measures designed to protect renters, HMOs must also comply with an additional layer of regulation. Mandatory HMO licensing – introduced in England, in 2006 – aims to offer additional protection to the health and safety of (vulnerable) tenants. Licences are granted on a five-year basis, with properties inspected at least once during this period. Sanctions ranging from fines to imprisonment can be applied for the failure to secure a licence or meet required standards. Local authorities also have

a range of powers to drive forward improvements within HMOs, ranging from improvement notices to demolition orders (Davies and Rose, 2014). Local authorities can also apply to the Secretary of State to implement additional selective licensing schemes in their areas, which would apply to all HMOs, on the basis of areas suffering from low housing demand and/or problems of anti-social behaviour (DCLG, 2008; Rugg and Rhodes, 2008). Landlords or managers are also assessed for their suitability to manage HMOs through the 'fit and proper person test' (DCLG, 2008).

The effectiveness of these measures, however, is questionable. While mandatory licensing is argued to have improved property standards, some properties were starting from a very low baseline and continue to provide extremely basic standards (Spencer and Corkhill, 2013). Because the licensing regime only applies to 'large' HMOs, some problematic properties are exempt (CLG Select Committee 2013; Davies and Rose, 2014). Few local authorities have applied for selective licensing powers (Wilson, 2017). Failing the 'fit and proper' person test does not necessarily prevent a landlord from continuing to let a property, as a replacement managing agent can be appointed. In reality, therefore, the test does not effectively ensure the entry of only suitable landlords into the sub-sector (Davies and Rose, 2014). Research has also identified 'grey areas' between the roles and responsibilities of respective bodies, such as Regulatory Services, Fire and Rescue services and local authorities (Spencer and Corkhill, 2013). Prosecutions against landlords are also noted to be very rare, due to: resource constraints resulting in local authorities being absorbed by the processing of license applications and the weak enforcement of minimum standards (DCLG, 2008; Lucas et al, 2013); the high costs of enforcement; and, the disproportionately low fines imposed for non-compliance, compared with rent yields in some areas (Davies and Rose, 2014). Insufficient local authority resources may also account for a reported skills deficit, whereby many Environmental Health Officers do not have the necessary skills to assess the condition of buildings, having received no specific training in forensic building surveying or pathology, for example (Rugg and Rhodes, 2008). Finally, the proactive inspection of properties is conditional on complaints from tenants. Yet, it is likely that many vulnerable households lack the knowledge or capacity to make a complaint or will be fearful of the repercussions of this. Indeed, ASTs can be

evicted at the end of their contract for no specific reason and the ending of ASTs is currently the leading cause of statutory homelessness in England and Wales (Fitzpatrick et al, 2018).

A second key factor is the current state of private landlordism. Principally comprised of a wealth of 'amateur' or 'accidental' landlords, who are not required to undertake any kind of professional training and own just a single property, considerable variation in practices in respect of lettings, tenant management and maintenance is perhaps unsurprising (Lister, 2002, 2006; DCLG, 2011b). Lister (2002) found that many private landlords are unfamiliar with the contents of letting agreements and these are rarely discussed or negotiated with tenants. In some areas and particularly in respect of low-cost accommodation at the bottom end of the PRS, landlords do not have the financial resources required for property maintenance and repairs (Nevitt, 1966, cited in Crook and Kemp, 2011) and cannot achieve efficiencies through economies of scale (Whitehead, 1996; Andersen, 2008). Although a significant proportion are unlikely to be in the market purely for profit maximisation, it is reasonable to assume that financial gain is a key driver for their involvement in the sector (Yates, 1996). Indeed, the PLS reported that 66% of properties were considered to be investments in terms of an income by their owners and 43% were considered to be investments which would provide both income and capital appreciation benefits (DCLG, 2011b). As such, these landlords cannot necessarily be expected to have the skills or willingness to develop relationships with support services or manage tenants with complex needs (Spencer and Corkhill, 2013; Davies and Rose, 2014). Securing higher levels of institutional investment has been purported as a panacea for resolving these problems, in the belief that larger landlords are able to operate on economies of scale and are regulated by reputational risk. But, this contention is yet to be supported by evidence and a lack of interest from institutional investors to take over the sector has been reported (Rugg and Rhodes, 2008; Andersen, 2008; Moore and Dunning, 2017).

## **2.4 The Modern PRS as a Primary Housing Option for Single Homeless People**

Moving forward, this next section of the chapter will examine the entry of single homeless people into HMOs at the bottom end of the PRS. Although it is difficult to estimate the scale of different demand groups within the PRS – as this will depend on individual preferences and constraints that cannot be readily observed and are constantly in flux (Rugg and Rhodes, 2008) – it is possible to identify broad trends in terms of the relative composition of the sector. A long-accepted typology of households which typically require PRS accommodation in the UK refers to: those that have always lived in the sector, the mobile, those whose household and housing circumstances are likely to change rapidly, those who are moving for purposes of study and employment and those who cannot gain access to other housing tenures (Bouvaird et al, 1985; Whitehead, 1998; Kemp and Keoghan, 2001). However, a growing number of studies indicate that the ‘modern PRS’ is increasingly home to three key social groups: students, HB claimants and critically, single homeless people (regarding the latter, see May, 2000; Rhodes, 2006; Hall, 2003, cited in O’Sullivan and De Decker, 2007; Rugg, 2008; Spencer and Corkhill, 2013; Davies and Rose, 2014; Barratt and Green, 2015; Gousy, 2016). This suggests that the experiences of these groups are most worthy of detailed examination.

Turning attention to single homeless people, whose experiences are the main focus of this study, a review of the literature reveals that despite decades of research and debate, the concept of homelessness remains ambiguous and lacking definitional consensus (Drake, 1989; Anderson, 1993). Although often equated with literal rootlessness in popular discourse, the concept is not so self-evident (Maesele et al, 2013). Most academics would argue that this view of homelessness is excessively restrictive and that instead, homelessness should be understood in terms of a continuum, reflecting a range of negative housing situations, with rough sleeping at one end and inadequate or insecure housing at the other (Neale, 1997; Jacobs et al, 1999; Cloke et al, 2000a). Understood in this way, however, some have questioned whether the elasticity of this definition negates its usefulness as a concept at all (Pawson and Davidson, 2006). Further complicating matters, it is clear that defining homelessness is not simply a conceptual exercise. It is equally a political concern, with the chosen definition having a direct bearing on policy responses to homelessness and accordingly, resource requirements (Widdowfield, 1998; Cloke et al, 2000a; Leggatt-Cook and

Chamberlain, 2015; Alden, 2015). In the UK, a person is legally defined as homeless if they have no accommodation that they are entitled to occupy or they have accommodation but cannot be reasonably expected to occupy it (Bramley, 1988). As such, by international standards, the UK definition is wide-ranging, encompassing more than just those who are roofless (Fitzpatrick and Watts, 2010). Within this, the term 'single homelessness' typically refers to homelessness among people of adult age without dependent children, who meet the legal definition of homelessness, but do not qualify for the 'main duty' (as discussed in more detail below). Single homeless people are also often referred to as the 'hidden homeless', for their housing circumstances (such as sofa-surfing) can render them concealed from public view (Jones and Pleace, 2010).

#### 2.4.1 Key Explanatory Factors

In addition to those discussed at the outset of the chapter (particularly the privatisation of social housing), there are various reasons discernible through the literature, which may explain the increasing entry of single homeless people into the PRS. The first relates to the nature of the statutory homelessness system in England (at least as it was when the study commenced). The homelessness system makes a fundamental distinction between those who are 'statutory' or 'priority' homeless and those who are 'non-statutory' or 'single' homeless (Drake, 1989; Anderson, 1993; Pleace and Quilgars, 2003). Reflecting a number of pejorative value judgements about the nature of the single homeless subject and historical assumptions about the causes of poverty and homelessness (DeVerteuil, 2009; Harding and Irving, 2014), the system has long been criticised for legitimating the homeless claims of certain households, while simultaneously excluding those who fail to meet the various eligibility tests (Sommerville, 1994; Fitzpatrick and Pleace, 2012; Dwyer et al, 2014). Specifically, the Housing (Homeless Persons) Act 1977 (now primarily laid out in part 7 of the England and Wales Housing Act 1996, as amended in the Homelessness Act 2002) states that statutory duties to provide housing to homeless people are incumbent only where an individual is: technically eligible for assistance by virtue of migrant status, deemed to be 'unintentionally' homeless, falls within a defined priority need group and has a local area connection (Anderson, 1993; Cloke et al, 2000a; Jones and

Pleace, 2010; Fitzpatrick and Pleace, 2012). Unable to access statutory housing provision, a number of studies have identified single homeless individuals who have referred themselves into HMOs at the bottom end of the PRS (Davies and Rose, 2014). It is important to note, however, that following the Scottish and Welsh precedents, the Homelessness Reduction Act (HRA) was introduced in England in April 2017. Local authorities are now required to work to prevent and relieve homelessness for all applicants at risk of homelessness for a period of 56 days (CIH, 2017). While the impact of legislative change is unknown, lessons from the Welsh experience suggests that the provision of greater prevention and relief support may help to reduce the number of homeless people who find themselves entering this area of the market (see Mackie, 2014).

The second reason relates to significant changes to the management of single homelessness since the late 2000s. In 2003, New Labour introduced the Supporting People (SP) programme. This provided local authorities with ring-fenced funding for a range of accommodation and support services, designed to help vulnerable groups to gain independent living skills and confidence and to obtain and sustain housing. An extensive network of homelessness services developed as a result. This was followed in 2005 by the Hostels Capital Improvement Programme (HCIP), which invested £90 million of capital grants into improving the physical condition of homelessness services (DCLG, 2007b). However, despite the substantial cost savings reportedly delivered by homelessness services to the wider public sector, the SP programme was effectively axed in 2009, signalled by the removal of the SP funding ring-fence (DCLG, 2009). While the Coalition government purported that its removal would create opportunities for greater efficiency, innovation and collaboration across the sector (House of Commons, 2012), it's coincidence with cuts to local government finances almost inevitably resulted in spending reductions on former SP services and some service closures (Homeless Link, 2013b, 2015; Cornes et al, 2015). In February 2003, the SP programme was funding 75,000 units of accommodation for homeless people and 3000 refuge beds. In 2016, just 37,000 units of accommodation for single homeless people were identified, although refuge beds had increased (Crisis, 2017). As such, supported accommodation is now a less likely housing option for single homeless people than in previous decades.

Compounding problems surrounding the loss of bed spaces is significant increases in homelessness. It is difficult to capture the scale of single homelessness in England due to definitional problems, the transient and often hidden nature of the single homeless population and the absence of a government mandate for the collection of data about non-priority applicants beyond the number that apply and their ethnic origin (Spencer, 2016). It is estimated that a third of local authorities in England do not record any data beyond this and where monitoring does occur, the approaches used are inconsistent, there is likely to be double-counting between agencies and some individuals are likely to remain unrecorded (Spencer, 2016; Maciver, 2018). A similar narrative is reported across many European and developed countries, despite the argued criticality of measurement. As Chamberlain and MacKenzie (1992: 274) wrote, '*it becomes difficult to urge governments to meet the needs of homeless people if the parameters of the homeless population are unclear*'. However, a general picture of rising single homelessness in England can be drawn from statutory homelessness, rough sleeping, temporary accommodation and hidden homelessness data. Striking is the reported 169% increase in rough sleeping since 2010, a 61% increase in the number of homeless placements in temporary accommodation since 2010 and the estimation that 3.38 million households in England were likely to contain concealed single homeless people in early 2016 (Fitzpatrick et al, 2018).

Thirdly, while it is argued that almost anyone could fall victim to single homelessness, it is most commonly associated with people with multiple needs (Jones and Pleace, 2010). A wealth of surveys regarding the needs of single homeless people indicate a high prevalence of drug and/or alcohol related problems, physical and mental health problems, learning difficulties, childhood trauma, limited educational attainment and employment histories, welfare dependency, offending histories and experiences of institutional care. Such needs tend to be significantly more prevalent among single homeless people than the general population (Anderson et al, 1993; Lehman et al. 1995; Bebout et al, 1997; Thomas, 2012; Homeless Link, 2016). Research also suggests that the needs of single homeless people are often complex: meaning that it is common for them to experience at least two of the following needs at the same time – homelessness, reoffending, problematic substance misuse and mental ill health

– and where they do exist, they are often intertwined and difficult to address (Fitzpatrick et al, 2011, 2012; Dwyer et al, 2014). It is important to note that much research conducted with this group tends to focus on those who are accessing homelessness services. This is problematic in that such research will inevitably oversample those who are chronically excluded and have higher support needs (Biswas-Diener and Diener, 2009). Nonetheless, these needs and characteristics can present single homeless people with significant housing barriers, due to problems of affordability, lack of independent living skills, housing exclusions and negative social attitudes towards them (Harding and Willett, 2008; Harding and Irving, 2014). Indeed, research evidences that housing demand among single homeless people now outstrips supply, with supported accommodation service users often remaining with projects for longer than required due to limited move on options (Homeless Link, 2015).

## **2.5 Understanding the Causes of Homelessness**

Building upon the premise that HMOs at the bottom end of the PRS are likely to be a primary destination for single homeless people – a premise which will be evaluated in relation to the residents engaged with for this study – it is useful to consider the causes of homelessness among single homeless people, more broadly and the key concepts used to arrive at these conclusions. Research into the causes of homelessness has long been defined by a somewhat unhelpful dichotomy between ‘individual’ and ‘structural’ explanations (also discussed in terms of a ‘minimalist’ and ‘maximalist’ discourse). Individual explanations have emphasised homelessness as a result of individual failings or pathologies, such as drug addiction, while structural explanations have emphasised homelessness as a result of the organisation of society and focused on issues such as the functioning of housing and labour markets and welfare systems, for example (Jacobs et al, 2000). It was widely, acknowledged, however, that research which embraces just one of these positions offers an overly simplistic reading of the causes of homelessness, with homelessness being too diverse to wholly support either set of assumptions (Neale, 1997; Fitzpatrick et al, 2000; Clapham, 2003; Pleace, 2016). As such, a ‘new orthodoxy’ arose in the 1990s and contended that homelessness was not solely individual or structural, but instead resulted from

the interaction of both types of factors (O'Flaherty, 2004; Fitzpatrick, 2005). But, this was later criticised for its inherent vagueness (Pleace, 2016).

Building upon this, the development of the concepts of 'trigger' factors – referring to immediate events that trigger a homelessness episode – and 'risk' factors – meaning significant life experiences which make it more likely that individuals will become homeless – were significant in advancing more nuanced understanding (Anderson, 2001, see also Anderson, 2003). The key triggers and risks which have been associated with the onset of homelessness are listed in Figures 1 and 2.

**Figure 1: Key Trigger Factors for Homelessness (Anderson, 2001)**

Triggers (immediate events finally triggering homeless episodes):

- leaving the parental home after arguments or because of financial problems
- leaving care
- running out of friends and relatives willing to accommodate
- household formation – e.g. when new couples are no longer able to stay with relatives or friends
- household expansion with birth of children
- marital or relationship breakdown either violent or none-violent
- discharge from the armed forces
- leaving prison
- widowhood
- sharp deterioration in mental health or increase in alcohol or drug misuse
- financial crisis of mounting debts
- eviction from owned or rented home
- abandonment of owned or rented home because of financial or other problems (such as racist or other harassment)
- closure of direct access hostels.

**Figure 2: Key Risk Factors for Homelessness (Anderson, 2001)**

<p>Risk factors:</p> <p>Structural factors</p> <ul style="list-style-type: none"><li>• shortage of affordable housing</li><li>• low income and poverty</li></ul> <p>Institutional factors</p> <ul style="list-style-type: none"><li>• being in local authority care</li><li>• being in the armed forces</li></ul> <p>Family background factors</p> <ul style="list-style-type: none"><li>• experience of family homelessness in childhood</li><li>• family breakdown and disputes</li><li>• being in reconstituted families with stepparents</li><li>• sexual or physical abuse in childhood or adolescence</li><li>• experiencing premature death of parents or stepparents</li><li>• having parents or stepparents with drug or alcohol problems</li><li>• having a mother aged under 25 years at birth of first child</li></ul> <p>Individual factors</p> <ul style="list-style-type: none"><li>• using drink or drugs at an early age</li><li>• getting involved with crime at an early age</li><li>• offending behaviour and/or experience of prison</li><li>• having difficulties at school and lack of qualifications</li><li>• lack of social support networks</li><li>• debts, especially rent or mortgage arrears</li><li>• causing nuisance to neighbours</li><li>• drug or alcohol misuse</li><li>• poor physical health or mental health</li></ul>
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But, while the above concepts have been described as '*useful starting points*' (Fitzpatrick et al, 2005: 19), researchers continued to call for the development of more dynamic and sophisticated approaches to study, which moved from a cross-sectional approach altogether and gave greater clarity to how individual and structural factors intersect to produce homelessness (Neale, 1997; Williams and Cheal, 2002; Pleace and Quilgars, 2003; Clapham, 2005a; Somerville, 2013).

Most recently, therefore, the principal way in which homelessness researchers have sought to advance understanding of this critical social phenomenon is through the adoption of a range of metaphors (Clapham, 2003; Fopp, 2009a; Fitzpatrick et al, 2012). Early efforts involved the adoption of the concept of 'homelessness careers', which was designed to identify and emphasise stages in the process of becoming homeless and the factors that influence movement along a homeless career-path (Hutson and Liddiard, 1994; Chamberlain and MacKenzie, 2006). A major and indeed valid criticism of this metaphor, however, is the inference of homelessness as a final destination or

endpoint to one's trajectory (Fopp, 2009a; Chamberlain and Johnson, 2011). To the contrary, contemporary homelessness research indicates that it is possible to move out of homelessness and that homelessness is often just one phase in an individual's housing biography (May, 2000; Fitzpatrick, 2011). Fopp (2009) points out that homelessness often coincides with a range of experiences of exclusion and traumas and thus, to suggest that it is a career choice in some way could be interpreted as insensitive and downplaying the harsh reality of homelessness. Others, therefore, have more recently adopted the use of the metaphor 'homelessness pathway' to highlight changes in homeless people's biographies and material circumstances. It is widely considered to be a term which better reflects the possibility of movement out of homelessness and avoids the linear connotations of the 'career' metaphor (see Anderson and Tulloch, 2000; Clapham, 2003, 2005; Chamberlain and Johnson, 2011; Fitzpatrick et al, 2012).

Considering the concept of 'homelessness pathways' in more detail – in light of its centrality to the thesis – the concept essentially refers to an individual's route into homelessness, their lived experience of it and their route out of it into secure housing (Anderson and Tulloch, 2000; Anderson, 2001). Importantly, Chamberlain and Johnson (2011) distinguish between a homeless 'biography' and a homeless 'pathway'. While a homeless biography is an account of an individual's journey through homelessness, a homeless pathway should be understood as an ideal type route through homelessness, identified through a process of analysis. For them, a significant advantage of the identification of homelessness pathways among research samples is the making of the endless diversity of homeless biographies more comprehensible. A number of empirical studies have sought to identify typical pathways into homelessness among participants, while recognising that not all homeless biographies will neatly fit within an ideal-type. Typically – though not exclusively – pathways have been defined in terms of one key, dominant causal factor and studies have identified anything from four to 23 ideal-type pathways among samples (see, for example, Fitzpatrick, 2000; Anderson and Tulloch, 2000; Mallett et al, 2005; Martijn and Sharpe, 2006; Chamberlain and Johnson, 2011). More recently, however, Fitzpatrick et al (2011) have suggested that the concept of 'experiential clusters' is more appropriate in facilitating an understanding of the causes of homelessness among individuals who have experienced Multiple Exclusion

Homelessness (MEH). This research argues that MEH individuals constitute a distinctive and exceptionally vulnerable subgroup within the broader homelessness population, exhibiting significantly higher incidences of experiences associated with chaotic lifestyles than other homelessness groups. As such, their experiences are argued as being best understood in terms of ideal-type 'clusterings', characterised by multiple factors having equally significant levels of influence on individuals' lives – as far as it is possible to deduce from the limited writings on this concept.

Despite the field of homelessness recently being described as '*still uncomfortably close to being a conceptually inconsistent mess*' (Pleace, 2016: 25), the concept of 'pathways' – and perhaps soon, that of clusterings as it becomes a more established concept – is generally accepted to be central to contemporary understandings of the causes of homelessness and a significant improvement on the cross-sectional approach adopted in prior research (Clapham, 2005). Indeed, while there is a high degree of difference across pathways studies, the body of literature as a whole indicates that pathways into homelessness tend to vary by age and to fall into three categories – youth, adult and later life – with each broad pathway type displaying different characteristics. Some of the key findings to emerge from research into youth homelessness pathways are:

- Youth homelessness often starts at an early age and is associated with being in local authority care, suffering violence and abuse, being in 'disrupted families', frequent house moves and having problems at school;
- It is reinforced by long-term structural changes in the position of young people, particularly in relation to employment and welfare; and,
- Young people are at particular risk of rough sleeping and this can often result in long-term and repeat homelessness.

Research into adult homelessness pathways suggests that:

- The majority of the UK homelessness population is of working age;

- Adult homelessness is generally brought about by changes in household composition, coupled within an inability to access suitable accommodation, when required;
- These households tend to be dynamic, with their circumstances often changing rapidly; and,
- They are most at risk of enduring homelessness.

Much less research has been conducted into pathways through homelessness in later life. But, research suggests that:

- For older people, individualised factors, such as mental illness and bereavement, are more likely to trigger homelessness than structural factors; and
- While later life homelessness should be mediated through UK statutory procedures, a significant proportion of older homeless people are not protected by this safety net (Anderson, 2001).

Pathways research also highlights that gender to be one of the most significant factors influencing the experience of homelessness and pathways through it (Anderson, 2001). Relatively little UK research has focused on women's experiences of homelessness. Critically, however, the majority of single homeless people – approximately 74% – are male (Jones and Pleace, 2010; Homeless Link, 2015), for females are more likely to meet priority need criteria as a result of pregnancy, being the primary carers of dependent children or fleeing domestic violence (DCLG, 2014b). This significantly reduces the likelihood of women being required to seek accommodation in the supported accommodation or private rented sectors. Equally, men are less likely to seek support when victim to domestic violence due to ongoing stigma (Wright, 2016). While much literature has focused on pathways into homelessness, however, it is relatively lacking in respect of pathways *through* and *out of* homelessness (Anderson, 2001). Having said this, the small body of studies which have adopted a pathways approach have demonstrated that pathways into homelessness affect 'lived experiences' of homelessness and thus, can lead to important insights in some of the types of

support needed for 'move on' by different groups (see, for example, Nicholls, 2010; Chamberlain and Johnson, 2011).

Linked to this, the concept of 'housing pathways' refers to movement through different housing situations and specifically, *'the changing sets of relationships and interactions that a household experiences in its consumption of housing through time'* (Clapham, 2003: 122). As such, the concept of housing pathways can be seen as a more holistic and longitudinal concept to that of homelessness pathways. Acknowledging the complex interplay between individuals as agents and structural factors, the emphasis on housing pathways research is uncovering the subjective perceptions and experiences of individuals through housing, in the context of the opportunities available to them and the constraints they face as produced by the structures of the housing system and wider society (Clapham, 2003, 2005). The concept of housing pathways very usefully highlights that from this perspective, homelessness can be seen as merely *'an episode in a person's housing pathway'* (Clapham, 2003: 123). This supports the work of May (2000: 615), who identified that:

*'For the majority of single homeless people, the experience of homelessness is neither singular nor long term but episodic, with each homeless episode interspersed with often extended periods in their own accommodation and with no increase in either the frequency or duration of homeless episodes over time'.*

Nonetheless, while an ever-growing number of studies have adopted a pathways approach in the pursuit of a greater understanding of the 'lived experience' of homelessness and housing (Allen, 1997; Clapham, 1997, 2015; Damer, 2000; Somerville, 2002; Lau and Morgan, 2013), Clapham (2003) suggests that existing pathways studies need to be supplemented in two ways: through the greater incorporation of structural elements into the biographies of participants and the analysis of public policy interventions from a pathways perspective. These assertions will be considered more fully in latter parts of the thesis.

## **2.6 Summary**

In line with the aims of the chapter outlined in the introductory section, Chapter Two has presented a critical review of academic, policy and grey literature with regards the broad context of the study and the key gaps in academic knowledge and understanding which it aims to address. In doing so, it has substantiated the validity, originality and significance of this research. The key points to emerge from the chapter are:

- The PRS – and most likely, the HMO sub-sector – has undergone a period of rapid expansion since the 1980s. Coinciding with the shrinking of the social rented and owner-occupation sectors, the changing scale of the PRS has been heavily influenced by a broad neoliberal government agenda (Murie, 2012; Jacobs and Manzi, 2013a, 2013b; Bone, 2014; Forrest and Hirayama, 2014).
- Some of the growth of the PRS is likely to be accounted for by the greater role which it has come to play in the accommodation of single homeless and other vulnerable households (Gousy, 2016).
- The entry of single homeless people into HMOs at the bottom end of the PRS is likely to be attributable not least to the limitations of the statutory homelessness system, the shrinking of the homelessness sector and the behaviours and needs of the individuals in question (Harding and Willett, 2008; Dwyer et al, 2014; Crisis, 2017). But, a range of concepts within the field of homelessness – and particularly that of ‘homelessness pathways’ – point to a more complex narrative about the residents’ reasons for entry (Chamberlain and Johnson, 2011).
- The ‘lived experience’ of households at the bottom end of the PRS – and particularly HMOs – is a neglected area of research. Yet, it is one in which conceptually and methodologically robust academic research is needed, in light of the extant evidence base, which suggests that the sub-sector offers generally poor physical and psycho-social property conditions, which are likely to be impacting negatively on the wellbeing of some residents. While the personal biographies of resident are likely to play a mediating role here, a robust understanding of the mediating effects and thus, which residents are

most and least likely to cope within these environments is unknown (Davies and Rose, 2014; Barratt and Green, 2015).

Moving forward, Chapter Three turns its attention to the literature on housing and wellbeing, in pursuit of the identification of a suitable conceptual framework for a robust assessment of the 'lived experiences' of the private hostel residents engaged with, which is the primary focus of the thesis.

## **Chapter Three: Housing, Wellbeing and Capabilities**

### **3.1 Introduction**

The previous chapter examined the likely growth of the PRS – and specifically, HMOs – as a primary housing destination for single homeless people; many of whom are likely to have multiple and complex needs. It also identified that the physical and psycho-social environmental conditions on offer are likely to be lower than those in the social rented and owner-occupation sectors and in some cases, these may be impacting negatively upon the wellbeing of residents. Together, these findings confirm the importance of a robust understanding of the ‘lived experiences’ of single homeless and other vulnerable households in the PRS. While some research into this topic has been undertaken, the evidence base is limited and to some extent, lacking conceptual and methodological rigour.

In this context, the focus of Chapter Three is an examination of the relationship between housing and wellbeing and the development of a suitable framework for evaluating the ‘lived experiences’ of the residents engaged with. The chapter has three main sections. It begins with a critical examination of the wellbeing literature, with a particular focus on the challenges associated with the definition and measurement of wellbeing, as well as its value as a concept, before discussing the validity of the Capability Approach as a framework for context-specific assessments of wellbeing. Following this, the chapter establishes housing as a key constituent of overall wellbeing, before considering the specific attributes of housing which are of particular relevance to this, the ways in which they impact on wellbeing and the complexity of the relationship under investigation. Thirdly, the chapter critiques the various ways in which the relationship between housing and wellbeing has been defined, evaluated and managed in academic, policy and practice circles to date, before outlining the evaluation approach used in this study.

### **3.2 The Concept of Wellbeing**

In order to understand the impacts of living in particular housing contexts on 'wellbeing', it is first important to establish what we mean by the term. Various definitions of wellbeing have been defined as a multi-dimensional construct that relates to different arenas of people's lives, including the economic, functional, emotional and social (Knight and McNaught, 2011), conceptualising wellbeing has proven to be a difficult process (Rogerson, 1995). Debates about the complexity of human life, the relative importance of different aspects of wellbeing and the level of generality to which definitions can apply (either individual, community or societal) are just some of the factors that are likely to account for the array of constructions which can be found within the literature (Felce and Perry, 1995; Gasper, 2010; Forgeard et al, 2011; Hallerod and Selden, 2012). Complicating things further, the concept is often used synonymously with other concepts such as health, quality of life and standards of living, without any clear distinction being made. Similarly, commenting on the classic World Health Organisation (1946) definition of health as a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, Bowler (2008, cited in Fitzpatrick, 2010) questioned the point at which 'health' as a term loses all meaning and simply becomes a register of everything as it impacts or not upon an individual.

Despite difficulties of definition, however, there appears to be a general consensus within the literature that wellbeing refers to the state of people's life situations (McGillivray, 2006), which can be seen as existing on a continuum, with the best possible wellbeing at one end and the worst possible 'ill-being' at the other. But within this, two traditional schools of thought seem to have long dominated thinking about wellbeing; that which conceives of wellbeing as an objective state (concerning the external conditions of life) and that which conceives of wellbeing as a subjective state (an internal mechanism concerning how we think and feel about our lives). Each approach has different foci of attention and approaches to measurement (Diener et al, 1999; McAllister, 2005). These will now be briefly considered in turn, before the section returns to a broader discussion about the concept of wellbeing.

### 3.2.1 Objective Wellbeing

Objective wellbeing is typically discussed in terms of a needs-based construct, based on assumptions about basic human needs and rights. Accordingly, many discussions of objective wellbeing are built upon Maslow's (1954) basic needs theory, which argues that basic physical needs such as food, water and shelter, must be satisfied before a person can attain higher-order psychological fulfilment (Biswas-Diener and Diener, 2009). Reflecting this, thinking on objective wellbeing was long influenced by the work of economists, who have long conceived of human beings as highly motivated and efficient rational actors and centred discussions around issues of income and Gross Domestic Product (GDP). At the individual level, more income has long been equated with more choices, while at the population level, economic growth has historically been considered necessary to provide the material conditions needed to meet basic levels of human need, such as food, shelter and welfare services. These ideas have been heavily undermined, however, over time (Clapham et al, 2017) – not least because of the Easterlin paradox which indicates that after a certain threshold, income has a negligible impact on SWB (Easterlin, 1974; see also Veenhoven 1991; Diener and Seligman, 2004; Layard, 2005, cited in Guillen-Royo, 2010) – and since the 1960s, the 'social indicators' movement has highlighted the need to measure non-economic aspects of people's lives, relating to levels of nutrition, housing, education, health, mortality, environmental quality and poverty, for example (McGillivray, 2006). Importantly, advocates of the objective wellbeing movement claim that objective measures can be defined without reference to an individual's own preferences, interests, ideals, values and attitudes and can be clearly observed and empirically verified (Diener et al, 1999). While this should be true in principle, critics have argued that there are no truly objective measures of wellbeing. All measures are value-laden as they all – to some extent – reflect what the list originators or different societies consider important (Clark and Oswald, 1996; Gasper, 2010). As such, Phillips (2006, cited in Gasper, 2010) suggests that a more accurate terminology for objective wellbeing measures would be 'collectively subjective' measures, which are granted some authority through collective processes and measure the presence of collectively determined 'substantive goods'.

### 3.2.2 Subjective Wellbeing

SWB refers to how people evaluate their lives (Gasper, 2010) and is typically understood in terms of both cognitive and affective components: specifically, positive affect, negative affect, global life and domain satisfaction and meaning (Diener, 1984; Diener and Lucas, 1999; Ryan and Deci, 2001; Windle and Woods, 2004; McGillivray and Clarke, 2006; Van Hoorn, 2007; Taylor, 2011). SWB as an affective state – specifically, positive emotion – is one of the most studied aspects of wellbeing, perhaps due to its high face validity and intuitive appeal (Forgeard et al, 2011). The field is considered to be replete with evidence of the association between positive emotion and wellbeing, with happiness considered to be an output from activity and consumption and to reflect the balance between experiences of positive and negative affect (Diener, 2000). Wellbeing as happiness has its origins in hedonism philosophy, whereby pleasure and pain are the only things considered to be good or bad for anyone, and what makes these things good and bad respectively is their ‘pleasurableness’ or ‘painfulness’ (Bentham, 1996, cited in Ryan and Deci, 2001; Gasper, 2009; Crisp, 2006, cited in Dolan and Metcalfe, 2012).

Cognitive components of SWB are life satisfaction and meaning. Life satisfaction is generally understood to be a global assessment of a person’s quality of life, with judgements dependent on the standards individuals have set for themselves. Here, cognitive assessments of wellbeing are presumed to work through processes such as the shaping of perspectives towards optimism or pessimism, comparisons with other lives or notions of a good life which will vary across time and cultures, and seeing oneself through the lives of others (known as ‘reflected appraisal’) (Shin and Johnson, 1978; Veenhoven, 2008; Cieslik, 2019). The concept of meaning relates to the sense made of and significance felt regarding the nature of one’s being and existence (Steger et al, 2006), which is associated with authentic living, focusing on personal growth and psychological strength (Dolan and Metcalfe, 2012). Again, this definition allows respondents to use their own criteria for meaning. The ‘relativistic’ nature of both concepts, in which no predetermined constraints are placed on how people define or assess their lives, is argued to overcome criticisms made about objective wellbeing in terms of imposing values on people’s lives (Battista and Almond, 1973, cited in Dolan and Metcalfe, 2012). Both cognitive components can be considered

eudaimonic facets of SWB, whereby wellbeing is found in the expression of virtue – in doing what is worth doing – rather than from the primitive following of desires (Ryan and Deci, 2001). Eudaimonic theorists argue that not all desires and pleasures will contribute to wellbeing and may even cause harm. Thus, SWB should extend beyond ‘pleasure’, to capture the concept of ‘human flourishing’ (Ryff, 1995; Diener et al, 1999; Waterman, 1993). What this entails is a matter of debate, but the idea of wellbeing as the achievement of autonomy (having a sense of control over one’s life), competence (a sense that one is functioning effectively) and relatedness (having positive interactions with others) has been cited as influential (Clapham, 2010). This shares similarities with the work of Ryff (1989, cited in Dolan and Metcalfe, 2012) who proposed that psychological wellbeing includes six components: autonomy, environmental mastery, personal growth, positive relationships, purpose in life and self-acceptance. Fulfilling these needs is presented as the natural aim of human life and is argued to contribute towards wellbeing independently of any pleasure these components may bring (Hurka, 1993; Clapham, 2010; Dolan and Metcalfe, 2012). However, the precise nature of these concepts and the relationship between them is yet to be fully established (Clapham, 2010). While hedonic and eudaimonic dimensions of subjective wellbeing are distinct, research suggests that both viewpoints are equally valid constructs. Huppert (2006), for example, states that hedonic approaches neglect the fact that positive feelings do not always lead to personal growth and fulfilment and are transitory and often short-term. Equally, however, a state of SWB cannot be achieved entirely by realising one’s potential since these behaviours do not necessarily lead to happiness and contentment. Supporting this, McGregor and Little (1989, cited in Forgeard et al, 2011) found that life-course changes can reduce happiness but increase meaning and vice versa.

An important matter of debate is the relationship between objective and subjective wellbeing. But, there seems to be a growing convergence between these two schools, with many researchers agreeing that an advanced conceptualisation of wellbeing is one which recognises the importance of both objective and subjective understandings of wellbeing as distinctive, but equally valid informational spaces (see Borthwick-Duffy, 1992; Cummins et al, 2000;

Diener, 2000; Forgeard et al, 2011; Taylor, 2011). A review of the evidence suggests that there is much empirical support for the assertion that improved objective conditions (such as good material standards of living) can contribute to an improved sense of SWB, variously defined (Stevenson and Wolfers, 2008, 2013). However, individual reports of life satisfaction and optimistic feelings about the future, despite living in adverse objective conditions suggests that subjective appraisals of wellbeing have an internal validity for which there is no substitute (Costa et al 1987). This, in turn, implies that self-reported wellbeing cannot be universally conceived as a commentary on the acceptability of one's objective conditions and any assessment of wellbeing that ignores objective life conditions may not provide an adequate safeguard for vulnerable and disadvantaged people (Biswas-Diener and Diener, 2001, 2006), while acknowledging the idea of disadvantaged individuals having a 'false consciousness' or 'desirability bias' may potentially allow researchers and policy-makers to devalue the views of disadvantaged individuals and adopt a form of paternalism on the basis of having more enlightened understanding (Diener et al, 1999; Veenhoven, 2008).

Further supporting the feasibility of an advanced conceptualisation of wellbeing is the significant degree of overlap within the objective and subjective wellbeing literatures about the specific domains that constitute the term. Neither schools provide agreed, definitive lists of domains which are considered integral to wellbeing, but they do offer lists of domains which are considered constitutive of wellbeing (Veenhoven, 2008). The most frequently occurring domains include: health, nutritional food, clean water, adequate housing, work, the availability and quality of social relationships, physical security, economic security, education, autonomy, leisure and religion (Flanagan, 1978; Zikmund, 2003; Veenhoven, 2008; Forgeard et al, 2011; Hallerod and Selden, 2012). Much less clear, however, is the relationship between different domains.

A considerable number of studies have claimed to have established causal relationships between different domains of wellbeing (Larson, 1978; Lehman et al, 1995), with the processes whereby wellbeing in one arena impacts on other arenas being referred to as 'positive' and 'negative' circles (Halleröd and Seldén, 2012). Similarly, Mayer (1986, cited in Fetjten and Mulder, 2005) used the term 'cumulative contingencies' to stress the cumulative way in which the occurrence and timing of events in different domains of life result in restrictions and

opportunities at a particular age. But, there are conflicting assertions within the literature and there is no agreement on the relative importance of and weighting which should be given to specific domains (Frey and Stutzer, 2002). For example, Maslow's (1943), physiological needs (such as shelter, warmth and food) were long considered to be the most basic of human needs and necessary precursors to psychological needs (such as safety, love, esteem and self-actualisation). However, more recent studies indicate that social factors, such as family relationships, employment status, health, personal freedom and personal values may be of more fundamental importance than original needs-based theories asserted (Max-Neef, 1991; Diener and Diener, 2001; Shelton et al, 2009; Diener and Seligman, 2002; Layard, 2005, cited in Guillen-Royo, 2010). Complicating matters further, a number of socio-demographic variables have also been found to mediate the impacts of different domains on experiences of wellbeing at the individual level, including age and gender. Gasper (2009) thus argues that extensive longitudinal research is still required to determine the causal interrelation of multiple variables on experiences of wellbeing.

A further key area of debate is how to measure wellbeing. While an inherently 'slippery' concept (Cieslik, 2015: 424), a wide variety of retrospective, self-reporting measurement instruments have been developed. It seems that in early studies, wellbeing was largely measured through single-item measures of wellbeing states or overall perceived wellbeing. But, as understanding of wellbeing has developed, single-item measures have increasingly become criticised on both conceptual and operational grounds; that no unitary measure can sufficiently encapsulate all of the components of wellbeing and that by their very nature, single-item measures cannot be tested for reliability, validity and sensitivity to change (Rogerson, 1995; Veenhoven, 2008, 2018). Furthermore, a common research approach used in many wellbeing studies has been to ask respondents to rate their sense of wellbeing according to a basic likert scale. High correlations between the results of different studies suggest that the measures used are empirically robust and reliable (Camfield et al, 2006; Veenhoven, 2008; Forgeard et al, 2011; Dolan and Metcalfe, 2012). However, there are a number of widely-acknowledged problems with traditional measurement models. These include: problems of memory biases associated with retrospective methods, within-person fluctuations in emotions where respondents may often use how

they feel in the moment as the basis for their responses, and not all individuals having the cognitive and emotional capacities needed to assess their wellbeing (Larson, 1978; Schwarz and Strack, 1999, cited in Ryan and Deci, 2001; Hills and Argyle, 2001). This suggests that wellbeing measures should not necessarily be interpreted as revealing 'deep' reflections, but more superficial statements (Forgeard et al, 2011). In addition, while it may be possible to measure individual wellbeing, the information which respondents use to determine this is argued to remain unclear (Forgeard et al, 2011). Studies have also found that the order and context in which questions are presented can have important effects on results, suggesting that different approaches to measurement could have significant consequences for the outcomes of research (Strack et al, 1988, cited in Ryan and Deci, 2001; Schwarz et al, 1987, cited in Dolan and Metcalfe, 2012). Furthermore, qualitative wellbeing researchers increasingly note the paradox of using quantitative approaches to understanding wellbeing, if it is a personal and social phenomenon. As such, the literature increasingly suggests the need for creativity and methodological pluralism in approaches to study, as well as the need for longitudinal research (see Camfield et al, 2008; Cieslik, 2015, 2019). This will be discussed in more detail in the next chapter.

Finally, a key area of debate remains the value of the concept of wellbeing itself, and particularly SWB. For example, critics of wellbeing as a 'social construction' have argued that an idea which depends on social comparison with variable standards must be considered a mere 'whimsical estate of mind' and as such, does not warrant study, nor is it worth pursuing (Veenhoven, 2008). Meanwhile, social constructionists, critical of a utilitarian view of wellbeing as happiness, argue that the pursuit of 'the greatest happiness for the greatest number' reduces wellbeing to something insignificant (Veehoven, 2018). To draw back on the empirical evidence base, however, research suggests that high levels of SWB goes hand in hand with objective thriving. For example, studies have shown that SWB is a strong predictor of physical health and longevity. This suggests that SWB is not simply a superficial state of mind, but is something which 'broadens' and 'builds' our lives: it widens our perceptual horizon and facilitates the formation of resources (Veenhoven, 2008). From this, it is also likely to inform the functioning of social systems, such as work. The view adopted by

this study, therefore, is that wellbeing, as a positive state of one's life, however defined, is a 'self-evident' good (Clapham et al, 2017: 262) and worthy of study.

### 3.2.3 The Capability Approach – An Established Evaluation Framework for Wellbeing

As a 'middle ground' between purely objective and subjective theories of wellbeing (van Staveren, 2008), the Capability Approach can be considered an alternative approach to the analysis of wellbeing. Originally developed by Sen in the 1980s, the Capability Approach is now a widely recognised and accepted approach for conceptualising, measuring and evaluating individual wellbeing, as well as societal progress (Robeyns, 2006). It has proven highly influential across a range of fields, including development education, poverty, education, welfare, public health and disability and gender studies (Robeyns, 2006), with the first major signal of its impending influence being its adoption by the United Nations as the basis for the Human Development Index (Bhanojirao, 1991). In light of this, it is somewhat perplexing that the Capability Approach has been largely neglected within the field of housing studies to date. Nicholls (2010) is a notable exception. Here, the Capability Approach was employed as a framework for discussion about the experience of street homelessness and its relation to capabilities, with the author concluding that the approach provided:

*'a nuanced framework for considering this significance of housing as both a material space that people can inhabit and as a force that can constrain or enable the capabilities that people have to attain the key functionings that they have reason to value'* (Nicholls, 2010: 36).

Support for its further application is growing, however. Clapham et al (2017), for example, recently asserted that relatively little research has applied the Capability Approach to housing, but this is a gap which needs to be addressed.

The Capability Approach attempts to overcome some of the most significant problems that plagued objective and subjective views on wellbeing: specifically, adopting a restricted view of human welfare and societal progress, and the neglect a person's opportunities and the problem of 'adaptation' (which

is discussed later in the chapter) respectively (Clark, 2009; Binder, 2013). The approach primarily seeks to solve these problems by recourse to an objective understanding of wellbeing and the notion of 'beings' and 'doings' – also known as 'functionings' and 'capabilities'. 'Functionings' are typically defined as the achievement of various activities and states of being that a person has reason to value. These may include: being healthy, happy, educated, nourished and wealthy, or having positive family relations and positive living conditions. As such, the key functions typically discussed relate to a broader informational basis than simply market goods. There is recognition, however that the transformation of resources into functionings does not occur in a social vacuum and people are not equally placed to turn opportunities into functionings. The key personal, social and environmental differences between individuals which may affect their conversion of resources into functionings are known as 'conversion factors' (Robeyns, 2000, 2006). Within the literature, personal factors are argued to refer to factors internal to the person, such as metabolism, physical condition, disability, gender, literacy and intelligence. Social factors are argued to flow from the society in which one lives, such as public policies, social norms, practices that unfairly discriminate, societal hierarchies or power relations related to class, gender, race or caste. Environmental factors are said to emerge from the physical or built environment in which a person lives, such as the stability of buildings, roads and bridges, and the means of transportation and communication (Robyn's, 2005). As such, similar to the importance of looking at homeless biographies in the identification of homelessness pathways, the idea of conversion factors suggests that detailed information about individuals and their social context is critical when undertaking capability-informed assessments of wellbeing (Robeyns, 2006). 'Capabilities' are defined as the various functionings that a person has to choose from, or in other words, the substantive opportunities that one has to lead the kind of life that they have reason to value (Jasek-Rhy, 2001; Evangelista, 2001; Jasek-Rhy, 2001; Robeyns, 2006; Deneulin and McGregor, 2010). The set of all feasible functionings that a person has to choose from is known as their capability set. In light of the 'adaptation problem', the notion of 'capabilities' is argued to be the most important of the two discussed notions (Allier, 2005; Clark, 2009; Binder, 2013).

Building upon this, a recognised key strength of the Capability Approach is the key normative argument that social arrangements should aim to expand the substantive freedoms of individuals – that is, the opportunities needed to undertake or achieve the doings and beings which individuals have reason to value. In other words, it argues that human beings and their wellbeing should be the central focus of social progress. According to the approach, a just society is one in which people have access to the necessary resources that they need to fulfil the things they have reason to value and are able to make choices that matter to them. Equally, this suggests that policies and services should be evaluated in terms of the extent to which they facilitate the conditions that individuals require to exercise agency in the pursuit of desired ends (Alkire, 2005). While a key appeal of the term ‘wellbeing’ is that *‘it turns our attention to the positive aspects of social policy, as opposed to the negative aspects relating to social problems’* (Dean (2010: 100, cited in Taylor, 2011: 79), the Capability Approach is similarly said to appeal as a basis for public policy because of *‘an in-built optimism about the possibilities for rational action and achieving fair results’* (Carpenter, 2009: 355).

While the Capability Approach is not without criticism, much of this has been directed at its ‘operationalisability’, rather than its philosophical merits. As a framework, as opposed to a theory of wellbeing, the approach has been criticised as incomplete, under-specified and under-theorised (Alkire, 2005; Roemer, 1996; Robeyns, 2006; Chiappero-Marinetti and Moroni, 2007; Schischika et al, 2008). Specifically, concerns relate to whether wellbeing research and evaluation should focus on functionings or capabilities, the selection of capabilities and weightings used and the impacts of these specifications on the evaluation results. However, the flexibility of the approach in these respects is argued to be a strength by some and there is general agreement among capability scholars that the framework remains credible as long as its application includes an explicit explanation of key operational decisions made (Robeyns, 2006).

Considering the debate over a focus on functionings or capabilities first, studies employing the Capability Approach have focused on both functionings and capabilities. Leading proponents of the approach – including Sen – emphasise the importance of focusing on capabilities where possible, arguing for the importance of this in terms of not imposing value judgements on individuals

about the meaning of 'a good life' and the extent to which individuals have achieved this (Robeyns, 2006). It may also be true that individuals have the same opportunities to achieve functionings, but through the exercise of agency choose not to do so or their functionings are constrained by a range of factors, meaning that the idea of individual freedoms is unrealistic (Robeyns, 2006). Some scholars have, however, focused on functionings, typically because it is the most feasible option in light of informational constraints. Indeed, many empirical studies drawing on the Capability Approach to date have utilised existing datasets, which often do not contain sufficient information to allow for the evaluation of capability sets. Meanwhile, outcomes data is typically significantly more straightforward to observe and measure and although questions may arise around post-construction bias, outcomes data is nonetheless generally considered a useful proxy indicator for capabilities, based on the assumption that most people will seek to achieve their capabilities as far as possible (Schischika et al, 2008). In all, this suggests that a focus on either capabilities or functionings is valid, with the focus largely dependent on the context of the study and data-availability (Robeyns, 2000, 2006; Burchardt, 2004).

