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The Benefits of the Everyone In Initiative and the Deeper-Rooted Problems It Revealed for Migrants Experiencing Homelessness

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Abstract

This article addresses the broad research aim of understanding migrants' experiences of homelessness during the Coronavirus Disease of (COVID-19) pandemic through a novel combination of linguistic and sociological analysis. In our analysis of life story interviews, we find that the United Kingdom (UK) Government's Everyone In initiative, which suspended eligibility criteria to provide support and accommodation to those experiencing homelessness or deemed to be at risk of rough sleeping, was hugely beneficial for migrants. This indicates what is possible when there is the political will to end rough sleeping. In its analysis of life stories gathered during the pandemic, the article proceeds to identify deeper-rooted problems relating to the weak and restricted structural position of migrants experiencing homelessness. Having spent time in the UK with an 'inferior status', with limited access to work and welfare, economic and social capital, and often with experiences of trauma in the UK and/or in their countries of origin, many of our research participants express a lack of control and a sense of being controlled in their conditions of existence. Further, their isolation and loneliness in the individual rooms provided in the emergency accommodation is indicative of a deeper-rooted sense of separation deriving from years spent sleeping rough or living in temporary and insecure accommodation. Experiences of isolation and the sense of a lack of control are corrosive to mental health, and during the pandemic, mental health problems were also exacerbated by welfare checks and other rule-based practices that are potentially re-traumatising.

Keywords

Migrant, homelessness, Covid, Everyone In, linguistics, sociology, control, isolation, frame.

Introduction

The Everyone In, launched by the United Kingdom (UK) Government in March 2020, provided accommodation and access to statutory support to thousands of people who were rough sleeping or deemed to be at risk of rough sleeping in England. Before the outbreak of the Coronavirus Disease of 2019 (COVID-19) crisis, figures from the Ministry of Housing and Local Communities indicated that the number of people sleeping rough in England was 4,266. In contrast, 37,430 people received assistance as

part of the Everyone In¹. One of the key aspects of the initiative was that migrants experiencing homelessness were offered support regardless of their immigration status. As our research on this

¹The report can be found here: <https://www.nao.org.uk/wp-content/uploads/2021/01/Investigation-into-the-housing-of-rough-sleepers-during-the-COVID-19-pandemic.pdf>
At the time of writing, this department is now the Department for Levelling UP, Housing, Communities.

initiative demonstrates, Everyone In provided life-changing opportunities for many individuals (Stewart et al., 2023), including those with a No Recourse to Public Funds (NRPF)² condition attached to their immigration status, which means that they cannot access 'most benefits, tax credits or housing assistance' (The Joint Council for the Welfare of Immigrants, 2020).

This article discusses some of the results of an 18-month qualitative study of migrants who experienced homelessness during the COVID-19 crisis and were supported as part of Everyone In. Funded by the Economic and Social Research Council (ESRC) and United Kingdom Research and Innovation (UKRI), the project contributes to two bodies of literature, on homelessness and migration, which are rarely considered together (though there is work on destitution among asylum seekers and refugees, e.g., see Allsop et al., 2014; Dwyer & Brown, 2008), and involves researchers from three universities in collaboration with nine homelessness organisations across three UK cities. In their review of academic literature, Karabanow et al. (2022) find that there is a surprising lack of studies researching the lived experiences of homeless populations during the pandemic (see also Smith et al.'s (2021) argument about the need for input from these individuals). In response, this article addresses the broad research aim of understanding migrants' experiences of homelessness during the COVID-19 pandemic through a novel combination of linguistic (relatively under-utilised in studies on homelessness) and sociological analysis. In doing so, the article makes several contributions to debates in the field: First, we highlight the significant benefits associated with Everyone In, which indicate what progressive steps can be taken to end homelessness when the political

will is there. Second, we find that migrants' reflections on their time living in the emergency hotels during the pandemic revealed longer-term problems deriving from a restricted and weak structural position (e.g., with low levels of economic and social capital), an 'inferior' immigration status, a lack of secure accommodation, and experiences of past traumas. Reflecting on their experiences, our research participants drew attention to a sense of being controlled and having a lack of control over their everyday conditions of existence. Third, our findings reveal a sense of isolation that is corrosive to their mental health and ability to form and maintain social networks (Mackie et al., 2019; Watts & Blenkinsopp, 2022). This sense of isolation is exacerbated by years spent rough sleeping and/or living in temporary and insecure accommodation.

