

The Home and Mental Health: An Exploration  
of Perceptions, Connections and Attachments  
to Social Housing for Residents and Housing  
Professionals in Manchester, United Kingdom.

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# The Home and Mental Health: An Exploration of Perceptions, Connections and Attachments to Social Housing for Residents and Housing Professionals in Manchester, United Kingdom.

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## Abstract

This doctoral study is an exploration of the home environment, mental health, and the role of housing associations in supporting resident welfare. The home is significant, having the ability to provide protection and privacy, a secure base to develop relationships, build identity and feel safe from the outside world. However, many individuals are unable to experience these protective factors within their home setting for multiple reasons.

This thesis is framed within the context of the Devolution Agenda in Manchester, where there has been an emphasis on the integration of health and social care services (such as social housing providers) in efforts to tackle mental ill health and persistent health inequalities. This thesis undertook a multi-method approach that consists of a qualitative analysis of two focus groups with a housing provider and seven semi-structured interviews with residents within Gorton, an area located North of Manchester, UK. The research was conducted in two phases to capture the perceptions and experiences of socially housed residents, alongside investigating the understandings and professional realities of housing providers.

My research is informed by a critical realist approach, where I apply concepts such as ontological security, place, social capital, and stigma, to make sense of interactions between the home and mental health. The findings in this thesis highlight how the home environment can interact with mental health outcomes through various psychological, social, and environmental dimensions. Being able to establish and maintain a sense of home was important for residents, and this provided a source of security, self-esteem, and autonomy. Residents demonstrated complex articulations of place, where the importance of social networks, local value systems and a sense of belonging all reflected the deep connections and meanings attached to the home. Physical deterioration, the closure of local amenities and fragmented relationships with the service provider undermined the mental wellbeing of residents. The findings from this thesis identified a disconnect between how residents experienced their home and community and how the housing provider interprets residents support needs and the delegation of resources. In this thesis I highlight how integrated health approaches require further consideration to ensure services are needs-sensitive and reflective of residents' priorities. Through bringing together the perspectives of residents and

housing professionals, this research makes a unique contribution to the integration of health approaches, the less tangible aspects of the home setting, and mental wellbeing.

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## Chapter 1: Introduction

This chapter presents an overview of this thesis, introducing the key elements of research: the home, mental health, and social housing provision. I begin by outlining the perspectives I have drawn upon that inform my understandings of the home and mental health, alongside contextualising the setting these interactions take place within. The following sections of this chapter outline the research questions and aims of the thesis, providing an overview of the methodology and research design. Finally, I introduce the theoretical framework and provide a summary of the thesis structure.

### 1.1 Context and Rationale

The health and wellbeing of those residing in social housing is an important issue for policy and practice within the United Kingdom (UK) (Brown, 2018). Mental ill health is increasing in the UK, with growing levels of poverty, social inequality and lack of access to community resources widening these divisions (Marmot, 2020). The 2010 Marmot Review found that health inequalities manifest through a range of factors such as housing, social isolation, access to education, community resources and socioeconomic status (Marmot, 2020). Ten years on, the 2020 Marmot Review discovered these disparities had worsened, particularly between those residing in the most and least deprived areas within the UK (Marmot, 2020). Austerity measures designed to reduce funding for social welfare have disproportionately affected those in lower income groups alongside diminishing the supply and accessibility of social housing (Jacob and Manzi, 2014). Limited supply of social housing has meant that its allocation (informed by policy) requires housing providers to prioritise their stock for those highest in need (Gibb, 2021). This has led to a significant proportion of socially housing residents having increasingly complex and often unmet support needs (Garnham et al., 2022).

Housing is recognised as a key determinant of health and well-being (Marmot., 2020; Garnham et al., 2022) with factors such as poor quality homes and area deprivation evidenced to impact mental health (Bond et al., 2012; Aitken et al., 2017; Holding, 2020) and contribute to the manifestation of health inequalities (Garnham et al., 2022). Although the wider determinants of mental wellbeing are being considered by housing associations, there is a

gap in assessing the implications of these new approaches and their effectiveness (Brown, 2018). Brown (2018: 76) states that housing remains on 'the margins of the long-term and ongoing debate on better integration of health and social care services.' The focus of this doctoral research is to explore how socially housed residents experience their home environment, the ways it can intersect with mental health, and the changing role of housing associations. Understanding how place can influence mental health outcomes is crucial in creating healthier communities (Lovasi et al., 2016).