Recognising that individuals are likely to have diverse sets of wants and commitments, the selection of capabilities to be included in any study are inevitably subjective, context-dependent, culturally-specific and most likely, dynamic (Alkire, 2005). Because of this, many capability scholars – including Sen – have been reluctant to endorse a specific list of capabilities, arguing that a standard list is impossible to develop and could undermine the agency of individuals. For these scholars, relevant capabilities are simply anything which individuals have reason to value (Burchardt, 2004; Clark, 2005; Robeyns, 2006; Solava, 2006). In practical terms, this suggests that for every evaluation, assessment or measurement exercise, a unique list of capabilities would need to be developed with participants. Whilst resulting in a capabilities set which would be deeply sensitive to the context and subjects to whom they relate, however, the feasibility of this in most cases would be limited. Conversely, others argue that despite individual differences, it is possible to identify commonalities in terms of what individuals have reason to value, with empirical evidence supporting the existence of some universal patterns (see, for example, Anderson 1999; Alkire, 2002; Veenhoven, 2018). Nussbaum (2003) has been most influential in

developing a list of what she calls 'central functions', which she argues, all humans value and are necessary to live a 'well-lived' life. For her, the development of a list was considered critical in terms of guiding governments on the universal preconditions needed for the exercise of capabilities and the evaluation of social progress (Nicholls, 2010: 24). In purporting a list, Nussbaum also reminds us that people's preferences and judgements are not always a reliable basis for policy (linking here to discussions of 'adaptation' and 'false consciousness', as discussed earlier in the chapter). The ten central functions identified were: life; bodily health; bodily integrity; senses, imagination and thought; emotions; practical reason; affiliations; other species; play; and control over one's environment (Nussbaum, 2003). These link closely to the key wellbeing domains discussed in the objective and subjective wellbeing literature. Critics have argued that the list lacks legitimacy, stating that Nussbaum has no authority to speak on behalf of people to whom the list will apply. This is despite the list being derived through a combination of the analysis of an array of religious, literary and utopian texts across cultures and ages and interaction with contemporary groups of deprived people across multiple nations. She has also long maintained that the list is not necessarily exhaustive and is open to development (Burchardt, 2004; Clark, 2005). Through the provision of a list, however, the Capability Approach offers the potential not only for assessments of individual wellbeing and social arrangements, but also enables interpersonal comparisons (Burchardt, 2004; Robeyns, 2006).

Finally, a key question for capability researchers is whether (once a list of relevant capabilities is arrived at) capabilities should be aggregated and, if so, what their relative weights and the formula to aggregate them should be (Robeyns, 2006). Some – including Nussbaum – have argued against trade-offs on the basis that capabilities are incommensurable; that each capability is an absolute entitlement, that the state should provide each citizen with a minimum threshold of each capability and that the presence of one capability cannot be overridden by the presence of another. As such, Nussbaum's ten 'central functions' have no weightings. However, others argue that without certain capabilities, such as nourishment from food, other capabilities will have little value. This suggests that some capabilities are fundamental, while others are complementary, whereby their value to a person depends on the presence (or

absence) of other capabilities. Interestingly, weightings have been used in the Human Development Index. But, while some have welcomed the level of vision and clarity which an explicit weighting procedure brings, others have criticised the index as being an arbitrary and value-laden exercise (Robeyns, 2006).

### **3.3 The Relationship between Housing and Wellbeing**

Following an examination of some of the key developments and debates within the wellbeing literature, this next section considers the relationship between housing and wellbeing. Indeed, the complex and ambiguous nature of the concept of wellbeing has not deterred investigation into its key determinants and residential environments have been identified as a key influencing factor (Krieger and Higgins, 2002). Literature from a broad range of disciplines – including health, psychology, environmental psychology, social sciences and geography – has evidenced a link between housing and both objective and subjective assessments of one's life. The correlation in question has been evidenced through at least three different types of study. These are: life satisfaction studies, residential satisfaction research and housing and health research. Each of these provide important insights into the centrality of housing to wellbeing, the key attributes of housing which affect wellbeing and the complexities inherent in this relationship. Each type of study and the key insights which they offer will now be discussed in turn.

#### **3.3.1 Life Satisfaction Studies**

Considering life satisfaction studies first, an abundance of large-scale surveys dating back to the 1960s have sought to measure respondents' global level of life satisfaction, the various domains that contribute to life satisfaction and the relative weighting of each domain (van Praag et al, 2003). The key finding of these studies is that people who are dissatisfied with their residential environments are more likely to be less satisfied with their lives as a whole and vice versa (Camfield et al, 2006). Early studies of this type tended to rely on a single-item measure, with 'Taking everything in account, overall, how satisfied are you with your life?' being the globally-renowned question. More recently,

however, following concerns over reliability (as discussed in the previous section), life satisfaction surveys have tended to adopt the use of multiple-item indexes, thus enhancing the robustness of results (Francescato et al, 2002). One of the most landmark studies of this kind was undertaken by Campbell et al (1976, cited in Francescato et al, 2002), whose seminal research explored the subjective wellbeing of over 2000 US residents. Wellbeing was operationalised through the concept of 'life satisfaction', which was considered more amenable to definition and measurement and to require more cognitive judgement than other facets of subjective wellbeing, such as happiness (Forgeard et al, 2011). The key domains considered were: health, marriage, housing, family, friendships, financial situation, leisure and community. Participants were asked, 'How satisfied are you with life as a whole these days?'. This overarching question was complemented by a series of questions in respect of each domain investigated. In relation to housing, participants were asked: 'How satisfied are you with living here?', 'How long do you want to live here?', 'If you move, would you like to live in another place like this?' and 'Would you recommend this place to a friend if they were looking for somewhere to live?'. These questions have also been used in a number of 'residential satisfaction' studies (see, for example, Amérigo and Aragonés, 1990; 1997). Satisfaction with one's residential environment was found to be a key component of wellbeing, ranking sixth among ten factors in terms of importance. Through this study, the researchers are argued to have launched the idea that SWB could be reliably measured and importantly, demonstrated such measures to be remarkably stable and reliable (see Praag et al, 2003 and Shields et al, 2009 for further examples).

Other studies have explored the impact of changes in residential satisfaction levels on global assessments of SWB, although the review was able to identify only a limited number of this type. Taking just a few examples, Kahlmeier et al (2001) conducted telephone surveys with 2,157 inhabitants in Switzerland who had moved residence within a 12-month period, in order to examine whether changes in residential satisfaction influenced global wellbeing. The results indicated that higher levels of residential satisfaction following a house move were associated with an improved sense of wellbeing. Two studies employing longitudinal designs also found increases in wellbeing following moves to improved quality housing (Carp, 1975; Lawton and Cohen, 1974). Several

studies exploring SWB among homeless people have also found that the transition from homelessness to independent housing can impact significantly on reported life satisfaction, as well as levels of mental illness and addiction (Schutt et al, 1997; Wolf et al, 2001).

Various reasons for the salience of residential environments on wellbeing have been put forward within the literature, with the most common being that residential environments fulfil basic human needs for shelter and warmth, and are the place where people typically spend most of their time (Robinson and Godbey, 1997, cited in Lu, 1999), they are the central environment around which people's lives are organised (Francescato et al, 2002), are a key venue for contact with the most important members of one's social network (Bronfenbrenner and Evans, 2000, cited in Evans et al, 2003) and lastly, housing is often one of the largest consumption items over the life-course (Lu, 1999). The main problem identified with this literature, however, is the impact of social desirability on self-reported measures of wellbeing (Amerigo and Aragonés, 1997; Diener, 1994 cited in Proctor et al, 2003). Classic studies of SWB have found that people typically describe themselves as moderately or highly satisfied when asked about their life satisfaction. Results may also be explained by 'cognitive discourse' theory or 'adaptation level' theory. The former states that individuals cannot feel permanently dissatisfied or unhappy because when faced with a negative situation, they are often highly motivated to reduce the cause of this either by changing their thinking or behaviour. The latter refers to the possibility that personal aspirations and desires are malleable and can adapt in various ways to different circumstances (Stroebe et al, 1996; Albrecht and Devlieger, 1999; Beiwas-Diener and Diener, 2009; Chamberlain and Johnson, 2011). The process of adjusting aspirations is understood to occur in two key ways; 'downwards' to reflect disadvantaged circumstances and hardship and 'upwards' to reflect new opportunities and the achievements of others. This suggests that although changes in an individual's objective circumstances may bring about changes in SWB in the short term, many will simply adjust their expectations in the face of adversity in the long term. In other words, high or low levels of satisfaction only occur following significant changes in a person's life (Roberts and Robins, 2004; Clapham et al, 2017). Ultimately, these claims cast doubt on the validity of

snapshot studies regarding the relationship between SWB and housing, and suggest the greater validity of more longitudinal studies.

### 3.3.2 Residential Satisfaction Research

Investigating the impacts of housing on wellbeing, a central question for the study was the key attributes of housing which impact on wellbeing, however defined. Here, the literature on residential satisfaction was particularly insightful. Residential satisfaction has long been a major research topic in disciplines such as sociology, psychology, planning and geography (Lu, 1999). Latson (1978, cited in Brown, 1995) observed that researchers have often used residential satisfaction and SWB interchangeably, thus blurring the distinction between the two terms. The concept of residential satisfaction essentially refers to the product of the gap between one's aspirations for and the reality of their residential environment. As such, it refers to an evaluative process, whereby the larger the gap, the lower the level of satisfaction felt and vice versa (Phillips et al, 2005). Residential satisfaction studies seek to gain a detailed understanding of the relative contribution of specific elements, characteristics and features of residential environments to perceived satisfaction. A wealth of studies have been undertaken, ranging from national to small-case studies (for larger studies, see Fine-Davis and Davis, 1982; Jelinkova and Picek, 1984, cited in van Poll, 1997; Ha and Weber, 1994). Following possibly one of the most comprehensive reviews of the residential satisfaction literature, van Poll (1997) identified at least 100 different environmental attributes linked to experiences of residential satisfaction. Usefully, over time, researchers have attempted to classify these into smaller groupings of attributes and assess whether these can be assessed objectively or subjectively (Amole, 2009). One such example is presented in Figure 3 below. Importantly, self-perceived environmental features have been found to be better predictors of residential satisfaction than objectively measured attributes (van Kamp et al, 2001; Fuller et al, 1993, cited in Eyles and Williams, 2008; Amole, 2009).

**Figure 3: Objective and Subjective Housing Attributes influencing Residential Satisfaction (Francescato et al, 2002)**

<b>Dimension</b>	<b>Aspects</b>	<b>Objective</b>	<b>Subjective</b>
<b>Physical Environment</b>			
	Amenities/Facilities	X	X
	Appearance		X
	Crowding		X
	Density	X	
	Expectations		X
	Location	X	
	Maintenance	X	X
	Personalisation		X
	Privacy		X
	Safety and security	X	X
	Size	X	
	Accessibility	X	
<b>Psychological and Social Environment</b>			
	Crime rates	X	
	Demographics	X	
	Economic value		X
	Life control		X
	Neighbours/Residents		X
	Safety and security		X
	Self esteem	X	
<b>Organisational Environment</b>			
	Control		X
	Management	X	
	Management rules	X	

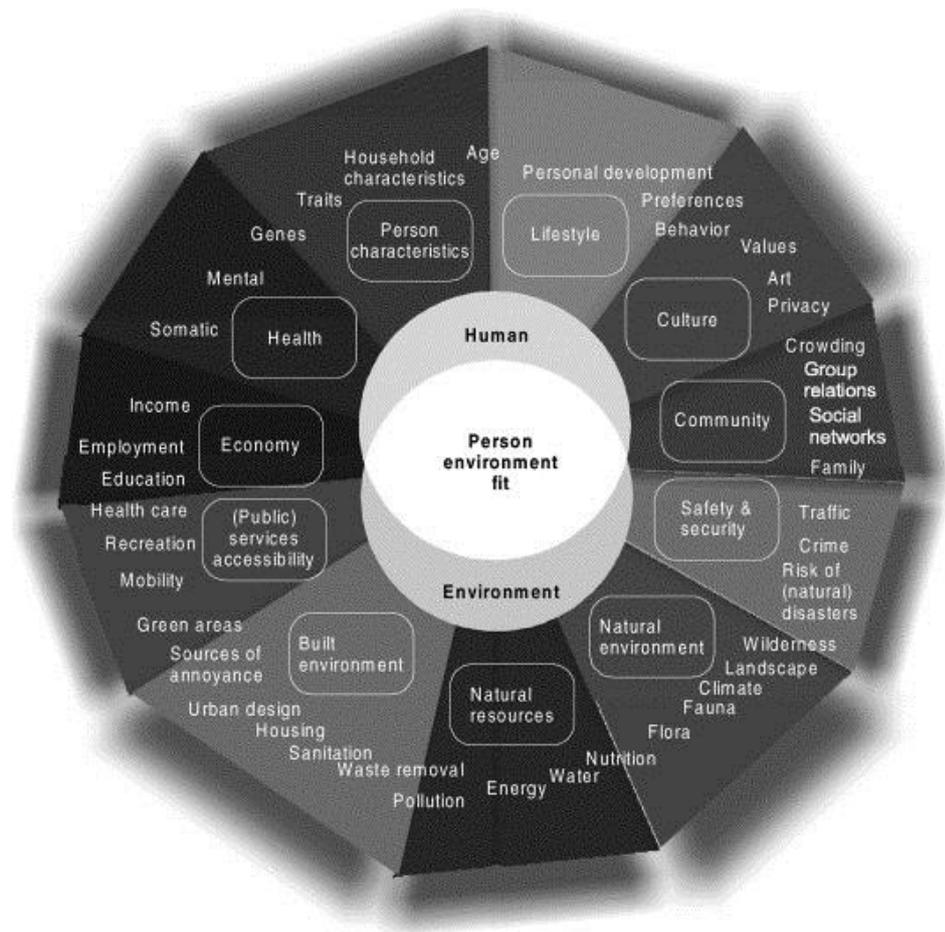
<b>Surrounding Community</b>			
	Accessibility	X	
	Crime Rates	X	
	Demographics	X	
	Neighbours		X
	Safety and security		X
	Social services	X	
	Stigmatisation		X
	Vandalism Rates	X	

Evident within the literature, however, are a wealth of inconsistent and conflicting results regarding the importance of several variables. For example, most studies evidence higher levels of satisfaction among home owners than renters (see Furby, 1978; Elsinga and Hoekstra, 2005; James, 2008; Taylor and Townsend, 1976, cited in Manzo, 2008). However, following analysis of over 55,000 response to the 1989 American Housing Survey, Lu (1999) concluded that public housing residents were generally more satisfied with their housing than homeowners. In some circumstances, the burden of debt and level of responsibility associated with home ownership can lead to feelings of stress (Ineichen, 1993; Nettleton and Burrows, 2000, cited in Kearns et al, 2012). Similarly, residential duration is generally considered a key indicator of residential satisfaction (Kasarda and Janowitz, 1974; Marans and Rodgers, 1975; Marans, 2003). Yet, Onibokun (1976, cited in Lu, 1999) and DeMiglio and Williams (2008) found no correlation. Furthermore, despite frequently cited concerns within the literature over the adverse impacts of overcrowding on individuals (for example, Brennan and Lancashire, 1978), Myers and Lee (1996) argue that research in the US has never shown a consistent relationship between overcrowding and perceptions of housing quality (or residential satisfaction), with Asian and Hispanic households in particular not perceiving statutory levels of overcrowding to be harmful or unacceptable. They concluded that standards of overcrowding

are thus a form of 'ethnic imperialism', imposing the views of the majority on the minority.

Critically, contributions to the field, particularly from positive and environmental psychology, have attributed this to the mediating effects of personal characteristics, needs and preferences, which often change at various stage of one's life-course (Moos, 1987; Altman and Rogoff, 1987; Law et al, 1996; Clark and Davies-Withers: 1999; Lu, 1999; Dieleman, 2001; Heywood et al, 2002; O'Connell et al, 2006), as well as 'standards of comparison' or 'reference points', which may include cultural norms or the quality of previous residential environments (Amerigo and Aragones, 1997). Similar ideas can also be found in the wellbeing literature, albeit through the use of different terminology. For example, discussing the impacts of personality traits on individuals' ability to cope with adversity and thus, SWB, Veenhoven (2018) centres discussion around a language of 'life-ability'. A key idea within the psychology literature is that of Person-Environment Fit. This posits that the closer the alignment between personal preferences, needs and environmental characteristics, the higher the levels of resultant residential satisfaction, functioning and wellbeing (Roberts and Robin, 2004). The validity of this assertion has been evidenced across a range of settings, including education, employment and health (Moos, 1987). The key factors considered relevant here are illustrated in Figure 4.

**Figure 4: Personal Characteristics Likely to Mediate Residential Satisfaction (Van Kamp et al, 2001)**

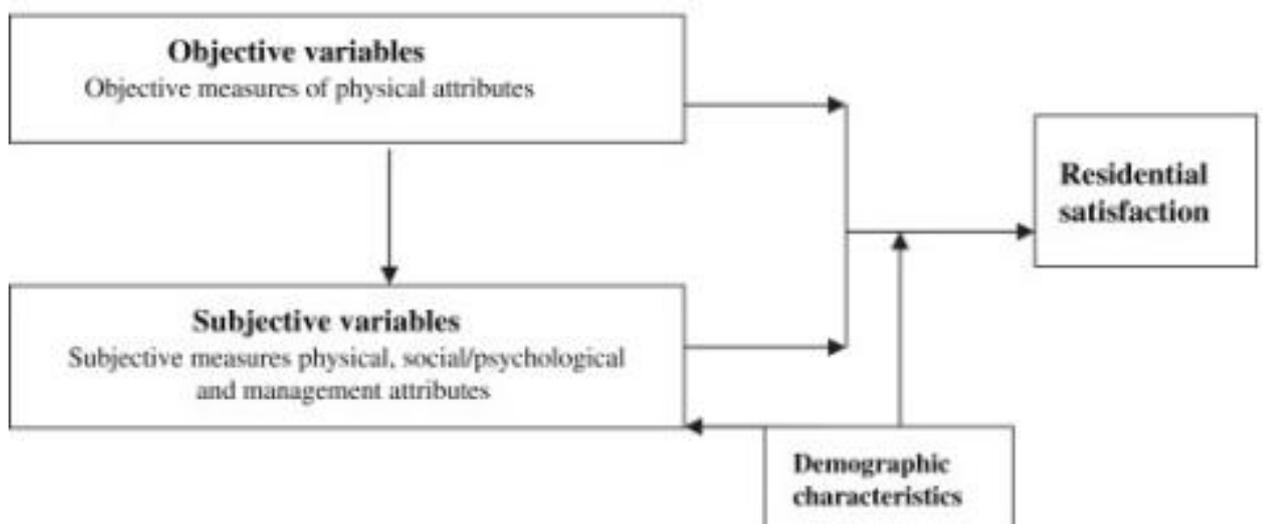


Linked to ideas of ‘adaptation’ and ‘cognitive discourse’, the notion of ‘types of adjustment’ refers to the ways in which individuals deal with environmental conditions. Here, environmental psychology scholars posit that some may act upon the problem-causing source or diminish its consequences directly (problem-focused coping), while others may deal with the resulting effects caused by the source. The manner of coping is likely to be dependent on both the type of problem and the person’s emotional, intellectual, social and economic skills (Holroyd and Lazarus, 1982, cited in Moos, 1987). These findings suggest that the nature of the ‘person-environment’ relationship is dynamic and transactional (Pacione 1990).

In response to these developments, a number of residential satisfaction scholars have attempted to develop models to illustrate the evaluative process involved in assessments of residential satisfaction, involving the interplay of the

objective and subjective attributes of environments and the personal characteristics of individuals. One such example is shown in Figure 5. However, while the evaluative process may be common across population groups, scholars warn that the results of residential satisfaction studies in one context cannot be generalisable to other contexts. Differences will arise from users' characteristics, as well as the specific dimensions and attributes of different housing contexts (Amole, 2009).

**Figure 5: Advanced Conceptualisation of Residential Satisfaction (Amole, 2009)**



Inconsistencies in research findings, however, may also be attributable to the different definitions of residential satisfaction and different measurement tools used across studies (Amérigo and Aragonés, 1997; Lu, 1999). In addition, few studies have adopted a longitudinal approach to the investigation of residential satisfaction over the life-course, instead relying on snapshot measurement studies (Diez Roux, 2001).

### 3.3.3 Housing and Health Research

Further valuable insights into housing as a determinant of wellbeing and the key attributes of housing which are likely to affect wellbeing can be drawn

from housing and health research. Indeed, both historical and contemporary research, particularly from the field of public health, has shown a wide variety of housing attributes to be associated with physical health. Within this field, there is a long history of research which suggests a relationship between overcrowding and increased mortality rates (Brennan and Lancashire, 1978), morbidities (Gove et al, 1979; Barker et al, 1990) and accidents, fire and carbon monoxide poisoning (Lowry, 1990). Living densities and substandard housing conditions have also been found to be important in the spread of infection, such as tuberculosis (Pond, 1957; Brett and Benjamin, 1957; Bhatti, et al, 1995). Incidences of damp, moulds, pest infestations, exposure to toxic substances and poor ventilation have been found to have a significant relationship in respect of respiratory conditions (Hyndman, 1990; Ineichen, 1993; Krieger and Higgins, 2002). Barker et al (1990) suggested a link between homes with inadequate food storage facilities and stomach cancer. Deviation of indoor temperature beyond a relatively narrow range has been associated with increased risk of cardiovascular disease (Arblaster and Hawtin, 1993) and susceptibility to other illnesses, such as hypothermia, increases in blood pressure and the risk of myocardial infection and stroke (Lowry, 1990).

A number of studies have also suggested that substandard physical conditions affects psychological health, including a meta-analysis conducted by Evans et al (2003). Sluka (1989) and Blackman et al (1989), exploring the experience of living in tower blocks in Belfast, found the majority of residents suffered from a range of mental and emotional problems. These were attributed to a number of environmental stresses, including poor construction, poor insulation against damp and cold, asbestos, sewerage problems and pest infestations. Similarly, Lowry (1990) found a correlation between mental health and damp and remarked that the psychological consequences of having to scrape mould from the walls of a house everyday are self-explanatory, while Pearlim et al (1981: 340, cited in Phillips et al, 2005: 278) suggested that one reason why poorer environmental factors adversely affect people's mental health is that they are a constant reminder of the *'dogged evidence of their own failure...and with inescapable proof of their inability to alter the unwanted circumstances of their lives'*. Excessive noise (common in poorly insulated housing units) has been associated with sleep deprivation (Krieger and Higgins,

2002), while poor housing quality has been found to create anxiety due to the need for maintenance, dependence on unknown individuals for support and concerns over expense (Ineichen, 2003). Tenure has also been found to be particularly important for psychological ill-health, linked to issues of ontological security, control, stability (and thus, resilience) in their lives (Sixsmith, 1990; Elias and Inui, 1993; Bronfenbrenner and Evans, 2000; Martsin and Niit, 2005; Evans et al, 2003; Eyles and Williams, 2008; Bright and Hopkins, 2011) and feelings of self-esteem and status (Kron, 1983, cited in Tomas and Dittmar, 1995; Kearns et al, 2012). Many of these studies can be usefully understood through a number of conceptual lenses. For example, a significant stream of phenomenological research is built upon the concept of 'dwelling', which suggests a dialectical relationship between the self and objects (Somerville, 1997, cited in Mallett, 2004). King (2009: 42) defined dwelling as '*being settled on earth...where we are accepted by the environment and we ourselves can accept it*', with 'private dwelling' being an activity in which we use dwellings to meet ends and fulfil interests, to such an extent that our singular dwelling becomes meaningful to us (see also King, 2004, cited in Clapham, 2010). The idea of dwelling also has parallels with the notion of 'sense of place' within the geography literature (Eyles and Williams, 2008). On the whole, however, the importance of the psychological attributes of housing are argued to remain under-emphasised in studies, especially in so far as they relate to wellbeing (Evans and Williams, 2008).

Housing is also important in the respect of being a 'socio-spatial' unit (Saunders and Williams, 1998, cited in Easthope, 2004), providing (in theory) a forum for positive emotional, instrumental and informational social networks and support (Beckman and Glass, 2000, cited in Garcia et al, 2005). The importance of these interactions to health has been identified through a number of empirical studies. For example, writing about relocation, Fried (2000, cited in Relph, 2008) observed that cases of forced relocation not only disrupted systems of mutual support, but also that this was considered by those affected to be the most challenging aspect of moving (see also, Hartup and Stevens, 1997, cited in Oishi and Schimmack, 2010). Sub-standard housing has been linked to feelings of loneliness and social isolation where occupants are reluctant to invite guests into their homes or building designs inhibit social interaction (Fanning, 1967; Festinger et al, 1950, cited in Evans et al, 2003). In seeking to explain this, Dunn

(2010) has proposed two major hypotheses about the influence of social support on health. The 'buffering' hypothesis suggests that support may reduce the importance of the perception that a situation is stressful, while the 'direct effect' hypothesis suggests that direct benefits of social support occur as a result of the perception that others will provide assistance in the event of stressful occurrences. However, it is important to note that social relations within a housing context can also be detrimental to health. Much research has evidenced the risks of violence, sexual abuse and even death which a significant proportion of women, children and young people – in particular – are subject to within a home environment (Goldsack, 1999; Wardaugh, 1999; Blunt and Varley, 2004; Mallett, 2004).

Similar to the aforementioned types of study, there are a number of problems acknowledged with the housing and health literature (see Newton, 2007). To note just some key problems, few studies show simple causal relationships between various aspects of housing and negative wellbeing outcomes (Murie, 1983). Indeed, the links between housing conditions and poor physical health are less apparent in the contemporary literature since the most extreme types of poor housing conditions and obvious causes of ill health have been addressed (Inelchen, 2003; Harrison, 2004). Commenting on this shift over time, Cassel (1979: 129, cited in Fuller, 1993: 1418) stated:

*'The past century has witnessed a change from a complete conviction that there is a simple and direct relationship between the urban environment, particularly the quality of housing and health status, to one of considerable uncertainty and confusion. A review of the literature since 1920 reveals some studies showing a relationship between housing and various indicators of poor health, others show no such relationship and others show an inverse relationship'.*

Furthermore, while the impacts of rehousing on health improvement have been the subject of limited research, the limited evidence base – as mentioned earlier in the chapter – suggests disappointing results. Significant improvements in health have not been reported consistently and sometimes adverse effects have

been found to result from housing moves, even where the destinations are objectively considered to be more favourable (Dunn, 2000).

A more significant, but closely related issue is the difficulty of disentangling the effects of poor quality housing from other forms of deprivation, as well as personal characteristics, especially those such as values and attitudes that cannot be directly observed (Bratt, 2002). Housing inequality is widely understood to be the product of the interplay of a range of individual and structural inequalities (Murie, 1983). Those who occupy the poorest quality housing or housing in the least desirable areas are more likely to exhibit a range of personal characteristics or behaviours (such as poor physical and mental health, substance misuse and delinquency) and to have been negatively affected by a number of broad social and economic structures (such as adverse labour market conditions, reduced welfare provision, poverty and family fragmentation ((Fitzpatrick, 2005). This will make it difficult to unequivocally attribute poor experiences of wellbeing to problems with residential environment. For example, limited income may be used to pay for adequate housing at the expense of food, resulting in poor health outcomes. Health problems, therefore, may be a socio-economic, rather than a housing issue (Page, 2002). Equally, while poor educational attainment is often linked to issues of overcrowding, studies suggest that social networks may be a greater influence. For example, investigating the relationship between housing and educational attainment, Douglas (1964, cited in Murie, 1983) observed some middle class children experiencing problems of overcrowding without these being of detriment to school performance. He attributed this to their socialisation with other middle class children who came from families where education is valued. Conversely, he observed some working class children living in adequate homes, but in poor neighbourhoods. Here, he attributed poor school performance to the children being disincentivised to study by the apathy and disinterest of those around them.<sup>1</sup>

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<sup>1</sup> A burgeoning body of research has emerged in recent decades regarding the impact of neighbourhood effects on various domains of wellbeing, including physical and psychological health, social networks, social capital, life opportunities and residential satisfaction (Atkinson and Kintrea, 2001a, 2001b; Atkinson and Kintrea, 2002; Diez Roux, 2001; Ellen et al, 2001; Ross and Mirowsky, 2001; Aneshensel and Sucoff, 1996). The 'area effects' thesis encapsulates the belief that the area in which people live affects their wellbeing. Area effects can refer to both positive and negative forces within neighbourhoods, but are most commonly discussed in the context of negative outcomes that result from living in deprived areas. Studies have evidenced that residents of poorer areas suffer from higher levels of morbidities, lower mortality, lower levels of social

Studies looking at the relationship between housing and health, specifically, have also come under methodological scrutiny, with critics suggesting that reporting bias, as a result of many studies relying on the subjective reporting of illness, may have affected research results. Evans et al (2003) took a critical stance on much of the literature on housing and mental health, noting that many of the studies reviewed used independent variables (such as dampness) which were subjectively defined or based on self-reporting as opposed to more objective assessment. They pointed out that this is particularly problematic when the dependent variable (psychological wellbeing) is also highly subjective. They also concluded that many of the studies reviewed were marred by weak research designs, often lacking controls for confounding variables.

The above insights have important implications for context-specific studies which seek to understand the impacts of housing circumstances on wellbeing at the individual level. Importantly, they point to the need for extensive data collection and a complex process of analysis. Specifically, the findings indicate that robust evaluations of the relationship between housing and wellbeing require at least three broad types of information: detailed biographical information about the residents in question; detailed information about the physical and psychosocial attributes of the housing circumstances in question; and, nuanced information about the impacts of these attributes on a range of wellbeing domains. Meanwhile, a crucial focus of data collection would be elucidating the

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capital and reduced life chances, compared to those living in more affluent areas (Atkinson and Kintrea, 2001a, 2001b; Cattrell, 2001; Brimblecombe et al, 1999; Ellen et al, 2001; Diez Roux, 2001; Ross and Mirowsky, 2001). This is linked to physical features of the neighbourhood built environment – including physical disorder or decay, waste disposal, traffic, public transportation, noise, pollution and green space (Diez Roux, 2001), the reduced quality and availability of local service provision and amenities in poorer areas (Sooman and Macintyre, 1995; Macintyre et al, 1993; Papas et al, 2007); limited transport links; a lack of local institutions for social cohesiveness (Ross and Mirowsky, 2001); perceptions of disorder (Ross and Mirowsky, 2001); exposure to violence and hazardous conditions (Aneshensel and Sucoff, 1996); local area reputation (Hastings, 2004; Palmer et al, 2004; Atkinson and Kintrea, 2002); the concentration of poor people in ghettos, including a 'ghetto culture' which stress short-term goals and deviant norms, a lack of role models as a result of a successful middle class and the development of forms of social capital that are constraining rather than enabling (Atkinson and Kintrea, 2001). Critics argue that it is difficult to isolate the specific effects arising from different types of residential environment on wellbeing. Some even go as far to suggest that it is not possible to study the broad effects of housing without taking into consideration issues of location.

interdependent relationships between the biographical, housing and wellbeing data collected.

### **3.4 Evaluating the Relationship between Housing and Wellbeing**

The previous section indicates that a vast amount of attention has been given to understanding the relationship between housing and wellbeing. A further review of the literature reveals, however, that a relative paucity of attention has been given to the development of a holistic framework to support evaluation of the impacts of housing on wellbeing at the individual level. Within the academic literature, a number of models to support the assessment of housing conditions can be found. These range from the largely theoretical to the empirical and can differ significantly in terms of the language used, scale-level (individual versus aggregate), the key indicators used, the weightings given to different indicators and the key methods of investigation (see van Kamp et al, 2003). All, however, when assessed against the key insights derived through the previous section, can be seen to suffer from conceptual and methodological limitations. In this section, a critical discussion of extant approaches is presented. This is followed by an outline of the evaluation framework trialled in this study.

#### **3.4.1 The Limitation of Current Approaches to Housing Evaluation**

Despite the centrality of housing to wellbeing, the first limitation of various models found within the literature is their relative neglect of the concept of wellbeing. In most cases, the models identified – models of ‘housing deprivation’, ‘habitability’, ‘liveability’, ‘living quality’ and ‘quality of place’, for example – are located within discussions of housing quality (whether particular housing situations can be considered ‘decent’, ‘fit’ or ‘acceptable’). In most cases, housing quality is framed as an end in itself, rather than a means to the achievement of wellbeing. Where a concern with ‘wellbeing’ – or more typically, ‘quality of life’ – is discussed, the concept is often reduced to a focus on physical health (van Kamp et al, 2003). In addition, limited concern is given to assessing the impacts of these conditions on the wellbeing of residents.

A further limitation of several of the models identified is the relative neglect of key psycho-social conditions which the findings of the previous section suggest play a key role in experiences of wellbeing. Indeed, most of the models found to support the assessment of housing conditions appear to focus primarily on: physical conditions, the presence or absence of harmful living organisms and materials, and measures of overcrowding or housing density (see Fiadzo et al, 2001; Harrison, 2004; Imrie, 2004), with minimum standards or thresholds set for the various physical attributes considered important. Taking Ayala and Navarro's (2007) model of housing deprivation as an example, in assessing the 'liveability' of housing, this model principally focuses on the presence and quality of basic housing conditions, including: the availability and quality of facilities (having a bath or shower, indoor flushing toilet, cooking facilities, hot running water, heating and outside space); the presence of specific structural problems (high levels of noise, being too dark, having a leaky roof, damp walls or floors and rot in window frames or floors); and, the existence of problems in the surrounding areas (such as crime and vandalism). Similarly, the main indicators included in Fiadzo et al's (2001) 'housing quality index' included: interior and exterior housing conditions, heating and cooling, indoor plumbing and persons-per-bedroom. Other frameworks have taken into consideration issues of affordability, following several influential reviews which identified excessive cost burden to be a key housing stressor (Goodman, 1978; Frieden and Solomon, 1977, cited in Foley, 1980; Fiadzo et al, 2001).

Some models which recognise the importance of psycho-social attributes to housing experiences are emerging. For example, Kloos and Shah's (2009, cited in Edgar, 2009) ETHOS model asserts that an adequate living situation is constituted by three domains: having a decent dwelling (space), adequate to meet the needs of the person and his/her family (physical domain); being able to maintain privacy and enjoy social relations (social domain); and having exclusive possession, security of occupation and legal title (legal domain). Living situations which are deficient in one or more of these domains are taken to represent experiences of homelessness and housing exclusion. This can be seen as representing some improvement in respect of understandings of the adequacy of housing. Similarly, critical of the English DHS (DCLG, 2014), Shelter recently commissioned Ipsos Mori to ascertain public views on what a 'home' should

provide. The process resulted in the production of a list of 39 attributes, which collectively now form the 'Living Homes Standard'; a standard that all homes should aspire to meet, irrespective of their tenure, size or age (Shelter, 2016). Even this, however, can be seen as perpetuating existing approaches, with most of the attributes relating to physical housing conditions.

Most of the models or frameworks identified can also be seen to favour objective or expert assessments of the adequacy of housing conditions, over the subjective assessments of users (Harrison and Law, 1997; Kahana, 2003). This is despite much research which highlights a mismatch between objective and subjective evaluations of this matter. Indeed, there are many examples within the literature of households deemed to be living in high-amenity, high-standard dwellings reporting dissatisfaction with their housing, while households living in residential properties deemed to be inadequate by professionals have reported being satisfied with their accommodation (Lansley, 1979, cited in Murie, 1983). A study of user perceptions of housing quality by Britten (1977, cited in Murie, 1983) found that the majority of households were critical of fitness standards at the time. They did not regard some items which official standards specified as important to be critical, while feeling that other important aspects were not sufficiently covered by the criteria. Harrison (2004) similarly pointed out that the slum clearance programmes of the 1960s were heavily influenced by organisational, political and professional conceptions of what people needed, with so-called 'bad' housing compulsorily purchased and demolished regardless of the economic and social functions that it served. Indeed, in a survey of people living in a slum clearance area in Birmingham, the majority of respondents surveyed saw the quality of their houses in a more favourable light than professional surveyors and considered the condition to be acceptable (Heywood and Naz, 1990, cited in Heywood, 1997). As such, this body of research suggests that current frameworks fail to adequately recognise the perceptions of users, which – as emphasised in the previous section – are inevitably mediated through ever-changing cultural values, social norms and individual needs and preferences (Turner, 1989; King, 1997; Harrison and Law, 1997; Kearns et al, 2000; Feijten and Mulder, 2005; Weden et al, 2008; Clapham, 2010; Kearns et al, 2012). Critically, as stated earlier in the chapter, research has indicated that user perspectives on housing tend to be

better predictors of wellbeing than objective evaluations (Wright and Kloos, 2007; Weden et al, 2008).

Interestingly, these limitations can also be observed in government policy and practice. Perhaps reflecting the evidence-based approach to policy-making which has been a key characteristic of British policy in recent decades (Holmans, 1987; Maclennan and More, 1999; Jacobs and Manzi, 2013a), the substance of housing policy has long been focused on issues of provision, affordability and the physical standards of dwellings (Holmans, 1997; Maclennan and More, 1997; King, 1997; Ferrari, 2007). In the Housing Green Paper, 'Quality and Choice: A Decent Home for All', the New Labour government (DETR, 2000: 6) stated:

*'Our aim is to offer everyone the opportunity of a decent home and so promote social cohesion, wellbeing and self-dependence. Across all types of housing, owned or rented, private or public, our policies are intended to deliver improvements in quality and a fairer market that allow people to make real choices about their homes'.*

Similarly, the Coalition government's approach to housing, as outlined in 'Laying the Foundations: A Housing Strategy for England' (HM Government, 2011) centred on issues of supply, affordability and standards.

Focusing on housing conditions in particular, a policy tradition of viewing housing conditions in terms of standard measures can be traced back as far as the nineteenth century, where the Artisans and Labourers Dwelling Act (1836) granted local authorities the power to require owners to repair or demolish unfit homes, but imposed no obligation on landlords to replace the property or rehouse the displaced tenants (Lund, 1996; Harrison and Law, 1997). This continues today, with thinking principally encompassed within the DHS for England, with housing fitness understood in terms of freedom from dampness, adequate natural lighting and ventilation, facilities for cooking and waste disposal, a supply of wholesome water and sanitation, hot and cold water, washing facilities, adequate heating, structural stability and adequate states of repair, for example. The overall test to be applied is whether any defect renders the house unreasonable for occupation. A key problem linked to this, however, is the vagueness of many of

the terms used, such as 'satisfactory' or 'adequate'. This makes housing quality difficult to precisely define, implement and monitor. Indeed, several scholars assert that the overriding objectives of housing policy have been obfuscated by a lack of clarity over the meaning of a decent home (Goodman, 1978; Williams, 1995 cited in Holmans, 1997). Linked to this, research into the management of housing standards has found that minimum standards tend to be arbitrarily applied. Interpretations between individual surveyors varies, as does the application of standards, according to which assessment is being made. For example, surveyors have been found to apply a stricter definition of unfitness when assessing for enforcement action than for eligibility for grant aid (Clapham, 2005). As such some researchers have called for increased refinement and focus on objective measures of environment (see, for example, Yanos, 2007; Evans, 2003).

Considering the key reasons for this, the approach has been justified on the grounds of safeguarding stock for future generations and a public health measure (Clapham, 2005b). Harrison (2004) also usefully highlighted that physical, environmental and architectural determinism have likely gained widespread, cross-sector appeal because they appear to offer 'certainties' about the positive effects that can result from improvements in standards with regards space, facilities, insulation, interior design and access, for example. A focus on minimum standards is also important with regards those with reduced capacity to make informed judgements about the relationship between their residential conditions and wellbeing, such as those with addictions or mental health problems, or those whose expectations may decrease in light of challenging life circumstances (Murie, 1983; Newman, 1995). It nonetheless remains, however, that within policy circles too, there is limited acknowledgement of the importance of housing in the achievement of wellbeing goals (Kearns et al, 2012). As Goodman (1978: 1) commented:

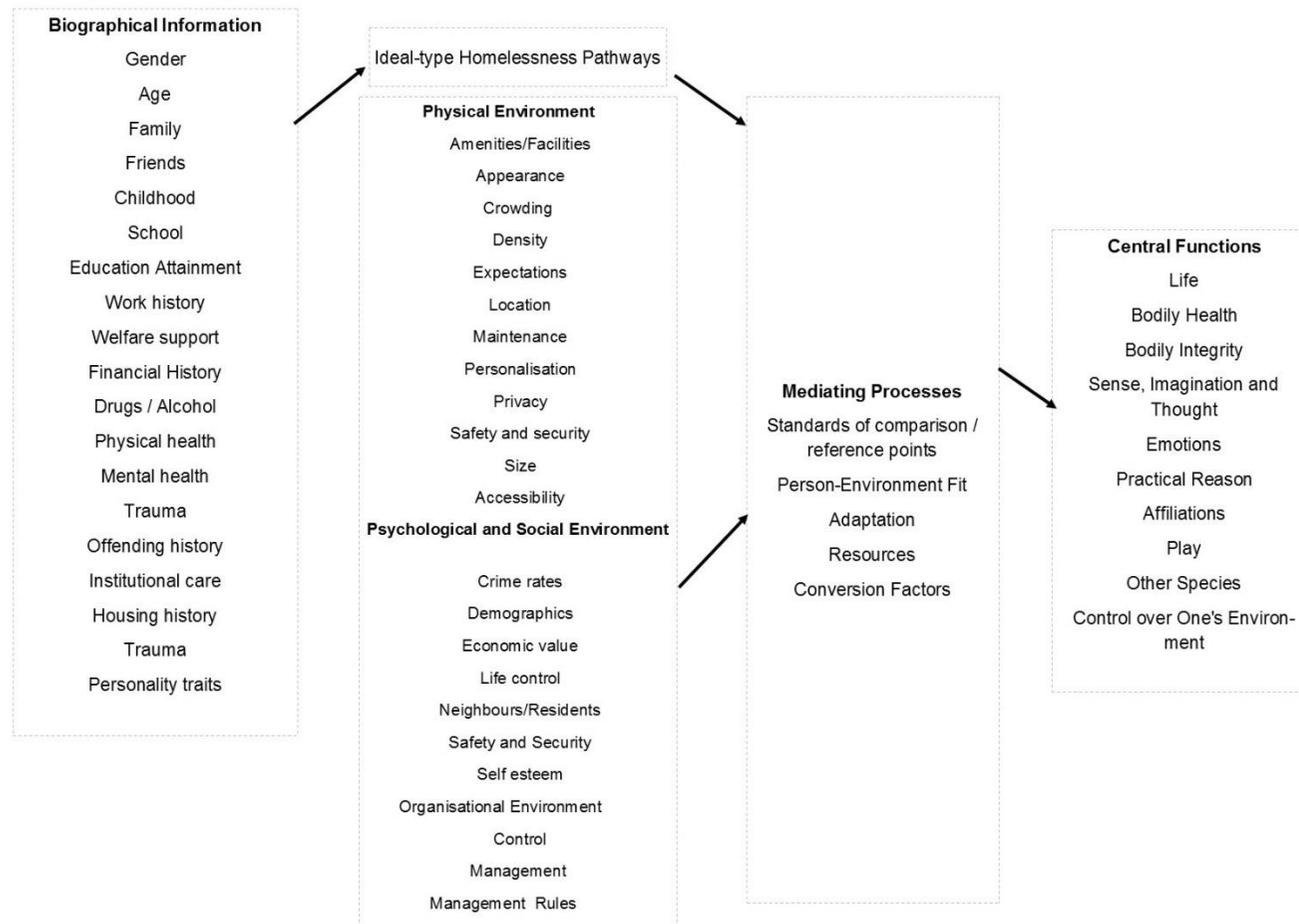
*'The realisation that housing policy is not about units but the welfare of citizens calls for a broader definition of housing quality, a definition which considers not only the features of a dwelling unit and neighbourhood, but rather those features in relation to the needs and capabilities of the unit's inhabitants'.*

While this is a historical quote, it remains relevant today, with scholars still making the case for the utility of the concept of wellbeing to housing policy. Leading proponents of this movement, such as King (1998, 2009) and Clapham (2002, 2010) suggest that the concept of wellbeing moves us beyond thinking about housing at the aggregate-level, in terms of the fulfilment of primarily basic physical needs and as an end in itself. Instead, it encourages us to think of housing in the singular, in terms of ‘human flourishing’ more broadly, and as a vehicle to support the achievement of a range of individual and societal level goals.

#### 3.4.2 The Evaluation Framework Employed in this Study

In the absence of an established holistic framework to support evaluation of the lived experiences of those engaged with in the study, which aligns with the key insights derived from the literature review, it was thus necessary for one to be developed. Drawing upon the key findings of the chapter, as discussed throughout, the evaluation framework produced and employed in the study is shown in Figure 6.

**Figure 6: The Evaluation Framework Employed in the Study**



The framework involved five key stages:

- Stage One – The collection of rich ‘life history’ data from the ‘resident’ participants.
- Stage Two – Analysis of the residents’ biographies from a ‘pathways’ perspective.
- Stage Three – Identification of the environmental conditions within the properties of greatest significance to the residents.
- Stage Four – Assessment of the impacts of property conditions on the residents’ enjoyment of central functions.
- Stage Five – Identification of the mediating effects of the person of the residents’ exercise of central functions within the hostels.

The reasons for the specific nature of each component of the framework and the utility of these to the study are discussed in Chapters Five, Six and Seven, as the thesis unfolds.

### **3.5 Summary**

The aim of this chapter was the identification (or as it transpired, development) of a suitable framework for evaluating the ‘lived experiences’ of those living in private hostels in Newcastle-upon-Tyne that were to be engaged in this study. In doing so, it was necessary to undertake a critical review of the literature on: the concept of wellbeing, the relationship between housing and wellbeing, and approaches to conceptualising and evaluating the relationship between housing and wellbeing. The review of the literature yielded a number of important learning points. These are:

- As a ‘middle ground’ between purely objective and subjective theories of wellbeing (van Staveren, 2008), the Capability Approach offers an advanced approach to the analysis of wellbeing.
- While largely neglected within the field of housing (Clapham et al, 2017), it has proven to be a highly practicable framework for the evaluation of individual (and societal) wellbeing (Robeyns, 2006).

- Literature from a broad range of disciplines has shown housing to be a key determinant of wellbeing (Krieger and Higgins, 2002).
- The relationship in question, however, is complex, dynamic and transactional (Pacione, 2003), complicated by the multi-dimensional, multi-attribute nature of residential environments (Oswald and Wahl, 2004; Kearns et al, 2012) and the mediating role of 'the person' (Altman and Rogoff, 1987; Moos, 1987; Roberts and Robin, 2004).
- As yet, there is no established holistic framework for evaluating 'lived experiences' within particular housing contexts, with current approaches to evaluation having several conceptual and methodological limitations (van Kamp et al, 2003; Harrison, 2004; Wright and Kloos, 2007).
- It was possible, nonetheless, to secure sufficient insights to support the development of a broad evaluation framework to guide the study, which will involve the complex analysis of a mix of biographical, housing and wellbeing data. The specific reasons for the selection and utility of the various components of the framework will be explained throughout Part Three of the thesis.

Following reflection on the methodological implications of the literature reviewed for the study so far, the next chapter provides a detailed overview, explanation and reflection on the underpinning research paradigm, methodological approach and specific methods employed in the processes of planning, data collection and data analysis for this study.

## **Chapter Four: Methodology**

### **4.1 Introduction**

Through a critical review of several bodies of relevant, subject-specific literature, the preceding two chapters have established the context of this study, the key research gaps which it aims to address and a number of useful concepts and frameworks to assist the investigation. With this in mind, Chapter Four provides a detailed overview, explanation and reflection on the underpinning research paradigm, methodological approach and specific methods employed in the processes of planning, data collection and data analysis for this study.

Chapter Four begins by explaining the ontological and epistemological underpinnings of the research and the extent to which these reflect key developments in thinking in housing studies as a field. The chapter then outlines the broad nature of the research design and why this was chosen, as well as explaining the specific methods used in the study. There is discussion of the key ethical considerations that affected the study and the efforts which were undertaken to mitigate any harm which could emerge through the research. The chapter then moves on to an account of the data analysis techniques used and the process of writing up, before lastly reflecting upon the strengths and limitations of the research process.

In discussing the above, the chapter will be critical and 'reflexive' in nature. By focusing attention on the balance that must be achieved between research ambitions and research ethics, reflexivity is widely considered to be an integral part of ensuring rigour in research, improving the quality and validity of the research process and recognising the limitations of the knowledge that is produced (England, 1994; Guillemin and Gillam, 2004; Etherington, 2007). The chapter will thus shift throughout, between using an 'objective' (as far as possible) research voice and the 'subjective' 'I' (Berger, 2015; Ecker, 2017).

### **4.2 The Underpinning Research Paradigm**

As stated in the introduction to this thesis, the origins of this study lay in an ‘applied’ research project, which aimed to identify solutions to perceived problems around HMOs and the wellbeing of residents in the research locality. In the applied study, collaborative partners had a substantial influence on the overall research aims, desired outcomes and some of the key research questions asked. With an implicit emphasis being placed by NIL project stakeholders on the discovery of ‘truth’ (and the development of a series of recommendations in light of this), the applied study could be conceived as sitting comfortably within a positivist research paradigm. Positivism assumes the existence of an objective reality, which can be understood in uniform ways by individuals and discovered through value-free, empirical inquiry. Such research typically seeks to produce generalisations through the separation of theory from the conditions and contingencies of the data collection and analysis processes, as well as to provide predictions, explanations and recommendations (Bryman, 2016). This approach understandably has great appeal to policy-makers, practitioners and funders and much positivist research has been commissioned and undertaken in the spirit of developing evidence-based, housing and homelessness policy and practice (Holmans, 1997; Maclennan and More, 1999; Jacobs and Manzi, 2000a, 2013a; King, 2009; Stevens, 2011; Clapham, 2000, 2002).