Providing Context: The Hostile Environment

In common with others in a dominated position in society, migrants experiencing homelessness who are eligible for support are impacted by the UK neo-liberal, market-oriented political programmes and the decades-long trend of cutting back expenditure relating to the social state, i.e., on housing, welfare, healthcare and education (Barnett, 2005; Bourdieu, 1998; Thorsen & Lie, 2006). With the UK facing a housing crisis, many of our research participants have at best had to rely on temporary and insecure forms of accommodation (Lund, 2018; Mackie et al., 2019; Watts & Blenkinsopp, 2022), thus exacerbating mental health issues (Kim et al., 2010; Lippert & Lee 2015; North et al., 2004; World Health Organisation, 2022). Migrants are disproportionately represented among rough sleepers in England. For example, on one evening in 2022, the Combined Homelessness and Information Network (CHAIN) recorded 8329 people rough sleeping, almost half of whom were non-UK nationals (and this is striking when one considers that only 9% of the UK population holds a non-UK nationality.³) Taking their ranks among the 'hidden homeless'

² No Recourse to Public Funds (NRPF) conditions apply to any person subject to immigration control under section 115 of the 1999 'Immigration and Asylum Act'. NRPF applies to a range of immigration statuses including those related to student, spousal, visitor and family visas and asylum-seeker statuses (whether refused or in process), and other individuals with unresolved immigration statuses - also referred to as 'undocumented' migrants. https://www.legislation.gov.uk/ukpga/1999/33/pdfs/ukpga_19990033_en.pdf

³<https://www.mungos.org/news/st-mungos-welcomes-latest-rough-sleeping-figures-for-london/>.

and disguising their condition (Carau, 2018; Casey et al., 2008; De Genova, 2002; Villegas, 2010; Wahlström Smith, 2018), many more migrants experiencing homelessness find places to rest and sleep that are 'under the radar', thus evading the authorities and making data on migrant homelessness notoriously unreliable. Existing 'under the radar' can take the form of 'sofa surfing' with friends or relatives, sleeping in insecure or inadequate accommodation linked to the informal economy (often linked to exploitative work), or sleeping on night buses, in cars, cafes, parks, and other places (Stewart et al., 2023). In doing so, migrants experiencing homelessness often adapt through what we have termed 'cultivated invisibility', practices through which they "respond to various experiences of being 'out of place', experiences of being read as 'Other', both racialised and classed, across local and national space" (Stewart & Sanders, 2023a, 130).

Migrants are particularly vulnerable to homelessness as a consequence of the policies of successive UK Governments, going back several decades, which have sought, in the words of then Home Secretary Theresa May, to 'create, here in Britain, a really hostile environment for illegal immigrants' (cited in Griffiths & Yeo, 2021). These policies have been designed with a view to cutting off undocumented migrants from accessing public services. Moreover, measures of secondary immigration control have led to what scholars refer to as 'everyday bordering', effectively turning employers, teachers, landlords, and support workers into border guards and making them liable if they provide a service to an 'illegal' immigrant (Yuval-Davis et al., 2018). This makes accessing public and private services more difficult even for those who have resolved their immigration status because providers are likely to be hesitant to risk engaging those who might turn out to be in the UK illegally. For example, a survey of landlords in 2017 found that around half indicated that they would be unwilling to let properties to migrants from outside of the EU (Quereshi et al., 2020). Those with a NRPF condition attached to their immigration status are particularly vulnerable to destitution and homelessness; in addition, without access to benefits or housing, there "is evidence of malnutrition, cramped and substandard

accommodation, and mental ill-health among undocumented migrant families unable to access public funds" (Quereshi et al., 2020, 3). A report by the Institute for Public Policy Research argues that hostile environment policies have been devastating even for many people who have been in the UK legally for many decades (such as in the case of the Windrush scandal) and has also exacerbated discriminatory attitudes against migrants and those from minoritized ethnic backgrounds (Quereshi et al., 2020).

Central to the hostile environment are border control policies. These policies, including internal controls, are not designed to prevent all mobility but serve to create differential access to movement across those with differing immigration statuses (Bhattacharyya, 2018; de Noronha, 2020). This differential treatment ensures that migrants have restricted and varying levels of mobility and access to work and welfare. The consequence of this variability is a 'multi-status' UK with some individuals bestowed with an inferior status when compared to UK nationals and other migrants (de Noronha, 2020; Hodkinson et al., 2021). As individuals are excluded from forms of support such as welfare, healthcare, and education, and restricted in their right to work, their socio-structural position is weakened. In social class terms, their position is likely to be defined by the possession of low volumes of economic capital and, increasingly, low volumes of social capital (e.g., access to productive networks) (Bourdieu, 2021). In this vulnerable position, those able to enter the UK can be recruited to help fulfill the need of the capitalist (in)formal economy for cheap labour. At the same time, they are racialised as migrants through policies, produced by successive UK governments, that are expressive of increasing nationalist, autochthonic sentiment (Stewart & Sanders, 2023b; Tyler, 2020; Yuval-Davis et al., 2018).

In this article, our analysis traces the impact of such policies on migrants experiencing homelessness with 'inferior' socio-legal statuses (Hodkinson et al., 2021). Several of our research participants lived relatively stable lives in the UK before becoming vulnerable to deportation whether (for example) due to a change in their immigration status deriving from Brexit or the late submission of paperwork associated with a

spousal visa. As we have noted elsewhere (Stewart and Sanders, 2023b), their experiences raise questions about whether the border is actually ever definitively 'crossed' by migrants in the UK. This article focuses in particular on migrants' experiences of being controlled, feeling a lack of agency and suffering from isolation, and the consequences of these negative experiences.

