Listening to Housing Distress:

A methodology for understanding housing and mental health in context

A report by the Housing, Migration and Health Lab

2024

ABSTRACT

This report presents a conceptual and methodological approach for understanding the mental health impacts of the UK's housing crisis experienced by tenants living in private and social tenancies.

The UK is in the midst of a housing crisis, felt across private and social tenancies. This crisis, long in the making, is linked not only to rising rates of homelessness, but also to increased rates of occupation of sub-standard dwellings, and the increased use of temporary forms of accommodation by local authorities. A crisis of housing is also a crisis of health. Existing studies indicate strong connections between residence in poor quality and insecure housing and declining mental health.

Given the scale of the housing crisis, and given evidence of its deeply uneven health outcomes, this report suggests we may not have the theoretical tools to understand links between housing and mental health. We present a conceptual and methodological approach to understand 'Housing Distress'. Developed from ethnographic and participatory research with a collective of Somali women from Birmingham, we suggest that co-produced approaches which centre bodily and emotional distress provide a means of understanding historical and contemporary connections between regimes of un-homing and mental ill-health.

AUTHORS

ACKNOWLEDGEMENTS

Dr Elizabeth Storer, Lecturer in Health Geography, QMUL

Dr Nikita Simpson, Reader in Anthropology, SOAS University of London

Dr Suad Duale, Counselling Psychologist, University of Wolverhampton

With

Iona Gaskell, Consultant, SOAS, Department of Anthropology and Sociology

Suggested citation:

Storer, E., Simpson, N., Duale, S., & Gaskell, I. (2024) *Listening to housing distress: Understanding housing and mental health in context*. London: SOAS. DOI: https://doi.org/10.25501/SOAS.00043019

LSE Firoz Lalji Institute for Africa

SOAS University of London

HoMH-Lab

CONTENTS

HoMH
-Lab

INTRODUCTION

The UK is in the midst of a housing crisis which effects itself across private and social tenancies. This crisis is linked not only to rising rates of homelessness, but also to increased rates of occupation of sub-standard dwellings and the increased use of temporary forms of accommodation by local authorities.

A crisis of housing is also a crisis of health. Existing studies indicate strong connections between residence in poor quality housing and rising rates of mental ill-health (Holding, 2020; The Health Foundation, 2022; Newton, 2022; Pevalin, 2017). Approaches which consider housing and health together are necessary to prevent the systemic reproduction of health inequalities.

Yet, this is not a crisis that is evenly experienced. Statistics indicate entrenched and racialised distinctions in housing insecurity among UK residents. For decades, individuals described as 'Black and Ethnic Minority' have experienced disproportionately high rates of housing precarity, registered in over-representation in overcrowding statistics, as well as in occupancy of damp and cold homes. Read alongside sociological work which emphasises the racialised distinctions created through welfare provisioning, the housing crisis can be seen to be structured by pervasive and entrenched racial inequalities.

Particular forms of insecurity are experienced by migrant and refugee groups who have made lives in the UK under the auspices of the Hostile Environment. The Hostile (now 'Compliant') Environment is a set of administrative and legislative measures, introduced from 2012, which make it difficult for migrants to remain, and access public services, in Britain. These policies have led to proliferating and hardening of internal borders, and evermore checks on citizenship in order to access welfare, including housing (Right-to-Rent) and health services. They emerge out of entrenched forms of imperialism which have long acted to destabilise migrant lives in the UK.

Within this context, the housing insecurity that migrant and refugee groups experience is not just a function of income inequality, but results from a deliberate strategy of government policy. Indeed, 40% of recent migrants experience housing deprivation, compared to 10% of UK-born households (Powell & Robinson, 2019). Importantly, however, such hostile environment policies are not only applied to those who claim asylum, but also to racialised groups who hold settled status or even British citizenship.

The Covid-19 pandemic led to a wider range of private companies becoming involved in the provisioning of temporary accommodation – e.g. for rough sleepers through the Everyone In Scheme. Following the Covid-19 pandemic, the use of Temporary Accommodation has become a normalised feature of council provisioning. Forms of TA vary across UK local authorities but often include placement in hotels, hostels and houses rented from the private sector. Against the backdrop of a crisis in supply across local authorities, there has been a lack of scrutiny with respect to the nature and involvement of contractors, as well as the quality of dwellings. According to a recent report by housing charity Shelter (2023), there are now 100,000 families in TA in England alone, and 4,400 people in Birmingham alone. According to statutory homelessness statistics, the number of children living in TA rose to a new record of 151,000 in 2024 – a rise of 15% in a year (Shelter, 2024).

Given the scale of the housing crisis, and its uneven outcomes, this report suggests we may not have to theoretical tools to fully understand links between housing and mental health. We present a conceptual and methodological approach to understand diverse experiences of 'Housing Distress'. We suggest that the concept of distress might provide a means to unravel the psycho-social effects of housing.

This approach is derived from anthropological and geographical theories of distress and adapts these established theories to understand the experiences of racialised groups in Britain.

It was developed from and through ethnographic and participatory research with a collective of Somali women in Birmingham conducted over two years. We suggest that co-produced approaches which centre bodily and mental distress might provide a means of understanding historical and contemporary connections between regimes of un-homing and mental ill-health. From this research it builds principles to inform wider research.

It is structured in three distinct parts:

- **Part One introduces the theories behind our approach.** How did we get to distress as a means to understand the reproduction of mental health inequalities?

- **Part Two presents the methodology and findings of a participatory research project** conducted with a collective of Somali women in Birmingham.

- **Part Three presents a set of calls to action for policymakers, service providers and local authorities, and principles to inform future research**. These were derived and refined through the research process and serve as inspiration for housing-health research grounded in principles of race and cultural equity.