This thesis will consider what the home, mental health and service provision mean to the people who live in the neighbourhood, alongside how staff perceive their changing role and approaches to resident welfare. In doing so, this research aims to contribute to understanding the role of social housing providers in supporting their communities and what they can do to reduce poor mental health outcomes. Through examining the experiences of social housing and the intersecting factors that contribute to the manifestation of poor mental health, I can explore how effectively the housing provider is in meeting the needs of residents, in the context of integrated health approaches (Walshe et al., 2016; Lorne et al., 2019). Throughout this thesis, I apply and attempt to extend theoretical understandings related to the home, where the everyday experiences of those who reside in social housing are at the forefront of this research, which will now be explored in the following section.

## 1. 2 The key Concepts

In the first three sub-sections I explore conceptualisations of the home and mental health. I consider these two concepts separately and then examine the ways in which they interact. This is followed by a discussion on psychosocial theory and what it comprises of, considering how this perspective can be used to explore the less tangible aspects of the home and mental wellbeing. The fourth sub-section discusses the role of housing associations in supporting resident mental health as well as locating its current socio-political landscape.

### 1.2.1 Defining the Home

Central to this study is understanding the home environment, what it provides, and the ways it can shape life experiences. When reviewing academic literature on the home, it became apparent that it can be a contested concept and difficult to theorise. The nature of research about home and housing has been debated for decades, due to its embeddedness and multidimensional role in our lives (see for example: Kemeny, 1992; Allen, 2005; King, 2009; Blessing 2018; Clapham, 2018).

Within housing research, there is a broad consensus that the home is a multi-dimensional concept with various spatial, psychosocial, material, and emotional elements attached to its meaning(s) (Easthope, 2004; Parsell, 2012; Handel, 2019; Meers, 2021). The 'home' is relational but not synonymous with housing, as the physical structure of housing does not fully encapsulate the multifaceted experiences of home (Easthope, 2004). However, previous studies have demonstrated how looking at the physical aspects of the home through a 'psychosocial' lens can uncover the deeper processes that inform the meaning of home (Gibson et al., 2011; Bond et al., 2012). Terms such as 'housing' 'tenure' and 'dwelling' are used frequently in reference to its physical structure, whereas the use of 'home' describes the emotional, social, and cultural meanings attached to it (Coolen and Meesters, 2012; Woodhall-Melnik et al, 2017). Analysis on the meaning-making process of the home should also consider the social context it is situated within (Tester and Wingfield, 2013). Clapham (2005) argues that housing is often treated as an objective reality, where social facts are readily available for researchers to discover (Clapham 2005, cited in Allen, 2007). This has

meant that housing studies has often failed to value the everyday accounts of the 'ordinary' person (Clapham; 2005 Allen, 2009, King, 2009; Allen, 2018).

The German concept 'Heimat' translates to the word 'home' in English, yet encompasses a wider range of meanings than the term 'home' encapsulates (Eigler, 2012). Heimat has a long history in German cultural and political discourse and is used to describe a wide range of experiences that include notions of the home, belonging, identity, community, and attachment to place, alongside socio-cultural interpretations, and meanings (Huber and O'Reilly, 2004; Eigler, 2012; Schramm et al., 2022). Huber and O'Reilly (2004) identified that for British and Swiss immigrants residing in Spain, constructing a sense of Heimat in their new environment depended on having access to a 'functioning network' as well as maintaining existing connections to the roots of home (such as accessible travel and means of communication). High levels of satisfaction with their lives in Spain meant that many residents reported feeling 'at home' regardless of a lack of integration within Spanish society (such as being unable to speak the language or socialising with local residents). Huber and O'Reilly (2004) conclude that 'feeling at home' is related to familiarity with things, people, practical benefits, quality of life and fulfilment, suggesting that physical place is less significant. The home is often associated with feelings of security, familiarity, and protection against the threats of the outside world (Dupuis and Thorns, 1998). A sense of Heimat can be experienced in the absence of physical structure, relating more broadly to strong attachments and feelings of rootedness often linked to a region, culture, or the idea of home. Thus, Heimat and the home can be understood as interdependent concepts that reflect experiences relating to belonging, identity and notions of place (Huber and O'Reilly, 2004), a useful concept to consider in this study.