The contribution of applied and positivist research to furthering understanding of, and responses to, social phenomenon – including experiences of housing and homelessness – have, however, been questioned (Kemeny, 1992, cited in Jacobs and Manzi, 2000a). Key concerns relate to: the formulation of research problems and questions based on the discourse of powerful interest groups, such as funders, politicians and lobbying organisations; the generally limited employment of a theoretical framework; the difficulty of pursuing new lines of investigation or developing different conceptualisations of social phenomenon; the methodological conservatism of positivist research; the assumption that the objective researcher is best placed to describe and respond to ‘problems’; and, the relative neglect of the complex interactions of individual actors and social structures within positivist studies (Jacobs and Manzi, 2000, 2009; Hendricks et al, 2010).

Applied research undertaken under contract often accepts without question that impersonal, neutral detachment is an important criterion for good

research (England, 1994). However, this doctoral study sought to engage in a more authentic, critical and nuanced research process. Following much consideration and reflection upon the focus and desired outcomes of the study, the key insights of the extant knowledge base and the most suitable research methods for the study (as discussed in the next section), the doctoral research was ultimately informed by an interpretivist paradigm (Scotland, 2012; Bryman, 2016). This reflected the literature reviews, outlined in the preceding chapters, which highlighted that the 'lived experience' of housing – that is, individuals' perspectives on their housing and the impacts of housing conditions on wellbeing – is inherently complex, subjective and context-specific. It followed, therefore, that an investigation of this nature would require a research approach underpinned by a relativistic ontology and subjectivist epistemology (Guba and Lincoln, 1989). To present the findings of the research as 'fact' would have been to neglect the most significant insights arrived at through Part One of the thesis and thus, to fundamentally misunderstand and/or misrepresent the research topic.

Interpretivism conceives of reality as a social construction, created by individuals, through ongoing processes of interpretation and the granting of meaning based on observation and experience (Berger and Luckmann, 1966; Guba and Lincoln, 1989; Charmaz, 2008). It follows that interpretivists believe that there is no single 'truth', but multiple realities; each of which will have its own internal validity for individuals (Dickerson and Zimmerman, 1996; Creswell, 2003). The principal aim of interpretivist research is not the development of generalisations or emancipatory difference, but simply to understand the subjective realities of those being studied or more specifically, to interpret what the subject is thinking or the meaning which they are making of the world around them (Scotland, 2012; Kivunja and Kuyini, 2017). Usefully, Schatz (1962, cited in Bryman, 2016) explained that the subjective realities of individuals are shaped by a series of common-sense constructs. Accordingly, the role of the social researcher is to identify and grasp these constructs or rather, create second order constructs of social actors' comprehension of social reality. Interpretivism was therefore considered best suited to the study, whereby the central endeavour was to elucidate the 'lived experiences' of those living in private hostels.

It is important to acknowledge that while interpretivism is known to have several variants (specifically, phenomenology and symbolic interactionism), the characteristics of these were not considered to fully 'fit' with those of the study. For example, a defining characteristic of phenomenology is the study of human situations, events, meanings and experiences as they spontaneously occur in the course of daily life (von Eckartsberg, 1998), *without* recourse to theories about their causal explanation and as free as possible from preconceptions and presuppositions (Bryman, 2016). This study, however, had a primarily deductive approach, with a key focus of data analysis being an assessment of the utility of a range of explanatory concepts identified within the literature. While some interpretivist research has been criticised on this basis (whereby the interpretations of researchers do not always echo the narratives of participants), such an approach was considered necessary in light of a number of housing and wellbeing studies indicating that individuals are often not consciously aware of the influence of key factors and forces in the unfolding of their life-course (Clapham, 2003; Cieslik, 2019). Furthermore, any interpretations reached through the study remain empirically grounded and can be considered simply as different versions of reality to those presented by the research participants. As such, reflecting observations of many purportedly 'phenomological' studies, this study was phenomological only insofar as there was a commitment to examining the participants' perspectives. Equally, the study was not considered to fit the characteristics of symbolic interactionism. Here, a key tenet is the idea of a 'social self', which engages in a process of examination and deliberation and considers how one should act in particular situations and how these actions will be viewed by others. As such, a key focus of symbolic interactionism is the impact of social encounters, with participant observation being a common method of data collection (Bryman, 2016). While the study considered the social encounters of the research participants engaged with and, to some extent, issues of identity, these were only one aspect of a more holistic endeavour.

There have been a significant number of housing studies conducted through an interpretivist lens (see for example, Stefanovic, 1992; Dekkers, 2011; Shaw et al, 2016; Stone, 2016). These studies have usefully highlighted the value of 'bottom-up' understandings of housing to housing-related policies and practices across a number of sectors. From this, it can be seen that the

interpretivist approach selected for this study reflects contemporary thinking within the field. Interpretivism, however, has important implications for the practice of research and is not without criticism. These criticisms are discussed as the chapter develops.

### **4.3 The Research Design and Data Collection**

This next section outlines the nature of the research design and methods used in the study, and the key reasons for this. In keeping with the paradigmatic underpinnings of the research, a qualitative research design was chosen. Indeed, the term 'interpretive research' is often used loosely and synonymously with 'qualitative research', with both sharing similar characteristics. Essentially, qualitative research is an approach to the study of the social world, which seeks to describe and analyse the culture and behaviour of humans, from the point of view of those been studied (Bryman, 2016). Central characteristics of qualitative research are 'seeing through the eyes of the other...', 'description' and 'contextualism' (Canfield et al, 2008; Bryman, 2016). As such, this was considered to be the most appropriate methodology for the study in line with the aims of collecting rich and detailed information about the 'lived experiences' of private hostel residents and locating an explanation for these in the residents' wider personal and social contexts.

Considering the role of qualitative research in wellbeing and housing studies, a growing number of both wellbeing and housing scholars are advocating the utility of qualitative research, over quantitative approaches. In particular, they argue that a qualitative approach – which encourages researchers to explore a broad spectrum of emotions and events and how these are dynamic, fluid and patterned – is better placed to map the contours of people's biographies that are fundamental to understanding experiences of wellbeing and housing as social, personal and biographical constructs. A qualitative approach enables researchers to give greater attention to the most mundane, but also formative, aspects of everyday life which can be significant influences on the experiences in question (Clapham, 2003; Cieslik, 2019). For example, the literature on adaptation effectively highlights that positive experiences of housing and wellbeing in the face of challenging social conditions are a practical

accomplishment for some individuals, with explanations for this routed in routines of everyday life and subtle coping strategies. Accordingly, the research design for the study needed to be sensitive to the creativity of actors and efforts to overcome barriers to a 'well-lived' life (Cieslik, 2019).

The study involved three main strands of fieldwork, with interviews – as the most common form of qualitative research method (DiCicco-Bloom and Crabtree, 2006) – being the principal form of data collection. The interview was considered to be the most suitable method for encouraging the research participants to share rich descriptions of their experiences and for 'delving deeply' into the meanings that these held for them (DiCicco-Bloom and Crabtree, 2006). The conception of the interview as a 'unique event' has drawn criticism for its apparent limits to generalisability and relevance outside of the specific research context (Silverman 2001). However, the aim of the doctoral study was not to generalise the findings, but rather to contribute to theory (and specifically, the relationship between housing and wellbeing) (Yin, 2003). The first phase of data-collection was in-depth semi-structured – and partly, life history – interviews with people with experiences of living in a private hostel in the research locality. The second phase was in-depth, semi-structured interviews with stakeholders with a strategic or practitioner remit in respect of private hostels and/or their residents. The interviews, however, were supplemented by discussions with a broader set of stakeholders and a disciplinary mix of researchers undertaken at a series of collaborative seminars and roundtable events held on the research topic, informal meetings and field trips. These events were not envisaged as part of the research process at the outset and were not part of the applied study. But, they came about later in the research process, due to a broad wave of interest that developed around this topic in the region and beyond – spurred in part by extensive networking and fortuitous discussions with stakeholders about the research. Each of these data collection methods and the links between them will now be discussed in turn.

#### 4.3.1 Resident Interviews

The most salient aspect of the data collection process was interviews with private hostel residents. Indeed, in order to gain a robust understanding of 'lived

experiences' within private hostels, it was important to know that world from the perspectives of those with direct experience of it (Goffman, 1989). Private hostel residents were a largely unknown, concealed group of individuals within the area and were difficult to identify (as explained later in the chapter). As such, while the involvement of 'gatekeepers' can be fraught with ethical and methodological challenges, such as gatekeepers putting forward participants who they feel will support a particular narrative and participant recruitment often being overshadowed by more pressing organisational commitments (Sanghera and Thapar-Björkert, 2008; Sime, 2008; Heath et al, 2013; Helena, 2013; Ecker, 2017), the support of local – particularly, practitioner – stakeholders to help identify and recruit residents to the study was a necessary strategy. It proved integral to the recruitment of 13 residents as research participants.

The process of enlisting gatekeepers began with the production of a succinct research information sheet which was circulated to a number of organisations across the city via email. In all cases, emails were supplemented by phone calls, site visits and discussions at local forums, seminars and networking events. Contrary to other studies where researchers have reported a sense of trying to 'market' their projects to gatekeepers (Sime, 2008), all of those engaged with saw the value of and were happy to support the study, where possible. Key organisations engaged with included: the local authority housing options team, fairer housing unit and regulatory services, homelessness charities, crisis-support services, addictions services, criminal justice agencies and welfare, employment and general advice services. A broad mix of organisations was deliberately engaged with in an effort to recruit a sample of resident participants that was not intentionally skewed towards people with multiple needs. While anyone engaging with an organisation could be considered vulnerable in some respect, their level of vulnerability based on the gatekeeper organisations selected would be likely to exist on a continuum, ranging from very low level needs to high level needs. Of course, this strategy would not guarantee that residents with a diverse range of experiences would be recruited.

The respondents to the study represented a population of all those who were approached by participating organisations and who agreed to be interviewed. Given the hard to reach nature of the residents, it was not considered feasible to limit the sampling criteria in terms of 'current' residents

only or the duration of their stay, for example. In light of the broad and complex definition of HMOs, a list of properties of most interest to the study was developed in conjunction with the local authority and shared with organisations. All HMOs thought to be student accommodation and small B&Bs catering for tourists were excluded, leaving only large HMOs thought to be offering hostel-type accommodation. When potential participants were identified, various methods of engagement were used. In some cases, organisations acted as a liaison between the researcher and respondents, arranging a convenient date, time and location to meet. In other cases, with permission, the contact details of the potential participants were shared and the researcher initiated contact.

Of the 13 residents interviewed, 11 were male and two were female. They ranged from the ages of 25 to 55. All of the residents were living in the hostels alone (without dependent children), all were White British and all but two were from the North East of England originally. Eight were current hostel residents at the point of interview and five had since moved on to other forms of accommodation (almost two years prior in one case). The length of time which they had spent in the hostels ranged from two months to several years. Table 1 below provides a detailed breakdown of the circumstances of each resident. Here, it should be noted that the identification number – such as ‘resident 1’ – is used consistently for each resident throughout the thesis. Specific data about each of the residents, therefore, can be tracked throughout the forthcoming chapters.

**Table 1: Basic Demographic and Contextual Information about the Private Hostel Residents Interviewed**

Resident	Gender	Age	Ethnicity	Origin	Status	Duration
1	Female	32	White British	Gateshead	Current	7 months
2	Male	55	White British	Newcastle	Current	5 months
3	Male	26	White British	Newcastle	Current	3 months
4	Male	42	White British	Newcastle	Former	9 months
5	Male	33	White British	County Durham	Current	6 months
6	Male	31	White British	Newcastle	Former	3 months
7	Male	50	White British	Newcastle	Current	2 months
8	Male	32	White British	Newcastle	Current	6 months
9	Male	34	White British	County Durham	Current	3 years
10	Male	25	White British	Newcastle	Former	4 months
11	Female	32	White British	Ireland	Current	11 months
12	Male	38	White British	Newcastle	Former	9 months
13	Male	39	White British	Glasgow	Former	2 years

The interviews were largely semi-structured in nature. This type of interview was chosen because they typically allow for a detailed, but flexible discussion of experiences and outcomes; allowing participants to talk about the issues that are important to them, with there nonetheless being a sense of structure to the discussion. In addition, the use of semi-structured interviews allowed for questions to be altered at various stages throughout the research process, in response to issues raised by participants that had not originally been considered significant to the study (Bryman, 2016). The interviews also, however, had ‘life history’ elements, with participants encouraged to recount their interpretations of and the sequencing of their life, making reference to a number of key life domains. Critically, through this method, stories are located in time and space, and a wider historical, social, environmental and political context (Hubbard, 2000). Life history interviews – as ‘context contextualising stories’ (Hubbard, 2000) – are therefore highly useful for examining how research participants make sense of their social worlds.

As per the evaluation framework outlined in Chapter Three, the interviews sought to elicit the residents’ understandings of:

- Their personal biographies up until the point of entry into the hostels;

- Their reasons for entry into the hostels;
- The nature of the physical, psychological and social conditions within the properties;
- The impacts of living in the properties on their exercise of central functions; and
- The relationship between their personal biographies and their ability to enjoy 'well-lived' lives in the context of the properties.

The pre-determined questions on the semi-structured interview schedule were derived from the literature reviews, reflecting the predominantly deductive approach that was taken to the research. The ordering of the sections and questions were not straightforwardly aligned to the research aims. Instead, they were ordered in such a way that the schedule began with simple, 'factual' and less intimate questions, only moving into the more personal and challenging questions once a level of rapport and trust had been established, with the relationship between the researcher and researched known to have a potential impact on the quality of data collected (England, 1994). However, there were opportunities to explore new lines of investigation that emerged. Furthermore, the specific questions asked and the ordering of these during the interviews themselves varied in response to the flow of the interview dialogue and the nature and experiences of the participants (Bryman, 2016) (see Appendix 5 for the 'resident' interview schedule). The key sections included and the broad ordering of these were as follows:

- Basic demographic information;
- Information about the physical, psychological and social property conditions within their hostel;
- Their experiences of housing and homelessness; their 'private' lives in terms of family and friendship networks, physical and mental health, substance misuse and significant life events; and their 'public' lives in terms of education, employment, engagement with the criminal justice system and contact with support services (as key life domains, found to influence experiences of housing and wellbeing);

- The impact of living in the properties on their experiences of central human functions within the hostels (and how they managed any challenging conditions or adverse impacts); and
- Their lives since moving on from the hostels (where relevant) and future aspirations.

Much has been written about the importance of interview settings for data collection (Ecker, 2017), including when conducting research with homeless and vulnerably housed individuals (see Cloke et al, 2000b). As such, the interviews took place in environments which the participants perceived to be safe and comfortable. At their request, most of the interviews took place at organisational premises which the residents were familiar with (such as supported accommodation projects or food banks), with the remainder taking place in informal places (such as coffee shops). While informal settings can raise ethical concerns, in that they do not guarantee privacy for the interviewee (Ecker, 2017), they proved to be sufficiently quiet to maintain the privacy and confidentiality of the residents. Aware of the importance of 'blending in' as a means of developing rapport (Sime, 2008; Helena, 2013), informal clothing was worn during the interviews (with more formal clothing worn for the stakeholder interviews). Most of the interviews were 1.5 to 3 hours in length, but some were shorter, with each depending upon the availability and willingness of the participants to share information. However, the richness of the data collected demonstrated the good level of rapport developed between the researcher and respondents.

As mentioned earlier – particularly in Chapter Three – there are many methodological challenges associated with conducting research into wellbeing (including its relationship with housing). There are also difficulties associated with collecting data from disadvantaged groups and the use of qualitative methods more generally. Critically, interviewees typically recall their biographies through a mixture of selective memory, current understanding and hindsight. Accordingly, biographical methods have been said to offer limited insight into the subjective experience of individuals (Clapham, 2005). Indeed, the reliability of some of the residents' accounts was of concern – particularly where residents' reported mental health issues and problems of substance misuse. To give some examples

here, several of the 'substance misuse' residents talked about excessive drug and alcohol use in their hostel, with much of their socialisation involving drinking alcohol and to a lesser extent, drugs. But, they equally reported improvements in their bodily health while living in the properties. Furthermore, several of the 'childhood trauma' residents talked at length about engagement in risky behaviours – jeopardising their personal health and safety – and considering these to be rational responses and preferable to spending time within the properties. They considered these consequences to be acceptable in the pursuit of other ends. Qualitative research is also sometimes criticised for being too impressionistic and subjective, on the grounds that interpretation will be profoundly influenced by the subjective leanings of a researcher (Bryman, 2012). As outlined below, however, the impacts of these methodological challenges on the findings of the study were reduced through further forms of data collection.

#### 4.3.2 Stakeholder Interviews

In light of the 'hard-to-reach' nature of the private hostel residents and the limitations of relying solely on their accounts, it was considered necessary to collect further data and thus deepen understanding of the research topic through interviews with local stakeholders. The identification and recruitment of stakeholders to participate in the study was significantly easier than the recruitment of hostel residents – largely due to their engagement in the early stages of the applied study and the network of contacts that had been developed over the years through research in the locality. In total, 23 stakeholder interviews were undertaken. A purposive sampling strategy was employed (Bryman, 2016): all stakeholders were recruited on the basis of having a role in respect of private hostels in Newcastle-upon-Tyne. However, within the sample, it was hoped that a mix of policy-focused and practitioner stakeholders – or 'insiders' and 'outsiders' (Naples, 1996) – and stakeholders working across a range of sectors, would be recruited. Most were recruited on the basis of knowing the relevance of their work to the study. However, in some cases, those interviewed provided the names and contact details of other stakeholders who they considered might be able to add further useful insights to the study.

Of the 23 stakeholders interviewed, five had policy-focused and strategic roles within the local authority (working in the areas of housing, homelessness and regulatory services) and 18 had practitioner roles, (working in the areas of housing, homelessness, primary healthcare, drugs and alcohol, mental health and probation). Interviews were also undertaken with three respondents who fell outside the framework but who it was thought could provide helpful insights: a practitioner working with private hostel residents in a neighbouring local authority area, the landlord of a large hostel in a neighbouring local authority area and a regular visitor in a social capacity to one of the hostels. The majority had visited the hostels in question on a number of occasions and had spoken to multiple residents about their experiences of living there. Stakeholders working in the areas of probation, (mental) health and homelessness services tended to have had the greatest level of direct engagement with the properties and residents, while those with policy or strategic roles – perhaps not surprisingly – generally had less engagement. Nonetheless, their strategic knowledge and standpoint added a further dimension to the data analysis.

As per the resident interviews, the stakeholder interviews took the form of semi-structured discussions. Although the topic guides covered similar broad themes to those discussed with the residents, the questions were reworked for each interview in line with the stakeholders' different roles and likely knowledge bases. In addition, the iterative nature of the research process frequently resulted in the interview schedules being altered as more was learned about the research topic under investigation and potentially interesting new lines of inquiry emerged. The stakeholder discussions centred on:

- Their job roles and their remit in respect of private hostels and/or private hostel residents;
- Their knowledge and perceptions of the demographics and biographies of private hostel residents;
- Their knowledge and perceptions of the physical, psychological and social conditions within the hostels;
- Their knowledge and perceptions of the impacts of living in the properties on the wellbeing of the residents;

- Their views on the effectiveness of current approaches to the regulation and management of private hostels in the area and approaches to engagement with residents; and
- Their suggestions for the better regulation and management of private hostels and engagement with residents (though this was less relevant to the doctoral, than the applied study).

See Appendix 5 for an example stakeholder interview schedule.

All of the interviews took place in the workplaces of the stakeholders or on university premises. While research has evidenced the impact of interview locations on the willingness of stakeholders to offer their personal, as opposed to organisational views (Elwood and Martin, 2000), these environments were convenient, accessible and comfortable spaces for the stakeholders, which were equally important considerations. Private rooms were booked or made available in all cases to ensure that the stakeholders felt they could talk openly and honestly. The interviews lasted between 45 and 90 minutes.

The methods literature warns that self-selecting participants or the appointment of particular stakeholders by organisations can bias or skew research samples (Bryman, 2012). In order to counter these issues as far as possible, it was made clear to all stakeholders at the start of the process that the intended outcome of the doctoral study was not the production of an evidence base which could be used by organisations to lobby for enforcement action against private hostels or landlords – including the closure of these accommodations (as feared initially by some local authority stakeholders at the project outset). It was also made clear that the study was not an evaluation of their work. However, despite these efforts it appeared that several of the stakeholders – particularly those with stakeholders with a policy or strategic role – were ‘holding back’ and expressing the views expected of them in their particular roles. Others – particularly those with a practitioner role – were potentially ‘talking up’ some of the interview topics, perhaps in the belief that more salacious research findings would bring about social change in this area. When these situations arose, efforts were made to thwart any bias by changing the line of questioning. Having said this, the majority experience was that stakeholders had

a clear understanding of the research and responded honestly and openly to the questions, as supported by the range of views expressed during the interviews.

#### 4.3.3 Seminar and Roundtable Events, Site Visits and Analytical Discussions

While the main data collected for the thesis was through the 36 interviews discussed above, the dissemination of the applied project report and the ever-expanding network of interested parties which emerged resulted in a number of opportunities for further data collection and the testing of findings. Of greatest significance, two stakeholder events around the topic were organised by the researcher, in partnership with the North East Homeless Think Tank (NEHTT), the Institute for Public Policy Research (IPPR) North and Justlife, the only organisation in England, which is specifically targeted at hidden homeless people living in unlicensed temporary accommodation. The first was held in April 2015 and was entitled 'Tackling Hidden Homelessness in the North East'<sup>2</sup>. The second was held in December 2016 and was entitled 'Setting up Temporary Accommodation Boards: Improving Lives in B&Bs and Private Hostels'<sup>3</sup>. Both events were held at Northumbria University and were attended by approximately 60 stakeholders. Attendees included representatives of: several local authority housing, homelessness and environmental health teams, research and policy organisations, homelessness organisations, police and fire and rescue services, and substance misuse and probation services, as well as owners of private hostel accommodation and local authority elected members. The aims of the events were to: disseminate the findings of HMO-related research carried out in the North East, as well as Manchester and Brighton; share information on good practice responses to the needs of single homeless individuals and private hostel residents; and, develop a series of recommendations and actions to help better meet their needs. Following the events, briefing papers were produced and circulated to all who attended, as well as being drawn upon in support of the data analysis process.

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<sup>2</sup> For the event write up, see <https://www.yhne.org.uk/nehtt/reports/hmos-and-unsupported-temporary-accommodation/hmo-research-into-practice-seminar/>

<sup>3</sup> For the event write up, see <https://www.yhne.org.uk/events/setting-up-temporary-accommodation-boards-improving-lives-in-bbs-and-private-hostels/>

In addition, I was invited to spend several days at a drop-in for socially excluded young people in a neighbouring local authority area, to learn about the service and engage in informal discussions with staff and service users. Many of these young people were accessing private hostels. I also had the opportunity to visit several private hostels and undertake interviews with two hostel landlords (one formal and one informal). During the research process, I also developed close working relationships with researchers at Justlife; with regular phone calls providing a means of sharing and discussing our research findings. I also developed a close working relationship with a film-maker and photographer who produced a short film and photographic exhibition, which aimed to capture the lived experiences of residents living in a private hostel in a neighbouring local authority area. Not only was the footage insightful, but it was possible to interview the film-maker, who similar to the stakeholders engaged with, was able to recount some of the experiences of the residents that they had engaged with<sup>4</sup>. Finally, following an invitation to write and the subsequent publication of a short article in The Guardian newspaper, I had a lengthy telephone call, followed by an email exchange (with the emails often including attached unpublished reports relating to the challenges of regulating and managing HMOs), with a former specialist DCLG advisor, whose background was environmental health. The ways in which these opportunities contributed to the study are discussed later in the chapter.

#### **4.4 Ethics**

Research ethics – and specifically, the decisions which we make in the planning and execution of research, which are not based on *‘expediency or efficiency, but by reference to standards of what is morally right or wrong’* (Barnes, 1979:16, cited in Cloke et al, 2000b: 136) – are particularly important when conducting qualitative research and even more critical when ‘researching the other’ (Valentine et al, 2001). As such, much consideration was given to the subject of ethics within the study. Here, it is important to note that the same ethics framework, related documentation and processes were followed for the applied

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<sup>4</sup> The film and photographic collection ‘Camrex’ can be accessed at <http://www.mark-chapman.co.uk/camrex/>

and doctoral research, with the interviews data collected being used for both studies. At the project outset, a 'research ethics framework' which would broadly govern the research process was produced (see Appendix 1)<sup>5</sup>, as well as supporting documentation – such as 'participant research information' sheets and 'consent' forms. Two versions of the latter were produced; one for the residents engaged with and one for the stakeholders, with the way in which the research was explained, the language used and the methods of consent offered different in each case (see Appendices 2 to 4). These were developed based on knowledge of the literature on research ethics generally, as well as research with homeless and other vulnerable populations, a series of participatory workshops with people with multiple needs in the city and consultation with project stakeholders. The aim was to make the documentation for the resident participants engaged with as accessible as possible. Indeed, research into the support needs of homeless people evidences much lower levels of literacy amongst this population than the general population (Homeless Link, 2014). Ethical approval for the studies was obtained from the Faculty of Arts, Design and Social Sciences Research Committee at Northumbria University. Yet, despite a comprehensive, written ethics framework being in place, the ethics and practicalities of doing the research were not straightforward in practice.

Ethical inquiry is typically discussed in terms of the researcher-researched relationship (Leyshon, 2002) and more specifically, in terms of informed consent, privacy, harm and exploitation (Hammersley and Atkinson, 1995; cited in Bishop and Shepherd, 2011) – although in practice, these issues are highly interdependent and less discrete than the 'standard list' found in textbooks would suggest. Throughout the study, these issues were given much consideration, particularly in respect of engagement with the residents and the use of their data. Considering informed consent first, all stakeholders were emailed a research information sheet and consent form in advance of their interview. But, copies were also shared at the start of the interviews, as necessary, and the content of the sheet was discussed. A signed consent form, on the basis of a series of parameters, was then collected in all cases. In the case of the residents, although

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<sup>5</sup> The research design outlined in the ethics framework is different to that which was carried out. This is because the research design needed to be amended in light of challenges (as well as opportunities) which arose and developed as the research focus became clearer.

gatekeepers had been given the relevant research information sheet to circulate to potential participants in advance, most only saw this for the first time at the beginning of the interviews. Unsure of their literacy skills, the information sheet was summarised to the participants to ensure their understanding and any questions which they had were answered. Following this, either written or verbal consent was secured, as appropriate. Explaining the purpose of the research, however, was not straightforward – particularly in light of the dual purpose of the data collection process and the competing demands of the studies. In some cases, it did feel as though consent was a hurdle to be overcome at the beginning of the encounter when participants were either keen to talk or were nervous. Furthermore, as noted in the literature (see, for example, Sime, 2008), it is only after engaging with a study that participants can fully judge their willingness to consent. At the end of each interview, therefore, participants were given a further opportunity to confirm the inclusion of their data in the study.

All participants were assured that their participation would be kept confidential as far as possible and all information would be held and used anonymously. Of course, the confidentiality of the residents was difficult to fully maintain due to the use of gatekeepers and the support arranged for them following the interviews, as was that of stakeholders due to the research being conducted in a small locality and the input of the NIL steering group in the applied study. Anonymity was not a significant concern to the stakeholders engaged with. But, it was to several of the resident participants, who were still living in the hostels. They alluded to possible repercussions from taking part in the study and so emphasised their need to trust the research process. A central concern was thus the presentation of the research results. Accordingly, much of the biographical information collected about the residents was omitted from the applied report. Similarly, the thesis seeks to protect the anonymity of respondents and has been selective in the use of deeply intimate research quotes in particular. In addition to the careful conduct of data collection and writing up, an essential part of maintaining participant confidentiality is good data storage and management. The details of this are outlined in the next section.

Fieldwork, as the ‘purposeful disruption of other peoples lives’ (England, 1994: 246), is intrinsically linked to the notion of harm. While the avoidance of harm was central to the data collection process, in all research, there is an

inherent tension between the ethics of 'sympathetic listening' and the role of the researcher as a 'story-gatherer', with an awareness that the more novel or sensational stories are, the more likely they are to make the findings of the research heard. Researchers have discussed feelings of excitement in themselves at the prospect of 'taping a good story' or yielding a 'crop of great quotes', and yet the need not to push interviewees so far as to cause distress or upset (Cloke et al, 2000b). Similar feelings were experienced in this project, particularly in respect of the applied arm of the study. The research demonstrates the willingness of many particularly vulnerable participants to disclose their personal and intimate histories, as similarly reflected by Cloke et al (2000b). To mitigate any potential harm, it was made clear to all participants at the start of the interviews, as well as via the information sheets and consent forms, that participation was entirely voluntary, they were not required to answer any questions that they did not wish to answer and they could stop the interviews or withdraw from the study at any time. Agreement was also sought from the gatekeeper organisations who already had relationships with the residents to provide them with emotional support following the interviews, should they require it. Multiple studies with homeless and other vulnerable populations have commented that they tend to be much more resilient than standard ethics policies assume. In this regard, ethical policies have been criticised as being overly paternalistic (Helena, 2013). However, a judgment was made to take a cautious approach and prepare for the worst case scenario, i.e. that respondents could feel distressed during the interview.

It was not anticipated that participation in the study would cause the stakeholders any psychological harm. Researcher wellbeing should also be a key part of discussions of harm. For this study, I only consented to interviews taking place in organisational premises that I was familiar with or public spaces, with the interviews taking place during daytime hours. As a matter of course when interviewing, I always had access to my mobile phone and my PhD supervisor or line manager was aware of my whereabouts at these times (Ecker, 2017). I have received training on interview techniques, including what to do when things seem to be going wrong during interviews, sat in on several interviews by experienced interviewers early in my research career, had much interview practice and knew

that I could stop the interviews and ask for assistance from gatekeepers at any time.

The idea of 'giving something back' to participants (England, 1994; Swartz, 2011) was important because the risk of 'research tourism' or 'voyeurism' is a widely accepted concern with regards to research involving homeless and other vulnerable individuals (DeVerteuil, 2004; Cloke et al, 2000b). However, what constitutes the 'meaningful' giving back to participants is contested (Swartz, 2011). Following the research interviews, all of the resident participants were given (high street shopping) gift vouchers as a show of appreciation for their time. Participants were not informed about this in advance of the interviews, to avoid the risk of compromising the findings (Sime, 2008). However, perhaps the most effective way of giving something back is to provide hope of positive social change as a result of research. While this is not a central focus of the doctoral study, as a result of the findings of the applied study and other recent research on the topic, there has been a shift in discourse around private hostels and momentum is developing around several key initiatives (as discussed in Chapter Eight). However, following completion of the thesis, there is a plan to engage in a further process of dissemination around the specific recommendations to emerge from the doctoral study; recommendations which should facilitate a more nuanced and robust discussion around private hostels and housing for homeless and other vulnerable people. This will include academic journal articles and conference presentations, but also a concise briefing to local, regional and national stakeholders, which perhaps has the greater chance of improving the lives of those who gave their time to the study and their peers. Having said this, it seemed that the participants were generally unconcerned about a tangible benefit from participation and found participation to be a positive, cathartic and empowering experience in itself (see also England, 1994; Ensign, 2006; Cloke et al, 2000b; Berger, 2015; Ecker, 2017).

#### **4.5 Data Preparation and Analysis**

With consent granted in all cases, the interviews were recorded using a digital recorder, thus enabling the voices of the interviewees to be accurately captured (Cloke et al, 2000b). In line with the university's data management

policy, following the interviews, the audio recordings were transferred onto a password-protected drive, on the university campus (and deleted from the dictaphone), with any hard copy information stored in a locked cupboard, in a lockable personal office, on campus. The audio files were given unique identifier or participant codes (these were used throughout the subsequent data analysis process).<sup>6</sup> The audio files were then uploaded via a secure online portal to a professional transcription company, who the university has a confidentiality agreement with, to be transcribed 'verbatim'. The company has much experience of deciding where punctuation is most appropriately placed: a fundamental component of rigour in qualitative research (Poland, 1995; DiCicco-Bloom and Crabtree, 2006).

The data was principally analysed using a 'thematic approach', which following Bruan and Clarke's (2006) influential paper, is increasingly accepted as being an accessible and theoretically-flexible, but nonetheless rigorous approach to identifying, analysing and reporting on key themes within datasets. This was considered the most appropriate form of analysis, given the specific research aims and objectives of the study and the largely deductive research approach employed. In line with Bruan and Clarke's (2006) recommended 'six phase' approach (detailed in Figure 7), the process of data analysis began with re-familiarisation of the data. A sizeable period of time had elapsed between the collection of the data, its external transcription and the commencement of data analysis for the doctoral study. As such, a process of 'immersion' – involving the repeated re-reading of the data, the generation of ideas regarding possible patterns and meanings within the data and the making of analytical notes to act as reminders of ideas to explore – was necessary (Charmaz, 2008).

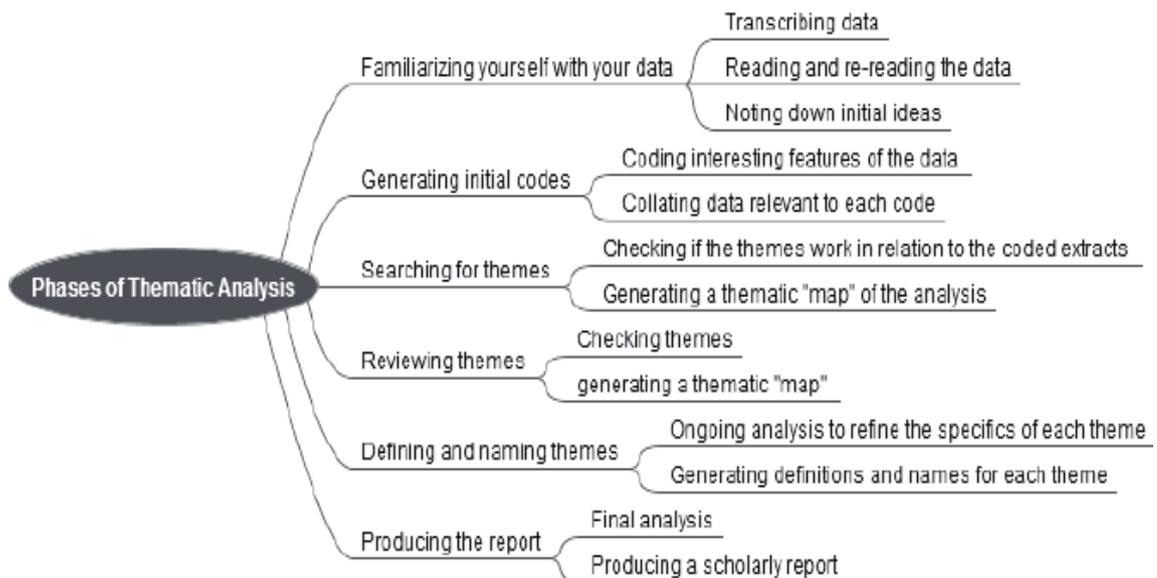
Following this, an initial process of 'coding' was undertaken. Here, it is important to note that the doctoral study had a much greater emphasis on the subjective realities of the residents within the hostels than the applied study (with the stakeholder data serving more of a validity role), had different aims and objectives and was more wedded to an analysis of the resident data in relation to

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<sup>6</sup> It was not possible, however, to anonymise the area in which the research took place due to the applied study. A condition of the funding was that a project report would be made publicly available and a programme of dissemination and action based on the findings would be carried out. All participants were made aware of this, however.

the literature. As such, a more nuanced set of codes were required and so the process of data analysis for the doctoral study began largely afresh. The codes used related to the most basic elements of the raw data, which were assessed as being potentially meaningful (Boyatzis, 1998, cited in Braun and Clarke, 2006). Following Ryan and Bernard's (2003, cited in Bryman, 2012) recommendations, the following particular features were looked for within the dataset: repetitions (topics that recur again and again); metaphors and analogies (the ways in which participants represented their thoughts in terms of metaphors or analogies); similarities and differences (exploring how interviewees discussed a topic in different ways); linguistic connectors (examining the use of words like 'because' or 'since', which point to causal connections in the minds of participants); missing data (reflecting on what is not said); and, theory-related material (using social scientific concepts as a springboard to identify themes). Most of the codes employed were pre-specified, based on a theoretical awareness of the research topic, but some emerged organically through a reading of the data (Jamieson, 2016). The wealth of codes produced during this time served as a useful organising framework for the data, not least for the production of rich textual descriptions. The coding was undertaken manually, using analysis tables developed in Excel. In hindsight, the benefit of using a system such as NVivo – a computer-aided qualitative data analysis software package – such as being able to quickly refer back to the text of transcriptions, may have been worth the initial investment of time learning to set up and use the system. The initial process of coding was a very time-consuming process, but one which ultimately allowed a view across the dataset for key themes. Following this, the analysis process moved towards 'interpretation' and the identification of key themes. Data attached to all the relevant codes was collated under the heading of the theme and consideration was given to how the different codes might contribute to the theme or to sub-themes within it. At this point, the data was interrogated repeatedly, to ensure that all possible codes and themes had been identified and systematically investigated. There was reflection upon the extent to which the coded data fit coherently within the themes identified (and if not, whether the data needed to be discarded or reassigned or whether the theme needed to be reworked).

**Figure 7: Thematic Analysis Process Followed (Braun and Clarke, 2006)**



A key disadvantage of thematic analysis, however, is the difficulty of retaining a sense of continuity and contradiction through individual accounts, with the contradictions and consistencies across individual accounts often being highly revealing (Braun and Clarke, 2006). This was, of course, integral to the success of the research study. Accordingly, the largely thematic process of analysis, was supplemented by a process of narrative analysis: an approach to the elicitation and analysis of data that is sensitive to temporal sequences in people's lives (Bryman, 2012). It is considered wholly possible to apply narrative analysis to conventional interview transcript material and then try to uncover the stories that interviewees are telling, as an alternative to specifically asking people to recount chronological stories. A key concern was examining how the residents' perspective changed in relation to different contexts so the focus was on the content and structure of the residents' stories, rather than the way in which stories were conveyed (Phoenix et al, 2010, cited in Bryman, 2012).

Following this, the process of writing up began. The aim of this process was to concisely and coherently explain the complex story that emerged from the data. The structure set out in the literature review chapters and the research aims and objectives provided a guide as to the headings under which the data could be presented in the forthcoming analysis chapters, but this was not a

straightforward task. There was a constant process of examining the 'story' of each theme identified, as well as its contribution to the overall focus of the study. In writing about the findings a balance was sought between explanation and providing rich textual descriptions (in light of the under-researched nature of the HMO sub-sector and the views of those living within it). Additionally, it was not assumed that the promise of anonymity and the granting of informed consent by participants provides a clear mandate to analyse and present data as the researcher sees fit. A conscious effort was made not to simply include the most salacious, extreme or deeply intimate quotes from the resident transcripts in the study. In some cases, the more salacious extracts from the resident interviews were used to show the extremes of resident views. But, in some cases, quotes were selected on the basis of bringing to life the 'most typical' viewpoints of those interviewed.

#### **4.6 Strengths and Limitations of the Research Approach**

While reflexivity in research may be considered by some to be a slip in a researcher's 'veil of objectivist neutrality' (England, 1994), within more interpretivist and constructivist paradigms, it is more commonly framed as a 'self-critical', but 'sympathetic' scrutiny of research (Berger, 2015), with the practice of research as uncomplicated and linear being largely illusory (England, 1994). Reflecting upon the approach to and practice of this study, I would argue that: the research paradigm and approach employed was most suitable for the study in light of its intended aims; the research was methodologically robust and coherent; and, the research practice was ethically sound. Together, these contributed to the engagement of a largely unknown, concealed and vulnerable (as it transpired) population group to the study, the collection of a detailed dataset and as outlined in the forthcoming chapters, original and significant research findings. Considering these points in turn, the interpretivist paradigmatic approach helped to centre the focus of the study on the detail and critically, the diversity of the experiences and perspectives of the hostel residents engaged with, accepting all as valid accounts of reality. Through the details of their stories and a theoretical awareness of relevant literature, it was possible to make nuanced contributions to the research gaps and aims outlined in the introductory chapters. The adoption

of a qualitative research approach was integral to the identification of some of the most interesting and salient points to emerge from the study. In particular, the use of semi-structured interviews *with* life history elements was key to the development of an explanation of the residents' 'lived experiences' within the hostels, which were fundamentally shaped by their wider biographies. Additionally, the flexibility of these methods enabled respondents to provide (often unexpected) stories, which tended to give them a positive experience of participation, while also furthering the overall contribution of the research to knowledge and understanding.

While the resident interviews were the main form of data collection used, the supplementary stakeholder data collected through interviews and a range of other activities enabled the research to be tested against Lincoln and Guba's (1985) three tests of analytical rigour (dependability, credibility and confirmability), thus further supporting the validity of the research. Indeed, when I queried the feasibility and representativeness of some of my analytical assertions, there was agreement that the findings of this study were entirely plausible and reflected stories collected elsewhere. This was particularly important where the residents spoke of highly adverse environmental conditions within the properties (such as pest infestations, high levels of substance abuse and extreme acts of violence taking place) where accounts may have been questioned and when considering the key factors which may account for the highly varied lived experiences of the residents. The credibility of the analysis was ensured through extended engagement in the field, by data triangulation as presented in the subsequent chapters and by maintaining meticulous data management and analytic procedures (such as the verbatim transcription of interviews, accurate records of contacts and interviews, and clear notes on theoretical and methodological decisions). It was difficult though to ensure the confirmability of the research. I would have welcomed the opportunity to engage in a process of confirmation with the resident participants. But, this was not possible, as explained below.

There were a number of issues and challenges experienced throughout the research process. All, however, were beyond my control and I would argue that all were responded to appropriately and did not significantly affect the outcomes of the study.

#### 4.6.1 The Sample Size

The most significant challenge encountered during the research process was the recruitment of private hostel residents to the study. Indeed, recruitment proved to be significantly more difficult than anticipated. It was hoped that it would be possible to engage with residents via landlords who would then act as gatekeepers (in addition to being research participants themselves). However, this was not possible. Two events were organised, in conjunction with the local authority, targeted at HMO landlords and promoted as opportunities to inform them about the forthcoming (at the time) benefit changes and how they could be supported by the local authority to manage the changes. During the events, the research study would be raised with landlords. However, no landlords attended. Linked to this, in the process of seeking to invite them to the events, it was identified that there were discrepancies in the local authority's records between the building owners, the HMO license holders and the property managers; often, the addresses of the named individuals were listed as in the south of England or overseas. As such, there was no clear point of contact for the hostels. A further suggestion was to try to contact private hostel residents directly, via leaflet drops, door-knocking and promoting the study via services who enter the properties. However, it was quickly identified that no services undertook outreach work in the hostels in the area on a routine basis. It was also agreed that it would not be conducive to partnership working to approach residents in these ways without the landlords' permission and indeed, there was concern that if landlords became aware of the study, the known participation of residents could jeopardise their place in the hostels. Several stakeholders also reported that they had tried to access the hostels in the past but had received unwelcoming responses. For a range of ethical reasons therefore, including researcher safety, a direct method of recruitment was deemed inappropriate.

It was then hoped that residents could be recruited via a Participatory Action Research (PAR) approach; an inclusive form of research which encourages the substantive involvement by research subjects in the research process and seeks to bring about social change (Klodawsky, 2007). PAR is often used in research seeking to engage with hard-to-reach groups, partly because

peer researchers can be better placed to contact potential research participants than researchers or organisations (Khanlou and Peter, 2005). Peer researchers were identified through the Newcastle Users and Carers Forum – a service user forum for those who had experiences of addiction, offending and homelessness – and twelve were subsequently given basic research training through a half-day training session, which covered an overview of the project, research skills and ethics. The peer researchers completed 19 interviews. As documented in the literature, however, the challenges associated with PAR are formidable and while the principles of PAR are something that many qualitative social science researchers aspire to, these are rarely lived up to (see Pain and Francis, 2003; Klodawsky, 2007). Indeed, the process broke down here also. Eight of the peer researchers trained never completed an interview and three of the four active peer researchers also later dropped out of the process due to complex needs, transient lifestyles and other commitments. The remaining active peer researcher went on to secure employment so was no longer able to commit to the research, while the forum co-ordination also went to work for another organisation out of the area. Furthermore, upon listening to the 19 interviews undertaken, it transpired that 18 had been undertaken with supported accommodation users, so did not fit the research brief and could not be used as part of the study. Lastly, while the rapport between the peer researchers and participants was clearly evident in the interview transcripts and audio recordings, the quality of the interviews in terms of the level of detail collected was limited at times. As a part-time doctoral student, with a full-time professional role and under pressure to deliver the findings of the applied study from the funder, it was deemed that there was insufficient time and resources available to begin a second phase of PAR.

As noted earlier in the chapter, gatekeepers proved integral to the recruitment of residents. While 13 residents were interviewed, more were identified. But, in several cases, the transient and chaotic nature of some of their lifestyles made them difficult to locate and others were reluctant to participate for fear of jeopardising their tenancies, for example. Once recruited, however, another technique considered was snowball sampling: a method which seeks to take advantage of the social networks of identified respondents to provide the research with an ever expanding set of potential contacts. The strategy is deemed to be particularly useful when seeking to sample concealed populations that are

often obscured from the view of social researchers and policy makers (Groger et al, 1999; Atkinson and Flint, 2001). All of the residents interviewed were asked to approach their peers about participation. But, this did not yield any results – again, this is perhaps due to the chaotic nature and/or the complexity and competing demands of their lives.

The limited sample size is – to some extent – of concern because it limited the number of factors likely to have an impact on the residents’ ‘lived experiences, which could be explored through the study. For example, the residential satisfaction literature discussed in Chapter Three asserts that gender affects ‘lived experiences’ of housing. Only two female residents were engaged, however, in the study. The impact of ‘gender’ therefore could not be explored in any great detail. Similarly, the residential satisfaction and wellbeing literature discussed suggests that the duration of a particular housing situation has an impact of our perspectives on housing and wellbeing (see Chamberlain and Johnson, 2011). In addition, where respondents were categorised according to their housing pathways, there was only one respondent in some of the pathways. This meant that themes within the pathway could not be identified, although it was still possible to make comparisons with respondents in other pathways.

#### 4.6.2 Repeated Interactions with Residents

A further related challenge was the extent of engagement with the residents. During the study, it would have been helpful to have met with the residents on multiple occasions, in order to have collected more detailed and nuanced information. Indeed, the methodological and wellbeing literature engaged with emphasises that the subjective realities of individuals are often rooted in everyday ‘taken for granted’ routines and tacit understandings which are only accessible through extended periods of fieldwork (Cieslik, 2019). In addition, undertaking several interviews with the residents may have made the interview process less demanding for some. The interview schedule was significant in length (due in part to the dual purpose of the interviews), with the last section of the schedule being critical but necessarily placed at the end. It was clear that some of the residents were becoming tired by the end of the interviews and in some cases, they had limited time available so less probing could take

place on some occasions than hoped. There were also several issues that could have been beneficially followed up on and explored further following a re-reading and initial analysis of the data. In addition, the chaotic nature of some of the residents resulted in several interruptions during the interviews – due to telephone calls and one resident turned up with their young child making open and lengthy conversation difficult.

However, it was not possible to meet with the residents again to expand on the first interview due to a range of factors such as chaotic lifestyles, competing priorities and illness. In several cases, the residents were contacted through services so could not be re-contacted directly. For these reasons, one interview was conducted with each resident, although several would have been ideal. However, the single interview provided substantial detail and made data analysis possible in the areas identified as important by the literature, as will be shown in subsequent chapters. Despite the limitations of the sample and the data collection, in light of the largely concealed nature of private hostel residents at the outset of the study, the interviewing of 13 residents should be considered a significant achievement. Without established relationships with key local stakeholders and the trialling of a range of recruitment strategies, it is unlikely that this number of residents would have been recruited. In addition, the other forms of data collection provided substantial material with which to triangulate the findings of the resident interviews. The study provides a unique and rigorous illustration of the experiences of short-term HMO residents (who make up, as the subsequent findings suggest, the large majority of the hostel population) and the key influences which shaped their experiences.