HoMH-Lab

PART ONE:
HOUSING DISTRESS

HOUSING AND HEALTH

Links between substandard and/or overcrowded housing and mental health have long been documented.

Contemporary public health policy understands the links between home and physical/mental health through the Social Determinants of Health model (SDH). This is a model which is useful in drawing attention to the non-medical factors which shape health outcomes. It is based on consideration of a variety of 'upstream' factors, forged through the wider 'conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life' (WHO). Within this model, 'housing, basic amenities and the environment' is understood as one factor within many which shapes health outcomes. It is significant that in its general use, housing is often substituted for a broader category of 'environment'.

SDH approaches are useful in bringing attention to the social and political structures (beyond 'lifestyle' and medicine) which shape health inequalities. However, there are also limits to this thinking. The model is underpinned by an assumption that the health of an individual is shaped by multiple, discrete and ultimately divisible factors and domains: housing, education, income and so on. This has been influential in guiding quantitative analyses which model the physical characteristics of the house (e.g. quality, mould/damp, overcrowding) in relation to mental health. However, the model is limited in its ability to explain interactions between such domains (Chenhall and Senior 2018)

Furthermore, SDH approaches are ill-equipped to inform on 'social suffering' (Klein and Michailidis, 2023), since the model envisages an individual, without considering them as enmeshed within many relationships and social roles simultaneously. Divisions between structural factors are empirically impossible and theoretically mystifying when it comes to mental and physical distress (Bemme and Behague 2023). It becomes a blunt tool when

considering the ways trauma is (re)generated (Lester 2014). In the context of a housing crisis, thinking with geographers and anthropologists leads us to understand the home not as a fixed spatial unit, but as a process. In the context of postcolonial and structural inequality, anthropologists and geographers have urged a shift, to consider processes of 'home-making', 'home assembling', or 'home-unmaking' (Blunt and Dowling, 2006; Baxter and Brickell, 2014; Dyck and Dosa, 2007; Harris, Brickell and Nowicki, 2020; Nowicki, 2023; Soaita and Mckee, 2019).

There are additional complexities in understanding the mental health experiences of minoritised, migrant and refugee groups. For such groups, experiences of prolonged and protracted displacement and of racial discrimination in housing provisioning, reconfigure their relationships with home. Homes are rendered "permanently temporary" (Brun and Fabos 2015, Boccagni 2022). This experience of temporariness is profoundly distressing. However, such groups are often reluctant to seek clinical support for such distress for a range of reasons including historical experiences of maltreatment by medical systems.

Further, their distress is seldom articulated through biomedical diagnostic categories. Instead, it is articulated through idioms or theories of distress that are often somatic, as well as culturally and linguistically specific (see Nichter 2010, Simpson 2023). Within such theories, the mind/body dualisms that pervade UK clinical practice aren't necessarily present. As a result, it is difficult for both mental health professionals and researchers – especially those who are dependent on standardised mental health surveys or quantitative tools - to draw links between the intimate experiences of distress and broader structural problems like displacement and insecure housing. Further, the forms of care offered by biomedically trained clinicians don't necessarily alleviate distress. This may lead communities turn to faith-based and artistic therapeutic forms of care instead.

CENTRING HOUSING DISTRESS

Social-science perspectives offer an important starting point for research in the context of postcolonial housing structures, and the processes of "home un-making" bound up within both private tenancy and social housing. Yet, there is difficulty in translating perspectives which theorise complexity to *health and mental health*, a field which relies on discrete categories and delineations. We suggest that *distress* might provide a good starting point to interrogate the bodily and mental health impacts as houses are *unmade.*

The term "housing distress" has previously been used in academic literature as a way of broadening beyond the term "homeless", to understand the emotional impact on young people who are without a "safe place to live" (Vissing and Diament 1997); and many studies have examined the links between precarious housing and individual "psychological distress" (Robinson et al 2023 , Wong 2002 , Paterson et al 2018).

Within this report, we use housing distress to explicitly bridge beyond individual experiences of distress to instead to explore the distress that exists within the structures – physical, social, political - within which individuals are homed. Housing distress, we suggest, captures the harm which emerges at *intersections* - where the physical structure, condition and location of a house intersect with the moral, domestic, social priorities of its occupants and the vital functions homes perform . Instead of mapping discrete illness pathways, we suggest that open-ended methods for tracing distress provide a means to correlate home-unmaking with harm as experienced in diverse local moral worlds. We look for what really matters to people in building a home, and how the frustration of these aspirations, responsibilities and needs results in distress when secure housing is not available.

Across diverse groups, home might provide different functions in relation to family life. As such, we can expect that poor-quality and overcrowded housing has differing effects across diverse profiles of use and residents. Building on the work of feminist scholars, we can anticipate that this distress may bear most heavily on women, who often are burdened with reproductive work which occurs in the domestic and community sphere. We can also anticipate for minoritised groups who have been un-homed multiple times in a lifetime, housing instability might have particularly traumatic effects (Ziersch and Due 2018 , Rowley Morant and Katona 2019).

We suggest alternative approaches might start with distress and follow its contours, rather than understanding mental ill-health as an outcome of poor quality, overcrowded and temporary accommodation. As such, we counter stigmatising narratives that locate responsibility for poor health back onto individual behaviour or community 'mistrust'. We counter narratives that blame families as undeserving of secure housing because of their class or racial background.

This report encounters such distress not in the mental health survey or the clinical encounter, nor does it draw on the social determinants of health model. It begins not with housing or migration policies or histories of property tenure. Instead, it suggests that the best starting points are the theories which people themselves bring for linking their housing situations to their physical and mental health. We suggest that these theories lead us to better understand how the housing crisis might reproduce health inequalities and generate specific forms of harm. We also argue that listening to distress, as a method, can have both therapeutic and political consciousness-raising potential for marginalised groups.