Hatuka and Bar (2017) distinguish three key areas within the sphere of housing studies. First, housing can be understood as a top-down mechanism that is controlled through the state or economic market, potentially as a means of social control. Secondly, that the home represents wider sociocultural processes and finally, that the home is a personal and subjective experience. The home environment is experienced differently by different people, whereby subtleties and complexities can be drawn on when recognising the context these accounts are situated within (Easthope, 2004). Exploration of the 'manifestation of personal experiences, social processes, and state mechanisms' (Hatuka and Bar, 2017: 278) can provide

insight into the physical, psychological, social and political realities of the home (Easthope, 2004). Meers (2021: 14) outlines the theoretical disputes of conceptualising the home, calling for researchers to adopt a 'reflexive approach' that recognises its 'essentially contested status'. Drawing upon a broad range of literature can help highlight the competing understandings of the home as a way to illuminate its complexity (Parsell, 2012). Fowler and Lipscomb (2010: 103) suggest that 'the home is an extension of the self', where being able to participate in homemaking practices and personalise the home to reflect a desired self-identity can positively support mental well-being (see also Easthope, 2004). The meaning of home can also be symbolic of social status (Jacob, Kemeny and Manzi 2004; McKee et al, 2017), as well as being significant in terms of the degree of security, privacy and control it provides (Dam and Eyles, 2012; Parsell, 2012). The home environment can hold significant and various meaning(s), requiring consideration of the different dimensions that inform these processes (Manzo and Devine-Wright, 2013).

For my study, I consider the home to be characterised by the processes and relationships that connect people and place. These social, psychological, and emotional processes provide insight into our deep-rooted need for identity, control, security, and privacy. Characterisations of the home are also influenced by a combination of social and structural factors that further inform the meanings, values and social status attributed to and reflected within the home setting. I now turn to a discussion of the concepts surrounding mental health, and how this can be explored in the home environment.

### 1.2.2 Locating Mental Health

In order to understand how the home environment can intersect with mental health, it is important to identify what dimensions of mental health act as the basis for interpreting these interactions. Globally, mental health is a contested term that is challenging to define, with no general agreed upon definition (Galderisi et al., 2015; Manwell et al., 2015; Hernandez-Torrano et al., 2020). It has been evidenced that mental health is influenced by various biological, social, psychological, and environmental factors (Bhugra et al., 2013; Pilgrim, 2021). Prevalent disciplines that conceptualise mental health are within the biomedical,

behavioural, and social sciences (Manwell et al., 2015; Hernandez-Torrano et al., 2020). According to The World Health Organisation (2004:10), mental health can be defined as:

A state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to community.

McKee and Breslin (2022:50) note that this definition marks a shift in how mental health is understood, moving away from the 'medical discourse' that has characterised mental health previously. Galderisi and others (2015:231) state that whilst this change in interpretation marks progress, they have criticised this definition for identifying 'positive feelings' as one of the key features of mental health, stating that it fails to recognise the complexities of people's experiences. Wren-Lewis and Alexandrova (2021:684) suggest WHO's (2004) definition 'is too demanding and potentially oppressive.' Wellbeing is also mentioned, a term often used interchangeably with mental health, with factors such as life satisfaction, relationships with others, and psychological functioning considered in conjunction (McAnaney et al., 2015). Definitions of mental health are often conceptualised with the aim of reducing mental illness, and thus the absence of negative, or diagnosable criteria (Wren-Lewis and Alexandrova, 2021). However the absence of poor mental health or mental illness does not ensure positive mental wellbeing (Weich et al., 2007 cited in McAnaney et al., 2015) or mean that mental health can only be measured through its 'positive' qualities. Pilgrim (2021) notes that the term 'mental health' is frequently used 'in a euphemized manner.' Similarly, Wren-Lewis and Alexandrova (2021:693) state that within the social sciences, wellbeing is consistently viewed as 'an inclusive good' that is frequently attributed to its positive components, such as happiness or social connectedness. Pilgrim (2014:3) writes:

Mental health is used positively to indicate a state of psychological wellbeing, negatively to indicate its opposite (as in 'mental health problems') or euphemistically to indicate facilities used by, or imposed upon, people with mental health problems (as in 'mental health services').

This concept particularly applies to how mental health and wellbeing are discussed and conceptualised within the UK. Mental health and wellbeing have been subject to a range of discussion by academics, offering differing interpretations and proposed measurements to define its meaning. Despite issues with interpretation, the term wellbeing has gained prominence within UK policy, with increased interest in measuring subjective wellbeing and incorporating these factors into health policy (Vik and Calquist, 2018; Gray et al., 2021).