#### **4.7 Summary**

This chapter has provided a detailed and critical review of the worldview, overall methodological approach and specific methods of data collection and analysis used in this study. The key features of the methodology and methods are discussed below:

- Interpretivism was considered to be the most suitable theoretical underpinning for the study, because the central endeavour was to elucidate the 'lived

experiences' of those living in private hostels (Scotland, 2012; Bryman, 2016; Kivunja and Kuyini, 2017).

- This approach reflects contemporary thinking within the field of housing studies, in which there is growing consensus about the need to move beyond positivism.
- Centred on the key underlying principles of 'seeing through the eyes of the other...', 'description' and 'contextualism', a qualitative research design was chosen for the study (Canfield et al, 2008; Bryman, 2016).
- The most important aspect of data collection was in-depth interviews – partly semi-structured and partly life history - with 13 people with experience of living in a private hostel in the research locality. This data was supplemented through semi-structured interviews with 23 stakeholders, as well as ongoing engagement with stakeholders and researchers on the research topic in a variety of settings.
- A robust ethics framework for the study was produced and followed. This centred on issues of informed consent, privacy, harm and exploitation (Hammersley and Atkinson, 1995).
- Following transcription, a process of thematic analysis was undertaken. This followed Bruan and Clarke's (2006) recommended 'six phase' approach.
- While the study is more limited than hoped in terms of the number and diversity of private hostel residents engaged with and the amount of time spent collecting data from them, all reasonable measures were taken to effectively manage the effects of these on the study.

In Part Three of the thesis which follows, the analysis of the data is presented.

## **Part Three: Research Findings and Data Analysis**

## **Chapter Five: Private Hostels in Newcastle as a Primary Housing Destination for Single Homeless People**

### **5.1 Introduction**

Chapter Five is the first of three chapters which present the analysis of the qualitative data collected in response to the gaps in knowledge and understanding highlighted in the introductory and literature review chapters. The focus of this chapter is the unfolding of a detailed and robust understanding of the biographies of the private hostel residents engaged with, up until their point of entry into the properties.

There are two reasons for the chosen emphasis here. The first is that nationally, as evidenced in Chapter Two, private hostel residents are a largely concealed and neglected population, in terms of research, policy and practice. Perhaps as a consequence of the positivist research tradition which has long dominated the housing field, few studies have focused on this population group. In addition, where they have, they have rarely collected and analysed data in line with established concepts and approaches. Within the research locality too, the household composition and lives of those residing in private hostels was a key knowledge gap, with neither the local authority, nor any services within the area having working relationships with the properties. But, more robust conceptual and empirical insights in this regard could be highly useful in terms of ensuring that the needs of this group are supported as necessary. Secondly, thinking ahead to the subsequent analysis chapters on 'lived experience', the literature reviewed in Chapter Three highlighted that a comprehensive analysis of the lived experience of different situations requires detailed knowledge of the biographies of those involved, with personal characteristics, needs and past experiences – themselves the result of both agency and structural influences – likely to have mediating effects. As such, it is anticipated that the insights yielded through this chapter will provide a useful organising and/or explanatory lens for the latter chapters.

The literature reviewed in Chapter Two, suggested that multi-occupancy units at the bottom end of the PRS are increasingly home to single homeless people. Within the research locality too, while the way in which they described the housing circumstances of the residents varied – whether the emphasis was

on the status of the residents in respect of homelessness legislation, their support needs or the concealed nature of their plight – most of the stakeholders engaged with speculated that the residents could reasonably be conceived as single homeless. As such, key definitions, concepts and approaches drawn from the field of homelessness will be used to help elucidate the residents' biographies, with the utility of these being critically discussed throughout.

## **5.2 Understanding the Residents Biographies through a Homelessness Lens**

As discussed in Chapter Two, there is no single accepted definition of homelessness (Drake, 1989). Within the homelessness literature, however, it was possible to identify a number of definitions, concepts and approaches – each with their own strengths and limitations – which have proved useful in facilitating an ever-deeper understanding of homelessness as a social phenomenon. These include: legal, academic, political and common-sense understandings of homelessness, the concepts of 'trigger' and 'risk' factors, and the 'careers', 'clusterings' and 'pathways' metaphors (Bramley, 1986, Neale, 1997; Anderson, 2001; Clapham, 2003; Pleace, 2016). As such, in seeking to understand the biographies of the residents interviewed, data was collected in line with these concepts. Specifically, the residents were asked about: their housing circumstances immediately prior to entering the hostels, triggers for the loss of their last settled accommodation, the prevalence and overlap of experiences of key risk factors for homelessness, and the temporal sequencing of key life events. The extent to which this information yielded important insights and thus, the utility of the concepts and approaches drawn upon, will now be discussed.

### **5.2.1 The Demographic Profile of the Residents**

Before moving into the above described process, there is value first in looking at the insights gained from a consideration of the demographic profile of the residents engaged with. While outlined in detail in Chapter Four, to quickly recap, the residents engaged with were predominantly male, did not have dependent children, were of working age and were mostly from the local area

originally. This profile reflects that of the broader single homeless and supported accommodation populations, as discussed in Chapter Two (Homeless Link, 2014, 2015; Crisis, 2017). In explaining this, a critical factor is likely to be the parameters of the statutory homelessness system, which has long been criticised for legitimising the homelessness claims of some, while dismissing those of others (Dwyer et al, 2014) – typically, those of working-age men, without dependent children, who are not considered to have significant support needs. Indeed, five of the 13 interviewed had presented to their local authority housing options team as homeless prior to entering one of the private hostels in the area and none were accepted as being owed a ‘main homelessness duty’ (Jones and Pleace, 2010). A further two speculated that they would not be ‘accepted’ as homeless based on previous contact with statutory and voluntary services, so saw no value in repeat presentations. Picking up on this point, experiences of repeat homelessness will be discussed later in the chapter.

Analysis of the stakeholder interviews and broader discussions had with the residents suggested that their demographic profile largely reflected that of the wider resident population. They reported that the majority of private hostel residents are male; just one stakeholder interviewed reported working with a female service user who had previous experience of living in a private hostel, and the two female residents engaged with said women were a minority within their hostels also. Most of the residents were reported to be between the ages of 25 and 40, though residents as young as 18 and over the age of 65 had been observed within the properties. Lastly, the majority of known individuals were said to be from the North East of England originally, though there were reports of a number of individuals residing in one hostel who were originally from Turkey, Poland and/or Lithuania.

In explaining this, stakeholders also drew attention to the workings of the statutory homelessness system, highlighting that women are significantly more likely to be eligible for the provision of social housing by local authorities as a result of being pregnant, having dependent children and domestic violence (Fitzpatrick et al, 2000; Jones and Pleace, 2010; DCLG, 2014b). As such, stakeholders would not have expected to find a significant number of women residing in the hostels in question. Stakeholders also made reference to the specific nature of service provision in the North East, highlighting the array of

services in place to support young people up to the age of 24 – particularly care leavers. Again, therefore, they would not expect to see a predominantly ‘young’ hostel population. Finally, reflecting the findings of related regional research (such as Spencer and Corkhill, 2013), they also explained that historically, the North East region has low levels of migration by people coming to the area from abroad, thus one would expect most of the residents to be of British – and more specifically, local – origin.

### 5.2.2 The Housing Circumstances of the Residents Prior to Entry into the Hostels and Key Triggers for the Loss of Settled Accommodation

Exploring the above points further, all of the residents interviewed described themselves as ‘homeless’ at the point of entry into the hostels. When asked if they considered themselves to be so, one resident – for example – commented, *‘Well, yeah...that's why I'm in here’*. The residents made this assertion on the basis of not having a right of access to secure and minimally-adequate housing (Bramley, 1986), as per the legal definition of homelessness in England and Wales. Immediately prior to entry, however, just three of the residents were literally roofless and so were ‘homeless’ in the narrowest sense (Neale, 1997). Reflecting more contemporary conceptualisations of homelessness, the housing circumstances of the residents at this point were wide-ranging. Three were sofa-surfing, three were living in institutions (specifically, two were in prison and one was in a psychiatric hospital), two were living in insecure housing and two were living in their family homes but reported having no choice but to leave these properties. This can be seen as further emphasising the importance and utility of a broad, common-sense understanding of homelessness, which extends beyond rough sleeping and indeed, encompasses people living in a range of temporary and insecure housing situations (Jacobs et al, 1999; Cloke et al, 2000a; Neale, 1997).

In seeking to understand the key reasons for the loss of settled accommodation among the residents, the concept of ‘trigger’ factors (Anderson, 2001) was employed. Critically, in nine cases, a typically sudden life event was reported to be responsible for a necessary shift in the residents’ housing circumstances. Three residents experienced the loss of accommodation following

release from an institution, two became homeless following eviction as a result of rent arrears (one from supported accommodation and one from social housing), two became homeless following relationship breakdown with family and two became homeless following relationship breakdown with parents. In all cases, these events reflect well-known ‘triggers’ for homelessness or the threat of homelessness (Anderson, 2001). The stakeholders interviewed provided similar reasons for entry with regards the residents they had encountered.

A range of conceptualisations and frameworks have been produced in an effort to define the range of housing situations which can be considered to constitute the terms ‘homelessness’ and ‘housing exclusion’. While FEANSTA’s ETHOS model is amongst the most widely accepted and used framework for understanding the various forms of homelessness and housing exclusion which exist (see Amore et al, 2011), it does not explicitly recognise the predicament of the residents interviewed who were involuntarily sharing housing with a partner for a short time following relationship breakdown. Accordingly, frameworks such as that by Watchman and Robson (1989), which acknowledge the impact of relationship breakdown on homelessness and recognise the plight of those sharing accommodation with former partners can be seen to most accurately reflect the experiences of the residents interviewed.

### 5.2.3 The Experience of Key Risk Factors for Homelessness among the Residents

As discussed in Chapter Two, while the concept of ‘trigger’ factors (Anderson, 2001) is widely regarded as a ‘useful starting point’ in helping to explain the onset of homelessness, it nonetheless remains that a reliance on this alone produces an overly simplistic reading of its causes (Fitzpatrick et al, 2012). More contemporary homelessness research evidences that homelessness often comes about not as the result of a single life event, but is made more likely for some due to the experience of multiple forms of exclusion – with these known as ‘risk’ factors (Anderson, 2001). As such, it was considered useful to explore the relevance of the concept of ‘risk’ factors for homelessness to the lives of the residents also.

Following extensive research, various comprehensive lists of key risk factors for homelessness have been produced, many of which have significant degrees of overlap (see, for example, Fitzpatrick et al, 2000; Anderson, 2001; Shelton et al, 2009). Analysis of the biographical data collected from the residents, in line with these lists, revealed that well-established 'individual', 'familial', 'institutional' and 'structural' risk factors for homelessness were highly prevalent among those engaged with. The key findings here are summarised in Table 2.

Broadly speaking, analysis of the prevalence of key 'risk' factors among the residents suggests that, from their early lives, many of the residents interviewed had a heightened 'weighted possibility' of falling into homelessness in later life (Fitzpatrick et al, 2012) and were at greater risk of homelessness than the general housed population (Caton et al, 2009). Indeed, considering the housing histories of the residents, it was clear that homelessness had been a recurring feature of most of their lives. Specifically, eight reported experiences of rough sleeping in the past and seven reported experiences of living in supported accommodation.

**Table 2: The Prevalence of Key Risk Factors for Homelessness among the Residents Interviewed**

<b>Risk Factor</b>	<b>Prevalence</b>
Unemployed / welfare dependency	13
A criminal record	11
Mental health problems	11
Left school without qualifications	10
Drug abuse	10
Repeat homelessness	10
Experience of prison	9
Negative childhood	7
Acute financial difficulties	6
Alcohol dependency	6
No or limited contact with family	5
Childhood trauma	5
Had never worked	5
Physical health problems	4
Local authority care as a child	1

Considering the table in more detail, childhood adversity in its various guises has been found to be significantly associated with homelessness in later life (Shelton et al, 2009). Of the 13 residents interviewed, few discussed their childhoods in detail and in some cases, there was a distinct reluctance to do so. However, it was clear that childhood was a difficult and challenging time for some. More than half reported negative childhoods and over a third reported experiences of childhood trauma, including parental divorce, bereavement, abuse, familial addiction and parents with mental illness. One resident went into local authority care as a child.

Research has also identified key patterns of association between indicators of childhood adversity and other domains of life experiences, such as mental illness, criminal behaviour and problems of addiction (Shelton et al, 2009). Substance misuse was widespread, with ten respondents reporting that drug

abuse had been a key feature of their lives at some point. The main types of drugs used were said to be cannabis, cocaine and heroin. Six reported alcohol dependency to have been a feature of their lives at some point and several reported having switched between different forms of substance misuse over time. In light of this, it is perhaps surprising that just four reported long-term physical health complaints. However, almost all reported mental health problems, including severe illnesses, such as, borderline personality disorder and schizophrenia. One had spent time in psychiatric care. Engagement with the criminal justice system was also a recurring theme in the interviews. Eleven had a criminal record. Offending histories varied widely, from those who had committed a single minor offence, to low-level prolific offending, to those who had committed serious offences. The prolific and/or serious nature of some of their offending histories had resulted in nine serving at least one prison sentence. Prison was thus by far the most common form of institutional care experienced.

Research had also identified that academic underachievement, experience of low incomes and structural exclusion are also significantly and independently related to homelessness (Anderson, 2001). Indeed, most of the residents reported negative experiences of school and only two left with qualifications. Most had, however, gone on to achieve some qualifications in later life, through colleges, employment support providers and in several cases, prison. Five had never worked and the remainder had largely limited employment histories, characterised by low-paid, low-skilled and often short-term jobs. None of the residents interviewed were in employment at the point of entry and all were in receipt of benefits (with the residents being almost evenly split between Employment- and Jobseekers- Support Allowances).

Finally, homelessness is widely acknowledged to be a relational phenomenon, with social relations and support being central to movement in and out of a situation of housing need (Caton et al, 2005). Almost half reported having either very limited or non-existent relationships with family and friends and few were in relationships at the point of interview. Eleven reported having children but only six reported to see them regularly at the point of interview and three reported that their children had been taken into care. Only a small proportion had a history of engagement with services on an ongoing and planned basis. Where they were,

welfare agencies, probation, adult social care and mental health teams were the main types of support service cited. However, most were registered with a GP.

Such findings were of no surprise to stakeholders. They were generally in agreement that the majority of residents that they had engaged with had similar past experiences and support needs to the supported accommodation users in the area (see Harding et al, 2011), as well as the single homeless population, more broadly (Anderson et al, 1993; Lehman et al. 1995; Bebout et al, 1997; Thomas, 2012; Homeless Link, 2016), with offending behaviours, substance misuse and mental health problems and employment, training and education needs being most commonly reported. Considering just some of the reports from stakeholders here, speaking of one hostel, one stakeholder estimated that roughly 80% of the residents were alcohol dependent, while another compared the hostel to a traditional 'wet house'. Recalling a serious act of self-harm which took place in one of the hostels a few years prior to interview, one stakeholder explained:

*'There was an incident, where somebody set fire to themselves....in his bedroom, so it wasn't violence to others, but it was a very violent act, of self-harm, that upset my patient enormously, as you can imagine.'*

Another discussed supporting a resident who was an ex-serviceman with post-traumatic stress disorder and another who had a 'schizophrenic-type' illness. Linked to this, many of the residents were thought to be unfit for work, due to known health conditions (mainly linked to histories of rough sleeping), alcohol abuse and generally poor lifestyles. In some cases therefore, several stakeholders were critical of the workings of the statutory homelessness system, believing that several of the hostel residents which they had encountered had 'slipped through the net' and in light of their needs, should have been entitled to the provision of (social) housing support. Linked to this, of particular concern to several stakeholders was that by virtue of being non-statutory or single homeless, these individuals were hidden from the purview of government. Here, one stakeholder commented, *'These people don't exist, they're completely out of the system'*. Furthermore, following entry into the hostels, they would be literally concealed from the view of services and the public, more broadly. This would

most likely result in their needs remaining unmet. A similar concern was expressed by Davies and Rose (2014).

#### 5.2.4 The Overlap of Key Experiences of Exclusion

Despite the utility of the concept of 'risk' factors for homelessness, a potential danger of considering the prevalence of risk factors among samples at the 'aggregate' level is to conceive of the research participants as a homogenous group and thus, neglect the potential diversity of their experiences and needs. Indeed, this is a common criticism of surveys looking at single homelessness (Pleace, 2016). A useful, supplementary approach to analysis, therefore, as espoused by Fitzpatrick et al (2011), is to examine the prevalence and overlap of key risk factors for homelessness among participants at the 'individual' level.

The specific nature and number of key risk factors experienced by each resident are outlined in Table 3 below. Indeed, rather than characterising the residents interviewed as typically having multiple and complex needs (Dwyer et al, 2014), as the previous section might have suggested, the disaggregated analysis revealed a marked degree of variability in the level of exclusion experienced by the residents (and thus, their vulnerability to homelessness). Some had experienced significantly more indicators of exclusion than others.

**Table 3: The Experience of Key Risk Factors for Homelessness by Resident**

Risk Factor	Resident												
	1	2	3	4	5	6	7	8	9	10	11	12	13
Negative childhood			●		●				●	●	●	●	
Childhood trauma								●	●	●	●	●	
Local authority care as a child										●			
Left school without qualifications	●	●		●	●	●	●		●	●	●	●	●
Had never worked								●	●	●	●		
Acute financial difficulties			●		●				●	●		●	●
Welfare dependency	●	●	●	●	●	●	●	●	●	●	●	●	
Mental health problems	●			●	●	●	●	●	●	●	●	●	●
Physical health problems				●	●	●	●						
Drug abuse			●	●	●	●	●	●	●	●	●	●	●
Alcohol dependency			●	●	●		●	●			●		
A criminal record			●	●	●	●	●	●	●	●	●	●	●
Experience of prison				●	●	●	●		●	●	●	●	●
No or limited contact with family	●						●		●	●	●	●	
Repeat homelessness			●	●	●	●	●	●		●	●	●	●
<b>Total</b>	<b>4</b>	<b>2</b>	<b>7</b>	<b>10</b>	<b>11</b>	<b>8</b>	<b>10</b>	<b>8</b>	<b>11</b>	<b>13</b>	<b>12</b>	<b>11</b>	<b>9</b>

In addition to revealing the diversity of the residents' experiences, this approach also indicated the concurrence of key risk factors. The identification of key patterns of association between them was not only useful in explaining the onset of homelessness, but was further useful in explaining the housing options available to the residents at this time. Indeed, most felt that they had very limited options available to them at this time and so, several – though not all – reported relatively little concern about the quality of the accommodation which they were entering into. For example, one resident who was rough sleeping immediately prior to entering their hostel explained:

*'Would you like to live on the streets in the winter, and how cold it gets in the winter? You know what I mean. Imagine 3.00am, 4.00am, when it's really, really cold. I just wanted somewhere'.*

Stakeholders were similarly of the view that the private hostels in the area are essentially 'housing of last resort' for the majority of inhabitants, with the hostels being described as 'somewhere you dumped somebody, if there was nowhere

*else to go*’ and places that *‘just mop up everything that would otherwise be on the street’*. In this respect, despite some concerns about the ‘lived experiences’ of residents in these properties, they were nonetheless argued to be playing an important role in the local housing market.

From Tables 2 and 3, as well as a reading of the qualitative data relating to key risk factors, it appeared that in all cases, a combination of up to four factors accounted for the limited housing options available to residents at the point of entering the hostels. The first was poverty and financial exclusion. Few of the residents reported specific periods of acute financial hardship in their lives. But, all alluded to long-term experiences of limited income. As such, it follows that none of the residents interviewed had sufficient financial resources to prevent homelessness or secure their own tenancy upon the loss of settled accommodation. Commenting upon their plight at the time of experiencing rent arrears in social housing, one resident explained:

*‘At the time, we didn't have any money saved and especially as [the eviction] just landed on us – we only had four days to pack everything up and find storage and things’.*

In most cases, the residents’ financial circumstances at the point of entry into the hostels was directly related to their unemployment status and welfare dependency, with several talking about periods of acute financial difficulties due to contemporary changes to the welfare system – and particularly, changes to welfare conditionality. Several reported being sanctioned while on JSA for failing to attend Jobcentre Plus appointments, but claimed not to have received any letters informing them of appointments. This is an issue which was less significantly less commonplace before 2013. As discussed in Chapter Two, government figures have evidenced significant increases in the number of people being sanctioned following the introduction of stricter welfare conditionality rules in 2012, with young homeless men aged 18-24 most likely to be sanctioned due to their chaotic lifestyles (Homeless Link, 2014; NEHTT, 2014, 2015). It was clear from their biographies, however, that their experiences of poverty and financial exclusion were the result of the complex interplay of a number of individual, familial and institutional or systemic factors – such as childhood trauma, negative

experiences at school, poor educational attainment, long-standing problems of addiction, poor mental health and the challenges of finding and maintaining employment while having a criminal record. Critically, the residents themselves often made clear links between these areas.

The qualitative analysis also revealed that most of the residents were subject to either official exclusions or discriminatory practices resulting in their informal exclusion from one or more housing tenures or options. For example, several were excluded from making social housing applications because of historical rent arrears, anti-social behaviour and their offending histories. This is a finding consistent with other studies of single homelessness (see for example, Pawson and Kintrea, 2002). Some were subject to exclusions from various supported accommodation projects in the area due to rent arrears and challenging behaviours (including addiction and violence). For stakeholders, exclusion from supported accommodation was a key area of concern. Despite the efforts of the local authority and service providers to manage problems (see Harding et al, 2013), homelessness as a result of eviction from supported accommodation (due to the complexity of service user needs, rent arrears and the challenges of coping with supported accommodation environments) had long been a leading cause of homelessness within the locality. Stakeholders also conceded that often those who reveal themselves to be living in a private hostel are already known to services on account of being former rough sleepers, supported accommodation users and/or ex-offenders (and specifically, prison leavers) and thus being trapped in the 'revolving door' of repeat homelessness. Again, the link between the nature of supported accommodation environments and repeat homelessness have been well-documented in the literature (see for example, Tsemberis, 1999; Tsemberis, et al, 2004; Harding et al, 2013; Homeless Link, 2015). Finally, several reported facing significant barriers to accessing housing in the PRS due to the stigma associated with benefit dependency, homelessness, addiction and offending backgrounds. Several reported that despite not having accommodation when they left prison, they did not disclose this to the prison discharge team – or equivalent service – for fear that this would result in delays to their release. The difficulties which offenders face to accessing decent and settled accommodation – even when offenders have the support of specialist 'Through the Gate' services, for example – are well-

versed (Harding et al, 2014). Again, however, while it was possible to identify specific events which triggered certain housing exclusions coming into effect, the behaviours associated with the exclusions were often linked to a number of other risk factors for homelessness, including childhood trauma, going into local authority care, poor educational attainment, mental health problems and problems of addiction. For example, one resident traced their social housing exclusion as an adult back to their lack of independent living skills as a young adult following growing up in foster care and a children's home, and the limited support given by agencies with independent living when they acquired their first tenancy.

Finally, the nature of the residents' social networks also seemed to account for their limited housing options, with most reporting that they did not have friends or family who they could turn to for housing support at the point of becoming homeless. This is not to suggest that none of the residents were in contact with their families or lacked friends. Roughly half reported being in contact with their families and it was generally the case that those who had positive family ties also had positive friendships and vice versa. Rather, the reasons for a lack of social support upon becoming homeless were varied, complex and often multiple. In some cases, residents were not in touch with their families or had fractious relationships with them, due to their behaviours and lifestyles (such as engagement in substance misuse and low-level offending), the actions of their parents (such as abuse, neglect or addiction) or because their parents had passed away. In other cases, family members were unable to accommodate them due to their financial and/or housing circumstances. For example, one resident reported that although they had a good relationship with their brother, they could not stay with them for fear that this would jeopardise their tenancy conditions. Another reported being in contact with relatives, but not wanting to burden them due to their own personal difficulties. Some reported that they had friends or associates who they could have stayed with, but did not wish to as they were active drug users and so their co-habitation could exacerbate or prompt a return to problems of addiction. Lastly, few of the residents engaged with were in a relationship, so did not have partners who they could turn to for support. Previous relationships had sometimes been characterised by problems of addiction and abuse, and one resident had lost a partner through amphetamine use.

### 5.2.5 The Use of Metaphors as a Dynamic Approach to Understanding Homelessness

Despite the utility of the concept of 'risk' factors in helping to identify key patterns of association resulting in homelessness, the concept is nonetheless criticised for failing to fully illuminate the processes and dynamics involved in or the complex interplay of different experiences (Fitzpatrick et al, 2000; Clapham, 2003; Anderson, 2003). As such, the most recent homelessness research suggests that the most sophisticated and dynamic approach to understanding homelessness is the use of metaphors – such as careers, pathways and clusters – with the emphasis being on the holistic analysis of the range of aspects of people's lives that influence their housing pathways (Clapham, 2005; Fitzpatrick et al, 2011). In this study, of course, the emphasis is on the location of the hostel residents' homelessness (as opposed to broader housing) experiences in the context of other forms of exclusion.

In seeking to gain even further insights into the lives of the residents engaged with, therefore, attention turned to exploring whether there were particular sub-groups among the 13 residents with similar sets of experiences. Careful consideration was given to the most suitable metaphorical lens through which to analyse the qualitative data collected. The 'careers' metaphor was quickly dismissed. As discussed in Chapter Two, a key criticism of this metaphor is its linear connotations – specifically, that chronic rough sleeping is an inevitable result of homelessness – and thus, its neglect of the possibility of movement out of homelessness (Fitzpatrick et al, 2011). Several key points are of note here. As noted earlier in the chapter, homelessness had been a recurring feature of many of the residents' lives, with their housing histories comprised of frequent and unplanned moves between temporary accommodation, institutions, rented housing and the streets. The comments of stakeholders further supported this. Here, one stated:

*'There's a few of them that's went through the hostel system and got a flat, and started living properly, and for whatever reason, it hasn't worked out and they've lost the flat and they're back on the streets and back in [name of hostel]....one lads been through the system in five year, four times'.*

This supports the findings of May (2000) that the experience of homelessness is often neither singular nor long-term, but episodic, with homeless episodes often being interspersed with periods of independent living, with no necessary increase in either the frequency or duration of homeless episodes over time. It also supports the work of Clapham (2003) who – in advocating the concept of housing pathways – highlighted that homelessness is often just an episode in a person’s broader housing pathway. Furthermore, five of the residents interviewed had been moved on from living in a private hostel for up to two years at the point of interview and were typically living in what they considered to be settled accommodation. The data can thus be seen to support the assertion that chronic rough sleeping is not inevitable following one episode of homelessness and movement away is possible.

The ‘clusters’ metaphor is a new development within the field and as such the specific situations in which this should be used and the way in which it differs to other metaphors – particularly the ‘pathways’ metaphor – is unclear. However, its application in respect of MEH and the complexity of the clusters identified suggests that the metaphor should be used in situations where several factors are considered to have equally shaped the biographies of the homeless participants (see Fitzpatrick et al, 2011; Fitzpatrick et al, 2012). However, as indicated by the previous analytical exercise, it was clear that not all of the residents engaged with in this study could be seen to have experienced MEH and to have led highly complex lives. Accordingly, it was considered most appropriate to attempt to conceptualise the biographies of the residents through the pathways lens. As substantive discussion of the homelessness pathways of the residents followed, it was considered appropriate to create a new section here.

### **5.3 The Homelessness Pathways of the Residents**

The adoption of a ‘pathways’ approach (underpinned by narrative analysis) proved highly useful in several respects. Firstly, analysis of the data through this approach not only cemented, but also produced greater depth of understanding to some of the key insights yielded from the previous analytical exercises. Specifically, the careful analysis of the qualitative data collected and

the focus on the specific sequencing of events added greater nuance to the ways in which a range of individual, familial, institutional and structural issues intersected and culminated in the onset (and in some cases, repeat and/or enduring experiences) of homelessness. For example, reflecting the findings of other pathways studies (such as Fitzpatrick, 2005; Mallett et al, 2005; Martijn and Sharpe, 2006; Fitzpatrick et al, 2011), the analysis identified that key sequences of events were reasonably evident and consistent across the residents' biographies. For example, substance misuse and mental health problems generally preceded experiences of homelessness, offending and other adverse life events. In turn, these were often preceded by childhood trauma, poverty and negative experiences of school. Furthermore, in many cases, the specific issues faced by the residents not only overlapped, but were also bi-directional at times and comprised a set of mutually reinforcing, causal relationships that served to heighten the residents' risk of homelessness. For example, in some cases, homelessness was a consequence of offending, where short-term prison stays had resulted in the loss of tenancies or supported accommodation. In others, residents reported deliberately committing low-level offences when street homeless in order to secure accommodation – either a night in custody or a short-term prison stay. This often, however, served to further limit the housing options available to residents and decrease their likelihood of securing accommodation. Again, similar findings run throughout the contemporary homelessness literature. However, due to missing pieces of biographical information, causal relationships were not always clear.

Secondly, and critically, the pathways approach suggested that in each case, the residents' experiences of homelessness were largely influenced by a single and dominant form of exclusion. Five key types of exclusion and thus, five pathways into homelessness, were identified. These were: the 'financial crisis' pathway, the 'family breakdown' pathway, the 'substance misuse' pathway, the 'mental health' pathway and the 'childhood trauma' pathway. When cross-referenced with key pathways into adult homelessness established through previous studies, the five pathways identified here could be seen to closely reflect Chamberlain and Johnson's (2011) five ideal-type pathways. Before discussing each of the pathways, however, several explanatory points are important to note. Firstly, although it was possible to complete this analytical exercise, the narrative

below is not intended to create the impression that this was a straightforward task. In several cases, the pathways of the residents were not clear cut. Key pieces of biographical information relating to some of the residents' lives were missing and in other cases, it was difficult to identify which issues in their lives were most significant. As such, some judgements needed to be made. Broadly speaking, these were made on the basis of: the key issue(s) which residents seemed to discuss or focused on heavily in their interviews, a theoretical awareness of the homelessness literature (much of which denotes the links between a range of experiences and pathways into homelessness), the number and severity of the indicators of exclusion endured by the residents (and equally, the emphasis which they placed on periods of stability), and the level of exclusion or chaos being experienced by the residents as the point of entry into the hostels.

Secondly and relatedly, the five pathways can be seen to denote *both* the most dominant factors which shaped the residents' pathways into homelessness and the level of exclusion experienced by the residents or complexity of their lives up until this point. Table 4 below indicates the key risk factors for homelessness experienced by each resident and their pathway.

**Table 4: The Experience of Key Risk Factors for Homelessness by Resident and Pathway**

Risk Factor	Resident												
	1	2	3	4	5	6	7	8	9	10	11	12	13
Negative childhood			●		●				●	●	●	●	
Childhood trauma								●	●	●	●	●	
Local authority care as a child										●			
Left school without qualifications	●	●		●	●	●	●		●	●	●	●	●
Had never worked								●	●	●	●		
Acute financial difficulties			●		●				●	●		●	●
Welfare dependency	●	●	●	●	●	●	●	●	●	●	●	●	
Mental health problems	●			●	●	●	●	●	●	●	●	●	●
Physical health problems				●	●	●	●						
Drug abuse			●	●	●	●	●	●	●	●	●	●	●
Alcohol dependency			●	●	●		●	●			●		
A criminal record			●	●	●	●	●	●	●	●	●	●	●
Experience of prison				●	●	●	●		●	●	●	●	●
No or limited contact with family	●						●		●	●	●	●	
Repeat homelessness			●	●	●	●	●	●		●	●	●	●
Total	4	2	7	10	11	8	10	8	11	13	12	11	9
	Financial	Family	Substance					Mental	Childhood Trauma				

As explained more thoroughly below, using the qualitative data collected, the ‘financial crisis’ and ‘family breakdown’ pathways could be considered the least complex of the five. The ‘substance misuse’ pathway could be considered a mid-ranking pathway in terms of its complexity. The ‘mental health’ and ‘childhood trauma’ pathways could be considered the most complex pathways. It is also interesting to note that the least complex pathways – the ‘financial crisis’ and ‘family breakdown’ pathways – accounted for the minority of residents interviewed, while the more complex pathways – the ‘substance misuse’ and ‘childhood trauma’ pathways – accounted for the majority of residents interviewed. The prevalence of complex needs among the residents should be seen to further reinforce arguments about the importance of this study.

Thirdly, reflecting the findings of Chamberlain and Johnson (2011), it is important to recognise that even where residents shared the same pathways,

they did not always have identical experiences. Thus, although employing the pathways approach is a useful analytical lens – not least in terms of making the diversity of the residents’ experiences comprehensible – the reality which they reveal is much more complex than the typologies themselves. In light of this, it could be useful to examine the analytical utility of dividing the pathways into various sub-pathways. But, this is considered further in Chapter Seven when the five pathways are used as analytical tools for the development of a more robust understanding of the ‘lived experiences’ of the residents within the hostels.

More generally, it is important to note the difference between the causes of homelessness among the residents revealed through the adoption of a pathways approach, compared to those revealed through the concepts of trigger and risk factors. Indeed, in explaining their pathways into homelessness, most of the residents attributed these to short-term events, such as prison release, while ignoring the – sometimes lifelong – broader experiences of exclusion which clearly contributed to their likelihood of becoming homeless. As discussed in Chapter Two, this is a common problem within many homelessness studies (Clapham, 2003). Accordingly, it is evident that additional insights were yielded through the pathways approach, which would not have been generated through the use of the other concepts alone.

Lastly, it is important to note that the information below is intended to be a broad overview of the pathways only. More detailed information about the residents’ lives is discussed in Chapter Seven, where their biographies are used to help explain the diversity of their ‘lived experiences’ within the hostels. It was not considered necessary or appropriate to present the same information in multiple parts of the thesis. Each of the five pathways will now be discussed.

### 5.3.1 Financial Crisis Pathway

One resident was conceptualised as having become homeless through a ‘financial crisis’ pathway, where a sudden financial problem was assessed to be the key cause of the loss of settled accommodation. This is similar to Chamberlain and Johnson’s (2011) ‘housing crisis’ pathway. But, it has been renamed to make it clear that financial crisis was the main form of exclusion experienced which resulted in homelessness. The resident in question became

homeless following their (and their mother's) eviction from social housing due to rent arrears. However, similar to Chamberlain and Johnson's (2011) 'housing crisis' pathway, this pathway is argued to be the least complex. Indeed, a defining characteristic of the resident's biography was a relatively unproblematic life up until the point of eviction. They reported to have had a happy childhood, to have a close relationship with their mother, friendships and good physical and mental health. Critically, they did not have any experience of substance use (neither recreational nor problematic) or a history of engagement with the criminal justice system, up until the point of entry. The only significant reported difficulty in their life was long-standing financial hardship, linked to limited educational attainment (as a result of not receiving any specialist support for some educational difficulties) and an employment history consisting of low paid, low skilled jobs, interspersed with periods of engagement with the welfare system.

### 5.3.2 Family Breakdown Pathway

Two of the residents were conceptualised as having become homeless through a 'family breakdown' pathway, with family breakdown being the most significant life event which accounted for their experience of homelessness. Chamberlain and Johnson (2011) similarly identified family breakdown to be a key pathway into homelessness among their sample, but distinguished between violent and non-violent relationship breakdown. In neither of the two cases being discussed here was violence reported to be a contributing factor. There was, however, a key distinction between the two residents in terms of who the relationship breakdown was with. In one case, this was with a parent and in another case, it was with a partner. Accordingly, the biographies of the two residents involved markedly different experiences, with key points of departure being the range and severity of their experiences of exclusion up until the point of entry into a hostel and the age at which they first became homeless.

The resident who experienced relationship breakdown with a partner had enjoyed a significantly more stable life than the resident who had experienced relationship breakdown with their parents and had become homeless at a much later stage in their life. As such, they could be seen as having experienced a typical 'adult' pathway, while the other resident could be seen as having

experienced a more typical 'youth' pathway into homelessness, as per Anderson's (2001) broad distinctions into pathway types, as discussed in Chapter Two. This resident reported the early years of their life to have been relatively unproblematic, characterised by a happy childhood and schooling, followed by long-term employment, a long-term marital relationship, a stable housing history, positive relationships with family and friends and no significant problems in respect of health, addictions and criminality. Their life began to spiral into homelessness when they separated from their partner in their mid-thirties as a result of recreational drug use (as far as it was possible to understand). Being asked to leave the family home, coupled with the loss of their job (the link between these two factors was unclear), resulted in the resident requiring emergency, low-cost accommodation.

Conversely, the resident who experienced relationship breakdown with their parent became homeless at a younger age, when their father became no longer willing to accommodate them due to what they described as a personality clash and their father's disapproval of their engagement in drug and alcohol use, in particular. This resident first sampled alcohol at the age of nine and attributed this to their mother and father separating and their father's subsequent drinking for a time. But, their sustained drinking began and escalated during their teenage years, becoming excessive at the age of 16, with subsequent effects in terms of their educational attainment, employment opportunities, low-level criminality, social networks and housing circumstances. Indeed, they had experienced intermittent periods of homelessness – oscillating between supported accommodation, the streets and returning to the parental home for short periods of time.

It was clear from the resident biographies then, that the two residents could be regarded as having experienced more indicators of exclusion than the 'financial crisis' pathway and thus, the family breakdown pathway – in this particular study – can be considered a more complex pathway. However, it is important to note that both residents had nonetheless enjoyed periods of stability in their lives. Both had achieved some qualifications, enjoyed periods of paid employment, had enjoyed intimate relationships and the latter resident had enjoyed periods free from engagement in the use of substances-. Important to note is this resident, on the whole, did not consider themselves to have suffered

from problems of addiction. Rather, the emphasis in their interview was the fractious nature of their relationship with their father. Also important to note is that despite the different experiences of the two residents prior to entering the hostels, their experiences and needs had converged somewhat by the point of entry, with both residents experiencing similar types and degrees of exclusion at this time. For example, neither reported any problems of addiction at the point of entry and both reported positive relationships with parents, siblings, other relatives and friends. As such, at this stage, it did not seem necessary to conceptualise these residents as belonging to two distinct pathways.

### 5.3.3 Substance Misuse Pathway

Five of the residents were conceptualised as having become homeless through a 'substance misuse' pathway. Reflecting Chamberlain and Johnson (2011), this pathway is characterised by prolonged engagement in substance misuse at the expense of other activities (such as schooling, rewarding employment and positive family relationships) and negative mental and/or physical side effects (such as poor physical and mental health, street homelessness and imprisonment) as a result of this. Of the five residents, two emphasised their experiences of problematic drug use, one emphasised their experience of alcohol dependency and two emphasised their experiences of both drugs and alcohol problems. The severity of their engagement in substance misuse varied also.

Initial engagement in the use of substances among the residents was most commonly said to be recreational and as the result of peer pressure. A typical comment here was, '*It was just a social thing. Other people were doing it*'. In one case, it was said to be the result of feelings of pressure to live up to family expectations. Similar to other studies, drug abuse typically started at a younger age than alcohol abuse and often began with the use of soft 'gateway' drugs, before escalating into 'harder' forms of drugs. Alcohol dependency typically started at a later stage in the life course. Following the onset of excessive substance use, which one resident jokingly described as '*finding the devil*', several became locked in a cycle of addiction, offending (resulting in short prison stays) and homelessness (which included rough sleeping), lasting for over a

decade. In one case, drug and alcohol abuse and relationship breakdown existed in a bi-directional relationship, with social isolation said to have fuelled problems of addiction in one case.

There are several important points to note about this group of residents. Engagement with drugs was not the only indicator of exclusion that these residents had experienced at an early age. In most cases, engagement in this activity coincided with other forms of disruption in their lives – most notably, poor experiences of home and school. For example, commenting on their experiences of school, one resident said they could not focus as '*there was too much going on at home*'. Another reported that their father moved out of the family home when they were a child and following this, '*things went downhill a bit*'. This suggests that the residents' behaviours were also likely to be some form of coping mechanism or response to personal difficulties, even if not reported as such by the residents themselves. In addition, it is important not to overstate the complexity of the residents' lives. Similar to the 'family breakdown' pathway, the five residents in question had enjoyed some periods of stability in their lives. All but one of the residents had worked at some point and most reported having generally good upbringings, happy childhoods and positive relationships with at least some members of their families at the point of interview. Furthermore, within this group, some different attitudes to the use of substances were evident. Despite some acknowledgement of the negative impacts which had resulted from the over-use of substances throughout their lives, several discussed the use of drugs and alcohol in largely recreational terms, did not consider drugs or alcohol to be significant problems in their lives and most did not seem to express a strong desire to disengage from the use of substances upon entering the hostels.

#### 5.3.4 Mental Health Pathway

One resident was conceptualised as having become homeless through a 'mental health' pathway. Reflecting Chamberlain and Johnson (2011), this pathway is characterised by severe mental health difficulties. For the resident in question, mental health problems had been a key feature of their family history. This participant's mother was based in a psychiatric hospital when they were

born. They were taken away from their mother at birth and brought up by relatives. The resident began suffering from mental health problems during childhood, with key difficulties including managing their emotions, 'lashing out' and panic attacks. By the age of 18, their problems had escalated to the point of being admitted to a psychiatric hospital. They explained:

*'I felt like I was in a lot of pain all the time. It was when I turned 13, something happened and I just didn't feel right anymore. I couldn't deal with everyday life. When I was 18, I asked [my auntie] if they would take me somewhere because I just didn't know what to do, how to cope with the way I was feeling and what was happening. Inside my head is being ripped apart all over, all of the time'.*

Movement in and out of psychiatric care had lasted for over five years at the point of interview. Their mental health problems had severe effects across many areas of their lives. These included: drug abuse, alcohol, dependency, engagement with the criminal justice system, unstable housing histories, never having worked, problematic relationships and trauma in the form of their children being taken into care. For example, during their teenage years, the resident found escapism through substance misuse. Support was also eventually found in a long-term relationship, but was plagued by mental health problems among both parties. This resulted in their two children being eventually taken into care. The trauma of this then further exacerbated problems of substance misuse and their mental health problems. As such, this pathway can be considered a significantly more complex pathway than the former pathways, with multi-directional causal relationships evident between multiple indicators of exclusion. The resident was keen to rebuild their life, however, in the hope of regaining contact with their children when they turn 18.

#### 5.3.5 Childhood Trauma Pathway

Four residents were conceptualised as having become homeless through a 'childhood trauma' pathway. This largely reflects Chamberlain and Johnson's (2011) 'youth to adult' pathway, which is highly complex and characterised by

manifold and deep experiences of exclusion. However, severe experiences of childhood trauma underpinned this pathway. In all cases, the residents had experienced childhood trauma. In one case, the resident experienced prolonged physical abuse by their father as a child, which resulted in them making the decision to leave the parental home and relocate to the North East at the age of 16. Another resident reported a traumatic childhood, whereby they were taken into local authority care and lived in children's homes and with a number of foster families. This resulted in frequent moves between schools, across geographical areas and the frequent loss of friendships. Another resident reported growing up in an abusive and neglectful household as a child, whereby not only were their parents abusive towards each other and them, but their mother also had problems of alcohol dependency, while their father used and sold drugs. The resident explained:

*'I started taking heroin when I was 11. When I was growing up, I was in an abusive family. My mother was an alcoholic, my gran, my dad, he used to do drugs. Basically, I had no love from anywhere, so I turned to drugs....my ma then passed away'.*

The final resident reported a difficult childhood due to the death of her father at the age of seven.

In all cases, the residents reported that these events in childhood had significant and lasting repercussions across multiple domains of their lives. The impacts of key experiences of exclusion on other aspects of the residents' lives were similar to those found in the other pathways. But, what distinguishes this group of residents from the others is the number and severity and typically multi-directional nature of the interplay between different experiences. For example, while those in the 'substance misuse' pathway group typically reported using substances in their mid-teens, substance misuse among this group tended to start at a much earlier age and to be a more extreme degree. For example, one resident reported that following moving to the region at the age of 16 to flee childhood abuse, they began abusing drugs which included the use of diazepam and several bags of heroin per day at its most extreme. Fortunately, they were on a methadone treatment programme at the point of interview. Another started

taking 'hard' drugs at the age of 11, as a means of coping with familial addiction, abuse and neglect. They continued to use drugs for 16 years. Their life only began to stabilise following the death of their mother and their subsequent relocation to the North East from Glasgow to enter a rehabilitation centre. They explained:

*'At the time, I was taking heroin and bentos and anything I could get my hands on basically, and when my mum was in a coma for two weeks, I don't know, something clocked'.*

Similar to those in the substance misuse pathway, problems of addiction typically coincided with engagement in the criminal justice system, prison stays and homelessness: the well-known 'revolving door' cycle. Housing histories were thus characterised by frequent and unplanned moves – often brought about by evictions, due to anti-social behaviours, financial difficulties and a lack of independent living skills and short-term prison stays – with the residents' housing options becoming ever-more limited over time. It was not always the case, however, that problems of addiction came first. One reported that their experiences of exclusion spiralled at the age of 18 when they left foster care and moved into supported accommodation. This coincided with the development of a drug problem and engagement in criminal activity. Similar to the others, however, their subsequent years were characterised by homelessness, a series of probation orders and falling in and out of drug treatment. Family ties were often limited, due to both the early childhood experiences of the residents and the chaotic lifestyles of the residents in later life. Relationships with partners and friendships throughout the years were also typically chaotic. For example, one resident had had a significant relationship but this was characterised by violence and drug abuse and resulted in their children being taken into local authority care. Another reported not to have any family support and very few friends at the point of interview. Most of their friends – or associates – were active drug users, so they had distanced themselves from them. Another reported to have had a relationship and child, but that this ended due to their partner's drug abuse. Three of the four residents have never worked, due to no or few qualifications, mental health problems and addictions. One resident described themselves as unfit to

work and not being ‘in the right frame of mind’ for this when interviewed. Another described their mental health as bad and reported being diagnosed with schizophrenia.

Despite the utility of the pathways approach as an analytical tool, it is not without its challenges. As noted in Chapter Two, a notable challenge of pathways research is teasing out a robust understanding of the impact of structural factors – notably, public policy – from the biographies of research participants (Clapham, 2003). Indeed, at first glance, the five ideal-type pathways could be seen to suggest that the onset of homelessness among the residents was generally the result of individual or familial pathologies, rather than the result of the interplay of both agency and structures. It was possible to deduce the significance of homelessness legislation, as well as housing exclusion policies and some aspects of welfare reform on some of the residents’ biographies. But, the full influence of government policy was not borne out. In this respect, the supplementation of the resident interviews, with the data provided by stakeholders, therefore proved particularly valuable.

In addition to the above insights, key stakeholders within the locality were confident that the housing options available to single homeless people in the area – and North East, more broadly – will have been affected by reductions in public spending on the homelessness sector in the region, resulting in a shrinking of the accommodation and support services available to such households. Indeed, due to concerns over poor conditions within private hostels, neither the local authority, nor any of the homelessness support services interviewed who were based in the locality reported referring individuals with a housing need into the private hostels. They recognised, however, that they were only in a position to do this because of the good supply of supported accommodation in the area, made possible by the political leadership’s on-going commitment to the funding of homelessness services (see Fitzpatrick et al, 2012; Harding et al, 2014). As one stakeholder commented:

*‘We don’t place people directly in any of that accommodation, because we’ve got supported housing...our councillors have chosen to fund those things. We have a greater degree of a regulatory system there and quality*

*standards around that, so we know where we are placing vulnerable people. Thank god we don't have to take those risks in placing people in other accommodation'.*

It was known, however, that referrals were being made by local authorities, housing and homelessness services, probation teams and addictions, mental health and crisis support services from other parts of the North East, where there were either no or few accommodation options available to non-statutory homeless people due to the limited availability of affordable housing and following significant reductions to or the altogether closure of homelessness services. The impacts of the removal of the SP ring-fence and subsequent public spending cuts on the provision of homelessness services and the displacement effects of this on homeless people have been documented in both regional and national studies (Harding et al, 2013; Homeless Link, 2015; Crisis, 2017).

Furthermore, it was clear that public spending cuts had impacted upon the willingness of some local authority and other stakeholders to consider private hostels residents as any form of priority group in need of support or private hostels as a strategic priority, more generally. In other parts of the North East, some local authorities have working relationships – though they were keen to emphasise the 'loose' nature of these relationships at times – with some private hostel (typically due to limited commissioned service options). As such, some issues around hostel standards and the wellbeing of residents had started to be addressed over time. In Newcastle-upon-Tyne, however, the general detachment of the local authority and voluntary support services were considered to have fuelled a situation of vulnerable residents living in challenging conditions. As such, several stakeholders suggested that the potential level of resources that would need to be directed towards private hostels if the residents were identified as a strategic priority, in a context of austerity, would be a significant concern. Fearing the resource implications of closing just one of the hostels, one stakeholder said, *'If we accept that these people are homeless and we have some sort of duty towards them, what are we going to do with 49 extra individuals?'*. Another recalled a situation some years earlier where a private hostel closed on an emergency basis as a result of fire and over 20 residents required alternative

accommodation. This was described as creating '*a huge logistical problem*'. The specific impacts of this, however, were not discussed.