PART TWO:
HOUSING DISTRESS IN BIRMINGHAM

OUR RESEARCH

The research emerged from a previous research project in Birmingham during the Covid-19 pandemic (Bear et al, 2021; Simpson and Storer, 2022). The pandemic had deeply affected the Somali community in Eastern Birmingham. As key workers, many had experienced heightened exposure to viral risk, and rates of Covid-19 morbidity and mortality had been high across this community. At the same time, the isolation wrought by pandemic restrictions had been psychologically damaging. Entangled within the story was a simultaneous crisis described as 'homelessness' by Somali women. Against a backdrop of rising rents in a rapidly gentrifying inner city, women had been subject to s21 eviction notices from private landlords. The legal instruments which enable these 'snap' evictions have been subject to widespread activist critique, since it allows landlords to evict tenants at short notice to accrue higher rents.

After experiencing these evictions, and being priced out of rental markets, Somali women turned to local authorities to declare themselves statutorily "homeless". Against the backdrop of a housing crisis in the city, which has been well-documented by local and national media outlets, and a council that was in the midst of bankruptcy, women found themselves unable to secure a permanent council house. Instead, they were placed in a variety of forms of temporary accommodation, ranging from hotels and hostels to temporary houses. The latter, rented back from the private sector, were often in states of dire disrepair. In this context, Somali women explained that their homes were making them and their children sick.

This research sought to trace what was meant by sickness, and it sought to understand the levers of the housing crisis which were linked to distress by participants. To do so, the team co-produced methods with leaders of the Somali community, as well as with participants themselves. We present these methods below as a toolkit, formed through a two-year long engagement with this collective of Somali women between 2021-2023. It was guided by the imperatives of a feminist framework of "standing with" communities (Tall Bear, 2017), rather than speaking for them.

SOMALI WOMEN IN BIRMINGHAM

Birmingham has been, since the 1960s, one of the UK's most ethnically diverse cities, formed through waves of postcolonial migration from India, Pakistan and the Caribbean, and more recently by migration from Bangladesh, Syria, Yemen and Somalia. Racialised inequality has been entangled into regimes of property tenure and housing policy in the city since this period, resulting in inter-racial tensions, intergenerational poverty, and poor health profiles for many groups.

The Somali diaspora is currently the largest African Diaspora in the city of Birmingham, though there is significant variation in health and socio-economic status within the community. Many Somalis came to the UK following the Somali civil war during the 1980s and 1990s, particularly from the north-Western areas (present day Somaliland) following state collapse. Most of these early asylum seekers were granted refugee - and later citizenship - status in Europe or the UK. This initial movement was followed by several waves of migration of Somali refugees – first between 2001 and 2003; and then successively since the mid-2000s where Somali people with European citizenship status have relocated to the UK from places like Holland, Sweden and Finland. The citizenship environment in the early 2000s under Tony Blair's New Labour government was comparatively favourable to Somali migrants.

However, over the course of the last decade, as the British state has been rolled back through successive campaigns of austerity, the experience of Somalis – whether citizens or EU residents with settled status – has become more insecure . Many Somali women explained decisions to locate in Birmingham, and specifically to inner city areas, as being predicated on knowing relatives and friends who had established themselves within the ward there. It was also predicated on a supply of affordable housing which could be rented on the private market.

METHODOLOGY

HOUSING BIOGRAPHIES

The primary data for this project was gathered from 35 women's "housing biographies" (Althaus and Glaser 2014), which followed their experiences of eviction and their journeys within the temporary accommodation sector. The team conducted these interviews at a local youth centre, a trusted gathering space for these women, allowing interviews to align with their daily routines of care, travel, and domestic tasks. Somali women reclaimed this space, offering lengthy testimonies shaped by a specific narrative structure. Many women began their stories not with their lives in Somalia or their initial arrival in the UK years ago, but with difficulties involving private sector landlords or an eviction from a private rental. They shared accounts of the many homes they had lived in, often supporting their stories with physical evidence such as section-21 notices, correspondence from landlords and doctors, and photos documenting the worsening condition of their homes. Interviews were conducted in both English and Somali. It was vital that the women could express themselves in a language familiar to them. Author 3 provided translation services as well as psychotherapeutic guidance, contributing advice on how to manage the interviews, shape the questioning (adding clarifying details to the flow of participants' testimonies), and foster an environment of genuinely empathetic listening (Myers 2000). To adapt to housing policies that scattered women across the city, the team also travelled to meet with those placed outside the ward to discuss their housing experiences. Given the secured nature of hostels, these discussions often took place in open, green areas where the women felt more comfortable sharing their living situations.

CREATIVE WORKSHOPS

The research team held four participatory workshops at six-month intervals at the Somali community centre. These workshops aimed to explore the personal spatial and temporal aspects of housing displacement, using creative approaches like drama, dance, painting, poetry, and mapping to capture the emotional and psychological impacts of housing dispossession. The workshops were grounded in participatory action research principles and art therapy methods, specifically tailored for migrant and diasporic groups (Degarrod 2016). Each workshop involved 20-40 participants, all women of Somali ethnicity.

NARRATED HOME VISITS

Some participants invited the research team to visit their homes. To avoid repeating patterns of inspection, the team did not request entry into homes but did accept two invitations to visit houses in the city. These visits were participant-led, with women giving narrated tours of their homes, often pointing out severe and visible disrepair, such as mould, damp and broken windows or appliances. Additionally, the team conducted a focus group in a park with 11 women residing in temporary accommodation.