Methodology

The four researchers involved in the project collected a total of 70 interviews including 37 with staff and 43 three-part life story interviews with migrants experiencing homelessness. The migrants were all born outside of the UK and came from a range of countries. For example, there were 18 respondents from 7 European countries, including eight from Romania and four from Poland; 13 respondents were from 10 African countries; 11 respondents were from 8 Asian countries; and one respondent was from North America. We defined 'migrant' broadly, and our sample contained individuals with a range of immigration statuses, including European Economic Area (EEA) migrants with and without settled (or pre-settled) status; it included undocumented migrants and those with NRPF; it included people with the right to stay and others still in the process of resolving their status although they had arrived legally, with a visa, but were now trying to secure their indefinite leave to remain. Others were asylum seekers or had refugee status. All had in common the fact that they were non-UK nationals, although a few had recently gained citizenship. We included in our research anyone who defined themselves as 'homeless,' and we adopted a broad understanding of homelessness that includes the four categories of housing situation identified in the European Typology of Homelessness and Housing Exclusion (Fédération Européenne d'Associations Nationales Travaillant avec les Sans-Abris [FEANTSA], 2017): being roofless, houseless, or in insecure and inadequate accommodation. In our consideration of social class, it was evident that our interlocutors had extremely low volumes of economic and social capital, though it should be noted that some had relatively high levels of cultural capital (Bourdieu, 2021). The

average length of time the respondents had been in the UK was 11.3 years. Some had been here for more than 40 years; others had arrived as recently as one year and two months before the interview occurred. Our interviewees ranged from aged 17 to 75-years-old and included 30 men and 12 women plus one respondent who identified as non-binary.

Our project's qualitative methodology centred on semi-structured interviews with support workers in the first stage of the fieldwork, followed by in-depth life story interviews with migrants who have experienced rough sleeping and other forms of homelessness. The life story interviews that are the main focus of this article "emphasise[s] the meanings that people make of their own lives in time" (McAdams, 2005, 238). The data analysis in this study is folded within a close consideration of the interviews as an empathetic, participatory and dialogical form of knowledge production (Denzin et al., 2008; Srigley et al., 2018). To this end, the questions were organised around three stages that, it was thought, marked the present and past experiences of the participants: their life at the moment of speaking and in recent months, during the COVID-19 pandemic; their journey from their country of origin to the UK (thus considering emigration alongside immigration, cf. Sayad, 2004); and any memories of the period before their migration, including their childhood and adolescence years.

In some cases, an interpreter was involved if the participants' level of English was not sufficient to sustain a conversation. During the various lockdowns that occurred, the interviews were carried out online via video links; other times, they were in-person. The interviews took place in a range of settings: for example, they were at times walking interviews; in some cases, the participants were interviewed outside in open spaces due to the COVID restrictions or in parks and cafes in or near the premises of the homelessness organisations; at other times, the interviews took place in or near the hotels or hostels where the participants were hosted. The length of the conversations differed; however, they tended to be long, each part often over an hour, often split over two or three separate sessions to avoid tiring the participants. Consent was obtained to audio-record the interviews,

which were prefaced by gathering the participants' biographical data. We worked closely with nine homelessness organisations in three UK cities in the South of England that gave us access to their clients.

The data were subsequently transcribed as they became available. At the same time, the team worked on analysing the conversations, identifying themes, and creating small summaries and portraits of the interviews by means of a further research method: vignettes. These two-to-three-page narrative accounts capture the life stories of the migrants from their perspective while also documenting their plans for the future.

As this article is the result of collaboration between two researchers in different disciplines, the methodology combines two approaches. The linguistic investigation adopted a computer-assisted discourse analysis method based on the corpus of 43 migrants' life story interviews, totaling 503,362 words. Although this body of data is relatively small from a corpus perspective, using software like Sketch Engine (Kilgariff, 2003) to analyse the interviews allowed us to identify patterns that were not immediately visible to the naked eye. This decision aimed at reaching greater objectivity and "plac[ing] a number of restrictions on [the analyst's] cognitive biases" (Baker, 2007, 12). The linguistic investigation started with a preliminary scrutiny of 'keywords' in the corpus (but only present in the interviewees' responses) identified on the basis of a comparison between the corpus of interviews we put together and another similar or comparable text collection, in this case, the British National Corpus (spoken).

In order to identify specific themes, we examined the 'concordance lines' of some of the keywords. A concordance "is simply a list of all the occurrences of a particular search term in a corpus, presented within the context that they occur in; usually a few words to the left and the right of the search term" (Baker, 2007, 71). By clicking on the core word, it is possible to access the broader textual context in which the word is embedded. These basic steps highlighted the semantic preferences in the participants' language, in terms of the relations between words (lemmas) and semantically related lexical items (Baker, 2007).

Alongside the linguistic analysis, we used collaborative thematic analysis to help make sense of the data (Braun & Clarke, 2006; Richards & Hemphill, 2018). We employed this method to identify and analyse patterns within the data. Both the lexically marked and latent levels of meaning were captured in the thematic analysis. For the former, the linguistic analysis was particularly useful as it traced recurring lexical patterns reflecting the topics raised by the clients. For the latent level, the indirect meaning, including the participants' deeper-rooted ideologies or preoccupations were identified by the coders (Braun & Clarke, 2006). Having generated an initial codebook in the first sessions, we refined and developed it as data came in. As a team of four researchers, in generating the themes and subthemes we moved between the theory and data, between phases of deductive and inductive work (Born, 2010). To avoid unnecessary repetition, in this article, we draw attention to vivid illustrative examples that highlight the themes most relevant to our focus (Braun & Clarke, 2006). In what follows, we explore some of the themes that were generated most frequently in the linguistic analysis of the semi-structured and life story interviews, which we assumed were most pressing to the participants. In each case, we proceed to consider related findings from the thematic analysis.