#### **5.4 Summary**

The aim of this chapter was to develop a detailed understanding of the nature and biographies of the private hostel residents engaged with, up until their points of entry into the hostels and indeed, the chapter has generated detailed conceptual and empirical insights into the household composition of, causes of homelessness among and support needs of a hard-to-reach, concealed and largely neglected population group. Specifically, the chapter has established that:

- The private hostel residents engaged with could reasonably be conceived as otherwise 'single' or 'hidden' homeless individuals, on the basis of not having a right of access to secure or minimally adequate housing immediately prior to entering the hostels, while also not being accepted as owed a 'main homelessness duty' by local authorities.
- In most cases, the loss of settled accommodation was attributable to one of several sudden life events commonly associated with homelessness, with the housing options subsequently available being very limited.
- In most cases, however, it was found that many of the residents had long had a heightened 'weighted possibility' of falling into homelessness, due to the experience of a number of common risk factors for homelessness, with mental health and substance misuse problems, offending histories and poverty and low-income being the most frequently identified vulnerabilities. The level of exclusion experienced by the residents throughout their lives, however, varied.
- In all cases, the residents' pathways into homelessness were underpinned by one dominant form of exclusion, with the key factors being: financial crisis, family breakdown, substance misuse, poor mental health and childhood trauma.

- The pathways also denoted different levels of complexity and experiences of exclusion among the residents. Interestingly, the more complex pathways accounted for the majority of residents interviewed.
- While less evident in the resident data, it was clear that central government policy – specifically, the nature of the statutory homelessness system, public spending cuts and welfare reform – played a role in the residents’ homeless biographies.
- Lastly, their life experiences could be seen to have intersected in such a way that they had very limited housing options available to them at the point of becoming homeless.

In generating the above insights, a range of key definitions, frameworks, concepts, approaches and empirical findings from the field of homelessness were utilised (and critiqued, where possible). All of the analytical tools employed were useful. For example, the concept of ‘trigger’ factors was useful in bringing to the fore the key challenges and transition points in the residents’ lives which resulted in the loss of their settled accommodation. The concept of ‘risk’ factors was useful in explaining the limited ability of the residents to avoid homelessness or the prospect of this, following the occurrence of a trigger event, the reasons for their entry into a private hostel and to some extent, the diversity of life experiences among the residents. The ‘pathways’ approach, however, was the most useful of the approaches used, not least in terms of making the diversity of the residents’ lives comprehensible. More specifically, the emphasis on the sequencing of key events within the residents’ biographies facilitated a greater depth of understanding of how they came to be living in the hostels. The approach also enabled the residents’ biographies to be conceptualised in terms of five key pathways into homelessness, which reflected both the key factors which were of greatest significance to their life-course and the complexity of their past experiences. A key difficulty was fully elucidating the impacts of structural issues and changing government policy on the residents’ biographies, with the residents almost inevitably considering policy changes to have less salience to their lives than personal and familial issues. However, the limitations of the resident data here were overcome through the supplementation of the analysis with the stakeholder data. Important to note at this point is that the five pathways identified

in the chapter will be used as an organising framework for a nuanced analysis of the residents' experiences within the hostels, as discussed in Chapter Seven.

Moving forward, the next chapter first explores the residents' perspectives on the property conditions within the hostels and the impacts of these on their exercise of central functionings at the aggregate level. In developing the analysis, the chapter draws on the housing and critically, wellbeing literatures.

## **Chapter Six: Property Conditions within the Private Hostels and Impacts on the Residents' Central Functions**

### **6.1 Introduction**

Moving forward, the focus of Chapter Six – in line with the second aim of the study outlined in the introductory chapter – is a detailed assessment of the 'lived experiences' of the residents within the hostels in question, with 'lived experience' defined as the residents' perspectives of the hostel conditions and the impacts of these on their exercise of 'central functions' considered fundamental to a 'well-lived' life (Nussbaum, 2003).

Accordingly, the chapter is organised in terms of two substantive sections. Informed primarily by residential satisfaction research (Francescato et al, 2002), the first involves a broad thematic discussion of the nature of the physical, psychological and social conditions within the hostels and a discussion of the key factors which are likely to account for those identified. It is worth noting here that throughout the chapter, some comparisons are made between the private hostels in question and supported accommodation projects in the area. The latter refers to services commissioned by the local authority that have a specific remit to provide accommodation and in-house support for homeless people. Most of the supported accommodation projects in the area are ran by the charity sector and thus have a not-for-profit ethos. The services must operate in line with comprehensive quality standards, but receive good levels of income (through housing-related support, in addition to HB, payments) to facilitate this. While the generation of unique insights into the nature of the property conditions within the private hostels will be valuable in terms of policy and practice development, this section is most crucial in terms of providing a foundation for the subsequent section. The second section, drawing upon the Capability Approach, presents an analysis of the key impacts of the property conditions identified on the central functions of the residents (Nussbaum, 2003). This section will provide detailed insights into the impacts of living in the hostels on the wellbeing of the residents and represents one of the first empirical housing studies which uses the capability language.

## **6.2 Property Conditions within the Private Hostels**

As discussed in Chapter Three, a wealth of research – from a range of disciplines – has confirmed housing to be a key determinant of wellbeing (Krieger and Higgins, 2002). Public health research has been particularly insightful regarding the links between different housing attributes and objective wellbeing. The study of residential satisfaction has been particularly trailblazing in respect of the specific attributes of housing which are likely to affect SWB. In light of the multitude of attributes found to be significant (see, for example, van Poll, 1997), it would not have been possible to discuss the nature (and later, impact) of all of these as part of the study. As such, Francescato et al's (2002) framework of attributes linked to residential satisfaction – which embraced the notion of housing as comprised of physical and psycho-social dimensions (Mallett, 2004) and then usefully categorised a number of relevant attributes into small groupings – was considered to offer a comprehensive, yet flexible organising framework for discussion and analysis. The framework was adapted, however, due to several of the groupings listed – such as control, self-esteem and feelings of personal security – also being central human functions. In other words, there was a degree of overlap between Francescato et al's (2002) framework and Nussbaum's (2003) list of central functions. As such, as the emphasis of this study was an assessment of the hostel conditions on wellbeing, it was considered important to give priority to Nussbaum's (2003) framework. It is also important to note that during the interviews, no attributes which lay outside of the framework were mentioned, despite residents having the opportunity to discuss any aspects of the hostels of significance to them. This validates the comprehensiveness and appropriateness of the framework selected.

### **6.2.1 Physical Property Conditions**

Considering the physical conditions within the hostels first, attention focused most heavily on the aesthetics and structure of the buildings, the availability and quality of amenities and facilities, security measures and the provision of in-house services. There was limited explicit discussion of accessibility, density, size and the location of the properties. This is most likely

due to these conditions not presenting any significant problems to the residents. For example, none of the residents interviewed had disabilities or severe health complaints, so were unlikely to be concerned about the accessibility of the properties on a day-to-day basis and all reported having their own bedrooms within the properties so did not feel overcrowded. Having said this, the interview schedule did not focus significantly the grouping of 'location' because discussions of neighbourhood were felt to be beyond the scope of the study. Nonetheless, participants were asked if they wished to discuss any other aspects of the properties that had not been covered by the schedule, so could have provided any significant reflections on 'location' if they felt this to be important.

There were high degrees of overlap from the residents in terms of the descriptions of the properties given. Regarding the aesthetics and structure of the buildings, there was consensus that the buildings were generally made up from housing stock with an old age profile, appeared 'run down' and were in states of disrepair, with widespread comments of peeling paint work, single pane windows and rubbish outside of the properties, for example. This reflects the broader literature on the nature of some of the PRS housing stock (DCLG, 2011b, 2014). Equally, the property interiors were commonly described as 'horrible', 'grim', 'disgusting' and 'a hell-hole', with longer comments including, *'I wouldn't wish it on my worst enemy'* and *'I don't really know how to express it...I can't really put it into words that wouldn't be swearing'*. All of the hostels had passed mandatory inspections (such as those required under the HMO licensing scheme) and were deemed to be meeting required housing regulations, such as having fire doors and extinguishers on display (DCLG, 2008). Managers were also said to enforce fire safety practices, such as the use of sign in/out books. However, several residents and (mainly practitioner) stakeholders were shocked to hear that the hostels were meeting minimum standards. At the point of their hostel's last fire safety inspection, one resident stated, *'When the council came out and checked it, I don't know how they got away with it. We were thinking, "Oh, it's going to close down here"'*. Fire safety was a key concern, with residents questioning the reliability of fire safety equipment in two hostels and the structural soundness and resilience to fire of one hostel in light of 'dry rot'.

The most significant focus of discussion, however, was the availability and quality of amenities within the properties and specifically, the residents' access

to sleeping, cooking and washing facilities. Most, though not all, of the hostels were said to have communal areas, containing televisions and seating areas. But, vivid descriptions of poor quality décor, worn carpets and visible damp in these areas were given and in one hostel, the stairwells and landings were described as marrow, lacking natural light and being dimly lit. All residents within the hostels were said to have their own bedrooms. This is positive in light of historical reports of dormitory-style living arrangements in some hostels in the area. Commenting on a situation previously uncovered in a private hostel in a neighbouring area, one stakeholder recalled, *'There were about three or four people in each room. You know, that's up in the loft room as well. The mind boggles, really, as to how people get away with this'*. Bedrooms were generally said to contain basic furniture and be complete with bedding, with some residents having added some 'home comforts' to their rooms. Bedrooms were more commonly described as functional, than comfortable, however. All of the residents reported having access to fully functional and well-equipped shared kitchens and bathrooms. Again, despite some concerns by stakeholders around accessibility, these were always said to be accessible, with the exception of one hostel where the kitchens were said to be locked during the night to tackle and prevent thefts of food and cooking by residents when intoxicated. Furthermore, there were consistent reports of residents having access to laundry facilities and cleaning equipment so that they could wash their clothes and clean their rooms.

However, security measures were clearly lacking and were also a key focal of discussion. Poor quality, broken or missing locks on the main entrances to the properties, bedrooms and bathrooms were widely reported. A snapshot of the feedback from residents here included, *'My door is a bit dodgy...it doesn't lock properly...I got locked out and instead of going to the manager, I just pushed it open'* and *'It was just a Yale lock [on the bedroom door] and you could bump the bottom basically, you could just nudge it in, there was no security at all'*. In another case, a resident reported that another resident had a bedroom door key which worked for their bedroom also. What's more, despite the presence of amenities, residents were not always willing to use them due to lack of cleanliness and poor maintenance. Specifically, several residents reported that the mattresses and bed linen provided were dirty or stained to the extent that they purchased their

own. The bathrooms were often said to be damp and unsanitary. One, for example, reported:

*'The bathroom was full of damp...it was just black blotches all over the ceiling...it was pretty horrendous, so the whole 13 people that was there don't really use that bathroom.'*

When talking about the toilets within their hostel, another said:

*'Well., put it this way, I wouldn't use them. I'd go to the toilet for a number one and that's it, you know. I go somewhere else for a bath or a shower. I think they're terrible.'*

The properties were also typically described as cold, due to poor heating systems, single pane windows and limited insulation within the buildings. There was also reluctance amongst some to use the kitchens for similar reasons, as well as frequent thefts of food. Finally, in one hostel, residents talked at length about a lingering infestation of bed bugs. There was a clear sense that this situation had been ongoing for a significant period of time and no comprehensive action had been taken to eradicate the problem. Similar concerning and often graphic feedback was reported by stakeholders.

All of the residents paid varying levels of 'top-up' fees for their accommodation, which were supposed to cover utility bills, cleaning/maintenance costs and the supply of breakfast. However, 'top-up' services were not always provided. For example, there were widespread reports of landlords and managers being slow to make repairs, with long-term problems of broken locks, heating systems, plumbing and appliances commonly cited. A typical comment here was, *'The guy who owns it, if he can get away with not doing something, he will. He doesn't want to spend money on the place'*. The quality of breakfasts provided varied significantly and in some cases, this was only provided intermittently. In addition, it was clear that no support services were available within the hostels, nor was there any informal signposting via posters or leaflets, for example. In some hostels, residents were allowed to use a landline in the office and a computer on occasion. But, as stakeholders stressed and identified

in the previous chapter, it is likely that several of the residents would require more intensive support in order to engage effectively with the benefits system and address their support needs, for example.

### 6.2.2 Psychological and Social Property Conditions

Moving forward to consider the psychological and social conditions within the properties, the respondents discussed levels of noise within the hostels, the behaviour of other residents (encompassing issues of demographics and crime rates), house rules, management practices, relationships with landlords and relations with the wider community. As such, the discussions covered all of the main psycho-social groupings outlined in Francisco et al's (2012) framework.

Many of the psycho-social conditions within the hostels were reported to be challenging, with most appearing to stem from the nature of the resident population. The make-up of the general hostel population was discussed in the previous chapter, so will not be repeated here. But, the characteristics and behaviours of other residents within the hostels were significant talking points during all of the resident (and stakeholder) interviews. Moving on, noise levels within the hostels were reported by all to be high, due to high levels of comings-and-goings by residents and visitors, residents knocking on each other's doors, socialising in the communal areas, competing television sets and music systems and thin walls and floorboards. What's more, there were high levels of reported thefts – particularly of food, phones, money, alcohol and tobacco – and violence within the hostels. At its most severe, one resident interviewed recalled another being assaulted by several others with a hammer, another detailed a stabbing and another recalled once returning to their hostel to find their room had been ransacked. Stakeholders reported similar cases of thefts and violence from residents engaged with. However, the severity and frequency of these issues were changeable over time, being contingent upon the nature of the individuals living in the properties, with a significant proportion typically said to be transient. As such, police call-outs to the properties, primarily for violence-related incidents, were reported as frequent.

However, where the police attended the properties, residents (and managers) were often said to be un-cooperative, in light of some wishing to

protect each other and others allegedly fearing the repercussions of sharing information. Regarding the aforementioned incident with the hammer, the resident commented, *'The police were called, and people knew who'd done it, even the management knew, but there was nothing done...no-one would say anything'*. In one case, a manager allegedly forbade the residents to contact the police. Here, a resident said, *'His thing was do not call the police, no matter what happens do not get the police involved'*. When incidents occurred, the manager was said to prefer residents who couldn't cope with the environment to leave the hostel. One recalled an incident whereby a resident was attacked by three other residents, but it was the victim that was evicted from the hostel, while another remarked, *'In my eyes, they turn a blind eye'*. Stakeholders also noted the lack of management action in respect of anti-social behaviour, with one saying, *'The amount of clients that we've heard that have been physically assaulted and nothings been done by management in whatever way, shape or form'*. What's more, when comparing the police call-out rates to private hostels, compared to supported accommodation projects in the area, call-outs to supported accommodation were significantly higher. But, stakeholders explained that this is because they are proactive in tackling incidents immediately and through police channels. In other cases, the police were said to occasionally frequent the properties either looking for specific residents and to simply check in on the wellbeing of residents. As such, residents here were said to have good relationships with the police. Not all residents had observed violence in the properties, however. One resident, for example, said, *'There's never any violence. Some people drinking, they do get loud when they're drunk, but there's not normally any violence'*. Having said this, this resident was in the minority.

Relationships with managers and management practices were also key aspects of the psycho-social conditions within the properties. All of the hostels had managers in place and all were male. The nature and quality of relationships between residents and managers varied significantly. Some described the managers as friendly, fair and helpful, while others described them as intimidating, unfair, disinterested in the needs of residents and even violent. For example, within one hostel, a stakeholder claimed that the hostel was ran by an elderly gentleman who the residents were scared of. They said, *'Somebody came down the stairs and showed his face, he yelled at him and told him to get out of*

*the way and all that, and this kid went scurrying off back up the stairs*'. In another, a resident reported that the manager was not adverse to being violent towards residents, saying *'The manager wasn't scared to give you a bat. I've seen him bat a few'*. As such, it could be seen that there were varying degrees of professionalism in terms of management practice, with key points of contention centring on the character of managers, their willingness to use force, their willingness to tackle problematic behaviours and the management of rent collection and arrears (and thus, security of tenure). Opinions between residents living in the same hostel were diverse, so did not vary simply according to the hostel in question. Having said that, relationships appeared to be better in some hostels than others and the quality of relationships could be seen to shift over time, depending on the specific manager in place.

All of the residents talked about 'house rules' within the properties; the most significant of which related to visitors. In all of the male-only establishments, female visitors and children were said not to be allowed in the properties. Where visitors are allowed, they are only permitted to enter the communal areas. However, this contrasted starkly with codes of behaviour around drugs and alcohol use, noise and curfews, which were said to be lax. Indeed, one highlighted the absurdity of the level of alcohol consumption within the hostels in a context of house rules: *'It was like, the manager just let them sit and get drunk all day, basically'*. Some stakeholders also expressed concerns about the lack of boundaries and codes of behaviour in some of the hostels. Room checks reportedly take place, but on an infrequent and often unplanned basis, with the focus being on fire safety. Furthermore, there were frequent reports of residents playing a role in the running and upkeep of the hostels – in terms of managing reception, security, cooking and cleaning. While this could be considered unproblematic in many respects, there were reports of residents being unable to manage their duties (in terms of cooking and security, in particular) due to drug and alcohol abuse and there was discussion about the detrimental impacts of this on them and other residents. There were also concerns about exploitation, with residents generally being unfairly paid or recompensed for their contributions. Indeed, in one hostel, one resident explained, *'They do get a certain amount, you know, but nothing like if you had to employ a doorman overnight...the residents aren't supposed to do what they do, but it's all, you know, backhands'*. Linked to

this, there were concerns raised in two hostels about abusive practices being undertaken by residents performing security roles. One resident described a particularly shocking case:

*'There was a gentleman that lived there...the people that owned the place paid him to come and check people's rooms, but he was a drug addict and he was a bully, sort of thing, you know, he was using people's vulnerability to pick on them and beat them up and manipulate them. The turnover was horrendous because of this one guy'.*

Some residents therefore reported finding themselves in a situation where they felt they had nowhere to turn when in need of management support.

Several points of reflection here are important to note. Firstly, as noted earlier, it can be seen that Francescato et al's (2002) framework proved useful as an organising framework for discussion and analysis. Information about a significant number of attributes identified as central to residential satisfaction and health, in particular, was captured under the banner of the broad groupings (aesthetics, amenities and facilities, security measures, accessibility, density, size, noise, demographics, crime rates, organisation and management and community).

Secondly, it is important to note that the residents and stakeholders interviewed did not discuss all aspects of the framework equally. This in itself can be seen as providing insight into the conditions which were of greatest significance (both positive and negative) to the residents at the point of interview. But, given the highly subjective and individualised nature of the relationship between housing and wellbeing, this should not be considered as providing insight into the attributes of housing which are of greatest significance to 'lived experience' per se.

Thirdly, it can be seen that despite the conditions within a number of hostels being discussed in the collective, there was a high degree of overlap in terms of the descriptions provided. As such, the findings can be seen to support those of similar studies which suggest that privately-run HMOs and UTA at the bottom end of the PRS typically offer poor physical conditions and challenging

psycho-social conditions (see Spencer and Corkhill, 2013; Davies and Rose, 2014; Ward, 2015; Barrett et al, 2015; Gousy, 2016). Perhaps surprising, however, in light of the dominance of discussions of physical conditions within the housing literature (Harrison, 2004), were the equally wide-ranging, detailed and impassioned discussions about the nature of the psycho-social conditions within the properties, compared to the physical conditions discussed. This finding can thus be seen to support those of previous studies which have indicated their importance and called for greater consideration to be given to these attributes in discussions of housing policy and practice (Harrison, 2004; Imrie, 2004).

### 6.2.3 Accounting for the Property Conditions found within the Private Hostels

Before considering the impact of the conditions identified on the wellbeing (or specifically, 'central functions') of the residents, this section will briefly outline the insights yielded through analysis of the resident and stakeholder interviews regarding the factors most likely to account for the conditions found. Broadly speaking, the analysis suggests the need for a more nuanced and balanced perspective on the regulation and management of the HMO sub-sector than that which is typically evident within the literature and public discourse. As discussed in Chapter Two, discussions about the PRS have long been plagued by negative research findings and rhetoric about sub-standard property conditions and rogue landlords (Lister, 2002; Rugg and Rhodes, 2003, 2008). Such rhetoric was justifiably evident among some of the residents and stakeholders interviewed. They considered that the properties had been decorated, furnished and were operating as economically as possible, with minimal amounts of money being spent on in-house amenities and facilities and the maintenance of the properties. In addition to the evidence of this presented in the previous section, a wealth of further examples to support the above assertions were given. For example, one resident who had assisted with the shopping for breakfast in their hostel reported that a budget of just £5 was allocated for provisions for almost 30 residents per day. There were also reports of residents being discouraged from using the electricity and the heating only being on for a very short period per day throughout the winter in another hostel. Linked to this, the same interviewees were strongly of the opinion that the property conditions were a case of landlord and/or

management neglect, with their primary motivation for running a hostel being financial gain. A typical speculative comment from practitioner stakeholders – in particular – here was;

*'I think that in some of the smaller HMOs, you may have had a landlord thinking out the goodness of their heart, 'there's a few people who are down on their luck and I'll open my door to them'...But, on the big scale of things when you're talking about the likes of [name of hostel], I can't think that it would be for anything other than financial purposes'.*

Here, stakeholders emphasised what they considered to be the strikingly different ethos between private hostels and organisations running homelessness supported accommodation projects in the area. They claimed that landlord attitudes towards the properties are evidenced by their absenteeism, being slow to make repairs, the exploitation of residents, abusive and intimidating management practices, limited – if any – contact with the local authority or other support services and more generally, a reluctance to engage in partnership working with external agencies. Indeed, none of the stakeholders interviewed reported positive relationships with landlords and managers and several had tried building relationships with private landlords in the past, but without success. For example, one homelessness stakeholder recalled a bad encounter with a manager, while taking a new resident to the property. They explained:

*'This fella was ill, he had a brain injury and he was limiting his intake of alcohol at that point; rather than having a fit in the morning, he had a can of lager to straighten himself out. I took him down in my car, helped him in, he was very unsteady on his feet. I don't know if it was the manager, but he says, 'Get that f\*\*king c\*\*t out of here now. And I says, 'I beg your pardon?'. The man's got physical health problems. He went, 'F\*\*k off'.*

This stakeholder had not referred residents to the property since. In another case, following supporting one private hostel resident to access alternative accommodation and engaging with several others as a result, one housing stakeholder reported receiving abuse from the relevant hostel landlord. The other

residents then quickly disengaged from support, possibly due to fear of eviction before finding alternative housing. Some stakeholders had been asked to leave the properties following asking questions about or trying to support the wellbeing of residents and several managers had refused to provide references for residents, making move on or rehousing difficult. Several local authority stakeholders also reported that they had organised a series of training sessions for landlords, but these had always been poorly attended.

Linked to this, local authority stakeholders considered themselves to have the relevant powers required to address problems within the hostels, they can only be proactive where complaints are received from residents (see DCLG, 2008; Rugg and Rhodes, 2008; Davies and Rose, 2014, for a review of these). But, a review of complaints to regulatory services confirmed that no complaints about conditions within the hostels had been received in the 12 months prior to interview. None of the residents interviewed had made complaints to the local authority also. In some cases, this was due to a lack of knowledge about their rights as tenants, not knowing who to complain to and what, if any action could be taken, having more pressing priorities and hoping that living in the properties would be a short-term housing situation. Of greater concern, however, several reported a reluctance to complain for fear that they would be forced to leave the accommodation by disgruntled landlords or managers. Here, one resident said, *'I know someone who did do that and they got put out'*. Another said, *'I wanted to get environmental health involved, especially with the toilets, you know, or the dampness and stuff...if I had somewhere to go to, I would have because it was horrendous'*. Another reported that their landlord was very disgruntled with one resident who sought housing advice from the Citizens Advice Bureau, with the resident warned that they would be evicted if they raised further issues. This highlights the flaws of the current system, which relies on feedback from vulnerable individuals in order for action to be taken, as have been raised in previous studies (Rugg and Rhodes, 2008). It was also clear that the practitioner stakeholders generally lacked knowledge around tenants' rights and the powers possessed by regulatory services and were thus not sufficiently confident to act as advocates for residents.

Countering these assertions, however, there was strong evidence to suggest that the conditions within the properties were attributable to a broader

range of issues; several of which are largely beyond the control of landlords. Firstly, analysis of the likely income – or more specifically, profit – generated through the hostels (drawing on HB data held by the local authority revenue and benefits team), suggested that physical (and to some extent, psycho-social) conditions within the properties are likely to be the result of limited financial resources and not necessarily wilful neglect. Local authority stakeholders reported being shocked by the assessment, which revealed the limited surplus that is likely to be generated by some of the hostels. Here, one stakeholder commented:

*'We did work out, that for [name of hostel], [the landlord] really didn't have an awful lot left over once he paid the manager and obviously all the bills to keep a big old building going. We wondered why he did it'.*

Indeed, as generally large and old Victorian properties, ensuring the proper maintenance of these properties would be costly. Other research has previously identified that particularly in respect of low-cost accommodation at the bottom end of the PRS, landlords often do not have the financial resources required for property maintenance and repairs (Nevitt, 1966, cited in Crook and Kemp, 2011). Stakeholders further and rightly pointed out that private hostels are essentially residential properties: they do not operate as supported accommodation, nor do they receive comparable levels of funding. As such, it could be argued that it is not reasonable to expect private hostels to provide a comparable quality of accommodation (or range of services) to residents as other types of hostel (Spencer and Corkhill, 2013; Davies and Rose, 2014).

In addition to the nature of the building stock and non-payment of housing-related support costs to private hostel landlords in the area, the limited surplus generated by the hostels is likely to be the result of the workings of the benefits system. Specifically, the low level of LHA available to single households (particularly those under the age of 35, who as identified in the previous chapter, are likely to make up a significant proportion of the resident population), not all of the residents being likely to have HB in place at the point of entry (with significant delays to the payment of new UC claims being widely reported and residents temporarily losing HB at times due to benefit sanctions (NEHTT, 2015)). In light of

the welfare reform changes discussed in Chapter Two, therefore, it may be that while welfare reform has increased the supply of and demand for shared accommodation at the bottom end of the PRS, it has paradoxically undermined some landlord incomes also.

A further explanatory factor may be the nature of the resident population. Research has evidenced that renters generally take less care of dwellings than owner occupiers (Kemp, 2010; Holmans, 1987; James, 2008) and this is likely to be even more pronounced among tenants with multiple and complex needs. Both residents and stakeholders highlighted the role played by residents with regards the quality of the properties. For example, one resident recalled instances of other residents urinating on the sofas in the communal area in their hostel, stating, *'There was a living room, aye, which was messy. People used to get drunk and lie about and – sorry for using the expression – pee all over the settee and stuff like that'*. Equally, several residents said that managers would try to encourage residents to clean and tidy the communal areas, with bin liners and other cleaning materials being provided. But often, residents would ignore their wishes. Most residents reported that the bathrooms within the hostels were cleaned weekly by paid staff, but the volume of residents using the bathrooms in particular and residents not cleaning them after use would quickly result in the shared facilities becoming dirty again. It was also generally agreed that the quality of the residents' bedrooms were – to some extent – dependent on the extent to which the residents engaged in a process of 'home-making' – a process of furnishing homes (or rooms) with possessions which reflect and express ones identity (Blunt, 2005) – and maintained a well-kept room. Here, one stakeholder who regularly visited one of the hostels remarked:

*'It's depending on whoever moves in. There are some in there with, you know, older residents and younger ones, that you think, I wouldn't bring my dog in here, you know what I mean?...But that's because of the way that the residents have the rooms themselves, though. There is quite a few others, their room is more or less,...they've got big tellys and stereos and stuff like that, you know, they're all lovely'.*

Relatedly, it is important to consider the ability of landlords and managers to manage resident needs and behaviours. Indeed, there was a distinct sense from those stakeholders who had engaged with private landlords that some managers had not fully understood the implications of and challenges associated with providing accommodation to individuals with complex needs. Commenting on the situation of one landlord, one stakeholder explained, *'It's not about the landlord being a bad person, it's just about not knowing how to manage...he's created a monster and doesn't know what to do'*. Furthermore, several local authority stakeholders explained that several of the private hostels in the area were former hotels, guest houses and/or B&Bs which became run down and ran into financial difficulty. Accordingly, it is understood that landlords started to accept single homeless and other vulnerable people as residents as a matter of necessity. As such, these establishments had never been set up with a supported accommodation function in mind. It is thus perhaps sad and ironic that those who never intended to provide residents with anything other than accommodation are potentially housing some of the most chronically excluded and high risk individuals in the area. Having said this, no hostel landlords were known to have approached the local authority for support in this regard or to have taken up the offers of training made available. Compounding this further, it is important to note that landlords are not required to undertake any training or accreditation for this role (Lister, 2002, 2006; DCLG, 2014).

In summary, therefore, the above findings suggest that conditions within the hostels are likely to be the result of a 'perfect storm', specifically, the culmination of a range of individual, systemic and structural factors. The rhetoric, therefore, that problems within the PRS are the result of the wilful neglect of financially-driven landlords would seem to be an over-simplistic and unbalanced reading of the situation. While the motivations, knowledge and skills of private hostel landlords is not the focus of this study, it would be interesting to explore these issues further and consider the options for more collaborative responses to problems at the bottom end of the sector.

### **6.3 The Impacts of Property Conditions on the Central Functions of Residents**

Moving forward, the principal focus of this section (and the chapter) is an examination of the impacts of the above property conditions discussed on the wellbeing of the residents. The Capability Approach – as a theoretically robust and practical framework for conceptualising and evaluating individual wellbeing and societal progress (Robeyns, 2006) – was selected as the basis for evaluation. Despite its limited application in the field of housing to date, the approach has been applied to the study of homelessness and framed housing as both a material and psycho-social space that has the capacity to both facilitate and undermine the exercise of central functions linked to a ‘well-lived’ life (see King, 2003; Nicholls, 2010). Alongside the wealth of literature discussed in Chapter Three which evidences a relationship between housing and wellbeing, Nicholls’ (2010) further points to the suitability of the Capability Approach as a framework for this particular study.

While sometimes criticised for a lack of specificity – as also discussed in Chapter Three – there is agreement from scholars that every application of the approach should include explicit specifications in respect of: the focus on functions or capabilities (or both), the selection of capabilities, the weightings used and the impacts of these specifications on the evaluation results (Robeyns, 2006). For the purposes of this application, the focus will largely be on central functions – that is, the extent to which the residents were enjoy various states of being and doing (Nussbaum, 2003). This is an approach which has been adopted in a number of capability studies, with outcomes data typically being more feasible and straightforward to observe and measure. Furthermore, functions are generally accepted to be useful proxy indicators for capabilities based on the assumption that most people will seek to achieve their capabilities as far as possible (Schischika et al, 2008). However, reference will be made to capabilities. In some cases, residents talked about their states of ‘being’ and ‘doing’ while living in the properties and others talked about the effects of the properties on the ‘opportunities’ available to them to achieve particular states of being and doing. There was, therefore, some inconsistency in the data collected.

It was not feasible to agree upon a list of key functions or capabilities with the residents through a democratic and participatory process (due to the challenges of identifying and spending time with hostel residents and resource

constraints, for example, as outlined in Chapter Four. As such, Nussbaum's (2003) list of ten 'central functions' considered necessary to live a 'well-lived' life was used as a flexible, analytical map of important variables to guide the process of data collection and analysis. Despite some critics arguing that the list lacks legitimacy, as noted in Chapter Three, it was developed through a comprehensive process of philosophical and participatory inquiry and is thus empirically grounded (Burchardt, 2004; Clark 2005). However, in order to respect the agency of the residents, who were entirely likely to have diverse sets of wants and needs, the residents were given the opportunity to discuss any other functions or capabilities which they considered important. But, none did so.

Lastly, none of the central functions were weighted more heavily than others, nor were any forms of aggregate calculations produced. Creating an aggregate 'score' is typical of a quantitative approach. Thus, in keeping with the qualitative approach employed, the emphasis was more directed at looking for patterns of relationships between factors. Reflecting the viewpoints of many capability scholars, it was also due to the belief that the presence of one function does not necessarily compensate for the absence of another (Robeyns, 2006). The research was open, however, to a subsequent discussion of relative weighting's following analysis of the research findings.

Now that the parameters of the application have been outlined, the relationship between environmental conditions within the hostels and the residents' exercise of Nussbaum's (2003) central functions will each be discussed.

### 6.3.1 Life

The first function – 'life' – refers to living a life of normal life expectancy or to a natural end, without dying prematurely; and, living a life that is not so reduced that it is considered not worth living (Nussbaum, 2003). Similar to Nicholls' (2010) study into homelessness, the analysis confirmed a relationship between housing and both an awareness of one's mortality and in some cases, an active negotiation with death. But, the specific nature of the relationship between living in a hostel and the 'life' function was highly variable, with diverse subjective viewpoints expressed by different residents and stakeholders.

At the most basic level, the provision of shelter (and thus, warmth), basic amenities (such as sleeping, cooking and washing facilities), and basic safety and security measures (such as door locks) were argued to have impacted positively on some of the residents' likelihood of living a life of normal expectancy and to a natural end. These attributes were also linked to an increased sense among some of having a life worth living, as measured by reported increases in life satisfaction following moving into the properties (specifically because of the means to satisfy the basic needs). There were those who reported being 'happy' living in the properties and not wishing to move on. Commenting on the value of living in the properties on their life function, one resident said:

*'I'd be worried if I couldn't live there...I was thinking about what happens if they decide to close it because the building is getting old...where would I go then, do you know what I mean?'*

However, it was clear that for many of the residents, the sheer provision of shelter, basic amenities and security measures were not considered sufficient to ensure a life of normal life expectancy. For some, the unsanitary nature of some of the amenities within the properties resulted in a reluctance to use them and levels of disrepair were often said to render them unusable. Coupled with broken or poor quality safety features, frequent thefts of food and significant levels of violence, some of the residents felt that living in the properties either did not support, or in fact undermined, their likelihood of living a life of normal life expectancy. This confirms the importance of minimum quality thresholds, as well as the simple presence of particular housing attributes to discussions of housing.

Even more concerning, were the impacts of property conditions on the residents' sense of having lives worth living. None of the residents reported contemplating ending their own life while living in a hostel. But, the majority reported increased mental health problems while living in the properties and reflecting the 'adaptation' literature (Beiwas-Diener and Diener, 2009), only a short-term – if any – increase in levels of life satisfaction following moving into a hostel (due to the relief of having somewhere to live). This was typically followed by a sustained decrease in life satisfaction. While living in the hostels, one reported being consistently depressed, another described moving into the

property as 'hitting rock bottom', believing that their situation couldn't be any worse at this point, another recalled feeling 'disgusted' at themselves for being in that situation and several reported feeling very low and unmotivated. Lastly, a former resident said they would prefer to be rough sleeping, than staying in their hostel:

*'I'd rather rough sleep than go in [name of HMO]. I was rock bottom. Rock, rock bottom. When you're homeless and you're on the streets, you're like, "Oh, it can't get any worse than this", but going to [name of HMO] is worse, I think'.*

What's more, when former residents were asked about their likely life-course if they had remained in the properties, two said they thought they would have died. One of the comments here was, *'To be totally honest, I'd probably have ended up dead. Found in the gutter or something like that. When I see, how bad I got, it was just unreal'*. Both speculated that their premature death would be due to drug addiction. Similar feedback had also been reported to stakeholders. Unsanitary physical property conditions resulting in feelings of shame played a clear role. Critical, however, were widespread reports that the psycho-social conditions – such as the widespread prevalence of drugs and alcohol within the hostels, the transient nature of the resident population, high levels of noise, thefts, violence, poor relationships with landlords/managers and the absence of comfort, privacy and control – were more detrimental to their sense of having lives worth living. Again, this highlights the importance of giving equal – if not more – consideration to psycho-social conditions in discussions of housing experiences and quality. These findings were of no surprise to stakeholders working in the homelessness sector who emphasised that the psycho-social conditions within their supported accommodation projects are given equal consideration to the physical conditions.

Critically too, in roughly half of the cases, residents reported that their sense of a life worth living increased following move on to alternative housing circumstances. After subsequently moving into supported accommodation, one resident reported that their life satisfaction increased due to the clean physical conditions and the support and encouragement given by staff to look after themselves and think about their future. Two attributed this to feeling 'safe' in their

new accommodation. Here, one said, *'You've got your own room, you've got your own key and that in there, and it's all camera-ed'*. As such, there was a clear interdependent relationship between various central functions, with the life function being perhaps the most complex and all-encompassing of the ten functions, in addition to being a function in itself.

### 6.3.2 Bodily Health

The second function – 'bodily health' – refers to good health through the fulfilment of basic needs, such as adequate nourishment and adequate shelter (which includes the provision of warmth and hygiene facilities) (Nussbaum, 2003). Again, an undeniable, but complex relationship was found between the hostel attributes and bodily health. Through the provision of shelter, amenities and facilities, the properties provided the residents with a certain level of warmth, as well as access to safe drinking water and food storage, preparation and cooking, and hygiene, facilities – all of which are integral to bodily health. Nonetheless, the extent to which the residents reported enjoying good bodily health while living in the properties varied significantly, even among those living in the same hostel.

Several of the residents interviewed acknowledged the role that living in the hostel played in terms of bodily health and for some, the ability to meet their basic health needs was fundamental to their 'lived experience'. When asked about the best thing about living in their hostel, one resident reported this to be the sleeping facilities, stating, *'Being able to sleep in a bed, in the warmth...the first night I was there, when I got a good night's sleep, was the best thing. It was like, being in from the cold, having a roof over your head'*, while another drew attention to cooking and food storage facilities, commenting, *'It's hard to choose the best thing about [the hostel]. There's a lot of good things about it. The meals, the fact you can use the oven whenever you want; keep things in the fridge'*. Simply being registered at an address was also beneficial in terms of enabling some residents to register with a GP.

However, roughly half of the residents equally reported that living in the hostels had resulted in new or exacerbated existing physical health conditions.

One drew attention to chest problems as a result of the lack of cleanliness within their hostel, saying:

*'I don't know what it was, when I went in there, I was all right and then I was just getting heavy breathing in my chest and stuff. I don't know whether it was the situation in the place inside...just like the dust, the dirt and stuff'.*

Another developed a skin condition as a result of an infestation of bed bugs within their hostel. Several reported that thefts of their food from the kitchens and the unsanitary cooking conditions made it difficult for them to maintain a healthy diet and their physical health had deteriorated as a result. Again, therefore, the findings highlight the specific housing attributes linked to bodily health and importantly, the detrimental effect of both physical and psycho-social conditions on this function.

A further key theme in regards to bodily health was the impact of living in the properties on the residents' engagement in substance misuse. The majority of residents who had histories of addiction reported either recommencing or increasing their use of dangerous substances while living in the properties. This was due to the influence of peers, the widespread availability of drugs and alcohol within the properties resulting in easy access or substance misuse as a means of coping with the physical or psycho-social conditions within the properties. Stakeholders were aware of this too. Commenting on the impact of living in one of the hostels on a resident, one explained:

*The individual that we have, still have as a resident actually, has commented on a number of occasions how it was bad for him and he felt he was going to be starting to relapse into drug use again because of the amount of druggies within that particular provision'.*

Meanwhile, others – commenting on the prevalence of residents socialising in the communal areas and consuming high quantities of alcohol – pointed out that the adverse effects of prolonged engagement in this were obvious. These findings

can be seen to highlight the relationship between 'bodily health' and the 'bodily integrity', 'practical reason' and 'control' functions.

Several residents also reported difficulties sleeping because of high levels of noise and the adverse effects of this on their health. Here, one resident said:

*'Where my room is situated, it's got like stairs, next to it. And I can hear them going up and down the stairs. They don't walk up...they either stamp up or run up, you know, and you end up with creaking in the floorboards, you know, I hardly get any sleep...I get round about five hours of kip a night'.*

The unsanitary bathroom facilities, broken door locks and low indoor temperatures within the buildings also made it difficult for some to achieve good personal hygiene. Here, for example, one resident explained that in their hostel, the heating was only on for an hour on a morning and an hour at night, which made drying clothes problematic. Several stakeholders also reported similar feedback from some of the residents whom they had engaged with.

There were, however, residents who reported that living in the properties had not adversely affected their physical health, despite challenges to bodily health being widely reported. Of most concern, several did not consider living in the properties to have adversely affected their bodily health despite reporting increases in their levels of alcohol consumption or drug use while living there. This raises questions about the capacity of some residents to self-assess their wellbeing (as raised in Chapter Four), but also reaffirms the frequent level of mismatch between objective and subjective assessments of wellbeing (Diener et al, 1999). These issues will be explored further in Chapter Seven, with the focus being an explanation of the differential impacts of living in the properties on residents.

### 6.3.3 Bodily Integrity

The third function – 'bodily integrity' – refers to security against violent assault (including sexual assault and domestic violence), sexual satisfaction and having choice in matters of reproduction (Nussbaum, 2003). The feedback from

residents about the relationship between living in the hostels and their bodily integrity was highly polarised. Five residents reported a positive sense of bodily integrity while living in the properties and attributed this to having a roof over their head and a lockable bedroom door and/or the presence of staff and other residents within their hostel. One, for example, explained:

*'You're safe enough, d'you know what I mean, it's just like a community, you've got your community round you. It's only if you were starting something like, you'd have to get like dealt with. It is safe though, d'you know what I mean'.*

Equally, one stakeholder explained that taking up residence in a hostel had increased one resident's sense of personal safety who they had worked with. It was clear that bodily integrity was thus dependent upon a mix of the physical and psycho-social hostel attributes and the behaviours of the residents themselves.

As highlighted in Chapter Three, however, a house or home can also be associated with vulnerability or a lack of bodily integrity (Wardaugh, 1999). Indeed, all of the remaining residents reported a heightened sense of insecurity or an absence of bodily integrity while living in the properties. In two cases, this was due to the absence of security measures (such as security cameras) and poor quality measures (such as weak or broken door locks). There were also several cases of residents with physical disabilities being fearful about their physical safety in the properties due to being placed in bedrooms on upper level floors and dimly lit corridors. Discussing another resident, one resident said, *'There's a woman, she's got health issues and they put her on the second floor. I mean she's got limited mobility'*. But, in most cases, this was due to the behaviours of other residents, with incidents of violence being widely reported, as well as 'cultures' of drinking, drug abuse, the high levels of noise and a sense of chaos within the properties. Here, one resident said, *'You don't feel comfortable and safe, like. You always have people knocking at your door, asking you for things. Drugs, or baccy, or drink, or money, whatever'*. Another said, *'I'd prefer to stay on the streets. I would, aye. I felt more safe and secure on the streets than I did in there. Do you know what I mean? Now that's saying something'*. Violence or the threat of violence was a trigger for several residents

moving on from the properties. One resident, having heard about two serious violent incidents, arranged to sofa-surf at his friend's house.

Stakeholders were similarly aware of the threats to bodily health which some residents felt while living in the properties. Indeed, one stakeholder recalled:

*'There was one guy came in and complained that he'd actually laid in bed scared stiff because he heard somebody come into his room and go and take money out of his drawer and there was nothing he could do about it...this guy was significantly bigger than him and he was scared of him'.*

More than in respect of any other function, stakeholders most closely empathised with the plight of some residents in terms of this function. They – almost unanimously – reported feeling unsafe when visiting the hostels. To combat this, they typically reported visiting the properties with a colleague, carrying alarms and not venturing beyond the reception or communal areas. One explained:

*'There wasn't a general feeling of security in the building, I didn't personally feel safe and I've worked in prisons, in hostels for eight or nine years now. We carry an alarm and mine was on amber alert all the time I was in that building. It was just the feeling of chaos'.*

Others had visited residents in their bedrooms, but had regretted going upstairs. For the majority of stakeholders, feelings of unsafety were predominantly linked to a sense of not knowing who the people were within the properties, not being able to distinguish between managers, staff and residents and uncertainty about norms of behaviour to be expected within the properties.

There was a clear connection between bodily integrity and other functions – particularly, 'bodily health', 'practical reason' and 'sense, imagination and thought'. For example, one stakeholder recalled the fears over bodily integrity felt by one resident and the wider impacts which this had on their engagement in substance misuse, their motivation to engage with services and their desire to change their housing circumstances. They explained:

*'He used to come and see me. He would very clearly express how unsafe he felt there and it very profoundly had an effect on his mood and his sense of wellbeing. He was significantly depressed as a result of it. He did find it increasingly challenging to do the 'Tuesday look at the adverts for properties' and all that kind of thing. He became less and less able to negotiate the allocation system. He started to drink heavier, either because drink is so freely available or because his worsening mood led him to rely on alcohol more to blank things out'.*

There was also a clear temporal dimension to bodily integrity, with the residents' feelings of personal safety changing over time in line with changing housing conditions, such as the needs and behaviours of other residents and management practices.

#### 6.3.4 Senses, Imagination and Thought

The next function – 'senses', 'imagination' and 'thought' – refer to: using the senses, to imagine and to think, and to do these things in a way informed and cultivated by an adequate education and cultural experiences; to have freedom of expression; and, having pleasurable experiences, while avoiding non-beneficial pain (Nussbaum, 2003). There was limited discussion of these issues during the interviews. Perhaps understandably, none of the residents discussed engagement in – or a desire to engage in – any forms of artistic or cultural pursuit. It is possible that none of the residents had ever engaged in these activities due to a lack of financial resources, education and opportunities for participation. It is also likely, however, that at the point of interview, these things were not considered a priority by the residents.

Nonetheless, there was an association between living in the properties and the other aspects of this function. In particular, residents reported highly varied experiences in respect of freedom of speech within the properties. Critical factors here were the nature of their relationships with landlords, managers and other residents. While some reported relaxed, comfortable and friendly relationships with others, some reported feeling highly intimidated by those in the hostels and so trying to avoid encounters with them as far as possible.

A further key means of self-expression is 'home-making' (Blunt, 2005). Just one resident regarded their hostel as 'home' and only three talked explicitly about decorating and furnishing their bedrooms with possessions. In some cases, residents did not have any possessions or the financial resources required to engage in such a process. However, in other cases, residents explicitly reported choosing not to do this due to concerns over the security of their possessions, in light of poor security measures and the behaviour of other residents within the hostels. Indeed, one resident said, *'All I had was my clothes and I had a cheap telly because I knew that there was no security there'*. Others were fearful of engaging in home-making in case this undermined their efforts to move on from the properties. As such, it can be seen that some residents chose not to fully pursue the functions of sense, imagination and thought in order to maximise their 'practical reason'. Among the wider, long-term hostel population, there was a sense that more had undertaken a process of home-making. This can be seen to support the logic and concerns of the shorter-term residents engaged with who were keen to move on to alternative forms of accommodation.

There was limited discussion about the relationship between living in the properties and the avoidance of pain. But, it is reasonable to assume that living in the properties – offering shelter, warmth and amenities – will have facilitated this by offering protection from external threats and opportunities for the satisfaction of basic needs. The residents were more forthcoming, however, about the relationship between the properties and pleasure, with the amenities and facilities within the properties (such as, the televisions in the communal areas), having a private space and opportunities to socialise with other residents being cited as key benefits of living in the properties by some. Of concern here, however, was the exercise of a 'thin rationality' (Somerville and Bengtsson, 2002) by several of the residents who regularly consumed substances while living in the properties. Some reported these activities to be wholly pleasurable and did not consider excessive drug and alcohol use as a form of recreation to be problematic. It was clear, however, that there was a tension for some residents between 'bodily integrity' and 'bodily health': some found these activities to be pleasurable in the sense that they provided them with a sense of escapism, but conceded that these actions were also likely to be damaging physically (in terms

of 'bodily health') and cognitively and emotionally (in terms of 'practical reason', for example). Making this point, one resident said:

*'When I was living there, I did replace [drugs] with alcohol. That was escapism, I suppose. I had no self-esteem when I was living there, I was embarrassed, I was ashamed and I started drinking.'*

Here, stakeholders sympathised with the plight of residents with drug and alcohol problems who were forced to live alongside others with problems of addiction, saying, *'It's appalling that even the hardened drinkers that we pick up off the streets...are forced to live in such a small environment with 20 people who all do the same thing'*. There was also a clear association between living in the properties, pleasure and 'emotions' whereby the residents' housing circumstances were undermining their relationships with others (as discussed below).