DATA ANALYSIS

Interview, focus group, and visit transcripts were transcribed by a Somali-speaking research assistant. Authors 1, 2, and 3 manually coded the data to identify emerging themes, and the team reflected collectively on the findings through inductive analysis. The process of structuring the evidence was a collaborative one, with multiple rounds of editing. This collective approach to analysis was a vital part of the project, enabling the team to consider the many expressions of distress shared by participants and draw upon on the authors' varied disciplinary backgrounds.

SCALING UP THE ARCHIVE

The research also involved interviews with council workers, housing providers, activists and journalists. This additional context was critical in grounding the experiences of our participants. It is important to consider the existing landscape of activist and archival research to honour the time and contributions of the participants, as well as the work of housing activists. Historical literature on housing, migration, and health in Birmingham was reviewed to contextualise the findings.

CONSIDERATIONS

Health studies often use methodologies that risk perpetuating experiences of medical exclusion and reinforcing stigmatising stereotypes (Simpson 2017). This study aimed to prioritise and value the lived experiences of participants, without collecting biological or clinical data. While we do not claim that these findings represent the entire Somali community in Birmingham, given its intersections of class, gender, and other factors, we do assert that these experiences should be taken seriously in relation to current housing-health policies, which largely ignore migrant voices.

HoMH
-Lab

FINDINGS

SHAPES AND FORMS OF DISTRESS

Throughout this research, participants resisted translating their experiences of the housing system into clinical mental health categories, including depression and anxiety.

Women's responses indicated conceptual dissonances between their notions of affliction and psychiatric criteria. At the same time, women articulated fear at being associated with a mental health diagnosis; one participant explained: *"if we have therapy, they will take our kids from us, if we say something is wrong with us".* At the same time, women identified with a language of 'resilience', explaining that they had to cope because of their children. One woman explained that, despite the strain of her sub-standard house and the labour managing this situation involved, *"mentally, I am there".* For multiple reasons, both socio-cultural and structural, Somali women avoided scripting their experience within the categories of psychological distress.

Yet, narratives revealed the mental strain borne through everyday life in unfit homes. Women reported multiple embodied effects including panic, fatigue, exhaustion, bodily pains and aches.
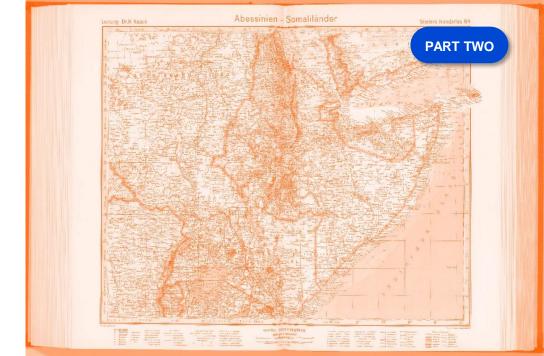
One participant reported having *"panic attacks",* and women widely reported feelings of *"stress"* along with embodied feelings of "*hopelessness*", *"being totally drained", "feeling overwhelmed", "powerless"* or being continually nervous or on edge. Others reported feelings of "*shame*" or "*despair"* and explained that they were reluctant to bring friends to their homes. Several women explained they felt "*isolated*"
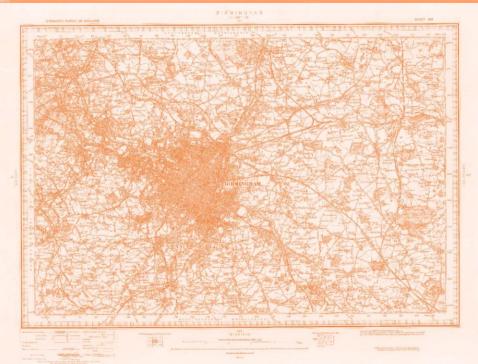
and "*lonely*". Common to women's accounts were links between housing insecurity, "*exhaustion*" and *"sleeplessness".*

In multiple cases, women articulated somatic experiences of distress. Participants explained they could "*feel"* the bad air or the stress of their homes within their bodies. Another participant explained that she experienced housing distress in her "*bones*" and struggled to walk. Another woman explained that because of her house she felt pain in her "*head*", "*as if my mind is split*". Widely, women explained that poor housing resulted in localised or generalised sensations of bodily or mental pain.

Importantly, women attributed these psychic and somatic experiences of distress to the present housing situations that they lived in, as well as experiences of protracted displacement that characterised their migration journeys. In their housing biographies, they emphasised the present and ongoing nature of distress, rather than locating it in the past. As scholars have found (Warfa et al, 2006; Emarsons 2024), this revealed that distress was generated by their experience of insecurity in their host country through poor housing, rather than legacies of war or an original displacement.

HoMH -Lab

HOUSING HARM ARTICULATED BY DISTRESS

BODILY HEALTH

Housing distress has severe consequences for physical health. Issues of disrepair, such as mould and damp within homes, contribute directly to **respiratory conditions**, like asthma, and **dermatological problems**, such as eczema and other skin irritations. **Sleep deprivation** resulting from stress over poor living conditions, health concerns, and the pressure to find alternative housing, further intensifies these physical health challenges, especially for mothers. Unstable or overcrowded home environments, and the need to move house regularly, also have potential impacts on **children's developmental health**, and can exacerbate **learning difficulties** or **neurological conditions.** This demonstrates how housing distress affects the various occupants of a home disproportionately and in different ways, with children facing distinct and compounding risks to their development and wellbeing.