The Benefits of Everyone In

The first major theme we will discuss relates to the benefits of the Everyone In initiative. Everyone In was supported by a £3.2 million emergency fund ensuring that there was a significant increase in accommodation available for those experiencing homelessness. Hotels and student housing blocks were adopted by local authorities to provide safe and secure accommodation for those experiencing homelessness. Findings deriving from our project demonstrate that there were many positive consequences of Everyone In for those experiencing homelessness, including access to safe and secure accommodation, regular meals, clothing, healthcare, and support services such as those relating to alcohol and drug use, immigration advice, health checks and job coaching (Stewart et al., 2023; Stewart &

Sanders, 2021). Our research participants emphasised the benefits of the initiative. As the extracts below indicate, they were extremely grateful to have accommodation and a safe place to stay, as well as access to food, clothing and healthcare:

Andrzej: It [the emergency hotel] was an absolutely brilliant place to live in. I had a separate room, and it was peace and quiet, it was brilliant.

Lukasz: ... I feel safe here during the day. At night I wasn't feeling unsafe, but I felt unsafe during the day when I was homeless, but here I know that I am safe, that nobody will cause any trouble, so I feel safe.

Ali: The places here, as you can see, they've got more staff, they can clean your room, they can do everything for you, you can have a breakfast, you can have tea or coffee, but there are more strict rules.

Joshua: It is an extremely nice place to stay for anybody in my position – nice location, tidy, clean. The staff who are taking care of us are just meticulous. I can't say anything against them. I am more than ... I will forever be obliged to this organisation and the staff.

Kid: You know, when you live on the street for years, you actually ... you don't get comfortable with it, but you get used to it, yeah. So, when I moved back in to a normal place, it was weird. I couldn't actually sleep on a mattress. At first I slept on the floor 'cause the mattress was almost too comfortable. But, no, it's just ... it's lovely, you know. It's lovely. The food, people, it's just ... it's lovely. There's nothing else to say; it's just lovely. It's brilliant.

Tomas: ... everyday things are all okay. I mean, you get milk, you get sugar, you get tea or coffee, and you get food ...you get clothes.

Pipo: ... I'm so grateful I've got a roof over my head, compared to sleeping with the foxes ... I swear to you, the only time I had the chance to talk to my bloody GP because of thanks to the pandemic, and the only time I got to sleep, closing my eye for a bit, is from the doctor, bless him ...

Staff participants in our research project discussed how much easier it was to help people with their immigration paperwork when they were accessible in hotel rooms rather than out

on the streets (Stewart et al., 2023). As a consequence, some were able to resolve their immigration status or at least gain a stronger understanding of the paperwork required for a successful engagement with the Home Office; meanwhile, others found help in fulfilling their request to be repatriated. Staff too benefitted from the initiative: in our interviews, it became apparent that many were upskilled through their interaction with partner institutions in immigration law and housing. Further, organisations in the homelessness sector that had hitherto been competitors for funding worked collaboratively in new ways. The benefits for migrants of Everyone In was also noted by staff as in the following example:

I mean, for the first time in a long time, we had an option to give people that didn't discriminate against whether they had recourse or not and that was very nice, so that's why we were able to move so quickly as well because it didn't matter, you rang our doorbell, fine, we'll house you. It didn't matter about who they were, it mattered about their support need rather than their entitlement to any recourse (Outreach lead).

I think it's good that everybody was housed without question, and I think that was a really key point that it didn't matter where you were from you were put into accommodation and you were fed which we've never experienced anything like, have we really, you know – everybody taken off the streets and given a home (Support worker).

It should be noted that the abovementioned benefits of Everyone In were unevenly distributed, and some people somehow missed out on the initiative, or did not receive adequate immigration advice. Further, there were inconsistencies across local authority responses relating to how many rough sleepers they were willing to accommodate. This was in part due to mixed-messaging from the Ministry of Housing, Communities, and Local Government. As a consequence, those with NRPF were particularly vulnerable to missing out on support.⁴ In the main, however, the initiative was hugely

⁴<https://www.nao.org.uk/wp-content/uploads/2021/01/Investigation-into-the-housing-of-rough-sleepers-during-the-COVID-19-pandemic.pdf>

beneficial for those assisted (Stewart et al., 2023). By January 2021, '11,263 people were in emergency accommodation and 26,167 people had moved on into settled accommodation (such as social housing or the private rental sector) or supported housing.'⁵ Many of those not ordinarily captured by homelessness statistics were made 'visible' in terms of their presence within the emergency accommodation as they came forward for help or were identified by outreach workers (Stewart et al., 2023).