#### 6.3.5 Emotions

The fifth function – 'emotions' – refers to having attachments to things and people and embracing their attachments in return, to grieve at their absence and not having one's emotional development blighted by fear and anxiety (Nussbaum, 2003). As stated in the previous chapter, roughly half of the residents had estranged relationships with family and friends. As such, it is not surprising that no relationship between living in the properties and relations with others was found in some cases. For others, however, there was link between the environmental conditions within the hostels, the residents' affective responses to these and familial or intimate relationships.

Almost half reported that living in the properties had negatively affected their relationships with friends and family. The stigma or reputation of the properties, the poor décor and the unsanitary conditions had left some feeling embarrassed about their housing circumstances. As a result, they kept their residence within the hostels to themselves and withdrew from relationships in order to avoid having to disclose their housing circumstances. Here, one resident said, *'Even though my room was clean and tidy, and like, me ma bought a Hoover*

*and that, I still wouldn't let anyone in, just the building itself. I didn't tell no-one I was living there'. Another said:*

*'I could imagine if I was to turn round now and met my brother in the street, "Oh, where are you living?"; "Name of hostel", he'd probably collapse on the street, "Oh, here, I want nowt to do with you. You're no brother of mine, you let yourself live in there".'*

Being treated like anyone else was viewed positively and contrasted with negative experiences of being judged or the fear of being judged. Not only did a sense of embarrassment affect current relationships: it also stopped some residents from forming *new* relationships, for fear that they would eventually need to disclose their address. The organisational aspects of the properties – notably, the rules around visitors (such as no children or females being allowed in the properties and visitors being required to remain in the communal areas) – combined with noisy communal areas, made it difficult to sustain (and in some cases, rebuild) relationships with partners and children, due to the absence of a quiet and safe space to talk, socialise or be affectionate.

Conversely and counter-intuitively, some reported that living in the properties had a positive effect on their relationships with others, whereby the poor aesthetics of the buildings, poor quality amenities, organisational restrictions and behaviours of other residents resulted in them spending more time with their family and friends outside of the properties. One resident even rekindled their relationship with their family following the family hearing about their living conditions. Through meeting new people, one resident had started a relationship with another resident in their hostel, but reported that the lack of privacy in the hostel, due to the poor structural quality of their building, people knocking on their doors and house rules, had affected the progression of this.

#### 6.3.6 Practical Reason

The sixth function – 'practical reason' – refers to being able to form a conception of the good and engage in critical reflection about the planning of one's life (Nussbaum, 2003). While living in the hostels, most of the residents

interviewed reported having a conception of what a good life meant to them and indeed, wanted a better life materially, socially and emotionally than they had. When asked about the future, most had conventional aspirations which consisted of being educated, in employment, being financially secure, home ownership and having positive relationships with their children and family. Most wanted to move on from living in the hostels and conceived of their current circumstances as merely a transitional stage in their life-course. As noted in chapters two and four, the PRS largely caters for people in various stages of life-course transition (Bone, 2014) and is just a small element of many people's housing pathways (Clapham, 2003).

Considering the relationship between residency in the hostels and practical reason, it was clear that for some, the challenging physical and psycho-social conditions which surrounded them made their conception of what would constitute a 'good life' clearer and were motivating factors for change. There were inconsistencies regarding the particular attributes which were of most significance here, but the generally poor quality aesthetics, the poorly maintained amenities, the lack of privacy and levels of substance misuse within the properties were all flagged up as contributory factors. For others, being resident in a hostel had enhanced their ability to plan for the future and motivation to work towards this, by providing them with the ontological stability needed to start taking steps towards developing a better life for themselves. Another reported that meeting and socialising with new people in the hostel had increased their confidence, which in turn had given them confidence to look for employment and voluntary work and that their experience of homelessness had encouraged them to pursue a role involving working with vulnerable people. As such, practical reason was linked to the residents' 'life', 'control' and 'affiliations' functions.

Not only did most of the residents have a conception of a good life and a drive to work towards this, but several were also taking practical steps to achieve this (by making housing applications, doing volunteering and working with employment providers, for example). Others had merely resisted engaging in a process of home-making. However, the effectiveness of this strategy in terms of 'life' and longer-term capacity for practical reason is questionable. There were instances where the neglect of home-making had undermined the residents' 'life' function and as a result, their 'practical reason'. While having a conception of a

good life is not dependent on having the ability to make progress towards this, it is reasonable to assume that over the long-term, an inability to make progress towards one's conception may eventually undermine one's clarity around this – particularly where other functions are limited also.

For others, however, the ability to move on was hindered by a lack of information and support services within the properties. For others still, securing and sustaining employment – which was considered a key means of move on – was felt by some to be too challenging while living in the properties due to the absence of a routine, negative peer influences, the difficulties of staying clean and well-presented and lack of sleep while living in the properties. Indeed, the only resident interviewed who had worked while living in their hostel lost their job following relapse into addiction due to the stressful environmental conditions.

There was nonetheless a number of residents who reported being unable to form a conception of a 'good life' while living in the properties due to what they perceived to be challenging physical and psycho-social conditions – with key difficulties in respect of practical reason being the behaviour of other residents and resultant concerns over 'bodily integrity'. In this regard, one resident explained:

*'I was just really depressed where I was living. I was really down...I couldn't see any future, do you know, it was a really depressing place and intimidating and like I say at night time and stuff...you couldn't really sleep properly because you're always worrying about your door going in and the people that were there.'*

Rather than addressing the sources of stress, these residents focused on dealing with the resulting effects caused by the source and became consumed by short-term plans focused around survival. In several cases, substance misuse was considered a rational response to the conditions, with drugs and alcohol used as a coping mechanism and daily plans being directed towards feeding this habit. One resident recalled:

*'I felt every day was just the same...from morning til night, I knew everywhere I was going on that day, I knew exactly what I was doing,*

*so...you haven't got a life, you cannot plan something, the rest of your life, staying in there. I had a monkey on my back...heroin, crack, crack cocaine, and that was to do with all, you know, the hostel and that. I would go and do anything to make money, so when I go back on a night time, I could have some drugs...it was just a vicious circle altogether'.*

Evidencing the link between housing circumstances and practical reason further, following move on from the hostels into supported accommodation, this resident reported that their ability to plan for the future improved significantly. They believed that their change of accommodation – and specifically, the favourable environmental conditions which enabled them to tackle their drug habit – was directly responsible for this and if they had continued living in the hostel, they would still be using drugs. They said, '*Guaranteed. Guaranteed. I know that for a fact...it is the stress of it*'. Again, therefore, there was a clear sense of interdependence, whereby the adverse impacts of living in the hostels on 'life', 'bodily health' and 'bodily integrity' were impacting on the practical reasoning of the residents. Having said this, conversely, one reported that having struggled with problems of addiction for several years, seeing so many residents within the hostels suffering from severe alcohol dependency made them more determined not to drink again and they managed to refrain from drinking heavily while living in their hostel.

Furthermore, more so than in respect of other functions, it was clear that a number of factors beyond housing were impacting on some of the residents' abilities for practical reason. Several attributed their inability to conceive of a good life and make steps towards this to various forms of exclusion, including long-term financial exclusion, unemployment, health conditions and problems of addiction. Also, while all but one of the residents interviewed did not see living in a hostel as a long-term aspiration, there appeared to be a relationship between length of stay within the hostels, engagement with services and a desire to move on, whereby those residents who had lived in the property short-term and were engaging with services seemed to have greater aspirations to move on. In most cases, these residents reported to be deeply dissatisfied with the quality of the accommodation. Conversely, there were reports of cohorts of long-term residents (none of whom could be engaged with through interview), who were not engaging

with services and were understood to have no plans to move on. Indeed, several stakeholders in particular expressed concerns about a number of longer-term residents that they were working with. For example, one commented on the adverse impacts of living in the hostel on the physical and mental health of one resident, but at the same time, their increasing disengagement with services and lack of motivation to search for alternative places to live, suggesting that they were losing their ability to envisage a better life for themselves and motivation to work towards it. The stakeholder felt that this resident's situation was compounded by the lack of staff within the hostels to try to raise their aspirations and stressed the effectiveness of this within supported accommodation. Echoing the importance of this, another stakeholder explained:

*'I think it can make people think that there's nothing else out there for them, they've kind of hit bottom and they've got no other alternative. In the main hostels, where you've got the support, the support plans, you talk about housing, you talk about move on, you talk about where you can get to, and how you can get there. I think when you're in [name of hostel], you're very much just sort of left.'*

Another stakeholder talked in length about a resident who had been living in a hostel for four years and over time, had become progressively withdrawn, was progressively disengaging with services and was progressively unwilling to move on.

Having said this, two stakeholders reported that some of the residents that they had engaged with were keen to remain living in the properties because of their ability to fulfil their basic needs, their lack of financial responsibility and the lack of intrusion by services while living in the properties. This suggests that for some residents, living in the hostel was part of their conception of a good life and indeed, the residents were fulfilling this by remaining in situ.

### 6.3.7 Affiliations and Play

The seventh function – 'affiliations' – refers to living well with others, showing concern for them, engaging in various forms of social interaction and

being treated as dignified beings whose worth is equal to that of theirs, while the eighth – ‘play’ – refers to the enjoyment of laugh, play and recreational activities (Nussbaum, 2003). Two points are worthy of note here. The first is that in this study, ‘affiliations’ is distinguished from ‘emotions’ by referring to non-familial and non-intimate relationships. The second is that as discussions relating to play were closely tied to affiliations within the properties, it was considered appropriate to discuss both functions together.

The residents’ experience of affiliations within the properties varied greatly. Some reported ‘getting on well’ with other residents, saying things like *‘They’re canny lads.....I get on fine with them’* and *‘I would class them as friends. I speak to them and treat them as if I’ve known them all my life’*. Two regarded the opportunity to socialise with other residents and the camaraderie which they shared to be the best aspect of living in the properties and one claimed that as a result of the affiliations developed, they had started to think of their hostel as ‘home’. There were reports of residents socialising together. Although not exclusively, most socialising took place within the hostels and involved watching television, listening to music, drinking alcohol and talking together. Residents and stakeholders also provided a wealth of examples of displays of support between residents. For example, one commended on how welcoming and helpful their fellow residents were when they first moved into the hostel in terms of showing them around and how to use the facilities. One stakeholder discussed how several residents would collect a resident’s benefits, take their breakfast up to their room and help them move around the property due to poor physical health. In one hostel, when a particular resident had visits scheduled with their children, it was reported that the others would discourage them from drinking that day. In some cases, an informal system of sharing and paying back limited resources such as money, food, tobacco and alcohol, formed the bedrock of friendships and sense of community. In one hostel, the residents were said to bring food parcels back from a local soup kitchen and food banks and to share the food out. In other cases, it was the physical closeness and similar past experiences which fostered a sense of group cohesion. Others found commonality in terms of current internal challenges, with residents uniting to challenge unfair eviction practices, maintenance issues and thefts of personal belongings. As such, the affiliations developed clearly provided some with a range of benefits, including survival

(linked to the fulfilment of basic needs), enhanced personal safety, happiness and emotional resilience.

For others, however, affiliations and play were not key features of their lives, when living in the hostels. Some felt highly intimidated by the manner and unpredictable behaviour of other residents and what they considered to be an atmosphere of violence within their hostels. Others simply did not identify with other residents. Furthermore, even where residents perceived a sense of community within the hostels, it was clear that this was often focused around risk-taking behaviours – such as drinking – as the following resident quote demonstrates:

*'I'll say out of 30 men if they're on a session, like their session starts on a Thursday night and finishes on a Sunday night, and they'll be drinking, smoking all day through. Somebody once counted from a Thursday night to a Sunday night and I drunk 68 bottles of cider. So if I drink 68 bottles of cider, they'll drink the 60 cans, and multiplied by 20 or 30 that's an awful lot of cans'.*

This quote can be seen to highlight the scale of recreational drinking in one hostel. Another resident, when asked how they spent their time in the hostel, said, *'Drugs...Like, my pals were doing it, so I was doing it....you moved in there, you can drink as long as you want, anytime you want'*. Several residents and stakeholders also reported that the residents would facilitate each other's drinking behaviour, by lending money, for example. One resident described this situation:

*"You haven't got enough for a drink, but I have! Well I'll buy you the, but tomorrow ... ", you know...You need drink, you need drugs, you know what I mean, it's a big circle. They could all sit round this table, quite merrily, 24 hours a day'.*

Accordingly, it could be seen that affiliations were also likely to undermine other key functions such as 'bodily health', 'bodily integrity and 'practical reason'.

There were equally contrasting experiences evident in the data on collected about the residents' relations with the wider community. For some,

feelings of shame, embarrassment and fear of stigmatisation, due to the poor aesthetics and reputations of the hostels, prevented the residents from forming relations with the wider community and one even feared physical retaliation from neighbouring residents – and thus threats to their ‘bodily integrity’ – if they were identified as a resident. They were aware of incidents of assaults on residents from people in the local community. They said, *‘I meet people, if you live in [name of hostel], people would brick you. You know, like as you’re walking past – they throw bricks’*. There were also reports by residents of being treated with less dignity by the wider community, with some agreeing that they felt judged and *‘tarred with the same brush’* as other residents. Talking about the attitudes of the wider community, one resident said:

*‘most of them wouldn’t speak to them in the street, wouldn’t give them the time of day....if you live in [name of hostel], you’re either an alky, a druggie, or ... you know what I mean?’*

As such, both the physical and psycho-social conditions within the hostels created barriers between some of the residents and wider community. Concerns were not universal, however. Some residents reported positive relations with the wider community and no adverse relationship between this and their housing situation.

#### 6.3.8 Other Species

The ninth function – ‘other species’ – refers to living with concern for and in relation to animals, plants and the world of nature (Nussbaum, 2003). There was no discussion of ‘other species’. This is not to say that there is no relationship between housing or homelessness and this function. Indeed, the importance of animals as companions to homeless youths and to redemption narratives, for example, has been evidenced (see, for example, Rew, 2000; Irvine et al, 2012). But, most likely due to no pets being allowed within the hostels, this function was not a key focus of discussion in this particular study.

#### 6.3.9 Control Over One’s Environment

The final function – ‘control over one’s environment’ – refers to participating effectively in choices that are central to one’s life (Nussbaum, 2003). By virtue of living in a hostel, the residents lacked control over a multitude of environmental attributes. This was particularly in terms of having to abide by externally-imposed rules, being reliant on landlords and managers for provisions and repairs, having limited say over who they lived with and the behaviours of others. In some cases, the feeling of not being in control of one’s environment had knock-on effects on the resident’s’ sense of having control over their lives. Indeed, coping with the environmental conditions was emotionally challenging for some and was exacerbated by not feeling that they could complain to landlords and managers about problems experienced and not feeling listened to. However, there were conflicting reports about the environmental conditions which were most difficult to cope with. It appeared, however, that the relationship between environmental conditions and being able to effectively govern one’s life was less direct than the relationship between the hostel attributes and other functions. In most cases, it was the impact of living in the properties on the resident’s other functions – such as ‘bodily health’, ‘bodily integrity’, ‘emotions’ and ‘practical reason’ – which resulted in some residents feeling that they did not have control over their lives. Again, the relationship between different functions will be discussed shortly.

Nonetheless, not all of the residents perceived this to be the case. Several reported that living in a hostel had heightened their sense of governance over their own lives. In supporting this assertion, one used the example of being able to access the kitchen whenever they wanted to prepare a meal, saying:

*‘A lot of the stuff I get from [the food bank]...I’ll cook it on the cooker in there, nobody minds, you know what I mean, as long as you’re not making a mess and you clean up after yourself...And you can get up at four in the morning and go to the cooker and make something’.*

Following the satisfaction of basic needs, another reported that living in the hostel provided them with the ontological security that they needed in order to start rebuilding their life following an episode of homelessness. What’s more, for some,

the lack of responsibility that came with living in the hostel – such as the payment of utility bills, for example – was a significantly positive aspect associated with living in the properties. When asked why they liked living in their hostel, one current resident at the time said:

*‘Well it is because you haven’t got much of a responsibility, you don’t have to pay for your water rates or your heating or anything like that. The rooms are nice and warm and that’s why I don’t worry about heating....’*

For this resident, the absence of financial responsibility while living in the property enabled them to focus on other functions.

Again, there was a temporal dimension to feelings of control, with one resident’s sense of control over their environment, and life more broadly, increasing over time as they became more used to the hostel environment and as a number of problematic issues within the hostel were addressed. Talking about a sense of not having control when they first moved into the hostel, one resident said, *‘For a while, for about six weeks, I just felt really lost and didn’t really know where I belonged’*. But, over time, as they made friends and developed routines within the property, they began to think about their future and said:

*‘Now, I’m actually starting to look at it as being a positive thing because I’m changing my life. Things when I first arrived in Newcastle were really bad and now, I’m getting myself back to normal. I know for a fact being in here has taught me that I’ve changed...and I’m a lot happier’*.

This finding perhaps reinforces, however, the lack of control which residents had over the hostel environments.

The above analysis reveals a number of significant points worthy of further discussion. Firstly, the above confirms a significant association between housing and at least nine of Nussbaum’s (2003) ‘central functions’ considered essential to a ‘well-lived’ life. In other words, there was evidence that the hostels both enhanced and undermined the residents’ capacity for, and further enjoyment of,

different functions. While literature across a range of disciplines is replete with research that evidences the relationship between housing and wellbeing, this research can be considered one of the first empirical studies which has conceptualised the relationship between housing and wellbeing using a language of functions and capabilities.

Secondly and relatedly, the above discussion can be seen as providing useful insights into the relationship between specific housing attributes and different central functions. The relationships identified are listed in Table 5 below. Critical to note is that the table is not exhaustive. But, it could serve as a useful starting point for future capability-informed housing research and evaluation.

**Table 5: The Relationship between Central Functions and Key Housing Attributes**

<b>Central Function</b>	<b>Key Housing Groupings/Attributes</b>
Life	Building structure The provision of amenities (sleeping facilities, heating, food storage preparation and cooking facilities, hygiene facilities, security measures – door locks, recreational facilities) Aesthetics (Quality of décor, cleanliness, damp/mould) Pest control Social relations (positive influences, support, opportunities for recreation, negative influences, challenging behaviours – drug and alcohol abuse) Crime (thefts, violent/threatening behaviours) Noise
Bodily Health	Building structure The provision of amenities (sleeping facilities, heating, food storage preparation and cooking facilities, hygiene facilities, security measures – door locks)

	<p>Aesthetics (Quality of décor, cleanliness, damp/mould)</p> <p>Pest control</p> <p>Social relations (positive influences, support, opportunities for recreation, negative influences, challenging behaviours – drug and alcohol abuse, violent/threatening behaviours)</p> <p>Crime (thefts, violent/threatening behaviours)</p> <p>Noise</p>
Bodily Integrity	<p>Building structure</p> <p>The provision of amenities (security measures – door locks)</p> <p>Social relations (positive influences, negative influences, challenging behaviours – drug and alcohol abuse)</p> <p>Crime (thefts, violent/threatening behaviours)</p> <p>Management</p>
Senses, Imagination and Thought	<p>Building structure</p> <p>The provision of amenities (security measures – door locks, recreational facilities)</p> <p>Social relations (negative influences, challenging behaviours – drug and alcohol abuse)</p> <p>Crime (thefts, violent/threatening behaviours)</p> <p>Organisation and management (landlord practices)</p>
Emotions	<p>Building structure</p> <p>Aesthetics (Quality of décor, cleanliness, damp/mould)</p> <p>Noise</p> <p>Organisation and management (rules)</p>
Practical Reason	<p>Aesthetics (Quality of décor, cleanliness, damp/mould)</p> <p>The provision of amenities (security measures – door locks)</p>

	<p>Organisation and management (landlord practices)</p> <p>Social relations (positive influences, support, opportunities for recreation, negative influences, challenging behaviours – drug and alcohol abuse)</p> <p>Crime (thefts, violent/threatening behaviours)</p> <p>Noise</p>
Affiliations / Play	<p>Social relations (positive influences, support, opportunities for recreation, negative influences, challenging behaviours – drug and alcohol abuse, violent/threatening behaviours)</p> <p>Crime (thefts, violent/threatening behaviours)</p>
Control Over One's Environment	<p>Building structure</p> <p>The provision of amenities (sleeping facilities, heating, food storage preparation and cooking facilities, hygiene facilities, security measures – door locks)</p> <p>Organisation and management (landlord practices/ruled)</p> <p>Social relations (positive influences, support, opportunities for recreation, negative influences, challenging behaviours – drug and alcohol abuse, violent/threatening behaviours)</p> <p>Crime (thefts, violent/threatening behaviours)</p>

Also important to note is the different levels of complexity evident between housing and some of the functions discussed, with some functions being related to a significantly greater number of attributes than others. The qualitative data further suggested different strengths of association between the various housing attributes and different functions. While some attributes seemed to be central to the enjoyment of particular functions, other attributes were less frequently or saliently discussed, suggesting that they played only peripheral roles. The specific 'intensity' of the different relationships in question is unknown as investigating this was not a focus of the study. But, this may be a consideration

for future research, with an understanding of the key housing attributes which are most fundamental to central functions having potentially useful practical implications. Having said this, reflecting the findings of much research into the relationship between housing and wellbeing across a range of disciplines, there were highly conflicting results in terms of the specific ways in which different attributes impacted on the functionings of the residents, thus further highlighting the subjectivity of the research topic (Francescato et al, 2002).

Thirdly, some functions were much more frequently and widely discussed than others. The functions which were most discussed by the residents were: life, bodily health, bodily integrity, practical reason and affiliations. This does not suggest that these functions are most fundamental to a 'well-lived' life. But, the data does suggest that these functions were more significant in terms of the residents' overall sense of having a 'well-lived' life in the context of their housing situation. Thus, it may be useful to give greater consideration to these functions or the key housing attributes linked to these functions, when thinking about housing support for single homeless people going forward.

Fourthly, the analysis revealed clear interdependent, as well as competing, relationships between the central functions. It was often the case that the hostel attributes facilitated the residents' exercise of some functions, while simultaneously undermining their exercise of others. The connections identified between the various functions are outlined in Table 6 below. Again, it should be noted, however, that the table is indicative, but not exhaustive. As outlined in the introductory chapter, the principal focus of this study was an evaluation of the 'lived experiences' of the residents and not the detailed theoretical and conceptual development of the Capability Approach in the context of housing (although important insights have emerged). Also important to note is that the relationship between the various functions was not necessarily bi-directional, hence the deliberate layout of the table. Again, the directional nature of the relationship between key functions in the context of housing should be considered further.

**Table 6: The Relationship between Central Functions in the Context of Housing**

<b>Central Function</b>	<b>Linked Functions</b>
Life	Bodily Health, Bodily Integrity, Practical Reason, Affiliations, Control Over One's Environment
Bodily Health	Life, Bodily integrity, Practical Reason, Affiliations and Play
Bodily Integrity	Bodily Health, Sense Imagination and Thought, Practical Reason
Senses, Imagination and Thought	Bodily Health, Bodily Integrity, Practical Reason
Practical Reason	Life, Bodily Health, Affiliations and Play, Control Over One's Environment
Affiliations / Play	Bodily Health, Bodily Integrity, Emotions, Practical Reason
Control Over One's Environment	Life, Bodily Health, Bodily Integrity, Practical Reason, Affiliations

Fifthly, one of the most significant findings to emerge from the chapter is the highly varied lived experiences of the residents within the hostels. Table 7 below outlines the extent to which each of the 13 residents interviewed were considered to have enjoyed different functions. The residents' experiences are indicated by the use of the terms 'fully', 'partially' and 'not met'. This was considered to provide a sufficiently nuanced interpretation of the data. A blank space in the table indicates that it was not possible to determine the resident's experience of a particular function. Critically, some residents appeared to enjoy a significantly higher number of functions within the properties than others.

**Table 7: The Residents' Exercise of Central Functions within the Hostels**

Res	Life	Health	Integrity	Senses	Emotions	Reason	Aff/Play	Control
1	Fully	Fully	Partially	Fully	Fully	Fully	Fully	Partially
2	Partially	Fully	Fully	Fully	Partially	Partially	Partially	-
3	Partially	Partially	Fully	Partially	-	Partially	Partially	Partially
4	Partially	Not met	Partially	Partially	Partially	Partially	Partially	Partially
5	Fully	Fully	Fully	Fully	Partially	Partially	Fully	Partially
6	Partially	Partially	Not met	Not met	-	Partially	Partially	-
7	Partially	Partially	Fully	Partially	Partially	Partially	Fully	Partially
8	Not met	Partially	Not met	Partially	Not met	Partially	Not met	Not met
9	Fully	Fully	Fully	Fully	Partially	Fully	Fully	Partially
10	Not met							
11	Not met	Partially	Partially	Not met	-	Partially	Not met	Partially
12	Not met	Partially	Not met	Not met	-	Not met	Not met	Not met
13	Not met	Partially	Partially	Not met	Not met	Not met	Not met	Partially

Inevitably, though, the question of which functions the residents exercised within the hostels was not clear cut. The residents were not asked to assess this using the language of 'fully met', 'partially met' or 'not met', they often had different understandings and expectations in respect of the different functions and their views on the extent to which they were able to enjoy them was often accompanied by a number of caveats. Accordingly, similar to the process of conceptualising the homeless biographies of the residents into 'ideal-type' pathways, some judgements had to be made when seeking to distil the residents' enjoyment of functions into a table format.

Additionally and critically, the level of value and priority given by the residents to different functions could be seen to vary also and was reflected, in large part, by the level of discussion dedicated to different functions at the individual level. In addition, some functions seemed to be highly important in their own right, while others seemed to be functions or indicators of others. For example, in some cases, the residents' experiences of the 'life' function seemed to reflect the extent to which they enjoyed a range of functions, rather than being a function which the residents actively pursued as an end in itself. Equally, the experience of 'control' was largely the result of other functions, such as practical reason, affiliations and bodily integrity, rather than being a key focus of the residents' attention. Conversely, however, functions such as bodily health and

integrity, practical reason and affiliations seemed to be have been actively pursued by many of the residents.

Finally, of critical importance is that while the diversity of the residents' 'lived experiences' was likely to be attributable, in part, to differences in respect of the physical and psycho-social conditions within the hostels, 'lived experiences' were equally diverse among those living in the same hostels. For some residents, there was a positive relationship between particular hostel attributes and functions, for others, no such relationship was discussed and for others, a negative relationship was reported. This not only further highlights the highly subjective and individualised nature of the relationship under investigation, but indicates that the residents' 'lived experiences' must have been mediated by other factors. As discussed in Chapter Three, the effects of housing and wellbeing have been shown to be mediated not least by personal characteristics, needs and experiences (Altman and Rogoff, 1987; Moos, 1987; Roberts and Robin, 2004).

#### **6.4 Summary**

The aim of this chapter was to produce a detailed understanding of the residents experiences of wellbeing – and specifically, exercise of 'central functions' (Nussbaum, 2003) – within the hostels and indeed, the chapter has provided unique, conceptually-underpinned insights here. The main findings of the chapter are:

- Reflecting the findings of similar studies into conditions within privately-run HMOs and UTA at the bottom end of the PRS, it can be seen that while the severity of conditions within the hostels varied, they can all be seen to offer somewhat poor physical and challenging psycho-social conditions (Spencer and Corkhill, 2013; Davies and Rose, 2014; Ward, 2015; Barrett et al, 2015; Gousy, 2016).
- A significant association was found between specific hostel attributes and at least nine of Nussbaum's (2003) 'central functions'.
- Despite the broadly similar descriptions of the environmental conditions on offer within the hostels, living in the properties had highly diverse impacts on

the residents' functionings. While some were able to exercise and experience multiple functions, others exercised and experienced few. In addition, the key functions enjoyed were often different across different residents and residents seemed to afford different levels of weighting to particular functions over others.

- The findings suggest that the residents' experiences were mediated or influenced by factors other than the hostel property conditions. Indeed, the inconsistencies and conflicting findings echoed much of the complexity found in the literature on housing and wellbeing that was discussed in Chapter Three (Francescato et al, 2002).

Despite its philosophical and methodological merits, a well-recognised weakness of the Capability Approach – as a framework, as opposed to a theory of wellbeing – is its limited explanatory power. As such, scholars have highlighted the need to supplement its application with more explanatory social science theories and concepts (Alkire, 2005; Robeyns, 2006; Schischika et al, 2008). Moving forward, therefore, the focus of the final analysis chapter – Chapter Seven – is the unfolding of a detailed explanation of the diversity of the residents' 'lived experiences' within the properties. In particular, use is made of a number of key explanatory concepts found within the broader housing and wellbeing literatures, which make specific reference to the mediating effects of 'the person'.

## **Chapter Seven: Understanding the Residents' 'Lived Experiences' Within the Hostels**

### **7.1 Introduction**

A key strength of the Capability Approach is the scope which it offers for interpersonal evaluations (Robeyns, 2006). This was a significant asset in this study, where comparison of the impacts of living in private hostels on the wellbeing of the 13 residents interviewed revealed that they had a diversity of experiences within the hostels. While this was no doubt attributable – in part – to subtle differences in the physical and psycho-social conditions offered by the different hostels discussed through the study, the 'lived experiences' of residents were found to be equally diverse among those living in the same hostels. It was noted in Chapter Three that the relationship between housing and wellbeing is a complex one, with different qualities and experiences of 'the person' often mediating the impact of environmental conditions.

In this context, the focus of this final analysis chapter is the unfolding of a robust understanding of the nuances of the residents' 'lived experiences' within the properties and specifically, an examination of the relevance of the residents' homelessness pathways and wider biographies on this. The chapter is organised into two sections. The first discusses the key patterns to emerge in respect of the residents' exercise of central functions within the hostels when considered from a pathways perspective. The section makes clear that pathways alone cannot explain the differences in the functions enjoyed by the residents. Accordingly, the second section examines a number of other concepts relating to the residents' biographies which the housing and wellbeing literature (reviewed in Chapter Three) suggests may have influenced and mediated the extent to which the residents lived 'well-lived' lives within the hostels. Particular consideration is given to: the relevance of the residents' different 'standards of comparison' and 'reference points' (Amerigo and Aragones, 1997); the level of 'person-environment' fit between the residents' support needs while living in the hostels and the hostel attributes (Roberts and Robin, 2004); the extent to which the residents could be considered to have adapted to the hostels as a 'way of life' (Beiwas-Diener and Diener, 2009; Chamberlain and Johnson, 2011); and, the

mediating effects of the resources possessed by the residents and their ability to maximise available resources in the pursuit of key ends (Robeyns, 2005). The relationship between each of these factors and the pathways is also considered. Continuing the approach adopted in the previous two chapters, primacy is given to the perspectives of the residents interviewed, with the stakeholder data referred to where this is considered to cement, challenge or further extend the insights gained from the resident data.

## **7.2 The Diversity of the Residents' 'Lived Experiences' from a Pathways Perspective**

This first section outlines several broad patterns which emerged with regards to the 'lived experiences' of the residents interviewed, when viewed through the pathways lens. As outlined in Chapter Five, HMOs at the bottom end of the PRS are increasingly playing a role in the accommodation of single homeless people and so, a number of key definitions, concepts and approaches from the field of homelessness research were used to help elucidate the residents' biographies. The concept of 'homelessness pathways' and the biographical research approach which it encourages (Fitzpatrick et al, 2011) proved highly useful in terms of developing a nuanced understanding of key sequences of events which led to the residents becoming homeless and in identifying broad similarities and differences between the residents' biographies (up until their point of entry into the hostels). In other words, the approach was instrumental in making the diversity of the resident data comprehensible (Chamberlain and Johnson, 2011). As such, building upon the literature discussed in Chapter Three – which highlighted that a comprehensive understanding of the 'lived experience' of different situations requires detailed knowledge of the biographies of those involved – it was anticipated that the residents' pathways into homelessness would be a useful analytical starting point for the development of a more nuanced reading of the data presented in Chapter Six. Furthermore, previous research into pathways through homelessness – though limited – has indicated that people who have experienced different pathways understand and respond to their homelessness situations in different

ways, thus further pointing to the utility of the pathways approach in the research endeavour (Chamberlain and Johnson, 2011).

Following an initial analysis of the residents' perspectives of the hostel conditions and the impacts of these on their exercise of central functions – as presented in Chapter Six – a subsequent phase of analysis was undertaken, with key commonalities and differences between the residents' accounts within and across the five different pathways into homelessness identified. Specifically, key patterns (or similarities and differences) were discernible in terms of the range, extent and types of functions which residents who had experienced different pathways enjoyed while living in the hostels and the central functions which they seemed to value and privilege over others. Table 8 below – similar to Table 7 presented in Chapter Six – outlines the extent to which each of the 13 residents interviewed were understood to have enjoyed Nussbaum's (2003) central functions while living in the properties, with the pathway into homelessness which each resident experienced also identified.

**Table 8: The Residents’ Enjoyment of Key Functions within the Hostels including Pathways**

Res	Pathway	Life	Health	Integrity	Senses	Emotions	Reason	Aff/Play	Control
1	Financial Crisis	Fully	Fully	Partially	Fully	Fully	Fully	Fully	Partially
2	Family Breakdown	Partially	Fully	Fully	Fully	Partially	Partially	Partially	-
3	Family Breakdown	Partially	Partially	Fully	Partially	-	Partially	Partially	Partially
4	Substance Misuse	Partially	Not met	Partially	Partially	Partially	Partially	Partially	Partially
5	Substance Misuse	Fully	Fully	Fully	Fully	Partially	Partially	Fully	Partially
6	Substance Misuse	Partially	Partially	Not met	Not met	-	Partially	Partially	-
7	Substance Misuse	Partially	Partially	Fully	Partially	Partially	Partially	Fully	Partially
8	Substance Misuse	Not met	Partially	Not met	Partially	Not met	Partially	Not met	Not met
9	Mental Health	Fully	Fully	Fully	Fully	Partially	Fully	Fully	Partially
10	Childhood Trauma	Not met							
11	Childhood Trauma	Not met	Partially	Partially	Not met	-	Partially	Not met	Partially
12	Childhood Trauma	Not met	Partially	Not met	Not met	-	Not met	Not met	Not met
13	Childhood Trauma	Not met	Partially	Partially	Not met	Not met	Not met	Not met	Partially

Critically, from a reading of the table, a relationship was discernible between the complexity of the residents’ pathways into homelessness and the extent to which they lead ‘well-lived’ lives within the hostels. This was assessed in terms of the total number of functions which the residents were judged as being either fully or partially enjoying while living in the properties. Broadly speaking, the table suggests that the more complex the pathway into homelessness that the residents experienced, the less likely they were to live ‘well-lived’ lives within the hostels. Accordingly, the residents who experienced the least complex pathways into homelessness – specifically, the ‘financial crisis’ and ‘family breakdown’ residents – could be seen to have enjoyed the greatest number of central functions during their time within the hostels. They typically reported to fully enjoy most – if not all – of the functions under discussion. Meanwhile, the ‘substance misuse’ residents – who experienced a mid-ranking pathway into homelessness in terms of its level of complexity – presented a mixed picture, with some enjoying many functions and some very few. Finally, the ‘childhood trauma’

residents – who experienced the most complex pathway into homelessness – could be seen to have had the most negative ‘lived experiences’ within the hostels. They could be seen to enjoy a very limited number – if any – functions.

The ‘mental health’ resident did not appear to fit with the broad pattern identified. Despite having experienced one of the most complex pathways into homelessness, the resident spoke highly positively about their time within their hostel and as indicated by table 8, they were considered to be enjoying – either fully or partially – a high number of functions within their hostel. However, the reliability of this resident’s self-assessment of the adequacy of their housing situation and their wellbeing needed to be questioned. As discussed in Chapter Five, this resident’s biography was characterised by severe mental illness and substance misuse as a coping mechanism. They described themselves as being in ‘*constant mental pain*’, with drug use being the only means of ‘*blocking this out*’. Without wanting to suggest that this individual was experiencing some form of ‘false consciousness’ or ‘desirability (Diener et al, 1999; Veenhoven, 2008), it is important to at least consider the resident’s mental state as one possible explanation for the anomalous finding.

Although the relationship between the complexity of the residents’ pathways into homelessness and their leading of ‘well-lived’ lives within the hostels was not entirely consistent, its existence was reinforced when reviewing the qualitative data collected in terms of the residents’ experiences of particular functions. The ‘life’ function is as an example- to recap, this refers to the extent to which the residents’ felt they had lives worth living and were living free from the risk of premature death (Nussbaum, 2003). The interview with the ‘financial crisis’ resident – while they did not explicitly discuss their ability to live life to a natural end– suggested that they experienced amongst the highest and most sustained sense of having a life worth living during their time in their hostel. When talking about their global experience of this, they explained:

*‘For a while, I just felt lost. But now, I’m actually starting to look at it as a positive thing. Its changed my life because I know I can live with strangers and talk to people from all walks of life, I’m not scared of trying new things...it could be the best thing that’s happened to me in a way’.*

At the other end of the spectrum, the 'childhood trauma' residents spoke in overwhelmingly negative terms about their 'lived experiences' within the hostels. In respect of the 'life' function specifically, they predicted that sustained residency within the hostels would have had a virulent effect on their life expectancy. A typical comment here was, *'If I kept living there, I don't think I'd be here now'*. Indeed, several were convinced that they would have died prematurely – most likely from drug abuse – if they had continued to live in the properties. This group were also most likely to report that living in the properties had adverse impacts on the extent to which they were leading lives worth living. A typical comment in this respect was:

*'It was a really depressing place. If you went out, and you were coming back, you could be really happy, out in town or whatever, and just the thought of going home - I'm saying home, to go back to where I was living....It just felt like there was just nothing really worth living for'*.

Considering another function, there was a similarly stark contrast between the experiences of those who had the least and most complex pathways into homelessness in terms of 'practical reason'. To recap, this refers to having a conception of the good and being able to engage in critical reflection about the planning of one's life (Nussbaum, 2003). The 'financial crisis' resident could be seen as possessing the highest amount of practical reason. They had a clear sense of future goals and were making significant progress towards these at the point of interview. The resident was engaging regularly with general advice, employment and counselling services and emphasised the role of these services in enabling them to see their time in the hostel as a time of personal development, with empowering effects. Rather than becoming overwhelmed by the challenges they faced, they planned on using their newly discovered sense of inner strength and interpersonal skills to work towards a different future to that which they envisaged before losing their settled accommodation. Conversely, the 'childhood trauma' residents found developing a conception of a good life and critically, working towards this, to be highly challenging. Simply 'coping' with the (mainly psycho-social) hostel conditions became the primary focus of their days and was pursued mainly by physically and cognitively separating themselves from the

other residents and eventually, by engaging in substance misuse. Of course, the focus on short-term goals reduced their capacity to think about their long-term future and to take constructive actions to address their housing circumstances (Moo, 1987). Commenting on the effects of this, one resident explained:

*'It was just a vicious circle...every day was just like the same thing. When I woke up, I knew what I was going to be doing, from morning to noon to night. You haven't got no life, you cannot plan something, the rest of your life, staying in there, you just cannot'.*

From the above analysis, therefore, it can be seen that despite the appearance of highly diverse 'lived experiences' among the 13 residents interviewed when considered at the aggregate level, there were some commonalities between the residents who experienced the same pathway into homelessness.

The pathway that a resident had followed also had an impact on the functions that they considered to be most important. The extent to which the residents considered themselves to have enjoyed 'well-lived' lives within the hostels could not be solely determined by the number of functions which they enjoyed. While there is a strong philosophical and practical case – as discussed in Chapter Three – for all capabilities and functions to be given equal 'weighting' (Nussbaum, 2003), it was clear that the residents attributed different weightings to different functions. While this point was raised in the previous chapter, the full extent and significance of this only became apparent when the experiences of the residents were viewed through the pathways lens. For example, from the interviews undertaken with the 'mental health' and 'substance misuse' residents, it was clear that of all of the functions discussed, the greatest level of priority – or weighting – was given to the enjoyment of 'bodily health' (as they narrowly defined this), 'affiliations' and play'. Meanwhile, the 'financial crisis', 'family breakdown' and 'childhood trauma' residents seemed to give the greatest level of priority – or weighting – to 'practical reason'. This was evidenced by the residents' viewpoints about the best or most beneficial and worst or most challenging aspects of living in the properties. It was also evidenced by the level of discussion which centred on these issues, compared to others. As such, it could be seen that the actual experience (or anticipated benefits) of these

functions had (or were considered likely to have) a disproportionate weighting on the residents' enjoyment of 'well-lived' lives within the properties. It could also be that some of the residents who were assessed as having enjoyed fewer functions within the properties (notably, some of the 'substance misuse' residents) may have considered themselves to have enjoyed better lives within the hostels than those who were assessed as having experienced a greater number of functions (such as the 'family breakdown' residents).

It was noted in the previous chapter that there was sometimes inconsistency between the residents' perspectives on the conditions within the hostels and their experience of key functions. However, the nature of these only became apparent when viewed through the pathways lens. Inconsistencies were most apparent in the accounts of the 'financial crisis', 'family breakdown' and 'substance misuse' residents. For example, the 'financial crisis' resident raised concerns about the lack of privacy experienced, the behaviour of other residents, the insecurity of their tenure and unorthodox management practices within their hostel. But, they nonetheless seemed to enjoy all of the key functions discussed. Equally, the 'family breakdown' and some of the 'substance misuse' residents were critical of the quality of amenities and facilities within the hostels. But, they reported to at least partially – if not fully – enjoy related functions, such as 'bodily health'. Conversely, those residents in the 'childhood trauma' pathway (the most complex) were least resilient to the challenges posed by the hostel conditions. These residents spoke highly negatively about the environmental conditions within their hostels and made clear links between the environmental conditions and their limited enjoyment of 'well-lived' lives within the properties. This suggests that the residents who experienced the least complex pathways into homelessness were most resilient to the wellbeing challenges posed by the hostels, while those who experienced the most complex pathways were least resilient to the challenges posed (Masten et al, 1990).

It is important, however, not to overstate the uniformity of the residents' experiences within a pathway, to oversimplify the relationship between the residents' pathways into homelessness and their enjoyment of a 'well-lived' life, to exaggerate the link between hostel conditions and central functions or to under-estimate the complexity of assessing the residents' exercise of central functions. Considering these points in more detail, just as the residents who

experienced the same 'ideal type' pathways into homelessness had a diversity of experiences prior to entering the hostels, it was clear from the analysis that in some cases, those who shared the same pathway into homelessness also had different perspectives about the quality and utility of the hostel attributes and their exercise of functions while living in the properties. This was most clearly evident in the reported 'lived experiences' of the 'substance misuse' residents. From the table, it can be seen that the number of functions fully or partially enjoyed by these residents ranged from three to nine. In addition, drawing upon the qualitative data collected in respect of the 'life' function, as an example, one of the residents described their time within their hostel as '*spot on...brilliant*', while another described it as, '*[Hitting] rock bottom...rock, rock bottom*'. In respect of 'practical reason', one resident considered living in the property to be part of their conception of a good life and was keen to remain within their hostel and had taken practical steps to reduce their chances of eviction. For example, aware that they would often get into physical altercations when under the influence of alcohol, they did not drink within their hostel. They said, '*it's funny how I went in there with a drink problem and I stopped drinking*'. Conversely, however, another resident in the 'substance misuse' pathway did not perceive the hostels as central to their conception of a good life and following engagement in substance misuse while living in the property as a coping mechanism, chose to abandon the property without alternative accommodation plans in place.

In addition to some pathways not fitting well into a simple 'more complex pathways – less functions' pattern, there were also some individual functions that presented a different picture. Affiliations – referring to living with others, engaging in various forms of social interaction and being treated with dignity (Nussbaum, 2003) – was a notable anomaly. Contrary to expectation, the 'financial crisis' and 'childhood trauma' residents had similarly adverse experiences of engagement with some residents within the properties – though the adverse experiences of the 'childhood trauma' residents were more acute. Here, it was the 'substance misuse' – and to some extent, the 'family breakdown' – residents who were most likely to report positive affiliations within the properties. Similarly, fears over bodily integrity – being secure against violent assault (including sexual assault and domestic violence) (Nussbaum, 2003) – were most acute among the 'financial crisis', 'childhood trauma' and to some extent, the 'substance misuse' residents,

while the ‘family breakdown’, ‘mental health’ and some of the ‘substance misuse’ residents felt largely unthreatened within the hostels. This suggests the need for a more nuanced reading of the relationship between the residents’ biographies and their experiences with the hostels.

### **7.3 The Relationship between Pathways and Other Factors**

The first section of this chapter has used a pathways framework to develop a more nuanced account of the residents’ ‘lived experiences’ within the hostels, while acknowledging that pathways alone do not provide a full explanation. The focus of this next section, therefore, is other factors that the literature suggests may help to explain why residents who were experiencing similar situations reported different experiences of central functions. Within the literature on the relationship between housing and wellbeing – as discussed in Chapter Three – much of the variability in response to housing situations has been attributed to the mediating effects of the ‘person’. Relevant personal factors were identified in the literature as including: the quality of previous residential environments – sometimes referred to as ‘standards of comparison’ or ‘reference points’ (Amerigo and Aragonés, 1997); the characteristics, support needs and preferences of individuals, which have been discussed in terms of ‘person-environment’ fit (Roberts and Robin, 2004); the susceptibility of individuals to ‘adaptation’ (Beiwas-Diener and Diener, 2009; Chamberlain and Johnson, 2011); and, the resources available to individuals, together with the extent to which they are able to ‘convert’ these resources into functions (Robeyns, 2005). Accordingly, in this section, the relevance and utility of each of these concepts and ideas in explaining the residents’ ‘lived experiences’ is systematically examined, in addition to the relationship between each of these factors and the residents’ homelessness pathways. It became clear that each of the concepts has explanatory value, but some were more relevant to particular residents and pathways than others.

#### **7.3.1 Standards of Comparison and Reference Points**

The first concept employed is 'standards of comparison' or 'reference points'. This refers to the key cultural norms or past experiences which individuals draw upon when assessing their current life circumstances (Amerigo and Aragonés, 1997). In this study, it was anticipated that the past housing experiences of the residents would be a relevant explanatory factor for their perceptions of the properties and this was found to be so in almost half of the cases. Six residents qualified their perspectives on the quality of the environmental conditions within the hostels by making explicit comparisons with past experiences. Critically, however, the relationship here was not straightforward. The 'standards of comparison' or 'reference points' employed by the residents varied across the sample; often similar past experiences had different impacts and, in some cases, it was not clear why certain situations had more resonance for the residents than others. There were also cases where residents recognised the benefits of the hostels over other housing situations, but still did not consider their time within them to be positive experiences.

Most of the 'substance misuse', as well as the 'mental health' and 'financial crisis' residents were explicit in their use of 'standards of comparison' in their assessments of the hostel conditions, with the most frequently employed comparison being their real or imagined experiences of rough sleeping. As revealed through their biographies and discussed in Chapter Five, most of the 'substance misuse' residents and the 'mental health' resident had experienced multiple episodes of street homelessness. As such, it is perhaps not surprising that in making comparisons with rooflessness, the residents tended to reflect favourably upon their 'lived experiences' within the hostels – with a typical comment being, '*Well...It's better than being on the streets, you know what I mean?*'. It also follows that the physical, as opposed to psycho-social, attributes of the properties appeared to have most salience for them. Indeed, following repeat episodes of street homelessness and the difficulties which these posed to the exercise of central human functions, several residents discussed their subsequent enjoyment of the hostel amenities and facilities and specifically, the sleeping, cooking and washing facilities. One said, '*The best bit was sleeping in a bed - it was the first night I was there when I got a good night's sleep*', while another said:

*'Just being inside...would you like to live on the streets in the winter, and how cold it gets in the winter? You know what I mean. Imagine 3.00am, 4.00am, when it's really, really cold. I just wanted somewhere'.*

Interestingly, the 'financial crisis' resident's only experience of housing prior to entering their hostel was social housing, where they had always lived with their mother. It would therefore be reasonable to assume that this resident would view their time within a hostel in less favourable terms. However, the standard of comparison used by the resident was their perception of street homelessness. They described this as an 'unimaginable' predicament, their 'worst nightmare' and a situation in which they 'did know how they would cope'. As such, this resident considered accommodation within the hostel to be highly fortuitous. Throughout their interview, they repeatedly spoke of how fortunate they felt to have been offered a place in a hostel and thus, being spared from the experience of literal rooflessness. Linked to this, it is perhaps unsurprising that insecurity of tenure was one of the most challenging aspects of life in the hostel for this resident.