LABOUR AND TIME

Housing distress compels women to take on additional labour within the home. The **cost of disrepair**, whether it be battling mould or other structural issues, requires both **time and financial resources**. Many women reported hours spent scrubbing and painting over mould, with paint and cleaning products purchased out of their own pocket, only for the mould to return regardless – a never-ending "war". Being relocated to housing that is further from services, schools, or support networks also results in significant increases in **transportation costs** and the **time** spent travelling. The **crisis of space** within overcrowded or inadequate homes becomes a **crisis of time**, as these women and their families are left waiting for a solution. **Waiting** – for settled status, for citizenship, for a home - is a core thread in these women's longer histories of displacement and un-homing.
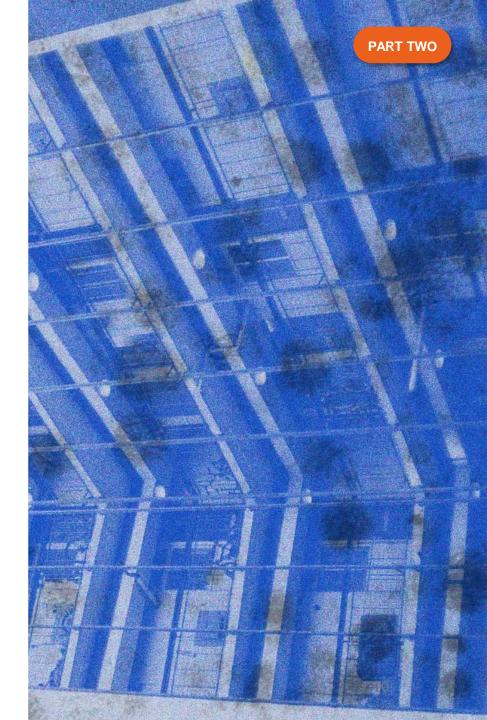
EDUCATION

Housing distress has knock-on effects in children's education. **Absences from school** due to illnesses exacerbated by inadequate housing can cause children to fall behind academically. **Disrupted schooling** stemming from being relocated to areas outside of their school district breaks the continuity of their learning. Overcrowded living conditions can leave **no space** in which to do homework. These educational setbacks, a direct result of precarious housing, risk compromising the long-term prospects for young people growing up in such conditions.

MENTAL HEALTH

The **emotional and psychological toll** of housing distress is substantial. Women living in these conditions report feelings of worry, exhaustion, isolation, panic and powerlessness, exacerbated by the daily stress of caring for their families and maintaining a home that is. A key source of distress comes from an inability to meet **moral and social expectations** of their roles, particularly the overwhelming sense of "failure" as mothers when they cannot provide a stable home for their children. Fears of perpetuating traumas experienced in their own past adds to this burden, creating a feedback loop of mental and emotional strain. For many, housing distress can **trigger PTSD**, as it evokes memories of past traumas, including experiences of **female genital mutilation (FGM)**, **displacement** and **domestic violence**. The home, which should be a safe haven, instead becomes a focal point for these unresolved traumas.

This experience also engenders **anger** towards the state, often leading women to become **politically engaged** as they insist on the state's responsibility to provide safe and stable housing.

PART THREE: CALLS TO ACTION

In the final section, we derive learning from this methodology and make a set of calls to action generated through this research.

We suggest that the tools used to interpret housing distress could provide a starting point to begin to understand racialised trauma relating to housing dispossession in wider postcolonial contexts.
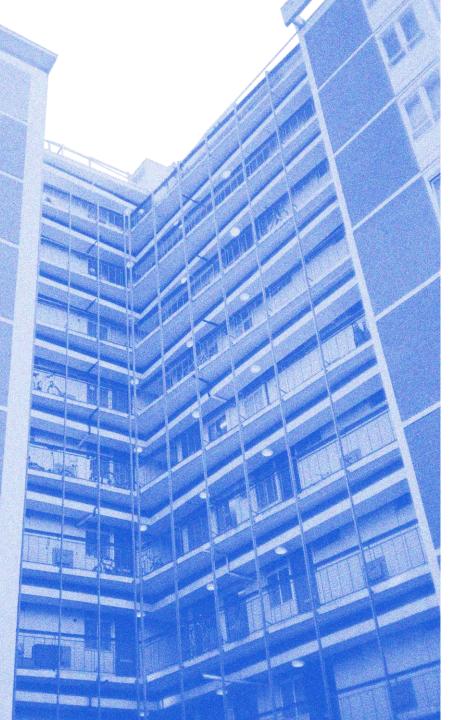
In addition to drawing on the findings from this research, these calls to action draw upon the work of housing advocacy actors who have long been calling for change in this space.

They also draw upon the testimonies of activists, health workers, service providers, support workers and lawyers who attended *Homesick: A public discussion of housing, mould and abandonment,* an open event at SOAS in June 2024. This event presented the findings of our research in Birmingham and invited perspectives from this wide range of stakeholders working at the intersections of housing and health. The discussion was live scribed by Ollie Mann and is captured in the accompanying infographic.

Infographic by Ollie Mann

CALLS TO ACTION FROM EXISTING ADVOCACY GROUPS

In recent years there has increasingly been pressure to enact legislative and policy changes in the UK's housing landscape, with both Conservative and Labour governments pledging to address long-standing issues such as tenant protections, housing safety, and affordability. The Labour government has pledged to increase housing supply through a large-scale building push, and to strengthen renters' rights. The Renters Rights Bill currently moving through parliament includes a ban on 'no-fault evictions', crack-down on landlords who don't address disrepair, the introduction of a private rented sector database and stronger enforcement powers for local authorities.

These are hugely welcome changes. However, organisations such as Shelter and Generation Rent fear they don't go far enough, requiring stronger enforcement mechanisms to ensure loopholes are not exploited by landlords. Furthermore, the degree to which these policy changes will materially improve the housing conditions of marginalised communities, such as the Somali women who participated in this research, is questionable. As housing costs continue to rise and the supply of affordable homes remains limited, the structural inequalities that disproportionately affect migrant and racialised communities persist.

A range of organisations have long been advocating for measures that would improve access to safe, stable and affordable housing for marginalised communities.