(Lack of) Control

The second theme generated from the interview data concerns issues of control and the feeling of a lack of control that participants suffered during Everyone In. This theme reveals wider structural problems that pre-date the COVID-19 crisis associated with a combination of temporary, insecure accommodation and an increasingly hostile immigration environment including, for those adjusting to the post-Brexit settlement, the curtailing of freedom of movement and associated legislation on rough sleeping (cf. Demars, 2017, Lenhard, 2022). Having a sense of control over one's life is recognised in the literature as essential for a decent life (Nussbaum, 2011; Watts & Blenkinsopp, 2022). However, some scholars claim more investigation is needed with regard to the lack of control over one's 'immediate living environment,' especially where individuals are in temporary accommodation (Watts & Blenkinsopp, 2022). Watts and Blenkinsopp (2022) draw attention to the significance of a sense of control over their housing situation for people experiencing homelessness. They find that a lack of control, which is often associated with temporary forms of accommodation, can lead to what they term a 'corrosive disadvantage', which leads to a detrimental impact on individuals' bodily and mental health as well as their ability to develop and maintain positive relationships with others. This lack of control can be particularly acute in temporary accommodations such as shelters and hostels. In their research on what works and

what does not work in relation to ending street homelessness, Mackie et al. (2019) also highlight that temporary accommodation, such as shelters and hostels, are found to be intimidating and unpleasant environments by those experiencing homelessness (see also May et al., 2006; Thorpe, 2008). In our research, we found that the emergency hotels were not as unpleasant as some of the temporary accommodations referred to in the literature above. However, as a form of rule-bound congregate living, they contained some of the more oppressive features of control associated with hostels and shelters. Further, our interlocutors' ambivalent responses to being in this accommodation highlighted their fundamental anxiety about being trapped.

On the one hand, most of the people we spoke to were grateful for the help that they were receiving; on the other, it was apparent that many of their concerns about being controlled were exacerbated by traumatic life experiences, e.g., as victims of sexual, domestic or conflict-related violence, or of modern slavery. For example, as we see below, Muhammad's concerns about intrusive welfare checks triggered traumatic memories of the civil war in Somalia. In another example, Lota compares the emergency accommodation to a prison. Andrzej, a 63-year-old man from Poland who has been in the UK for 13 years, was also critical in his response:

Andrzej: So, in both hotels – because I described right – what is the most annoying is that they check up on you, so they knock on the door, and they control you very much ... Sometimes you are falling asleep, or you are fast asleep, and someone is banging on the door and checking up on you.

Similarly, Afam, a 20-year-old asylum seeker from Eastern Nigeria who has been in the UK for four years, indicates that the proliferation of cameras and the surveillance techniques deployed by support workers were corrosive to his mental health and sense of well-being. This was particularly acute because he had been the victim of modern slavery and was thus vulnerable to being re-traumatised.

Of the 25 occurrences of the word 'control' in the corpus, ten were used by respondents to refer to border checks, their fathers, drugs or anxiety, control, and a few more to other kinds

⁵<https://commonslibrary.parliament.uk/research-briefings/cbp-9057/>

of constraint. Like the above examples, many are expressive of a lack of autonomy. Generally, in the active form, in the interviewees' narratives, the process of surveillance is associated with those who have power and make decisions. The respondents often express appreciation for being rescued from the street, but frustration for not yet being free to manage their lives because decisions are made on their behalf by the organisations that provide support. This is what Thomas clearly states in relation to his situation of waiting for an outcome of his asylum case on the grounds of his sexuality while staying in National Asylum Support Service (NASS) accommodation:

Thomas: I'm safe because I'm not homeless. I'm not homeless, but here I am in the accommodation, and they can only come and say we are picking you up, that is a problem because should I stay in the house, you are staying in the accommodation, they can come at any time, make a decision ... just come and pick you up, you know? Because they are giving you money, they are feeding you, they pay for the rent, so they can just come and say ...

'Check' (140 occurrences) yields a wider variety of meanings; however, some confirm and support the perception of lack of choice and autonomy associated with the lemma 'control' as suggested in the excerpt below. Lota, a 35-year-old Lithuanian, says:

I was trying yesterday not to drink so much. I can't sleep in the night and I'm not sleeping all night, after that I go to the bed around five o'clock in the afternoon and after that they wake you up...we'll check, yeah? And after that I am not sleeping all night. Oh, I die from this life.

Our thematic analysis generated a comparable subtheme that aligns with the discussion of controlling and checking. The subtheme refers to prison references or, more specifically, references to the Everyone In accommodation being like a prison. Lota sums up this view succinctly in an excerpt that reveals his deep-seated irritation:

This place is a fucking ... if you put the bars here ... a fucking gaol because all...loads of people here, they are fucking junkies who is addicted to the fucking drugs, yeah?[The welfare check] ... comes every half an hour ... What's your name?

What's your personal day? Fuck off, cunts. Let me sleep.