However, the utility of the concepts of standards of comparison and reference points was less apparent in the cases of the 'family breakdown', 'childhood trauma' and some of the 'substance misuse' residents. Here, none of the residents made comparisons when discussing their perspectives on the hostels and furthermore, those offered did not typically reflect what could objectively be considered reasonable assumptions. For example, despite moving in to the hostels from their parental and marital homes, where relatively high standards might be assumed to exist, the 'family breakdown' residents did not report their time spent within the hostels or any particular attributes to be significantly challenging. One possible explanation is that movement on from fraught familial relations in their previous housing situations accounted – to some extent – for the residents' relatively neutral perspectives on the social conditions within the properties. Equally, in the case of two 'substance misuse' residents, despite past experiences of rough sleeping, they did not speak positively about their time within the hostels – either the nature of the physical and psycho-social conditions within the properties or the impacts of these on their experiences of

central functions. One even reported that they would have preferred to live on the streets than in the hostels:

*'When you're homeless and you're on the streets, you're like, "Oh, it can't get any worse than this", but going to [name of hostel] is worse, I think...I'd prefer to stay on the streets. I felt more safe and secure on the streets than I did in there'.*

As such, it could not be seen that past experiences of rough sleeping had the same mediating effects on these residents as it did for others within the 'substance misuse' group. Furthermore, despite having long histories of homelessness and housing exclusion (in some cases), and more chaotic past housing situations than some of the other residents, the 'childhood trauma' residents also reported finding the physical and psycho-social conditions within the hostels to be highly challenging.

In summary, therefore, some residents made different assessments when comparing street homelessness to the hostel and others did not make comparisons at all. So, standards of comparison and reference points were of only limited value in understanding the functionings of the residents interviewed. Accordingly, the findings demonstrate the necessity of considering the utility of other explanatory concepts.

### 7.3.2 Person-Environment Fit

A further explanatory concept identified within the housing and wellbeing literature was 'person-environment' fit. This suggests that the extent to which individuals thrive within a particular environment is largely determined by the extent to which the environment meets their needs at a given time (Roberts and Robin, 2004). Through the biographical and semi-structured data collected, it was possible – in most cases – to identify the central needs of the residents while living in the hostels and thus, to assess the extent to which the hostels were likely to be meeting these needs. In most cases, a relationship between the residents' needs, the hostel attributes and the residents' enjoyment of central functions could be identified. Here, it is important to note that in some cases, the residents

had very clear and specific needs at the point of entry into the hostels, which they identified in the interviews. Where this was not the case, reasonable assumptions could be made about the central needs of the residents at the point of entry. It is important to note that the residents' most acute needs when in the hostels were not necessarily the same as the most dominant factor associated with their pathway into homelessness.

Unlike the notion of 'standards of comparison', the concept of 'person-environment' fit was most useful in explaining the experiences of the 'childhood trauma' residents, who reported the most negative 'lived experiences' within the hostels. Here, a limited degree of 'person-environment' fit was evident. The most acute need of these residents while living in the properties related to problematic substance misuse. As outlined in Chapter Five, the wider biographies of these residents had been heavily affected by this factor, following experiences of childhood trauma. Most respondents from this pathway expressed a strong desire throughout their interviews to lead substance-free lives. Several had managed to address their problems of addiction prior to entry into the hostels (often following successive experiences of rehabilitation) and as such, remaining abstinent was a key priority for them. However, all felt that this goal was largely unachievable in light of environmental conditions which did not 'fit' with their needs. These included: the widespread availability of drugs and alcohol within the hostels, the omnipresence of residents under the influence of substances and the unpredictability of their behaviours, the inaction of the hostel managers in tackling the problematic behaviour of residents and the absence of support staff within the hostels to help residents to seek treatment, where needed. Indeed, in all but one case, the residents relapsed into problems of addiction while living in the properties, with their daily lives subsequently becoming consumed by securing the means to satisfy their addictions.

More evidence for the importance of 'person-environment' fit for the childhood trauma residents was provided by several of this group reporting that they had managed to tackle their addictions following move on. One resident attributed this to the environmental conditions within their supported accommodation project that were more suitable to their needs. This included: having a support worker within their project, the safe and secure nature of the property and the efforts made by staff to prevent and manage open substance

misuse. Of course, the concept alone does not fully explain why the residents found the hostels to be such stressful environments and eventually relapse while living in the properties. Also, reflecting the discussions had in Chapters Two and Five, this last point is not to suggest that supported accommodation is the panacea for people with complex needs. The challenges associated with these environments are well-known (Harding et al, 2012; Harding et al, 2014; Homeless Link, 2014, 2015).

The concept of 'person-environment' fit was similarly useful in helping to explain the more positive lived experiences of the 'mental health' and several of the 'substance misuse' residents. In line with more positive 'lived experiences', a higher degree of 'person-environment' fit could be seen. For these residents, the hostels were a space which enabled them to meet their basic needs (of sleep, warmth, nourishment and hygiene), while also continuing to engage in substance use, which they regarded as a recreational activity. As outlined in the previous section, these residents talked much about the perils of rough sleeping and their experiences of institutional care environments where the meeting of personal needs was difficult. But throughout, much discussion also centred on the relationships which they had developed with other residents and the level of socialising which took place within the properties – much of which was said to revolve around drugs and alcohol. Furthermore, as discussed in Chapter Five, these residents – while acknowledging some of the negative effects which substance misuse had had on their lives – did not necessarily regard their use of substances as problematic and principally saw this as a form of recreation. As such, through the provision of shelter and basic amenities and facilities, combined with a general acceptance of recreational substance use within the properties and the presence of others with similar interests resulted in a positive 'lived experience'. Supporting this assertion further, the stakeholders working in practitioner roles reported that for many of the hostel residents that they had encountered, the quality and suitability of their accommodation tends to be of lesser concern to those actively engaged in substance misuse – at least until they become ready to address their addictions and risky behaviours. For them, the hostels were a base which allowed for preference fulfilment, with more eudemonic aspects of wellbeing being of lesser concern. One stakeholder explained:

*'It tends to be that until they address the other issues that their accommodation is sort of bottom of the pile to deal with... as long as they've got somewhere to put their head down and keep some of their stuff... And sometimes it's about managing their dependencies, it's just a place where they can facilitate what they're doing until they can get to a place where they choose to want to do something'.*

Finally, while the relevance of the concept was less apparent, it nonetheless had some utility in respect of the 'financial crisis' and 'family breakdown' residents. These residents did not have any obvious 'needs', such as those commonly associated with single homelessness as discussed in Chapter Two (Shelton et al, 2009). But, they all had a housing need. Having 'somewhere to stay' – in an ontological sense – was identified as being the most important aspect of living in their hostel by the 'financial crisis' resident, with (as mentioned previously) the insecurity of their tenure within the hostel being an ongoing concern for them. Here, they commented, *'Well, the landlord could get rid of you, kick you out, at any time'*. Equally, as mentioned previously, the 'family breakdown' residents made reference to the instrumental value of the properties to them, providing them with the means needed to fulfil other key ends. They described the properties as 'just somewhere to lay their heads' until they were able to move on. As such, through the simple act of being able to reside within the properties, a degree of 'person-environment' fit could be seen between the hostel attributes and the needs and preferences of these residents.

In summary, therefore – while not wishing to over-simplify the data – the concept of 'person-environment' fit was useful in elucidating that those who had their perceived greatest need or preference met (specifically, a base from which to engage in recreational drug use) were more likely to report positive lived experiences within the properties, while those who did not have their greatest need or preference met (such as those who wished to avoid a drug using environment) were more likely to report negative lived experiences.

### 7.3.3 Adaptation

Linked to person-fit environment is the concept of 'adaptation' (Beiwass-Diener and Diener, 2009; Chamberlain and Johnson, 2011). This concept refers to individuals coming to accept particular situations as a 'way of life'. While it can be positive or negative, the concept most commonly denotes individuals adjusting their aspirations and expectations 'downwards' in light of negative and challenging situations, as a means of maintaining or increasing their wellbeing.

The concept – and particularly, the idea of 'downward' adjustment – was perhaps most useful in the case of the 'substance misuse' and 'mental health' residents, where a degree of adaptation could be seen to have occurred. Indeed, despite the challenging physical and psycho-social conditions cited within the hostels, several of these residents reported positive 'lived experiences' within them. The residents felt no sense of urgency to move on and one was so keen to remain within their hostel that they had taken steps to minimise their risk of eviction. Furthermore, while a less established concept within the field of housing, the adaptation account contends that a key factor in people coming to accept homelessness or housing exclusion as a 'way of life' is the development of friendships with other homeless or vulnerably housed people, with these affiliations providing them with a sense of belonging that is often missing in their lives and a means of surviving adverse experiences (Grigsby et al, 1990; Kidd and Davidson, 2006; Bender et al, 2007; Chamberlain and Johnson, 2011). Indeed, the 'substance misuse' and 'mental health' residents – as indicated in Table 8 and by the qualitative data collected – had developed the strongest affiliations within the properties. Some of the feedback provided about the affiliations which they had developed included, *'I mean, the people themselves are all fine', 'I'm know everybody. Everyone says I'm a fixture already'* and *'You can talk to most of them, and have a laugh, that sort of thing'*.

There are several reasons why adaptation could be considered most likely to have occurred amongst these residents. The first is the particularly limited housing options available to them. As discussed in Chapter Five, the 'substance misuse' residents faced many barriers to housing and were largely aware of these. When asked about the housing options available to them, one said, *'I don't know where I would go if I couldn't live here anymore...I do worry about that'*. As such, it was perhaps more rational for these residents – compared to those, such

as the ‘financial crisis’ and ‘family breakdown’ residents – to adjust their expectations and accept the benefits offered to them by the hostels.

Secondly, several of these residents had limited, fractious ad/or non-existent relationships with family and where they did, one resident reported having insufficient income to visit them and one did not want to be a burden on them. Here, the ‘mental health’ resident commented:

*‘I don’t like putting on to my family. I’d rather try and be independent. I’d rather my family looked at me as, well he’s on his own trying to do everything himself, rather than me relying on them all the time; asking them for things all the same. I’d rather they thought of me like that’.*

Accordingly, some of the residents were faced with a choice between the development of affiliations within the properties or isolation.

Thirdly, the ‘substance misuse’ pathway was amongst the most common among the residents interviewed; a trend consistent with the analysis of the broader resident and stakeholder data collected. As such, while not everyone categorised as having the same pathway had identical experiences, the ‘substance misuse’ residents were perhaps most likely to find individuals with similar needs, experiences and identities to them, with the other residents’ histories providing a normative context for their own and the sharing of common experiences fostering a sense of camaraderie (Nichols, 2010).

Finally, it seems likely that many in the substance misuse pathway had already adapted to conditions within the hostel because there were broadly similar to those encountered in prisons and other hostels. As such, for most of these residents, the attributes of the properties and their fellow residents may not have been surprising at all.

Stakeholder interviews similarly suggested that some substance misusing residents had undergone a process of adaptation to hostel conditions. When visiting the properties, the stakeholders reported to have encountered long-term residents who seemed to have accepted the hostels as a ‘way of life’. They were reported to spend much of their time socialising with other residents, engaging in what they may have considered ‘recreational’ substance use (particularly,

alcohol) and did not seem to have any desire to move on from the properties. A typical observation here was:

*'It becomes second nature and home to them and it's an existence through subsistence basically I think. The ones that generally make their way to [name of hostel] are, for want of a better word, on their bones and it's almost like, well 'this is my life and this is what I can expect'.*

Linked to this, some stakeholders were aware of residents who they felt had changed their behaviours and sense of identity – by starting to drink more – in order to fit in and develop affiliations with other residents, despite these behaviours being potentially damaging. Here, a stakeholder explained:

*'It's really strange, 'cause one of my clients said that that was the happiest time of his life...because of the people who were in there...some people have said they wanted to fit in, so they sort of created their identity around that...they started drinking and mixing with these men as if...I don't even think it was that conscious, but...'*

However, there was no evidence of adaptation among the residents of other pathways. Indeed, the 'financial crisis', 'family breakdown' and 'childhood trauma' residents reported being keen to move on from the hostels and were taking practical steps towards this. For all, this included a deliberate strategy of avoiding the development of affiliations with others engaged in substance misuse. To support this, they employed a range of strategies to practically and emotionally distance themselves from the wider hostel population. The key strategies employed included: vacating the properties during the daytimes, sleeping as much as possible when in the properties, being pro-active in lobbying the hostel landlords and managers to address problematic behaviour within the hostels and critically, regarding themselves as 'different to' and indeed, 'better than' other residents – notably, the substance misusing majority. These strategies have been similarly observed in a number of studies of homelessness (Nicholls, 2010; Chamberlain and Johnson, 2011). The desire to avoid affiliations, however, was most strong among the 'childhood trauma' residents, with the

'financial crisis' and 'family breakdown' residents generally adopting a strategy of simply being selective about who they developed affiliations with and the nature of these. One of the 'family breakdown' residents explained:

*'I'm not one of those people who's sitting around...I'm not one of these for drinking. Most of them are drinkers. But, they're canny lads. Most of them have known me for a while....'*

Again, these residents' attitudes towards affiliations can be argued to make sense in the context of the specific nature of the hostel conditions and the residents' wider biographies. Importantly, the conditions within the 'financial crisis' resident's hostel were less chaotic, with few of the residents having complex needs. In this specific case, some of the residents who they encountered could also be seen as providing a normative context for their own, and the sharing of common, experiences (Nicholls, 2010). These residents were all said to be working towards the common goal of 'move on'. Here, the resident described some of the residents in their hostel as, *'nice people who I can chat to and they are just all the same... just normal people trying to find somewhere to live as quickly as possible'*.

While it is generally accepted that the longer the duration of homelessness, the more difficult it becomes for people to move on from it, the empirical evidence linking this to a process of social adaptation is somewhat weak (May, 2000; Chamberlain and Johnson, 2011). Similar to criticisms of the 'homelessness careers' metaphor, most people do not have a continuous experience of homelessness and do try to move on from it when opportunities become available. This suggests that individuals' 'acceptance' of a particular situation is not only pragmatic, but is *'continually being constructed and reconstructed over time'* (Zufferey and Kerr, 2005: 346). This pragmatic acceptance can change rapidly once people perceive that alternatives are available to them. This was apparent among the residents interviewed in this study, including those in the 'substance misuse' pathway. Despite the appearance of adaptation, several of these residents had moved on from the properties and reported being happy to have done so, following engagement with support services. They had re-thought their friendships with members of the

housed house public presented them with alternative housing options (such as supported accommodation and sofa-surfing).

So, in this study, the concept of adaptation assisted the identification of a key link between the residents' pathways and their relationships with their fellow residents in particular. However, its relevance varied between residents.

#### 7.3.4 Resources and Conversion Factors

A further recurring theme within much of the housing and wellbeing literature is the determining role played by 'resources'. A number of studies have identified that the nature and level of resources which individuals are able to draw upon can have important 'enabling' and 'buffering' effects on wellbeing (Dunn, 2010). In this study, the residents frequently made references to the mediating role of resources when accounting for their lived experiences within the hostels. However, reflecting discussions from Chapter Three, the relationship between resources and wellbeing is not straightforward. Capability scholars have usefully identified that it is not only the amount and type of resources which an individual possesses which is important to their experiences of wellbeing. It is also their ability to mobilise these resources in pursuit of 'ends' – that is, their ability to 'convert' resources into functionings. The concept of 'conversion factors, which refers to personal, social and environmental factors which constrain the achievements of individuals, is thus important here (Namibian, 2013). So in order to understand the residents' 'lived experience' within the hostels, it was necessary not to simply look at the level of resources which the residents possessed, but also to understand the extent to which they were able to convert these into the enjoyment of central functions.

Broadly speaking, it was found that residents who experienced the least complex pathways into homelessness tended to have the most resources to draw upon to maximise their functionings within the hostels and mediate any adverse effects that might result from living in the properties. They also appeared to be least affected by undermining conversion factors. Conversely, those who experienced the more complex pathways into homelessness tended to have few resources to draw upon, while being most constrained by conversion factors. As such, this relationship can be seen to help account for the diversity of the

residents' 'lived experiences' within the hostels. Social networks – particularly when removed from the homelessness subculture – seemed to be the most valuable resource to residents, while addiction appeared to be the most significant conversion factor which undermined the functionings of some within the properties.

As the respondent who experienced the least complex pathway into homelessness, the 'financial crisis' resident seemed to have the most resources to draw upon, with social networks – both external and internal to the properties – 'enhancing' their functionings, while also providing a 'buffer' against any conditions which could undermine these. This resident was actively engaged with a number of general advice, housing, employment and counselling services at the point of interview and reported that the support which they had received from them had been instrumental in providing them with information about their rights as tenants and thus, empowering them to manage adversity within their hostel. The support had also proven instrumental in helping them to see their time in the hostel as an opportunity for personal development and support, and to channel this learning into working towards a better life for themselves in the future. This resident also had a strong relationship with their mother and had made a concerted effort to strengthen their friendships with friends outside of their hostel upon becoming homeless. These relationships were reported to be critical in terms of supporting the resident to maintain a positive mind-set while in the hostel – with positive emotionality being a key aspect of resilience and wellbeing (Masten et al, 1990; Nicholls, 2010; Veenhoven, 2018). The positive affiliations which the 'financial crisis' respondent had developed with some fellow residents proved invaluable to the enjoyment of a number of functions: most notably, 'bodily integrity', 'practical reason', 'affiliations', 'play' and 'control', whereby the resident felt safer, more confident, more resilient and happier as a result of having affiliations within the properties. Critically, the resident did not feel that the development of affiliations had resulted in them wishing to remain in the property for longer than needed. Gender was the only 'conversion' factor raised by the financial crisis respondent which potentially had some sort of undermining role in their 'lived experience'. The resident reported never feeling entirely comfortable within their hostel due to being one of only a small number of females within an otherwise large, male-dominated, multi-occupancy environment. But, through the

affiliations developed with other women in their hostel, they had collectively developed and implemented a number of strategies to manage any perceived risks (such as surveilling the bathrooms when they each wished to shower). So this conversion factor placed only minor limitations on the resources that were available to them.

The 'family breakdown' and most of the 'substance misuse' residents also alluded to the impacts of resources on their 'lived experiences' within the hostels, with social networks again being the principal resource discussed. Similar to the 'financial crisis' resident, these residents also had networks both external and internal to the properties. But, the support received was different in terms of scale and nature. Considering external support first, several of the 'substance misuse' residents reported regularly staying with family despite having access to a hostel and would make the most of these opportunities to shower, wash their clothes, nourish themselves and sleep. Here, one said, *'I would go to me Ma's house for a bath or shower, you know. I've still got family, and that, you know what I mean? But I don't like taking trouble to me Ma's door'*, while another commented, *'I practically stayed at my brothers three days a week, just to get out of the place, man'*. Several – including the 'family breakdown' residents – were also engaging with crisis support services (such as drop-in centres for homeless people and food banks) where they could access food, clean clothes and shower facilities. Here, one 'substance misuse' resident said:

*'The bathrooms were stinking. I wouldn't use them. I would go to my brothers and get a wash there' and 'Well, it's not very clean. I don't use the baths or the showers. I just go to Gateshead and that Basis place. And like I say, I get a shower in there three times a week'.*

As such, it was clear that external networks were instrumental to the residents' exercise of bodily health within the properties – which as previous identified, appeared to be a priority function for this group. However, the support received typically centred around the meeting of basic needs and maintaining a current lifestyle, rather than changing it. This was also true of the support received from networks within the hostels, with the benefits of these affiliations already discussed (Nicholls, 2010). A further resource possessed by these residents,

over and above those possessed by the 'financial crisis' resident, was cultural knowledge. It seemed that the residents' past experiences of prison, supported accommodation and private hostels provided some with a stock of knowledge about how to manage particular functions within shared living environments. For example, when discussing the management of affiliations and bodily integrity within the properties, for example, these residents cited the importance of 'impression management' – and particularly, demonstrating that they would not be 'pushed around' (Coffman, 1995). Some sought to present this persona through being confrontational, being 'stand off-ish' and/or boasting about their families' reputations. The only significant conversion factor raised by some residents here was 'lack of income' – particularly when subject to benefit sanctions – which rendered them unable to travel to access support from family and friends, for example. Interestingly, the residents did not seem to consider their networks within the hostels or their use of substances to be undermining conversion forces. This makes sense in the context of their wants and preferences at the point of interview.

Critically, the 'childhood trauma' residents, who had experienced the most complex pathway into homelessness, typically did not report having or making use of resources to maximise the opportunities afforded to them while living in the properties, or to mitigate any negative effects of their environment. The only exception here was some cultural knowledge, such as knowledge of public spaces where they could go to during the day and night in order to vacate the properties as much as possible. As identified in Chapter Five, several had lost family members and others were no longer in contact with them. Several had relocated to the area from elsewhere so did not have community relations to draw support from and others had deliberately estranged themselves from past acquaintances who were considered to be negative influences. Others had friends who could have helped but they did not want to impose on them. In addition, none of these residents were regularly engaging with support services also. It was clear, however, that despite having the opportunity to access resources – through engagement with local services, for example – substance misuse was a key conversion factor that prevented the 'childhood trauma' residents from being able to make use of such opportunities in their pursuit of key ends. As mentioned earlier, previous research has discussed the centrality of

social support or 'relatedness' and addictions to experiences of wellbeing and homelessness (Johnson and Chamberlain, 2008; Clapham, 2010; Chamberlain and Johnson, 2011). Trapped in addiction while living in the properties, these residents talked about their everyday lives being dominated by short-term goals, such as securing sufficient funds to purchase drugs and then feeding their habits. This prevented the residents from engaging in any processes of longer-term planning, as well as developing positive social networks, engaging with support services, using their financial resources for more constructive ends, maintaining a positive sense of emotionality and making the most of the hostel amenities and facilities.

In summary, social networks, external to the hostels were the most valuable resource discussed by residents, but were only possessed by those who had experienced the least complex pathways into homelessness. While social networks within the hostels had some value and were evident for residents from most pathways, these also had the potential to be conversion factors, particularly for those who wanted to give up addictions. But, while several conversion factors were discussed, problematic substance misuse appeared most significant in respect of preventing the residents from accessing capability- enhancing or buffering resources. Those who did not have long term problems of addiction – specifically, the 'financial crisis' and 'family breakdown' residents – were generally able to remain substance misuse free within the properties, to enjoy a range of functions within the properties and to use their social contacts to positive effect. Those who had long-term addiction problems – specifically, the 'substance misuse' and 'childhood trauma residents – were generally unable to remain substance misuse free within the properties and to enjoy a range of functions within the properties. However, some of those in the substance misuse pathway were able to make use of the resources of social contacts outside the hostel, typically with family members, despite their ongoing addictions. This contrasted with the experience of the 'childhood trauma' residents who had usually lost contact with their family. This demonstrates the importance of the interaction between pathways and other factors, and their influence on functions.

#### **7.4 Summary**

A key contention of this study is that although a substantial body of homelessness research has generated a great deal of insight into the causes of homelessness and homeless people's likely support needs, much less emphasis has been given to the crucial process of moving through and out of homelessness (Anderson, 2001; Chamberlain and Johnson, 2011). In this context, the chapter has produced a number of significant findings.

As hidden homeless individuals, the chapter has provided a highly nuanced reading of the 'lived experiences' of the private hostel residents engaged with. Through analysis of the data from a pathways perspective – while there were several inconsistencies and complexities within the data – a broad relationship between the complexity of the residents' pathways into homelessness and their 'lived experiences' within the hostels was identified. Specifically, the residents who experienced the least complex pathways into homelessness – the 'financial crisis' and 'family breakdown' residents – exercised the greatest number of capabilities during their time within the hostels. Those who experienced a mid-ranking pathway – the 'substance misuse' residents – were typically able to enjoy some of the key functions under discussion. Lastly, those who experienced the most complex pathway into homelessness – the 'childhood trauma' residents – exercised very few, if any, functions within the hostels. The latter finding is particularly significant and has clear policy and practice implications (as discussed in the concluding chapter). The 'mental health' resident was the only participant who did not fit within the broad pattern identified. Despite experiencing one of the most complex pathways into homelessness, they self-identified as enjoying all of the central functions covered. However, there were some doubts about the accuracy of the data which they provided.

There were limitations to the explanatory power of the pathways identified in Chapter Five, as demonstrated by differences between respondents in the same pathway – particularly the 'substance misuse' pathway – and the exercise of some central functions ((such as 'affiliations') being more common among those who had experienced the more complex pathways, than those who had experienced the least complex ones. However, through an exploration of the relevance of a number of key concepts evident within the housing and wellbeing literatures, the chapter was successful in identifying a series of further factors

which contributed to an understanding of the residents' varied 'lived experiences'.

The key explanatory factors identified were:

- The residents' past experiences (and critically, imagined perceptions) of alternative housing situations;
- The residents' most acute needs, preferences and wants from the properties and the extent to which the hostel attributes reflected these;
- The extent to which the residents' were prepared to accept the hostels as a 'way of life', as influenced by a number of factors: their conception of a good life, an assessment of the alternative housing options available to them, the acceptability of the hostel conditions in light of the housing options available to them and the past experiences, needs and interests of other residents;
- The nature and level of resources which the residents could draw upon (most importantly, family, friends or external agencies and the extent to which their support networks were part of a homelessness subculture); and
- The residents' level of engagement in and attitudes towards substance use (drugs and alcohol), which could undermine their abilities to maximise the opportunities for support available to them.

Table 9 below outlines the key factors and the specific nature of these as they applied to each of the 13 residents interviewed.

**Table 9: Key Explanatory Factors for the Residents' 'Lived Experiences'**

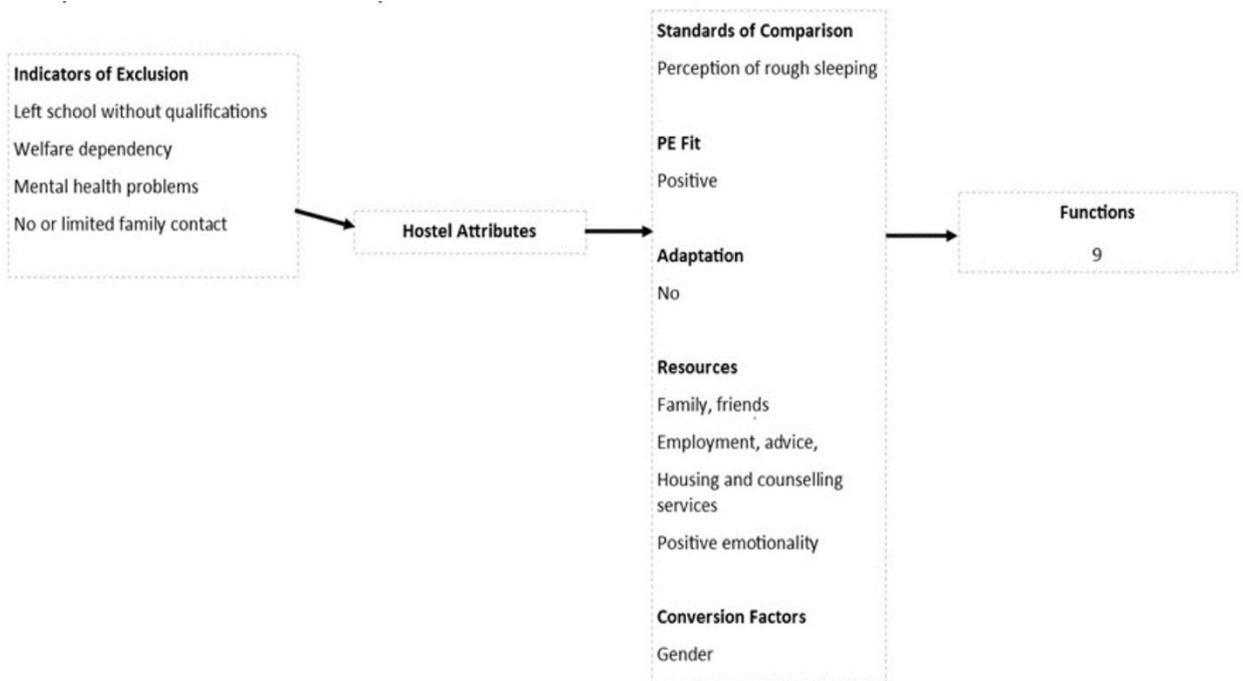
Res	Functions	Pathway	Standard of comparison	Primary Need	PE Fit	Adaptation	Resources	Conversion Factors
1	9	Financial Crisis	Imagined rough sleeping	Housing/Ontological stability	Y	N	Family, friends, employment/advice/housing/counseling services, positive emotionality	Gender
2	8	Family Breakdown		Housing	Y	N	Affiliations, crisis support services	
3	8	Family Breakdown	Rough sleeping	Housing	Y	N	Family, affiliations, crisis support services, cultural knowledge	
4	8	Substance Misuse	Rough sleeping	Basic physical needs / a recreational space	Y	Y	Family, affiliations, crisis support services, cultural knowledge	Income
5	9	Substance Misuse	Rough sleeping	Basic physical needs / a recreational space	Y	Y	Family, crisis support services, cultural knowledge	
6	5	Substance Misuse	Rough sleeping	Basic physical needs, personal safety	N	N	Affiliations, crisis support services, cultural knowledge	
7	9	Substance Misuse	Rough sleeping	Basic physical needs	Y	Y	Family	
8	3	Substance Misuse	Rough sleeping	Basic needs / personal security	N	N	Cultural knowledge	Negative emotionality
9	9	Mental Health	Rough sleeping	Basic physical needs / a recreational space	Y	Y	Crisis support services, mental health services	Mental health problems
10	1	Childhood Trauma		Abstinence	N	N	Cultural knowledge	Addiction, negative emotionality
11	0	Childhood Trauma		Abstinence	N	N		Addiction, negative emotionality
12	4	Childhood Trauma		Abstinence	N	N		Addiction
13	3	Childhood Trauma		Abstinence	N	N		Addiction, negative emotionality

Through a reading of the table, it should be possible to trace an explanation of each of the residents' lived experiences within the hostel. For example, the table indicates that the 'financial crisis' resident had a positive lived experience within their hostel due to:

- their perceptions about rough sleeping;
- the hostel fulfilling their desire for some form of housing;
- the level and nature of resources which they were able to draw upon to maximise the opportunities afforded to them by the hostel; and,
- the relative absence of factors which undermined their ability to convert resources into functionings.

This explanation is illustrated in Figure 8 below.

**Figure 8: An Illustration of the 'Lived Experience' of the Financial Crisis Resident**



In addition to accounting for the number of functionings experienced by the residents within the hostels, however, the analysis was also useful in explaining why some functions were more salient for particular residents than others. For example, the concepts could be argued to explain the greater weighting given by

the 'substance misuse' and 'mental health' residents to 'affiliations' and 'play'. The concepts suggest that this may be explained by their attitudes towards substances, the significant benefits derived from and influence of their peers in their lives and the crisis-focused nature of their external support networks.

However, several broader points are important to note. Firstly, while each of the concepts employed in the chapter had explanatory value, some concepts were more relevant to particular residents and pathways than others. Specifically:

- All of the concepts helped to explain the 'lived experiences' of the 'substance misuse' and 'mental health' residents.
- Standards of comparison, 'person-environment' fit, resources and conversion factors were most relevant to the 'lived experiences' of the 'financial crisis' and 'family breakdown' residents.
- Person-environment fit and resources and conversion factors were most insightful in explaining the 'lived experiences' of the 'childhood trauma' residents.

Overall, therefore, the concepts of 'person-environment' fit and the notions of resources and conversion factors appeared to have the greatest level of relevance to the study.

The importance of considering these factors, alongside pathways and biographical factors was demonstrated when considering that an environment where substance misuse was common represented a good fit for those in the 'substance misuse' pathway, but a bad one for those in the 'childhood trauma' pathway, and that relationships outside of the hostels tended to be a resource available to those in the 'substance misuse' pathway, but not those in the 'childhood trauma' pathway. The analytical tools used in tandem thus helped to explain the different levels of functionings and wellbeing of individuals who were experiencing very similar objective conditions. Again, these patterns could be seen to have clear policy and practice implications (as discussed in the next chapter). Here, it is important to note that only few studies have applied the concept of 'homelessness pathways' to understanding pathways through, as well as into, homelessness (see Chamberlain and Johnson, 2091 for a notable exception). Echoing the findings of this research, this study has further

highlighted the utility of the concept as a means of elucidating understanding of pathways through – or ‘lived experiences’ – of homelessness. But, the study can also be seen to have extended the literature on homelessness pathways, by highlighting the explanatory power of the concept, when used in conjunction with other explanatory concepts. It was through the concurrent of different concepts that the most unique and important findings of the study emerged.

Finally, it was clear that – as per the literature – the key factors which mediated the residents’ experiences had a dynamic relationship with each other (Rauh et al, 2008; Oswald and Wahl, 2004). In several cases, the residents’ ‘standards of comparison’ (such as seeing the hostels as preferable to rough sleeping) were accompanied by an increased propensity to adapt to the hostels as a ‘way of life’. In addition, in several cases, the extent to which the hostel attributes fulfilled the residents’ primary needs and wants was related to the likelihood of the residents adapting to the hostels as a way of life and their ability to convert the resources available to them – both within and outside of the properties – into functions. The findings, therefore, highlight the importance of a holistic approach to evaluation and thus, validate the multi-construct evaluation framework developed for this study. The pathways and key concepts, however, even when considered together, did not explain all of the variations in the ‘lived experiences’ of the residents. There are certain to be a number of further concepts of relevance. However, those discussed here provide a substantial understanding and significant starting point for future housing evaluations of this nature.

Moving forward, the thesis now moves into Part Four. The final chapter which follows, refers back to the focus of the study, as well as the research approach and methods employed. It states the key findings to emerge and importantly, the principal contributions of the study to academic knowledge and understanding, as well as contemporary homelessness debate. Finally, there is reflection upon the limitations of the study and prospects for future research.

## **Part Four: Conclusion**

## **Chapter Eight – Conclusion**

### **8.1 Introduction**

This concluding chapter synthesises the information presented throughout the previous seven chapters to show how the study has investigated the ‘lived experiences’ of private hostel residents in Newcastle-upon-Tyne and, in doing so, has extended the extant knowledge base in this area and contributed to broader gaps in knowledge and understanding. The chapter is organised into four key sections. The chapter begins by summarising the focus of the study and the conceptual framework and methodological approach employed. Next, the key findings to emerge from the process of data analysis and the principal academic contributions of the study are outlined. Following this, some key policy and practice implications to emerge from the research are discussed. Finally, reflections are offered on the potential limitations of the study and the prospects for further research which flow from these.

### **8.2 The Research Study**

The overarching focus of this study was an investigation of the ‘lived experiences’ of residents living in private hostels in Newcastle-upon-Tyne. This was achieved through a conceptual framework, modified in the course of the study, which drew most significantly on the ‘homelessness pathways’ (Clapham, 2003; Fopp, 2009a; Fitzpatrick et al, 2012) and ‘capability’ (Nussbaum, 2003; Robeyns, 2006; van Staveren, 2008; Nicholls, 2010; Binder, 2013) literatures. The study investigated the ways in which the biographies of 13 private hostel residents intersected with their perspectives on the hostel conditions and the reported impacts of these on their wellbeing – and specifically, their exercise of central functions (Nussbaum, 2003). The doctoral study was undertaken alongside an applied piece of research. It was narrower in scope than the applied research, but more theoretically ambitious, with the focus being a comprehensive and rigorous understanding of the lives, experiences and wellbeing of the residents.

A review of the literature showed property conditions within HMOs and the experiences of those living in them – whether these be private hostels, guest houses, B&Bs or other forms of temporary accommodation – to be a relatively neglected area of housing research. The limited existing research has a number of shortcomings, including the presentation of data collected as fact, the limited critical scrutiny of key research questions, the generally limited employment of a theoretical framework and methodological conservatism (Jacobs and Manzi, 2000, 2009; Hendricks et al, 2010). Thus, it was conceived that the development of a conceptually and methodologically ambitious and robust study in this area could generate useful conceptual, policy and practice insights.

Further evidence for the need for this study was generated by policy developments: the rapid expansion of the PRS since the 1980s in light of neoliberal government policy (Jacobs and Manzi, 2013a, Forrest and Hirayama, 2014); a significant increase in the scale of homelessness (of all types) in England and Wales since 2010 (Fitzpatrick et al, 2018); and, the predicted effects of policy change, such as the 2012 Welfare Reform Act and the 2011 Localism Act (Edwards et al, 2013). Collectively, these trends suggested that a growing number of single homeless and other vulnerable households were likely to be entering the bottom end of the PRS.

The specific aims of the study were to:

- Explore the utility of a range of concepts from the field of homelessness – notably, the concept of ‘homelessness pathways’ – to the generation of a detailed understanding of the biographies of households living in the private hostels;
- Employ the Capability Approach as a framework for evaluating the impacts of living in the properties on the residents’ exercise of central human functions; and
- Examine the utility of the pathways approach as a means of advancing a nuanced understanding and explanation of the impacts of living in the properties on the functions of the residents.

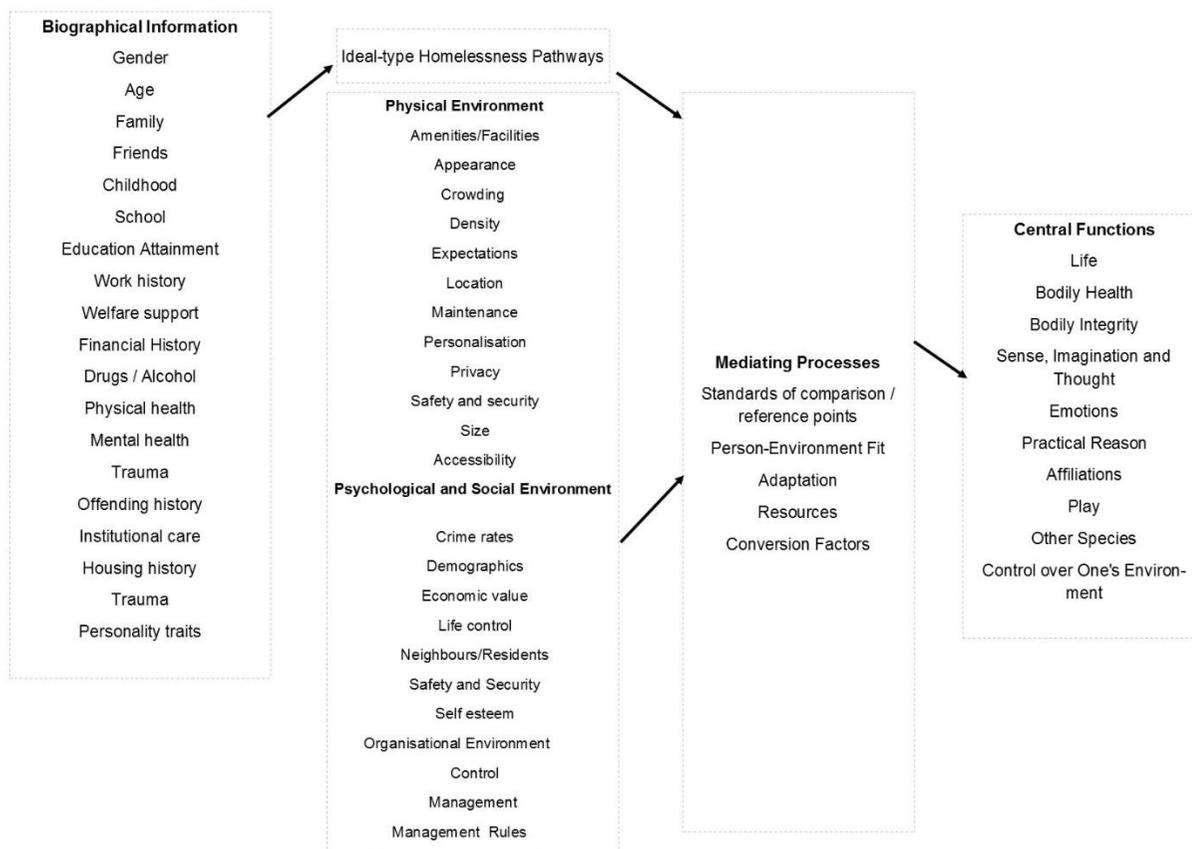
These aims emerged iteratively in the course of the study, as is the case with many studies (England, 1994).

### 8.2.1 The Conceptual Framework and Research Approach Used

A review of previous studies that had examined the area of housing and wellbeing suggested that the complexity of the relationship between these two factors is often under-estimated. The complexity here is due to the multi-dimensional nature of wellbeing (Knight and McNaught, 2011), the multi-dimensional, multi-attribute nature of residential environments (Oswald and Wahl, 2004; Kearns et al, 2012) and the mediating role played by the personal characteristics, experiences, needs and preferences of individuals (Altman and Rogoff, 1987; Moos, 1987; Roberts and Robin, 2004). Adding further to the complexity, the relationship between housing attributes, experiences of wellbeing and the 'person' has been shown to be interdependent and dynamic (Oswald and Wahl, 2004; Rauh et al, 2008).

While a number of useful approaches to housing evaluation and a range of useful explanatory concepts were identified, it was not possible to find a robust evaluation framework for the study, which reflected the key insights derived from the literature. Nonetheless, the literature reviews provided a significant steer as to what a suitable framework would be. It was clear that an understanding of the residents' 'lived experiences' within the hostels would require a detailed mapping of: their biographies (leading to the identification of ideal-type pathways into homelessness, if possible), the property conditions within the hostels, the ways in which these conditions were impacting on various aspects of the residents' wellbeing and the ways in which their biographies mediated these effects. The resultant evaluation framework produced, which was originally presented as Figure 6, is shown again overleaf.

## The Evaluation Framework Employed in the Study



Following much consideration of the focus and desired outcomes of the study, the research was ultimately informed by an interpretivist lens and qualitative research design (Scotland, 2012; Bryman, 2016). Interpretivism and qualitative approaches often go ‘hand in hand’ due to the sharing of similar characteristics – notably, a desire to describe and analyse the experiences and behaviour of humans, from the point of view of those been studied, with the focus being on ‘seeing through the eyes of the other...’, ‘description’ and ‘contextualism’ (Bryman, 2016). These were considered to be the most appropriate methodological underpinnings for the study in line with the aims of collecting rich and detailed information about the ‘lived experiences’ of private hostel residents and locating an explanation for these in the residents’ wider personal and social contexts. In-depth, semi-structured interviews – with some ‘life history’ aspects – with 13 private hostel residents were the most salient aspect of what proved to be an extensive data collection process. It was considered that these interviews would allow the participants to provide rich descriptions of their experiences within the hostels and how they understood them in respect of their own contexts, interests and backgrounds (Hubbard, 2000).

In line with the conceptual framework developed for the study, the biographical data collected was analysed in relation to key definitions, concepts and approaches traditionally associated with understandings of homelessness. The identification of the residents as ‘single homeless’ – on the basis of not having a right to occupy any form of accommodation immediately prior to entering the hostels, while nonetheless failing to meet the requirements of the statutory homelessness system in England as it stood at the outset of the study (Jones and Pleace, 2010) – was important in validating the use of the concept of ‘homelessness pathways’ as a key heuristic device for the latter findings on ‘lived experiences’ within the hostels. Also of particular importance here were the residents’ subjective accounts of key factors associated with homelessness and the ways in which these factors shaped their life-courses: in particular, their identification of one factor as explaining their current situation. They therefore seemed to fit well into five ideal-type pathways into homelessness, centring on financial crisis, family breakdown, substance misuse, mental health and childhood trauma.

Following this, the data collected on key environmental conditions within the properties was analysed in line with Francescato et al's (2002) framework of residential satisfaction. Importantly, the framework acknowledges housing to be a multi-dimensional concept – comprised of physical, psychological and social dimensions – with each dimension comprised of a range of attributes. It thus reflected important findings from the broader housing and wellbeing literature, by rejecting the approach of many previous residential satisfaction surveys and acknowledging housing to be a psycho-social, as well as physical, unit (Easthope, 2004). Ultimately, the framework provided a comprehensive, yet flexible foundation for data analysis, with the broad conceptual groupings providing a useful way of coherently organising, analysing and re-presenting the environmental data collected. The residents were given the opportunity to discuss any features of the hostel environments which they considered to be important. Crucially, no attributes which lay outside of the framework were mentioned, thus reinforcing the suitability of the framework.

The Capability Approach was the key tool used for assessing the impacts of living in the properties on the wellbeing of the residents. The approach can be seen to represent a useful 'middle ground' between purely objective and subjective accounts of wellbeing. The study was therefore consistent with the thinking of many who have viewed both objective and subjective approaches to wellbeing to be valid informational spaces (Borthwick-Duffy, 1992; Cummins et al, 2000; Diener, 2000; Forgeard et al, 2011; Taylor, 2011). While subjective appraisals of wellbeing have an internal validity for which there is no substitute (Costa et al 1987), much empirical research evidences that improved objective conditions can contribute to an improved sense of wellbeing (Stevenson and Wolfers, 2008, 2013). In addition, it has been convincingly argued that self-reported wellbeing alone cannot be universally conceived as a commentary on the acceptability of one's objective conditions (Biswas-Diener and Diener, 2001, 2006).

In addition to these more conceptual factors, the wide application of the Capability Approach across a range of fields has indicated its practicability (Robeyns, 2006). For both philosophical and practical reasons, therefore, the position was adopted that there are 'central functions' that most human beings have reason to value. Nussbaum's (2003) list of central functions was used as a

map of important variables to guide the empirical aspects of the study. In order to respect the agency of the residents, all were given the opportunity to discuss any other functions of importance to them but none did so. Critically, clear associations were found between the hostel attributes and all of the central functions discussed, reinforcing the suitability of the approach to discussions of housing and wellbeing.

In order to gain a robust understanding of the residents' 'lived experiences', it was necessary to draw upon a number of key housing and wellbeing concepts, which the literature has suggested may impact on the wellbeing of an individual. The main concepts applied to the data were: 'standards of comparison' or 'reference points' (Amerigo and Aragones, 1997), the concept of 'person-environment' fit (Roberts and Robin, 2004), the susceptibility of individuals to 'adaptation' (Beiwias-Diener and Diener, 2009; Chamberlain and Johnson, 2011) and the resources available to individuals, together with the extent to which they were able to 'convert' these resources into functions (Robeyns, 2005). These factors were considered alongside homelessness pathways because the residents' biographies were central to explaining their 'lived experiences' within the hostels, thus confirming the value of the life history method used (Hubbard, 2000). The interaction between the concepts and the pathways proved vital in terms of understanding both the number of functions experienced by different residents and the salience of particular functions at the individual level.

In addition to the detailed data collected from residents, detailed semi-structured interviews were conducted with 23 local stakeholders, with more informal stakeholder discussions also being held at seminar and roundtable events, via site visits and through one-to-one meetings. As the doctoral research unfolded and its scope became narrower in focus, the stakeholder data proved to be less central to the study than originally envisaged, as primacy was given to the residents' own accounts of their lives and understandings of their circumstances. However, in light of the difficulties encountered in engaging residents in the study and concerns about the reliability of some of their accounts, the discussions with stakeholders served as useful mechanisms for ensuring research rigour and validity (Lincoln and Guba, 1985).

### **8.3 Summary of the Findings and the Contributions Made to Academic Knowledge and Understanding**

The study made substantial contributions to academic knowledge and understanding, as well as having important practical implications. The latter will be discussed in the next section. The first original and significant contribution of the research is a robust understanding of the ‘lived experiences’ – and specifically, the exercise of central functions – of a sample of residents living in private hostels in Newcastle-upon-Tyne. One of the most significant discrete findings of the research was the diversity of the residents’ lived experiences’. Despite the hostels being identified as offering relatively similar objective environmental conditions, the 13 residents had markedly different experiences within them: that is, they developed different perspectives on the nature and adequacy of the hostel conditions and made different links between the hostel conditions and their exercise of central human functions. Some residents suggested being able to enjoy all of Nussbaum’s (2003) central functions while living in the properties, while others suggested being able to enjoy few, if any. Other studies of this nature have similarly identified differential impacts of living in HMOs on the wellbeing of residents (most notably, Barrett et al, 2012; Davies and Rose, 2014; Barrett et al, 2015). However, this study extended the understanding provided by previous studies in two important ways.

The first is through the identification of the key factors that contributed to explaining which residents had positive, mid-ranking and negative experiences within the hostels. Crucial here was the separation of residents into five homelessness pathways according to the key exclusionary factors which most shaped their lives and the complexity of their life-courses. A clear association was found between the complexity of the residents’ pathways and the extent to which they were able to lead ‘well-lived’ lives within the hostels. Those who experienced the least complex pathways into homelessness – namely, the ‘financial crisis’ and ‘family breakdown’ residents – exercised the greatest number of functions within the properties, while those who experienced the most complex pathways – namely, the ‘substance misuse’ and ‘childhood trauma’ residents – exercised the least.

However, the residents' pathways alone could only provide a partial explanation of the different levels of wellbeing displayed within the hostels, with other relevant factors including rough sleeping, institutional care, personal needs at the time of living in the hostels, access to constructive social networks and perspectives on and engagement in the use of substances. The factors that were found to have most explanatory power when considered alongside pathways were the degree of 'fit' between the hostel attributes and the needs and wants of the residents, the nature and extent of their social networks and their attitudes towards and engagement with substances. This finding is consistent with previous studies that have highlighted the centrality of social support or 'relatedness' and addictions to experiences of homelessness and wellbeing (Johnson and Chamberlain, 2008; Clapham, 2010; Chamberlain and Johnson, 2011).