These include measures such as:

Total ban on no-fault evictions: Citizens Advice has highlighted loopholes in the Renters Rights Bill through which landlords can effectively continue to evict tenants through no fault of their own, such as through unfair rent hikes or selling the property. They call for the bill to be strengthened to prevent exploitation of these loopholes.

Compensation for tenants facing no-fault evictions: The current Bill offers no compensation to tenants who will continue to be evicted through no fault of their own under the new grounds. Generation Rent argues that no-fault eviction compensation should take the form of non-payment of rent for the final two months of the notice period.

Increased tenant rights to withhold rent: Acorn proposes giving tenants the right to withhold rent until disrepair issues are resolved, increasing pressure on landlords to maintain properties properly.

Reforming the Right to Buy scheme: The New Economics Foundation proposes devolving powers to local authorities to suspend the Right to Buy scheme, where it can be demonstrated it is contributing to shortages in affordable housing supply.

CALLS TO ACTION FROM THIS RESEARCH

We make these additional calls to action for policymakers, service providers and local authorities.

FOR POLICY-MAKERS

- Stronger fora to bring together health and housing policymakers across multi-level governance structures.

- Stronger enforcement of landlord responsibilities to tenants, especially in relation to damp, mould and disrepair.

- Systematic and meaningful engagement with people with lived experience of mental distress and from ethnically diverse backgrounds, through participatory research in development of policy.

FOR HEALTH SERVICE PROVIDERS

- Investment in culturally specific therapeutic services that specifically address racial trauma as it intersects with ongoing structural injustice.

- Systematic and meaningful engagement with people with lived experience of mental distress and from ethnically diverse backgrounds in developing and evaluating services.

FOR LOCAL AUTHORITIES

- Investment in housing advice, legal aid services and education for those in insecure housing, of their rights.

- Investment in local social infrastructures, including sure start centres, youth centres, school health hubs etc; and community spaces for knowledge exchange and culturally appropriate care in situations of distress

- Systematic and meaningful engagement with people with lived experience of mental distress and from ethnically diverse backgrounds in developing and evaluating local services.

FOR FUNDERS

- Fund further research in this area, particularly for partnerships and knowledge exchange between local authorities, NHS services, community stakeholders and social scientists.

FOR RESEARCHERS

- In learning from the methodology outlined in this report, embed the principles elucidated on the following page in conducting further research on housing distress.

PRINCIPLES FOR LISTENING TO HOUSING DISTRESS

In learning from the methodology outlined in this report, we promote the following principles for conducting further research on housing distress. These principles can be used to understand housing precarity and dispossession as situated within wider contexts of racial exclusion, inequality and trauma.

Principle 1: Place research in the context of ongoing legacies of racialised inequality.

Research on housing and health often confines race to a 'variable' or seeks to describe patterns of ill-health according to racial categories. Often this involves deploying 'BAME' classifications, which occlude as much as they reveal in diverse urban contexts such as Birmingham. What is missed is how housing allocation policy not only creates racialised spaces, but also contributes to cumulative racialised trauma. Research must bear in mind the recursive patterns of housing dispossession which have shaped the UK's post-colonial history.

Principle 3: Build projects around ongoing community activism.

Recognise the multiple political and social projects which minoritised communities are involved in across the UK. These forms of activism may be – though not necessarily – beyond the gaze of tenants' unions and housing charities. Build research focused on achieving health outcomes anticipated by communities. This involves an openness to considering structural reform (to housing policy or property regimes) as well as to developing alternative approaches to therapy (which may embrace religious, artistic and cultural forms).

Principle 5: Incorporate nodal figures.

Understand intermediaries not just as people who 'open spaces' or perform work as 'cross-cultural interpreters' but as leaders with deep insight into the contexts and histories of the participant community. Their deep awareness of how structural violence and postcoloniality shape idioms of health for the participant community is invaluable in shaping research practices to align with principles 1 to 4. Work with nodal figures to understand distress, rather than seek to fit communities into pre-defined notions of psychological suffering. Fund the ongoing work of such nodal figures to support communities .

Principle 2: Ground mental health projects in active listening.

Health provision often results in local authorities and healthcare providers telling communities how to experience crises. We suggest a better route is to allow communities to articulate distress on their own terms, in spaces which feel safe, in languages which are familiar, and in the presence of trusted intermediaries. At all stages of research – from developing methods, to generating data, to analysing material - it is important to listen to the categories of illness and suffering which emerge from lived experience.

Principle 4: Redefine and contextualise participation.

Research must be based in definitions of participation which emerge from the context. Ask how can people realistically participate within their material and cultural worlds? Participation must consider practical considerations (e.g. the cost of transport, time away from work or caring responsibilities), but also cultural histories of language (e.g. asylum processes which may have alienated people through requiring competence in English). Seek to understand the spaces and forms through which people practice their politics, and incorporate this sensibility into research.

Principle 6: Embed psychotherapy within research.

Whilst UK Ethical Guidelines are stringent, often these codes permit research with 'vulnerable' participants without full contextualisation of the potential harms which could be activated by research. Build psychotherapeutic principles into the research process. Ask how research can be conducted ethically, and within specific cultural spaces. Drawing skills and techniques from psychotherapeutic methods can enrich the research experience for both those telling distress, and those listening to it.

CONCLUSION

The UK housing crisis presents as a complex and evolving set of challenges that range from unaffordability to shortage of supply, insecure tenancies to poor housing conditions. A crisis of housing is also a crisis of health. As crisis becomes commonplace, the variety and specificity of lived experiences contained within it are elided, flattening the diverse ways housing injustice is experienced across geographic, socio-economic and racial groups.