In their accommodation, respondents felt that their autonomy was limited because of the restrictions of movement through the enforcement of curfews, the use of surveillance like CCTV and security guards, and the prohibition of visitors in the emergency accommodation. Door knocking was discussed in a significant number of cases. Welfare checks were conducted in a standardised way, designed to ensure the well-being of those in emergency hotels. However, they were experienced as re-traumatising by many migrants who suffered from anxiety or post-traumatic stress disorder (PTSD) as a consequence of state or border interrogations and/or conflict or sexual assault-related traumas. For example, in envisaging a brighter future, Muhammad, a 51-year-old man from Somalia, said that the first thing he would do would be to get a key of his own so that 'no one will come and unlock my door'. The anxiety produced by the door-knocking and lack of privacy needs to be considered in relation to the migrants' lives: Muhammad, for example, fled civil war-torn Somalia in the 1990s and suffered PTSD as a consequence of his wartime experiences, exacerbated by the trauma associated with the death of his father. Importantly, sleep-related problems are experienced by many of the respondents in our project. These range from Pipo's (a 46-year-old Algerian man) trauma-related sleeplessness, to Angelina's (a 51-year-old woman from Sudan) troubled nightmares, disturbed by memories of domestic violence and religious persecution experienced during her years in Sudan. These examples draw attention to the need for a more personalised, trauma-informed approach to welfare checks in the homelessness sector (Stewart et al., 2023). The dominated structural position occupied by migrants experiencing homelessness in part accounts for their particular sensitivity to these welfare checks. After all, they do not have the immigration status or possession of the forms of capital that would enable a greater sense of mobility and autonomy. However, the fear of being controlled also needs to be considered in the context of their life stories and experiences of trauma.

Isolation

The third theme generated from the data refers to the isolation experienced by our research participants. Homelessness is widely reported as being associated with loneliness and solitude. With a lack of social capital and available family and friendship networks, and lack of economic capital, and the requisite immigration status that might enable more secure accommodation, the presence of pets, especially dogs, is very common among rough sleepers as a coping strategy (Cleary et al., 2020; Rew, 2000; Rokach, 2005, 2014; Sanders & Brown, 2017). Our research findings demonstrate that COVID-related measures heightened and made loneliness more dramatic as attested by other studies (Bertram et al., 2021). As a pre-emptive move against the spreading of the coronavirus, individuals staying in the emergency accommodation were kept in separate rooms. This inevitably increased the isolation migrants suffered, exacerbating the sense of being distanced from any meaningful sense of community. As Watts and Blekinsopp (2022) found, the restrictions associated with congregate living ‘may be corrosive of people’s wider capabilities, in particular, those relating to affiliation/relationships’. We see this sense of isolation in the responses of Yusuf, a 24-year-old asylum seeker from Syria who has been in the UK for seven years having traveled to the UK via Egypt and France’s ‘Calais Jungle’. Yusuf’s asylum claim was turned down, and he has NRPF. The Home Office rejected his claim that he was fleeing the Syrian civil war, believing him to be Egyptian rather than Syrian. Unable to work or secure housing while claiming asylum has left him dependent on destitution payments from a local charity. This has exacerbated his sense of isolation and given him a jaded view of life:

Yusuf: I'm always lonely. (...)

I: So, do you think you feel lonely here a lot?

Yusuf: Yeah. When the system is like that, you understand? ... The system makes everyone separate, separate, separate.

Yusuf proceeds to refer to a time when he lived in a cultural and linguistic community, an experience that only stands out as a distant memory. Of the 63 occurrences of the lemma

‘alone’ and 22 occurrences of ‘lonely’ in the corpus, however, some refer to a denial of loneliness as in the words of Ahmad, a 31-year-old Kurdish man from Iran who has been in the UK for five years:

I: Do you feel, you know, that you're quite lonely here?

Ahmad: Not really, I don't have a problem.

Similar to ‘lonely’, ‘alone’ has the positive connotation of not being an outsider (‘you’re not alone in this’) as well as not being isolated. For example, La Vie, a 20-year-old who has been in the UK for two years, reflects on positive memories of his life back in Ivory Coast before the Civil War:

In the city, yeah. [There was] a lot of nightclubs outside, so every night music in my ears. Music everywhere, and I can't sleep, but I like because it's like you're not alone, because a lot of people are outside.

‘Alone’ is also used negatively to index the participants’ isolation in their rooms. Further, ‘alone’ seems intrinsically associated with the condition of being homeless, as the excerpt below suggests. Here, the interviewee Arian, a 44-year-old from Albania who has been in the UK for 26 years, takes an agentive pedagogical stance by asking the interviewer, not once but twice, whether they had any experience of living on the street. Once established through that prefacing strategy, that the interlocutor does not share the same experience, Arian delves into what in his mind is a significant cause of his isolation:

I: You stayed alone all the time?

Arian: Yeah. The thing is when you...have you been homeless yourself? Have you been on the streets?

I: No, I haven't. No.

Arian: The thing is, when you're homeless, you don't trust nobody, because you're always cautious to everything.

Our thematic analysis generated the subthemes of ‘loneliness’ and ‘lack of social embeddedness’ and these were patterned across the majority of the life story interviews. In some cases, this was because the migrants experiencing homelessness were removed geographically from their close family and, in

the cases of 'dispersal' to Home Office accommodation, in many instances, they were separated from friends and community. Taking up NASS accommodation also exacerbates feelings of loneliness and isolation because individuals can potentially be moved from city to city by the Home Office. Such a move is often initiated without consultation. In other instances, their families were the very source of the problem that they were seeking to escape (e.g., in cases of domestic violence or forced marriage). Some lost connections with immediate family and/or community when they fell into homelessness as a result of job loss, when their marriage fell apart, or when they were no longer able to rent a room in a shared house. For example, Marcia, a 50-year-old Jamaican woman with NRPF who has been in the UK for 28 years, explained that she lost her connections when she fell on hard times: 'I used to [have friends], but when you have problems, all your friends leave you.'