The second original and substantive contribution of the research has been the development of a robust framework for both evaluating and explaining experiences of wellbeing within specific housing contexts, as demonstrated in Figure 6. A small but growing number of scholars have long been calling for the development of a multi-faceted framework which places wellbeing at the heart of housing debates (King, 1998, 2009; Harrison, 2004; Clapham et al, 2017). The framework is person-centric and able to explain differences between residents, reflecting that the experience of housing is highly individualised (King, 2009). The importance attached to the subjective views of residents is consistent with findings that user perspectives on housing tend to be better predictors of wellbeing than objective evaluations (Wright and Kloos, 2007; Weden et al, 2008). The analysis confirmed that the key explanatory factors explored through the study were all relevant (though their relevance in relation to each resident varied) and they typically existed interdependently and in a dynamic fashion, as other studies have indicated (Rauh et al, 2008; Oswald and Wahl, 2004). While it is acknowledged that the framework cannot explain all differences between individuals and that there were factors not considered here that were likely to have had an impact, it makes a substantial contribution to understanding the relationship between housing and wellbeing for this particular group of disadvantaged people.

## 8.4 Research Implications

Since the doctoral study began, there has been a noticeable change in the level of research and debate taking place on the role of the PRS as a provider of accommodation for single homeless and other vulnerable households and their experiences within it. A more sizeable – though nonetheless still relatively small – research literature is now available on the topic and from this, a series of policy and practice recommendations have been presented to policymakers in central government, local government and other agencies. Pockets of good practice are emerging across the North East of England, where a national homelessness charity has developed relationships with two large hostel landlords and is providing outreach support to the hostel residents. In two local authority areas in the North East, local housing options teams have secured funding for new staffing posts, with the specific remit of developing relationships with private hostel (and related HMO-type) landlords, in an effort to improve property standards, management practices and critically, the wellbeing of residents. At the national level, the most significant development is the drive to create Temporary Accommodation Boards (TABs). These are envisaged as being placed-based collaborations of key stakeholders, who share a desire to come together to implement local solutions around problems within UTA in their localities. In November 2017, over 100 stakeholders from 15 local authority areas met to discuss the feasibility and scope of TABs, with Greater Manchester currently trailblazing the first board of this kind (see Justlife, 2018). A national TAB network, tasked with the sharing of good practice and driving forward national changes in respect of UTA, has also been established. Nonetheless, much work remains to be done and there are calls for additional research regarding the scale and scope of the UTA sector and the nature and needs of its residents (see Justlife, 2018; Maciver, 2018).

All of the above developments are consistent with the findings of this study, of poor conditions in many hostels and a lack of contact between statutory and voluntary agencies and landlords/owners. However, the detailed examination of the experience of individual residents points to a further set of recommendations. One of the most significant findings of the study was the identification of a cohort of individuals with complex needs residing in private hostels in the research

locality. Those with the most complex needs engaged with had typically experienced some form of trauma at an early age and generally within the family home. This experience went on to underpin a series of mutually-reinforcing events and experiences, which resulted in long-term and deep-seated experiences of homelessness and exclusion. Critical, also, was the finding that these residents had the most negative perceptions of the hostel conditions and reported being able to enjoy very few, if any, central functions within them.

This study adds weight to a number of concurrent studies which provide convincing evidence for the assertion that unsupported, multiple occupancy units in the PRS are not suitable environments for these individuals. While living in supported accommodation run on a not-for-profit basis may alleviate some of the difficulties, it is logical to infer that here also those with complex needs are highly likely to suffer from limited degrees of 'person-environment' fit. A wealth of homelessness research has already evidenced that progression through linear models of housing support, which typically require single homeless people to prove themselves to be 'housing ready', is not achievable for those with the most complex of needs, who struggle in shared living environments. While this study offers no direct evidence to support the Housing First concept, it does support one of the criticisms of traditional models that led to its development as an alternative (Bellis and Wilson, 2018).

The study further advances the importance of strengths-based approaches to working with those with complex needs. Homelessness support services have long been underpinned by a deficit-oriented model, which focus on the 'problems' faced by service users, relating to physical and mental health, addictions, unemployment and a lack of income, for example. While deficit-oriented models have some validity, such approaches neglect the personal resilience, cultural knowledge, problem-solving skills and external resilience which research has identified as central to 'surviving' homelessness (Cosgrove and Flynn, 2005; Bender et al, 2007). Within this study, there was also a clear relationship between the internal and external strengths and resources possessed by the residents and their exercise of central functions. A greater emphasis by homelessness services, therefore, on resilience and empowerment – through strategies such as supporting service users to maximise support from family and friends and encouraging positive emotionality – may prove highly

effective in terms of supporting people with complex needs to effectively tackle their housing and other support needs.

Clapham (2003) suggests that one of the ways in which existing pathways studies need to be supplemented is through the analysis of public policy interventions from a pathways perspective. As noted above, the growing support for Housing First approaches is consistent with this research, which points to long term difficulties in shared living environments for single homeless people from particular pathways. The 2017 Homelessness Reduction Act, which requires a more tailored approach to meeting the needs of single homeless people, also fits with the evidence from this study that similar housing environments can have very different effects on people from different homelessness pathways.

## **8.5 Limitations of the Research and Prospects for Further Study**

In this final section, attention turns to the potential limitations of the study and in some cases, the prospects for future research which emerge from this. Methodological limitations to the study were noted in Chapter Four and the possible implications of these limitations for the applications of the findings are considered here.

The first potential limitation of the research is the boundaries of its generalisability. Generally speaking, interpretivist, qualitative and/or case study research does not claim to be generalisable to the wider population (Silverman, 2001; Yin, 2003; Bryman, 2016). Because of this, there was no explicit intention to generalise the findings beyond that of the private hostel residents in the research locality. Rather, the research was more concerned with presenting rich and rigorous data, in line with the research aims and to contribute to theory. Having said this, Williams (2000) posits that interpretivist research can have 'moderatum generality' if applied to other studies involving similar individuals, within similar contexts. So, consideration was given to the extent to which the findings might be generalised beyond the boundaries of Newcastle-upon-Tyne. However, within the city, the local authority and its partners were in a very distinctive position in respect of not having relationships with any of the private hostel landlords in the area, due to the availability of alternative housing options for low-income and vulnerable homeless households. In most other local

authorities in the region, agencies have some form of relationship with the hostels. As such, caution should be exercised in seeking to apply some of the more practical findings to other geographical areas.

A further potential limitation of the study is the number of concepts that could be incorporated into the data analysis. For example, van Kemp et al's (2001) graphic of personal characteristics likely to mediate residential satisfaction (presented as Figure 4) outlined a number of characteristics which were not explored through the study. Similarly, the literature reviewed in Chapter Three pointed to a number of explanatory concepts which could have been employed in the study, such as 'life-ability' and 'reflected appraisal' (Veenhoven, 2008). A decision had to be made as to which key characteristics and concepts were likely to be of most relevance to the study. So, the framework of 'lived experience' produced in this study is not argued to be exhaustive. It was, nonetheless, sufficiently comprehensive to explain a number of key differences between respondents. If the framework was to be applied by other researchers, it is likely that they would make slightly different decisions as to the particular aspects of biography, the means of organising research participants into key sub-groups, the nature of different housing attributes and the relevance of different explanatory concepts to be included. However, any framework should be capable of adaptation to address different research questions or objectives. Following on from this, a key avenue for future research is the further development of the framework created in this study, considering the relevance of further variables and concepts and its utility within different housing contexts. In any further study, serious thought would ideally be given to the collection of the data via a series of interviews, as opposed to a single encounter (where possible). The wellbeing and life history literature highlights the impact of the nuances of everyday routines on wellbeing and the need for extended engagement with individuals for these to be fully elicited (Cieslik, 2019). A further study might also give thought to weighting the significance of key capabilities or functions, in the light of the evidence from this study that the residents varied considerably as to which functions they considered to be most important to their wellbeing.

So, any future research might take a different approach to key aspects of methodology and would have a number of highly relevant current policy developments to take into consideration. However, the research discussed in

this thesis provides evidence to enhance understanding of the situation of hostel residents, and of the relationship between housing and wellbeing. In particular, it demonstrates that the differential experience of similar hostel conditions is best understood by an analysis that incorporates pathways, capabilities or functions and a number of other key concepts. The key findings about the relationships between these factors, and the framework from which they are drawn, make a vital contribution to better understanding a group to which little attention has previously been devoted.

## Appendices

### **Appendix 1: Project Ethics Framework approved by Northumbria University's Research Ethics Committee**

Northumbria University  
**Research Ethics Data Form: 3.2**  
Version 3 (20 October 2011)

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#### **Research involving people or personal data**

If your research study involves people or personal data, all of the questions on this form must be completed and the form included as part of your research ethics submission.

To complete the form, please type your responses into the text boxes, which will expand to accommodate the information you provide. For questions with the option of 'yes/no', please click on the appropriate box and type 'X'.

Depending on your research study, you may need to include supporting documentary evidence as part of this form. Please refer to the research ethics guidelines for your academic school for information about the type of evidence you need to provide.

<b>Research ethics number:</b> <i>From Research Information tab of online form</i>	RE25-01-12614
<b>Project title:</b>	Homelessness Pathways and Capabilities – A Study of the Lived Experiences of the Hidden Homeless in Private Hostels in Newcastle-upon-Tyne

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#### **1. Research participants**

Provide details of the sample groups that will be involved in the study. For most research studies, this will cover: the number of sample groups; the size of each sample group; the criteria that will be used to select the sample group(s) (e.g. gender, age, sexuality, health conditions). If the sample will include NHS staff or patients please state this clearly. If this is a pilot study and the composition of the sample has not yet been confirmed, please provide as many details as possible.

The research will involve interviews with up to three sample groups.

**Stakeholders:** Interviews will be undertaken with approx. 15 local policymakers and service providers, including members of Newcastle City Council's housing, regeneration, regulatory services, public protection and adult social care departments; a local counsellor; the Newcastle Private Rented Sector Service; Northumbria Police; and, relevant third sector organisations (such as the Cyrenians, the largest homelessness service provider in Newcastle).

**Private Landlords:** Interviews will be undertaken with 3 Houses in Multiple Occupation (HMO) landlords.

**HMO Residents:** Interviews will be undertaken with approx. 10 current (or former, if necessary) HMO residents.

Will your study involve children or vulnerable adults (people with mental health issues, people with dementia, people with learning difficulties, or people who may raise issues in terms of understanding consent)?

Yes

No

**If yes:** Describe what role, if any, parents/carers/consultees will take in the study:

## 2. Research team – Criminal Records Bureau (CRB) clearance

If you, or any members of the research team, will have substantial or ongoing contact with children or vulnerable adults as part of this research study, the relevant CRB clearance must be obtained.

Will you, or any member of your research team, require CRB clearance?

Yes

No

**If yes:** Provide details of the CRB clearance that has been obtained either through Northumbria University or through the NHS Research Passport Scheme:

Name	Type of CRB clearance (State: standard or enhanced)	Reference	Date of CRB check

### 3. Consent

Please indicate the type of consent that will be used in this study (choose one only):

#### **Informed consent**

If you are using paper-based or electronic sheets and consent forms, please include an example of these documents under ‘Supporting Documentary Evidence’ in the File Manager tab of the online form. If you are using alternative formats to record informed consent (e.g. video or audio recording), provide brief details here:

All research participants will be given a paper-based information sheet and consent form, using the School of Arts and Social Sciences template. At the start of each interview, the information sheet will be read through with the participants and they will be asked to sign the consent form if they are happy to proceed with the interview. All participants will be over the age of 18. It is not anticipated that any of the participants will be unable to give informed consent to the interview. Examples of the information sheets and consent form which will be used for the PhD are attached to this submission.

#### **Informed consent in line with sections 30-33 of the Mental Capacity**

If the study involves participants who lack capacity to make decisions for themselves, consent procedures that are in line with sections 30-33 of the Mental Capacity Act will need to be put in place.

#### **An alternative consent model (e.g. for ethnographic/observational research)**

Provide a rationale that explains why informed consent is not appropriate for this research study and detail the alternative consent arrangements that will be put in place. Add any relevant supporting documentation under 'Supporting Documentary Evidence' in the File Manager tab of the online form.

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#### 4. Data from secondary sources

Will this research study use data from secondary sources (ie data about people that has not been gathered by you from the research sample)?

Yes

No (Go to question 5)

**If yes:** State clearly where you are sourcing your data from and provide the contact details (company or organisation name, address and telephone number) of the supplier. Describe any measures that will be put in place to meet the supplier's terms and conditions. (Note: arrangements about anonymising data, data storage and security should be provided in section 6).

Please also provide evidence that the company of organisation had the consent of the data subjects to provide their data to you for the purpose of the research, OR provide evidence as to why you believe consent is not required.

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#### 5. Data from participants

Will this research study use primary empirical data (i.e. data that will be gathered by you from people in the research sample)?

Yes

No (Go to question 6)

##### Recruiting participants

Do you already know, or have a connection with, the people who will be participating in this research study? (e.g. participants in the study are: friends; family; colleagues or contacts from work; students or pupils from your school, college or university; patients from your clinic; service users from an

organisation where you work

plunteer)?

Yes  
but not all

No

Know some participants

Describe how you will contact and recruit your research sample and name any organisations or groups that will be approached. Your recruitment strategy must be appropriate to the research study and the sensitivity of the subject area.

**Interviews with Stakeholders:** The data collect for the PhD will be largely same data as that which will be collected for a related Cabinet Office supported project (the 'Inclusion Lab' initiative), which is looking at a number of issues relating to HMOs in Newcastle. The data collected for these studies will involve some stakeholders who are involved in the Inclusion Lab initiative. But, stakeholders who are not directly involved in the initiative will be interviewed also. These will be identified and recruited through networking with stakeholders though project meetings, interviews and events. The stakeholders that I hope to interview will be a mix of those with policy and practitioner roles, working in the areas of housing and homelessness, health, addictions, criminal justice, welfare, employment and general advice service.

**Interviews with PRS Landlords:** Interviews will be undertaken with 3 HMO landlords, if possible. There are approximately 12 private HMO landlords in the area. Newcastle City Council and the Newcastle Private Rented Sector Service report to have little contact with private HMO landlords and that many do not live in the local area. It may, therefore, only be possible to engage with up to 3 landlords during the research. As part of the Inclusion Lab project, I intend to jointly organise with the council a number of private landlord forums and one-to-one meetings with HMO landlords over the next 6 months, with the council leading on contacting the landlords. I will use these events as opportunities to brief the landlords about the PhD research and to request their engagement in the study.

**Interviews with HMO Residents:** It is anticipated that accessing the HMO residents will present the greatest methodological challenge for the research, given the 'hard-to-reach' nature of this group of individuals and the assumed levels of disadvantage experienced by this group of residents within the case study community. Through the research, various approaches to engagement with these individuals will be trialled.

- I will work with the Newcastle Service Users and Carter's Forum to identify any members who have accessed the hostels in the past and may be happy to be research participants and/or peer researchers. If the latter, they will received research training and through a carefully managed participatory research approach will be supported to identify and interview HMO residents to participate in the study.
- I will work with the Inclusion Lab project stakeholders to identify any known HMO residents engaging with their services, who may be willing to engage in the research. If residents are known to stakeholders, I will request that they approach the residents in the first instance (as 'trusted' individuals), requesting their engagement in the research.
- I will work with the local authority to identify any statutory or voluntary organisations that the residents may be engaging with (such as Jobcentre Plus and the People's Kitchen). Following this, these organisations will be asked to promote the research to any identifiable HMO residents and request their engagement in the research.

- As part of the Inclusion Lab project, a number of events, designed to promote a range of services to HMO residents, may be organised and held in the case study community throughout 2012. I will attend these events, using them as opportunities to introduce myself to the residents, to brief them about the research and to request their engagement in the research.
- A final technique will be snowball sampling. If participants can be recruited to the research via these approaches, they will be encouraged to approach any peers which they have, who are in a similar position to them, regarding participation in the research.

It is hoped that 10 current HMO residents will be engaged with during the research. If this target number cannot be reached through the approaches outlined above, I will work with local homelessness service providers in the area to identify service users who used to live in a private HMO. The largest homelessness service provider in Newcastle has already confirmed that they have former private HMO residents accessing their services and that they would be happy to request their engagement in the research if required.

Will you make any payment or remuneration to participants or their carers/consultees?

No

Yes

**If yes:** Please provide details:

### Venues and locations

List the venues and locations (both physical and virtual) in which the data collection will take place. If the study will use NHS premises or equipment, please state this clearly.

If the study will use premises belonging to another institution, state the job title and contact details (address and telephone number) of the person you will contact for permission to use the venue. If you have already received permission to use the venue, please include a copy of the letter or email under 'Supporting Documentary Evidence' in the File Manager tab of the online form.

If the study will be conducted outside of the University but not in an institution (e.g. in someone's home or a public place) provide details of any risks that may occur and the measures you will take to minimise these risks.

Interviews with stakeholders will take place at their places of work, such as Newcastle Civic Centre or the Cyrenians Head Office. As a research associate in the Centre for Public Policy, it is standard practice for interviews with stakeholders to take place at their places of work. These venues are places which the participants feel comfortable, they do not pose any risk to my personal safety and typically, a private office space is used for the interview, ensuring the confidentiality of the discussion.

The location of the interviews with PRS landlords will need to be negotiated with the landlords, but will take place in a public space such as a coffee shop or community centre (such as West End Women and Girls Centre) or in a formal venue which I am familiar with, such as the university or Newcastle Civic Centre.

The location of the interviews with HMO residents will need to be negotiated with the participants but will take place in a public space such as a coffee shop or a community centre in Elswick, or at an organisation at which they are comfortable and which poses no risks to my personal safety (such as Cyrenians or the People's Kitchen premises). Interviews will only take place at a HMO if: the HMO is managed by staff; I have met with the staff prior to the interviews taking place; if there is a suitable communal/meeting space in the HMO; and, if staff are present in the building when the interview takes place.

### Researcher safety

Provide details of any risks that the study may pose to researcher safety and the measures you will take to minimise these risks. Depending on the nature of the research study this may include: lone working; using equipment; meeting research participants who have unpredictable or aggressive behaviours; witnessing, or receiving information about, illegal activities.

Safety in the field will be of paramount importance throughout the research programme.

- I will ensure that all interview locations are public spaces, community venues or the premises of statutory/voluntary organisations (as above).
- I will ensure that my principal supervisor is aware of when and where the interviews are taking place.
- I will have a mobile phone with me at all times when out in the field and will make sure that a supervisor or colleague is available to take a call if need be.
- I have experience of interviewing vulnerable groups and discussing sensitive issues with individuals. I will divert the focus of the interview or stop the interview if I feel uncomfortable or sense that the participant is feeling uncomfortable at any point.
- Research participants will be informed that they should not provide information about their involvement in any crime which is not yet known to

the police, as I will be required to pass this information on to relevant personnel.

### Tasks and activities for research participants

Provide a detailed description of what the participants will be asked to do for the research study and add any relevant documentation under 'Supporting Documentary Evidence' in the File Manager tab of the online form.

If the task could cause any discomfort or distress to participants (physical, psychological or emotional) describe the measures that will be put in place to reduce any distress or discomfort.

Stakeholders will be asked to participate in a semi-structured interview which will last approx. 45-60 minutes. Discussions will focus on issues such as: the number and quality of HMOs in the area; the management of HMOs in the area; relationships with HMO landlords; the nature of the residents of HMOs in the area; the impact of HMOs on the local community; and, thoughts on the changing role of the PRS in accommodating disadvantaged households.

PRS landlords will be asked to participate in a semi-structured interview which will last approx. 45-60 minutes. Discussions will focus on: their history as a landlord; the regulations/standards which they must comply to; the nature of their relationship with their residents/the wider community/the local authority; and, their thoughts on the future role of the PRS sector in accommodating low-income households.

The residents of HMOs will be asked to take part in biographical interviews which will last 60-90 minutes (Interviews may take place over 2 sessions). Discussions will focus on: the key factors which led them to be living in a HMO; their experiences of living in a HMO and the local area; and, what they consider to be the impacts of living in a HMO on their experiences of (dis)advantage. In considering these issues, participants will be encouraged to reflect upon key variables such as childhood, education, employment, crime, health, addiction and social networks. A biographical approach to the interviews will be adopted (rather than a semi-structured, thematic-based approach) to enable the clearer identification of causal relationships between different aspects of the residents' lives which resulted in them living in a HMO, although some thematic questions will be used to prompt the discussions where needed. The nature of the residents is unknown. However, by virtue of their housing circumstances, it is reasonable to assume that some of the residents will be unemployed or have very low incomes and may have poor physical and/or mental health, addiction problems, poor social networks and a history of limited engagement with services, for example. Particular efforts will be made, therefore, with this group to ensure their personal wellbeing, as well as the safety of myself (It should be noted, however, that these principles will apply to all of the interviews/research participants). For example:

- It will be stressed that participation in the research is completely voluntary. They can withdraw from the research at any time and may refuse to answer any question without giving a reason for this.
- The interviews will take place at a location in which they feel comfortable (but which does not compromise my personal safety).
- The participants will be briefed about the aims of the PhD and what their involvement in the research will entail should they choose to participate, prior to taking part in an interview. They will be given an information sheet about the project, which will be read through with them, and they will be asked to sign a consent form should they choose to participate. They will be told specifically about the areas that the interview will cover and that they can choose not to answer questions on any topic.
- Questions about sensitive topics will be asked, but the issues discussed will reflect the everyday lived experiences of participants and will be asked in the context of their housing circumstances and engagement with services. I have experience of interviewing vulnerable groups and discussing sensitive issues with individuals. I will divert the focus of an interview or stop the interview if I feel the participant becomes uncomfortable at any point.
- Participants will be assured that their participation in the research will be confidential. All data included in the thesis will be anonymised. It will not be possible to identify the identity of the case study community or the research participants from the theses.

### Disseminating findings to participants

Provide details about how you will disseminate findings from the research study to participants and, if appropriate, their carers/consultees. Provide a copy of your debrief sheet(s) under 'Supporting Documentary Evidence' in the File Manager tab of the online form.

Research participants will be provided with an information sheet about the PhD at the outset of the interviews. My contact details will be included on the research information sheets. All research participants will be made aware verbally, and via the information sheet, that they may contact myself for a copy of their interview transcript, if they so wish. This can be emailed or posted to them. Following completion of the thesis, I will produce a brief summary which will be distributed to relevant stakeholders. HMO and social rented sector residents will be advised that they can contact me for a copy of the summary also, if they so wish.

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## **6. Data security and storage**

### Anonymising data

Describe the arrangements for anonymising data.

Each research participant will be given a unique reference code. The name of the research participant and their unique reference code will be recorded in a word document, which will be saved on a password-protected computer.

Interviews will be recorded using a dictaphone if the participant is comfortable with this. At the start of the recording, I will indicate the unique reference code which applies to that interview.

(If the interview is recorded), following the interview, the audio file will be transferred on to a password-protected computer. The audio file name will be the unique reference code.

If hand written notes are made during the interview, they will be typed up in a word document and stored on the password protected computer. The names of the word documents will be linked to the participant's unique reference code. The hand written notes will then be shredded or stored in a lockable cupboard in a secure office.

The interview audio file will be typed up by myself or a transcription company if resources are available to support this. If so, a confidential agreement will be made with the transcription company. I regularly use a particular transcription company to transcribe interviews. I already have a confidentiality agreement in place with them. This will be used as a template for the PhD research. The audio files will be uploaded to the transcription company via a secure website. Once the transcripts have been produced, they will be downloaded from the secure website and stored on the password protected computer. They will then be deleted from the transcription company website.

When written up, the thesis will be completely anonymised (this includes the identity of the case study community and the identity of the participants). It will not be possible to link data back to specific individuals.

### Storage

Describe the arrangements for the secure transport and storage of data collected and used during the study.

Research data will be stored in accordance with Northumbria University's ethics policy.

Complementing the information provided in the 'anonymising data' section, the following principles will be applied through the research process:

- All electronic data will be stored on a password-protected computer.
- All hand written notes will be typed up or scanned and stored on a password-protected computer and/or stored in a lockable cupboard, in a secure office.
- All hard copy information (i.e. consent forms) will be stored in a lockable cupboard, in a secure office.

- Any data received via email (from stakeholders, for example) will be saved on to a password-protected computer and the email containing the information will then be deleted.
- All audio files (recording of interviews, made using a dictaphone) will be saved on a password-protected computer. The audio files will then be deleted from the dictaphone. This process will be completed as quickly as possible following each interview.
- Any information transferred between my formal workplace and personal workspace via a portable device will be anonymised and the files on the device will be password protected. Transportation of data will be kept to a minimum.

### Retention and disposal

Describe the arrangements for the secure retention and disposal of data when the research study is complete.

Within five years of completion of the thesis, all hard-copy notes linked to the research and all data stored electronically will be destroyed.

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If you have any queries regarding data protection, please contact Duncan James, Records and Information Manager on [duncan.james@northumbria.ac.uk](mailto:duncan.james@northumbria.ac.uk)

### **Supporting Documentary Evidence**

The documentary evidence you need to provide with this form depends on:

- Your research study
- The research ethics guidelines of your academic school

Do you have supporting documentary evidence?       Y       No

**If yes:** Your supporting documentary evidence should be upload under 'Supporting Documentary Evidence' in the File Manager tab of the online form.

## **Appendix 2: Research Information Sheet for Resident Participants**

### **The Lived Experiences of People Living in Private Hostels in Newcastle: Research Information Sheet (Residents)**

#### **Who is leading the research?**

The research is funded by the Northern Rock Foundation and is being led by Northumbria University, with the support of Newcastle City Council, Northumbria Police and the Cyrenians.

#### **What are we trying to find out?**

There is little understanding of who is living in privately-run hostels in Newcastle, how they feel about living in the hostels and if they have any unmet support needs. So, through the research, we hope to find out:

1. How people came to be living in private hostels in the area
2. What it's like to live in the hostels
3. If people living in private hostels have any unmet service needs
4. If living in the hostel impacted on people's lives in any way (made their lives better or worse)
5. If people living in private hostels would like any specific advice or support

It is hoped that the research findings will:

1. Raise awareness of the experiences of people living in private hostels in Newcastle.
2. Ensure that service provision reflects the needs of, and is accessible to, people living in private hostels
3. Ensure that local policies protect the wellbeing of people living in private hostels

## **Why do you want me to take part?**

You've been asked to take part because you are currently living in or recently lived in a private hostel in Newcastle. Telling us about your experiences of this, and wider life experiences, would be very useful.

## **What will happen as part of the research?**

Over the next six months, Adele, the lead researcher from Northumbria University – will try to speak to as many people who are living or recently lived in a private hostel, as possible. Adele will also speak to about 15 policy makers and service providers (such as people who work at the council, or in the police, with probation or in homelessness, drug, employment or general advice services), about their thoughts on the private hostels and services for people living in them in the city.

## **What will I be asked to do if I agree to take part?**

If you agree to take part, you will be asked to take part in an interview. The interview will take about an hour – but could take more or less time, depending on how much time you have and for how long you would like to talk. You will be asked questions about:

1. How you came to be living in the private hostel.
2. What it's like to live in a private hostel.
3. If you have any needs which you would like help with or are getting help with.
4. How helpful any support which you are receiving is.
5. If living in a hostel impacted on your life in any way (made it better or worse).

In the interview, you do not have to answer any questions that you don't want to and you can end the interview at any time. The lead researcher would like to record interviews to make sure that your views and opinions are represented clearly and accurately in the writings produced. But if you would prefer for your

interview not to be recorded, that is fine. You also do not have to sign anything or give your real name to take part if you do not wish to.

### **What if I don't want to take part or I change my mind?**

You don't have to take part in the research if you don't want to. Just let the researcher know. If, after doing the interview, you change your mind about taking part, that's ok too. Just let the person who asked you to take part in the study know. They will call Adele at the university and ask her to delete the information which you provided.

### **What's going to happen after you've done all of the interviews?**

Once all of the data for the project has been collected, the researcher will use the information for two purposes. The first will be to produce a summary report on the findings. The report will then be shared with lots of stakeholders across the region, and beyond, and will help them to think about if any policy or service changes need to take place. The report will not identify you as having taken part and everything you tell us will be treated as confidential so you don't need to worry about what you say during the interview. The findings will be also shared at a launch event and may also be shared with academic audiences through presentations at conferences, journal articles or book chapters.

Importantly, the information will also be used as part of the lead researcher's PhD. Here, the researcher needs to produce a 75,000-85,000 word thesis, which makes an original and significant contribution to academic knowledge. Through the PhD, the researcher would like to gain a detailed understanding of the 'lived experiences' of people in private hostels and develop a better understanding of the impacts of housing on people's wellbeing. The thesis will be written up anonymously, just the same as the report.

### **OK, I think I want to take part**

You should keep this information sheet for your records, just in case you have any questions at a later date. If you want to take part, the lead researcher will go through a consent form with you (an agreement that you are happy to take part) and will ask you to sign it or will sign on your behalf if you would prefer.

### **I want to know more about the research**

If you have any questions, you can ask the organisation that you are working with or can speak to Adele from Northumbria University, who is leading the research. She can be contacted by email at [adele2.irving@northumbria.a.uk](mailto:adele2.irving@northumbria.a.uk) or by phone on 0191 243 7757.

### **I would like to see the research findings**

If you would like to keep in touch to hear about how the research is progressing, to read your interview transcript or accessed a copy or summary of the research report or thesis in the future, please feel free to contact Adele, by email or phone (as above) or ask someone from the organisation that you are working with and they will be happy to contact Adele on your behalf.

### **What if I have a complaint or query about the research?**

If you have a complaint or query about the research, you should speak to Adele or contact the Director of Research Ethics for the School of Arts and Social Sciences, Debra Shannon, at [debra.shannon@northumbria.ac.uk](mailto:debra.shannon@northumbria.ac.uk) or on 0191 227 3180.

## **Appendix 3: Research Information Sheet for stakeholders**

### **The Lived Experiences of People Living in Private Hostels in Newcastle: Research Information Sheet (Stakeholders)**

#### **Who is leading the research?**

The research is funded by the Northern Rock Foundation and is being led by Northumbria University, with the support of Newcastle City Council, Northumbria Police and the Cyrenians.

#### **What are we trying to find out?**

Nationally, there is a limited understanding of the household composition of, property conditions within and impacts on wellbeing of living in Houses in Multiple Occupation (HMOs), at the bottom end of the PRS. This is equally true of the case of private hostels in Newcastle. The proposed research aims to address these knowledge gaps. The research objectives are to:

1. Explore the key factors that led residents to be living in HMOs
2. Explore key entry routes into HMOs
3. Gain a detailed understanding of the everyday lived experiences of residents in HMOs
4. Examine the impacts of living in HMOs on scales and types of disadvantage experienced
5. Explore levels of engagement with services and barriers to engagement

It is hoped that the research findings will:

1. Inform the service priorities, commissioning practices and delivery models of local commissioners and providers, in relation to health and drugs and alcohol
2. Inform the local authority's community planning strategies

3. Inform organisational policies and practices regarding the referral of vulnerable individuals into HMOs
4. Inform regulatory strategies and practices in relation to the management of HMOs and private rented sector landlords.

These changes could potentially have a significant impact on the wellbeing of current HMO residents and people who are homeless, at risk of homelessness or in institutions, for whom HMOs are – in light of recent welfare reforms – likely to become a primary housing option. The findings will also be of critical importance to national policy debates regarding the contemporary role of the PRS as a supplier of accommodation, as well as conceptual debates about the relationship between housing circumstances and wellbeing.

### **Why do you want me to take part?**

You have been asked to take part because you have a policy or practice role in respect of private hostels in the area – whether this be from a strategic, regulatory, enforcement or support capacity.

### **What will happen as part of the research?**

Over the next six months, Adele, the lead researcher from Northumbria University – will try to speak to as many people who are living or recently lived in a private hostel, as possible. Adele will also speak to about 15 policymakers and service providers (such as people who work at the council, or in the police, with probation or in homelessness, drug, employment or general advice services), about their thoughts on the private hostels and services for people living in them in the city.

### **What will I be asked to do if I agree to take part?**

If you agree to take part, you will be asked to take part in an interview, lasting approx. 45-60 minutes. The interview discussion will centre on your experiences of engagement with HMOs in the city and where applicable, your thoughts on the management and regulation of HMOs in the city, referral routes into HMOs, the

service needs of people living in HMOs, barriers to engagement with HMO landlords and residents and how any problems relating to HMOs in the city could be addressed. In the interview, you do not have to answer any questions that you do not wish to and you can end the interview at any time. The lead researcher would like to record interviews to make sure that your views and opinions are represented clearly and accurately in the writings produced. But if you would prefer for your interview not to be recorded, that is fine. You also do not have to sign anything or give your real name to take part if you do not wish to.

If, after doing the interview, you decide that you do not want to take part in the study, please contact Adele Irving at Northumbria University (contact details below). Adele will destroy the data which you provided.

### **What's going to happen after you have completed all of the interviews?**

Once all of the data for the project has been collected, the researcher will use the information for two purposes. The first will be to produce a summary report on the findings. The report will then be shared with lots of stakeholders across the region, and beyond, and will help them to think about if any policy or service changes need to take place. The report will not identify you as having taken part and everything you tell us will be treated as confidential so you don't need to worry about what you say during the interview. The findings will be also shared at a launch event and may also be shared with academic audiences through presentations at conferences, journal articles or book chapters.

Importantly, the information will also be used as part of the lead researcher's PhD. Here, the researcher needs to produce a 75,000-85,000 word thesis, which makes an original and significant contribution to academic knowledge. Through the PhD, the researcher would like to gain a detailed understanding of the 'lived experiences' of people in private hostels and develop a better understanding of the impacts of housing on people's wellbeing. The thesis will be written up anonymously, just the same as the report.

### **I want to know more about the research**

If you have any questions, you can ask the organisation that you are working with or can speak to Adele from Northumbria University, who is leading the research. She can be contacted by email at [adele2.irving@northumbria.a.uk](mailto:adele2.irving@northumbria.a.uk) or by phone on 0191 243 7757.

### **I would like to see the research findings**

If you would like to keep in touch to hear about how the research is progressing, to read your interview transcript or accessed a copy or summary of the research report or thesis in the future, please feel free to contact Adele, by email or phone (as above) or ask someone from the organisation that you are working with and they will be happy to contact Adele on your behalf.

### **What if I have a complaint or query about the research?**

If you have a complaint or query about the research, you should speak to Adele or contact the Director of Research Ethics for the School of Arts and Social Sciences, Debra Shannon, at [debra.shannon@northumbria.ac.uk](mailto:debra.shannon@northumbria.ac.uk) or on 0191 227 3180.

## Appendix 4: Research Participant Consent Form

### School of Arts and Social Sciences – Research Ethics Framework Participant Consent Form

**Name of Project:** The Lived Experiences of People Living in Private Hostels in Newcastle:

**Organisation(s) Initiating Research:** Northumbria University, Newcastle City Council, Northumbria Police, the Cyrenians – funded by the Northern Rock Foundation

**Principal Investigator:** Adele Irving (Northumbria University)

**Participant Name:**

**Consent Declarations:**

- I have been supplied with and have read and understood an Information Sheet (ASS-RE5) for the research project and have had time to decide whether or not I want to participate.
- I understand that my taking part is voluntary and that I am free to withdraw at any time, without giving a reason.
- I agree with Northumbria University recording and processing this information about me.
- I understand that this information will only be used for the purposes set out in the information sheet.
- I have been told that any data generated by the research will be securely managed and disposed of in accordance with Northumbria University's guidelines.
- I am aware that all tapes and documents will remain confidential with only the research team having access to them.
- My consent is conditional upon the University complying with its duties and obligations under the Data Protection Act.

**Signature of Participant:**

**Date:**

**Signature of Researcher:**

**Date:**

*I can confirm that I have explained the nature of the research to the above named participant and have given adequate time to answer any questions concerning it.*

Any queries regarding research ethics in the School of Arts and Social Sciences should be directed to Debra Shannon – [debra.shannon@northumbria.ac.uk](mailto:debra.shannon@northumbria.ac.uk) – 0191 227 3180

## **Appendix 5: Interview Schedule for Resident Participants**

- Introduction (hello, how are you, thank you for meeting me).
- Outline purpose of the project / interview.
- Participant information sheet and consent form.
- Gift voucher.
- Ok to record the interview?

### **Section One: Basic Information**

1. Ok, [NAME], for the purposes of the tape, could you just confirm whether you are male or female?
2. How old you are?
3. How would you describe your ethnicity?
4. Are you originally from the local area?
  - a. If not, where are you from originally? How did you come to be living in Newcastle? Did you choose to live in the area?

### **Section Two: Experience of Living in a HMO**

5. Have you ever lived in a hostel run by a private landlord?
  - a. Ask for name / address,
6. Are you a current or former resident?

(Change following questions to past tense if used to live there, i.e. how long DID you live there? How DID you feel you about living there?)

7. How long have you been living in the hostel?
8. How did you come to be living in the hostel?
  - a. Where were you living immediately prior to moving in to the hostel?
  - b. How did you find out about the vacancy? (Referral from prison, local authority? Word of mouth? Letting agent?)
9. Do you live on your own there or with a partner/children/family/friend?

10. How do you feel about living in the hostel?
- a. Do you like living here?
    - i. Is there anything good about living there? Bad about living there?
  - b. Have you experienced any problems while living there? (from residents or landlord - Living conditions/repairs, financial abuse, drugs, crime, anti-social behaviour)
  - c. Have the police ever been called to the property?
    - i. If yes, can you tell me about this? (Why did they used to attend the property?)
11. Can you tell me about the other residents who live in the property?
- a. How would you describe the nature of your relationship with them?
12. How would you describe the quality of the accommodation?
- a. Externally?
  - b. Are the kitchens well equipped/clean? Are you always able to access it?
  - c. How would you describe the bathrooms? Are the bathrooms clean?
  - d. Bedrooms? Own room? Furniture?
  - e. Communal areas?
13. Are you satisfied with the quality of the accommodation? Why?
- a. If bad conditions/disrepair, have you spoken to the landlord about this or anyone else (i.e. the council)?
    - i. If complained, was any action taken following this?
    - ii. If not, is there a reason why you have not complained (i.e. don't know how to complain to)?
14. Do you feel safe living there? Why?
- a. Are you able to lock the door to your room?
15. How long are you able to stay at the property for? Do you know about your rights in relation to living in the property?? Do you know where to go for advice/information about this?
16. How would you describe your relationship with the landlord? Why?
- a. Does the landlord/staff inspect the property?
    - i. If so, does your landlord arrange inspections in advance or just turn up/let themselves in?

17. Do any staff work at the property?
- a. If so, what do they do? (i.e. cleaners, kitchen staff, general manager)
18. How do you pay for your accommodation?
- a. What services do you get in exchange for payment? (i.e. bed, cleaning, meals)?
  - b. Good value?
19. Are there any other aspects of living in the property that you would like to discuss?

### **Section Three: Experience of Living in the Local Area/Community**

20. How do you feel about the local area? Why?
21. Do you use any of the local amenities or sources of support? (i.e. shops, pubs, leisure facilities, community groups, churches, food banks)
22. How often do you leave the local area? Where do you go? How do you travel?
23. Do you feel there is a sense of community in the local area?
- a. Do you feel part of the community? Why? (i.e. do you know many people?)
24. Have you ever experienced any problems in the local area?
25. If so, can you tell me about them? (What? Who? Why? Outcome?)

### **Section Four: Service Needs**

#### **Employment and Income**

26. Are you working at the moment?
- a. If working, what do you do? How many hours a week do you work?
  - b. If not working, would you like to be working in the future? Are you receiving any support to access work? If not, do you know where to go to access employment support?
27. Have you had jobs in the past?
- a. If so, what types of work have you done throughout your life? Did you enjoy working?
28. Are you on benefits? Which benefits?

- a. If not working and not on benefits, what do you live on?
29. What do you spend most of your money on?
30. Have you experienced financial difficulties at any point in your adult life?
- a. If yes, please could you tell me what happened?
  - b. Have you ever accessed funds from a money lender – licensed, unlicensed? What happened?
31. Have you ever suffered financial exploitation? (i.e. Has someone ever taken money from you against your will? Forced you to give them money? i.e. landlord)

### **Drugs**

32. Do you use drugs of any kind? (If no, skip section).
33. Would you consider drugs to be a problem for you?
34. What kind of drugs do you take?
35. How old were you when you started taking drugs?
36. Is there any particular reason why you take drugs?
37. What impacts has drug use had on you?
38. Are you accessing drug treatment at the moment?
- a. If yes, how do you feel about this?
  - b. If no, do you want drug treatment? What puts you off getting help?

### **Alcohol**

39. Do you drink alcohol?
- a. If yes, would you consider alcohol to be a problem for you? (If no, skip section)
  - b. How old were you when you started drinking? Is there any particular reason why you drink? What impacts has drinking had on you?
  - c. Are you accessing any treatment at the moment?
    - i. If yes, how well is it working for you?
    - ii. If no, do you want treatment? Is anything stopping you from getting help?

### **Health**

40. Are you registered with a GP?

- a. If not, why not? Where do you go if you need medical help (A&E)?  
How often do you access emergency medical support?
41. Are you registered with a dentist?
- a. If not, why not?
42. How would you describe your physical health?
- a. Do you suffer from any physical conditions or disabilities?
    - i. If so, please could you tell me about this? What impact does this have on you?
43. Do you consider that you suffer, or have suffered in the past, from any mental health difficulties such as depression?
- a. If so, please could you tell me about this? What impact does this have on you?
    - i. Have you received any help for this?
    - ii. If not, would you like help with this? Is anything stopping you from getting help?

### **Crime**

44. Do you have a criminal record?
- a. If yes, would you mind sharing what offences you have your criminal record for? Was there a reason why you committed the offences? What happened?
45. Have you ever been to prison?
- a. If yes, how did this affect you?
  - b. Can you tell me about any help you received on leaving prison?
46. Have you ever been a victim of crime?
- a. If yes, what happened? What impact did this have on you?

### **Housing**

47. Have you ever been homeless?
- a. If so, how did you become homeless? What impact did this have on you?
48. Can you tell me about the type of housing you have lived in as an adult?
49. Why did you leave the last property that you lived in?

## **Social Networks**

50. Do you have friends?

- a. If so, where do you know them from?

51. Are you in a relationship at the moment?

- a. If yes, how would you describe your current relationship?

52. Have you ever suffered domestic violence?

- a. If yes, could you tell me a little about this?

53. How would you describe your childhood?

- a. Why would you describe it in that way?
- b. Were you ever taken into care? If so, can you tell me? How did this affect you?

54. Do you feel that anything important happened to you as a child that has impacted significantly on your life?

55. Are you in contact with your family?

- a. If yes, are you close?

56. Do you have any children?

- a. If so, do you see them often?

57. Have you ever experienced anything as an adult that you feel has significantly impacted on your adult life?

## **Education**

58. Do you have any qualifications?

- a. If yes, what is your highest level qualification? (i.e. GCSEs, A Levels, Degree, NVQ)
- b. If none, was there a reason for this?

59. Did you have any difficulties in reading, writing or numeracy?

- a. If yes, does this have any impact on your day-to-day life?

## **Section Five: Impacts of Living in HMOs on Experiences of Disadvantage**

60. Thinking back on your life, what do you are the key reasons that you came to be living in a HMO?

- a. Can you identify three key things?

61. How satisfied do you feel about your life at the moment on a scale of 1-5? (1 = Very dissatisfied, 2 = Dissatisfied, 3 = OK, 4 = Satisfied, 5 = Very satisfied)

- a. Why?
- b. How does this compare to your life satisfaction before and immediately after moving into the property?
  1. Why?

62. I would now like us to discuss the impact of living in the property on different issues. Have the following issues become better or worse or stayed the same while living in the property? Why do you think this is?

- a. Drugs / Alcohol
- b. Physical health
- c. Mental health / self esteem
- d. Personal safety / security
- e. Financial issues
- f. Family / friendships
- g. Engagement with services
- h. Engagement in criminality
- i. Leisure opportunities
- j. Aspirations / hope for the future
- k. Sense of control

63. What does the term 'home' mean to you?

- a. Do you regard the hostel as your 'home'?

64. Thinking about the property in terms of physical, psychological and social attributes, what has been the best aspect and most challenging aspect of living in the property?

65. [IF STILL LIVING IN THE HMO] Do you want to keep living here? Why?

- a. If no, are you taking steps to move on? What is stopping you from moving on? Do you need any help to move on? What?

- b. If yes, what impact do you think this will have on your life going forward?

66. [IF NOT LIVING THERE ANYMORE]

- a. How and why did you move on?
- b. How do you feel about this?
- c. How has life changed since moving in?
- d. What do you think would have happened if you had kept living there? Why?

67. Is there anything else which you would like to say about your time in the property?

**End of interview. Thank you for taking the time to take part in this project.**

## **Appendix 6: An Example Interview Schedule for Stakeholders**

- Introduction (hello, how are you, thank you for meeting me).
- Outline purpose of the project / interview.
- Participant information sheet and consent form.
- Ok to record the interview?

### **Introduction**

1. Can you please confirm your job title and outline your main role and responsibilities?
2. What is your history of engagement with private hostels / landlords / residents?

### **Housing Market Composition in Newcastle**

3. What is the composition of the housing market in Newcastle (owner occupied, social rented, private rented)?
4. How many HMOs are there in Newcastle? Licensed / unlicensed?
5. What is the make-up of the HMO market?
  - a. Students, HB, young professionals?
6. Elswick has a particularly high proportion of HMOs in the city. How did this come about? Do you have any concerns about the number of HMOs in the area?

### **Management and Regulation of HMOs**

7. How are HMOs managed and regulated?
  - a. Licensing?
  - b. Minimum standards?
  - c. Inspection?
8. On what basis are HMO licenses granted? On what basis would a license be refused?

9. How has HMO registration legislation impacted on the management and regulation of this type of property in recent years?
10. Do all HMO in the area meet minimum standards?
  - a. What is the process if a HMO isn't meeting the minimum standard?
11. What are your thoughts on the quality of HMO accommodated targeted at HB recipients/homeless people in Newcastle?
  - a. Do you think the minimum standards are adequate?
    - i. Would you like to see the minimum standards change in any way?
12. Do you feel that the inspection process for HMOs is sufficient?
13. Would you like to see the local authority's powers around the inspection process change in any way?
14. How do the regulations regarding standards for HMOs compare to those for social rented housing/supported accommodation?

#### **HMOs/HMO Residents**

15. What do you know about the nature of the individuals who live in the large hostels in question?
  - a. Gender? Age? Ethnicity? From? Needs? Engagement with services?
16. What is known about referral routes into private hostels in Newcastle? How do people typically access these properties?
  - a. Does your organisation make referrals? Why / why not?
17. What is known about the length of time people live in these hostels?
18. Have you been into any of the properties that are the focus of the research?
 

If so, what were your observations about these properties?
19. What are your thoughts on the impacts of living in this type of accommodation on wellbeing?
  - a. Positive / negative? Why?
20. What are the routes out of the hostels?
21. Do you receive complaints/call outs about the properties/residents?
  - a. If so, who from?
  - b. What is the nature of the complaints?
  - c. How do you respond to complaints?

22. Do you know how the crime rate amongst the hostels compares to other types of accommodation?
- Higher, lower?
  - Victims, perpetrators?
  - Who calls the police?
  - Nature of offences?
  - Why do you think this is?
23. Do you think hostel residents have the capacity to complain/knowledge of how to
24. Do you promote your services to the hostel residents in any way?
- If so, how?
  - If not, do you think this would be beneficial? What prevents from the service from doing this?

### **HMO Landlords**

25. How would you describe your relationship with hostel landlords?
- Why is this?
  - How have you tried to develop your relationship with hostel landlords?
  - Would you like to develop these relationships further the future?

### **Role of the PRS**

26. What are your thoughts on the role of the hostels in supporting vulnerable individuals? Has your view changed in recent years?
27. Do you consider, that in light of welfare reform, more single adults and young people will be looking to secure this type of accommodation?
- Does this cause you any concerns?
28. The localism bill allows LA to discharge their homelessness duty to the PRS. Are you supportive of this idea?
- What do you see to be the advantages of this?
  - Do you have any concerns about the potential impact of this on vulnerable individuals?

29. How do you see the role of private hostels developing in the coming years?
30. To what extent do you think housing policy has a role to play in tackling multiple disadvantages?

**End of interview. Thank you for taking the time to take part in this project.**

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