These effects are interrelated and intersect with existing structural inequalities and experiences of racism, stigma and abandonment at the hands of the state. The cumulative effects of experiencing illness, disrupted education, loss of kinship networks and unstable home environments have long-lasting consequences on the health, development and life trajectories of those affected. These impacts are also felt in costs to state infrastructure, from the NHS to the education system.

Urgently needed are policies that not only address these effects, but *prevent* them.

Further research following the principles for listening to housing distress that we have put forward in this report can help to unlock a deeper understanding of what the most effective preventative policies are and how they can be effectively implemented.

HoMH
-Lab

BIBLIOGRAPHY

Althaus, E. & Glaser, M. (2014) 'House biographies: Housing studies on the smallest 'urban scale', in *Cultural Studies: A Research Volume*, pp. 1-17. Springer. Available at: https://doi.org/10.1007/978-3-642-37661-0_17.

Baxter, R. & Brickell, K. (2014) 'For Home UnMaking', *Home Cultures*, 11(2), pp. 133–143. Available at: https://doi.org/10.2752/175174214X13891916944553.

Bear, L., James, D., Simpson, N., Alexander, E., Bazambanza, C., Bhogal, J., Bowers, R., et al. (2020) *A right to care: The social foundations of recovery from Covid-19*. London School of Economics. Available at: https://www.lse.ac.uk/anthropology/assets/documents/research/Covid-and-Care/ARighttoCare-CovidandCare-Final-1211.pdf.

Bemme, D. & Béhague, D. (2024) 'Theorising the social in mental health research and action: a call for more inclusivity and accountability', *Social Psychiatry and Psychiatric Epidemiology*, vol. 59, no. 3, pp. 403-408. Available at: https://doi.org/10.1007/s00127-024-02632-2.

Blunt, A. (2005) *Domicile and diaspora: Anglo-Indian women and the spatial politics of home*. Oxford: Blackwell.

Blunt, A. & Dowling, R. (2006) *Home*. London: Routledge.

Bramley, G., et al. (2022) 'Black people are over three times more likely to face homelessness as White British people'. Heriot-Watt University. Available at: https://www.hw.ac.uk/news/articles/2022/black-people-are-over-three-times-more.htm.

Brun, C. and Fábos, A. (2015) 'Making homes in limbo? A conceptual framework', *Refuge: Canada's Journal on Refugees*, 31(1), pp. 5-17. Available at: https://refuge.journals.yorku.ca/index.php/refuge/article/view/41479

Boccagni, P. (2022) 'At home in the centre? Spatial appropriation and horizons of homemaking in reception facilities for asylum seekers', in Beeckmans, L., Gola, A., Singh, A. and Heynen, H. (eds.) *Making home(s) in displacement: Critical reflections on a spatial practice*. Leuven: Leuven University Press, pp. 139-154, Available at: https://iris.unitn.it/bitstream/11572/334297/1/Boccagni_Home%20in%20Displacement_2022.pdf

Chenhall, R.D. & Senior, K. (2018) 'Living the social determinants of health: Assemblages in a remote Aboriginal community', *Medical Anthropology Quarterly*, 32(2), pp. 177-195. Available at: https://doi.org/10.1111/maq.12418.

Degarrod, L.N. (2016) 'Collaborative art and the emergence and development of ethnographic knowledge and empathy', *Critical Arts*, 30(3), pp. 322-340.

Department for Levelling Up, Housing and Communities (2021) *English Housing Survey 2020 to 2021: Headline Report*. Available at: https://www.gov.uk/government/statistics/english-housing-survey-2020-to-2021-headline-report

Dyck, I. & Dossa, P. (2007) 'Place, health and home: Gender and migration in the constitution of healthy space', *Health & Place*, 13(3), pp. 691-701. Available at: https://doi.org/10.1016/j.healthplace.2006.10.004.

Gulliver, K. (2014) 'City as the Site of the Other: The (Dis)Ordered Colonial City', in *Cityscapes in History*. 1st edn. London: Routledge, pp. 13. Available at: https://doi.org/10.4324/9781315572192

Harris, E., Brickell, K. & Nowicki, M. (2020) 'Door locks, wall stickers, fireplaces: Assemblage theory and home (un)making in Lewisham's temporary accommodation', *Antipode*, 52(5), pp. 1286-1309. Available at: https://doi.org/10.1111/anti.12639.

Haque, Z., Becares, L., & Treloar, N. (2020) 'Over-Exposed and Under-Protected: The Devastating Impact of COVID-19 on Black and Minority Ethnic Communities in Great Britain'. Runnymede Trust. Available at: https://www.nhsbmenetwork.org.uk/wp-content/uploads/2020/08/Runnymede-Covid19-Survey-report-v2-August-2020.pdf

Holding, E., Blank, L., Crowder, M., Ferrari, E. & Goyder, E. (2020) 'Exploring the relationship between housing concerns, mental health and wellbeing: A qualitative study of social housing tenants', *Journal of Public Health*, 42(3), pp. e231–e238. Available at: https://doi.org/10.1093/pubmed/fdz076.

Kienzler, H., Ermansons, G. and Schofield, P. (2024) 'Somali refugees in urban neighborhoods: An eco-social study of mental health and wellbeing', *Frontiers in Psychiatry*, 15, Article 1307509. Available at: https://doi.org/10.3389/fpsyt.2024.1307509

Klein, S. & Michailidis, A. (2023) 'Households in temporary accommodation: An analysis of housing inequality and mental health in England', *Urban Studies*, 60(3), pp. 468-485. Available at: https://doi.org/10.1177/00420980221085335.