The Everyone In initiative exacerbated deep-rooted feelings of isolation because, in the main, individuals were kept in separate rooms. Being assigned to accommodation beyond their choice, in the company of people they did not know enhanced their sense of loneliness. Such loneliness was one of the unintended consequences of the rule-bound accommodation, as a form of temporary, segregated living, running contrary to the concept of a home that is constructed out of commonality and friendship with other individuals in the same predicament (Schneider, 2022). Furthermore, in the emergency accommodation, migrants with limited command of the English language found their social interactions restricted to those with whom they shared a common language. This sense of isolation was brought to the fore in our discussions during the pandemic, but it has deeper-rooted causes for those whose 'inferior' immigration status (and associated barriers to work and welfare) and lack of economic and social capital restricts their ability to become incorporated in communities and networks and to work and live with others.

Mental Health Issues

The fourth theme generated in the course of our analysis relates to mental health issues. Generally, among those experiencing homelessness, the lack of a secure home and the anxiety triggered by an uncertain future are significant amongst the many causes that lead to mental health issues (North et al., 2004; Kim et al., 2010; Lippert & Lee, 2015, among others). Discussing in depth the complex issue of mental health is beyond the remit of this article. However, we can note that in our corpus, mental (in)stability was one of the topics most frequently raised by the participants and also the subject matter of one of the questions put to them by the interviewers. The corpus had 142 occurrences of the word 'mental' and revealed that most of the interviewees admitted to suffering from issues such as depression, anxiety, PTSD, and drug addiction, while only a few claimed they had none.

Research indicates that mental health issues are simultaneously causes and consequences of homelessness (World Health Organisation, 2022). Moreover, as Leibow (1993) points out in his ethnographic study of homeless women, those experiencing mental illness are homeless for the same reason as everyone else: they have no place to live. Reflecting on their lives before the pandemic, a common theme among our research participants was reluctance to come forward for help because of concerns about their immigration status, especially where they had NRPF. The norm, therefore, was that there was little support available. Everyone In changed this and enabled them to receive some assistance. Without this help, the situation for those with mental health problems would have been considerably worse.

The point we want to make in this section, however, is that there were only a few instances of migrants declaring they received specialist help (see the extracts below). Further, the abovementioned sense of a lack of control and increasing isolation were especially corrosive to the mental health of our interlocutors because of past traumas.

Arian provides one instance of someone who was receiving mental health support. He arrived in the UK from Albania twenty-six years ago. A family feud left him in fear for his life, forcing him to leave his country for good. As his wife was a British citizen, he shifted his visa to a

spousal visa, which he renewed every three years. This continued for twenty years, until on one occasion Arian submitted his application to the Home Office a few days late in error. Immediately, Arian's visa status was revoked, placing him under numerous restrictions that, three years later, he continues to live under as he awaits the outcome of an appeal. The subsequent breakdown of his marriage, the loss of his job, his home, and his access to benefits forced Arian into homelessness, a situation that has continued for three years. As he notes: "I haven't got the money, so... And I get my weekly ticket, the money I get from here I get weekly ticket to come from ... to be here. And I've got my mental thingy, twice a week counselling." While several excerpts contain the lemma 'mental', this one is significant as the client raises the topic, first expressed in casual language ('And I've got my mental thingy') and then in a professional vocabulary ('twice a week counselling').

The examples below highlight the benefits of the Everyone In initiative and the support received during the COVID-19 crisis. The Everyone In initiative gave visibility to migrants experiencing homelessness, and some individuals received support that they would not have received on the street. For example, Alexis, a 24-year-old Polish man who has been in the UK for over four years, but is still awaiting to have his settled status (post-Brexit) confirmed, received mental health support:

I: Did you get any support for your mental health while you were at the hospital?

Alexis: Yes, at the hotel, there's a whole team taking proper care.

Muhummad also benefitted from support: "one time at [homelessness organisation] must give my information to mental health team, and then they intervene to me, they give it to me about, like, tablets ... My GP knows everything now, my health ...". The corpus analysis generated themes and patterns in the interviews through the identification of lemmas, e.g., 'mental'; meanwhile, the use of thematic analysis drew attention to deep-rooted, long-term suffering brought about by various forms of trauma. For example, Thomas fled Nigeria having been persecuted on the grounds of his sexuality, and in the UK, when his application for a spousal visa was rejected, he was arrested and held in a

detention centre for 90 days. This led to a prolonged period of mental health deterioration in his life. Now, awaiting the outcome of his asylum claim, he explains what he endures as a result of psychosis:

The voices can go away, the trauma can go away, I mean, the flashbacks come on and off. If I can't stop them, it can't stop me from talking, you know? All these things I'm experiencing, they can't stop me from talking. I will talk, you understand?

Along similar lines, Muhummad describes the combined impact of traumatic memories and destitution on his mental health: "A long ago, in the night, I was having a trauma ... I'm thinking about, like, myself, what is happening ... I can see so many things, I hear noises ...".