Lester, R. (2013) 'Back from the edge of existence: A critical anthropology of trauma', *Transcultural Psychiatry*, 50(5), pp. 753–762. Available at: https://doi.org/10.1177/1363461513504520

Myers, S. (2005) 'Empathic listening: Reports on the experience of being heard', *The Counseling Psychologist*, 40(2), pp. 192–211. Available at: https://doi.org/10.1177/0022167800402004

New Economics Foundation (2024) 'Reforming Right to Buy: Options for preserving and delivering new council homes for the twenty-first century'. Available at: https://neweconomics.org/2024/05/reforming-right-to-buy

Newton, D., Lucock, M., Armitage, R., Monchuk, L. & Brown, P. (2022) 'Understanding the mental health impacts of poor quality private-rented housing during the UK's first COVID-19 lockdown', *Health & Place*, 78, 102898. Available at: https://doi.org/10.1016/j.healthplace.2022.102898

Nichter, M. (2010) 'Idioms of distress revisited', *Culture, Medicine, and Psychiatry*, 34, pp. 401–416. Available at: https://doi.org/10.1007/s11013-010-9179-6

Nowicki, M. (2023) 'Temporary is the new permanent: temporary accommodation policy and the rise of family homelessness', in *Bringing Home the Housing Crisis*. Bristol: Policy Press. Available at: https://doi.org/10.51952/9781447361886.ch003 [Accessed 4 May 2024].

Pevalin, D. J., Reeves, A., Baker, E. & Bentley, R. (2017) 'The impact of persistent poor housing conditions on mental health: A longitudinal population-based study', *Preventive Medicine*, 105, pp. 304-310. Available at: https://doi.org/10.1016/j.ypmed.2017.09.020.

Paterson, J., Iusitini, L., Tautolo, E., Taylor, S. & Clougherty, J. (2018) Pacific Islands Families (PIF) Study: housing and psychological distress among Pacific mothers. *Australian and New Zealand Journal of Public Health*, 42(2), pp. 140-144. https://doi.org/10.1111/1753-6405.12717

Powell, R. & Robinson, D. (2019) Housing, ethnicity and advanced marginality in England. In: J. Flint & R. Powell, eds. *Class, Ethnicity and State in the Polarized Metropolis*. London: Palgrave-Macmillan

Robinson, J.R.M., Hastert, T.A. & Beebe-Dimmer, J.L. et al., (2023) Housing instability and psychological distress in African American cancer survivors: findings from the Detroit Research on Cancer Survivors study. *Journal of Cancer Survivorship*. https://doi.org/10.1007/s11764-023-01471-5

Rowley, L., Morant, N. & Katona, C. (2020) Refugees Who Have Experienced Extreme Cruelty: A Qualitative Study of Mental Health and Wellbeing after Being Granted Leave to Remain in the UK. *Journal of Immigrant & Refugee Studies*, 18(4), pp. 357-374. https://doi.org/10.1080/15562948.2019.1677974

Shelter (2023) 'Still living in limbo: Why the use of temporary accommodation must end'. Available at: https://downloads.ctfassets.net/6sxvmndnpn0s/2tH1VaV0nD4E1yfkNVgZpd/18a40c539d3d6b8771c55c318f4c0a74/Still_Living_in_Limbo.pdf

Shelter (2024) 'Children homeless in temporary accommodation hits shameful new record of 151,000, up 15 per cent in a year', *Shelter England*. Available at: https://england.shelter.org.uk/media/press_release/children_homeless_in_temporary_accommodation_hits_shameful_new_record_of_151000_up_15_per_cent_in_a_year

Simpson, A. (2007) 'On ethnographic refusal: Indigeneity, "voice" and colonial citizenship', *Junctures*, 9, pp.67-80, Available at: https://junctures.org/index.php/junctures/article/view/66/60

Simpson, N. (2023) 'Ghar ki tension: Domesticity and Distress in India's Aspiring Middle Class', *Journal of the Royal Anthropological Institute*, 29(3), pp. 573-592. Available at: https://doi.org/10.1111/1467-9655.13956

Simpson, N. & Storer, E. (2022) An Elusive Animal: Trust in an Uncertain Present. *Medical Anthropology Quarterly*. Part of special collection for *Critical Care*. https://medanthroquarterly.org/critical-care/2022/06/trust-in-an-uncertain-present/

Soaita, A.M. & McKee, K. (2019) 'Assembling a "kind of" home in the UK private renting sector', *Geoforum*, 103, pp. 148-157. Available at: https://doi.org/10.1016/j.geoforum.2019.04.018.

TallBear, K. (2017) 'Standing with and speaking as faith', in *Sources and Methods in Indigenous Studies*. pp. 78–85.

The Health Foundation (2022) 'The relationship between overcrowding and mental health'. Available at: https://www.health.org.uk/evidence-hub/housing/housing-stability-and-security/relationship-between-overcrowding-and-mental-health.

Vissing, Y.M. and Diament, J. (1997) 'Housing distress among high school students', *Social Work*, 42(1), pp. 31–41. Available at: https://doi.org/10.1093/sw/42.1.31

Warfa, N., Bhui, K., Craig, T., Curtis, S., Mohamud, S., Stansfeld, S., McCrone, P. and Thornicroft, G. (2006) 'Post-migration geographical mobility, mental health and health service utilisation among Somali refugees in the UK: a qualitative study', *Health & Place*, 12(4), pp. 503–515. Available at: https://doi.org/10.1016/j.healthplace.2005.08.016

Wong, Y.-L. I., (2002) Tracking Change in Psychological Distress among Homeless Adults: An Examination of the Effect of Housing Status. *Health & Social Work*, 27(4), pp. 262–273. https://doi.org/10.1093/hsw/27.4.262

Ziersch, A. & Due, C. (2018). A mixed methods systematic review of studies examining the relationship between housing and health for people from refugee and asylum seeking backgrounds. *Social Science & Medicine*, 213, pp. 199-219. https://doi.org/10.1016/j.socscimed.2018.07.045