The above examples highlight the multiple forms of mental health issues faced by migrants experiencing homelessness, often compounded by traumatic experiences as well as from more recent experiences of destitution. However, our interviews with staff in the sector suggest that due to cuts in funding to the social state, i.e., for the public health grant, there is insufficient embedded mental health support in homelessness organisations' outreach teams (The Kerslake Commission on Homelessness and Rough Sleeping, 2022). As a manager of migrant services at a homelessness organisation notes, 'people [are] being discharged from hospitals under, you know, Section 3 and able to access services but the staff there have not been trained enough to understand that they can actually support people.' Along similar lines, a senior figure from a homelessness organisation refers to the lack of funding since the 2009 financial crisis for specialist support: "If you've got someone with chronic alcohol issues and mental health who needs something like a dual diagnosis service, I kind of think there were more of them. Now you look round and you just think there isn't any."

Workers in these organisations did an exemplary job under severe pressure, but were simply not in a position to fulfil specialist roles relating to mental health. Outreach workers engaged in mental health support on the frontline of the pandemic response, and yet they did not have the specialist training or clinical expertise to do so. Our findings thus highlight the enormity of the problem facing

homelessness support services and the very sporadic cases of intervention. Our interviews with support workers in the homelessness sector indicated that while some help was offered, it was often limited in what it could realistically achieve. As a support worker noted:

We try to tackle every aspect of the person's life, almost simultaneously. Just as an example, if you place someone with severe schizophrenia in accommodation, of course, they're not going to be in that accommodation for a very long time, because they just don't have the support, do you know what I mean?

This highlights a key challenge that Everyone In brought to the fore: the difficulty of confronting multiple deep-rooted, longstanding problems in the brief window of time opened up by the initiative, with limited resources available, during an era in which cuts to social spending are prevalent and ideologically-driven (Barnett, 2005; Bourdieu, 1998). While Everyone In offered *some* mental health support, regardless of immigration status, it ultimately revealed the lack of specialist support available during the pandemic and more generally. During the pandemic, outreach workers had to provide frontline mental health support without having the clinical knowledge or requisite training (The Kerslake Commission on Homelessness and Rough Sleeping, 2022). Perhaps more significantly, Everyone In brought into relief the significant difficulties in accessing mental health support during 'normal times' for those with restricted access due to their immigration status.

Conclusion

This article has drawn attention to some of the results of an ERSC/UKRI-funded 18-month qualitative study of migrants who experienced homelessness during the COVID-19 crisis. Set in three cities in the South of England and in collaboration with nine homelessness organisations, the project collected the stories of people during a pandemic that added to their already complicated and, in many cases, traumatic lives as migrants with low levels of economic and social capital, and often with unresolved, 'inferior' immigration statuses that restrict access to work, welfare, and healthcare.

This article has offered a distinctive combination of computer-assisted linguistic analysis with a sociological identification of themes. It underscores how Everyone In offered a moment of hope during the COVID-19 pandemic as migrants were identified, given accommodation and food, assigned a support worker, and aided legally and medically (Stewart et al., 2023). We drew attention to the positive effects of the Everyone In scheme, which suspended eligibility criteria and provided access to food, accommodation, clothing, healthcare, and immigration advice. We proceeded to analyse the deeper-rooted problems revealed relating to the restricted and weak structural position of migrants experiencing homelessness. Having spent time in the UK with an 'inferior status', with limited access to economic and social capital, and often with experiences of trauma in the UK and/or in their countries of origin, many of our research participants expressed a lack of control and a sense of being controlled in their conditions of existence. Their isolation and loneliness in the individual rooms provided in the emergency accommodation were indicative of a deeper-rooted sense of isolation deriving from years spent sleeping rough or living in temporary and insecure accommodation (Mackie et al., 2019; Watts & Blenkinsopp, 2022). Without access to longer-term housing, often as a result of ineligibility deriving from their immigration status, and from a lack of economic capital, the emergency accommodation offered was just one more temporary measure in a life dominated by precarity. Our research participants' sense of isolation was also caused by a lack of social capital and the sense of being removed from communities and social networks. Experiences of isolation and the sense of a lack of control were corrosive to mental health, and mental health problems were also exacerbated by welfare checks and other rule-based practices that were potentially re-traumatising.

Our study shows how individuals are both 'migrants' and 'homeless', occupying a liminal position in society (Turner, 1969), existing in the interstices of such social relations, linked to an 'inferior' immigration status that racialises them as 'migrants', with limited access to work, welfare, and healthcare, and positions them at the bottom of the class structure with limited

resources (e.g., economic and social capital). Our research findings indicate that Everyone In was a great success, but it revealed deeper-rooted problems that predate the crisis. At the level of government, we hope that the life stories expressed in this article can appeal to a more humane approach to immigration policy and longer-term housing solutions for migrants experiencing homelessness. At the level of the third sector, we hope that our article helps to pave the way for a trauma-informed approach to welfare and higher levels of embedded specialist mental health support in the homelessness sector.

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Data Access Statement

As a consequence of ethical concerns, supporting data deriving from the life story interviews with migrants experiencing homelessness are not available.

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