Clapham and others (2018) discuss some of the limitations of using 'life satisfaction indicators' (such as numerical scales that rank indicators of subjective well-being) as they only capture part of the experience, lacking insight into how and why these experiences occur. Embedded with contested meanings, interpretations of mental health are situated within a range of disciplines that aim to conceptualise these dimensions (Simms-Schouten and Riley, 2018). Within the philosophy of psychiatry, discussions focus on the status of mental illness, classification and display of symptoms (Wren-Lewis and Alexandrova, 2021) through perceiving some behaviours as defective or undesirable. The medical model is often seen as providing a full account of illness where specific attributes are analysed to result in definitive diagnosis (Williams and Heslop, 2010). A critique of the medicalisation of mental health is that it often fails to consider the social context they are situated within (Williams and Heslop, 2010; Thornicroft *et al*, 2016). Psychiatric positivism fails to provide explanation for the embedded social events and causal powers that interact with mental health outcomes (Delanty, 2005). Through disregarding social context and assuming the categorisation of mental health as naturally occurring, accounts are mainly derived from professionally preferred assertions (Pilgrim, 2014). Pilgrim (2021: 560) states a central issue with psychiatric positivism and this approach to mental health is that it 'both naively assumes empirical invariance' as well as triggering 'recurring epistemic fallacies.' Sociological approaches focus on how processes such as social structures, cultural systems, life events and the subjective experience affect the mind (Horwitz, 2009; Clapham, 2018). These influences include conditions such as our living environment, the relationships we have with others, and the cultural values and attitudes society holds.

Conrad and Barker (2010) argue that interpretations of health are subjective to the individual experience, as the world can only be interpreted through our own accounts of knowledge. Those who experience poor mental health, illness and impairment, are likely to give their conditions meaning that will influence how they experience reality (Conrad and Barker, 2010). This perspective differs from behavioural and biomedical approaches of mental health through considering the wider social context these interactions take place within (Horwitz, 2009; Hernandez-Torrano *et al.*, 2020). In this sense, interpretive methods prove useful by recognising the importance to the individuals account of knowledge, in order to explore the construction and meaning of mental health (Anastasiou and Kauffman, 2013). However it is

potentially problematic to reduce mental health to discursive practice (Pilgrim, 2014). By diminishing mental health to the transitive dimension (our knowledge of mental health) this fails to recognise that an individual can and will experience the effects of poor mental health regardless of its theorisation (Pilgrim, 2014). For example, Anastasiou and Kauffman (2013) warn that disability should not be reduced to an idea or a concept, resulting in arbitrary and derivative analysis of health conditions. It is important to consider both the objective and subjective elements of mental health to avoid 'stripping' the individual from part of their existence. Wang (2022:991) states that:

Mental health is a state of well-being that also includes biological, psychological and social factors which contribute to an individual's mental state and ability to function within the environment.

Wren-Lewis and Alexandrova (2021:700) describe 'mental health as a precondition of well-being'. Following these definitions, wellbeing is a component of mental health that considers a wide range of factors that can influence one's mental state, in numerous ways. Pilgrim (2021) turns to critical realism to explore the 'psycho-social realm' of mental health, that accounts for variance and social context, without denying the legitimacy of biological influence. To identify these components, the factors that influence one's mental state and ability to function must be recognised. The term 'mental health outcomes' will be used throughout this thesis. This will refer to the psychological and social processes that can influence an individual's mental state and their ability to function within their environment.

Modern understandings of mental health have increasingly integrated psychological and social factors within their conceptualisations (Bell, 2017; WHO, 2022). Manwell and Colleagues (2015) found that concepts such as control, autonomy, and the individual's ability to cope and manage within the environment were significant components of mental health. Alongside this, the prevalence of the 'subjective experience' related to achieving goals and values and being socially connected were also identified as contributing factors. Compton and Shim (2015: 421) state that the main 'core' social determinants of mental health consist of:

Racial discrimination and social exclusion; adverse early life experiences; poor education; unemployment, underemployment, and job insecurity; poverty, income inequality, and neighbourhood deprivation; poor access to sufficient healthy food; poor housing quality and housing instability; adverse features of the built environment; and poor access to health care.



Compton and Shim (2015) assert that these factors are complex and interact with one another throughout people's lives. They state that the psychiatric field must address the social determinants of mental health and expand its focus to recognise these disparities. Vulnerabilities to our mental state consist of 'internal' factors such as lack of self-esteem, autonomy, and isolation, as well as 'external' factors such as housing, poverty, and stigma (Bhugra et al., 2013). A person's mental health is influenced by where they live, which makes it crucial to consider interactions between people and the places they reside (Mattheys et al., 2016). Bhugra and others (2013: 3) state that 'the interaction between individuals and society becomes critical in building healthy communities, which in turn can promote mental health'. Communities with higher levels of social integration often have better mental health outcomes (Erdem et al., 2016; Seo and Lee, 2021) In contrast, areas with less social cohesion and higher perceptions of crime increase exposure to psychological distress (Sharifian et al., 2020).

### 1.2.3 Looking at Mental Health through a Psychosocial Lens

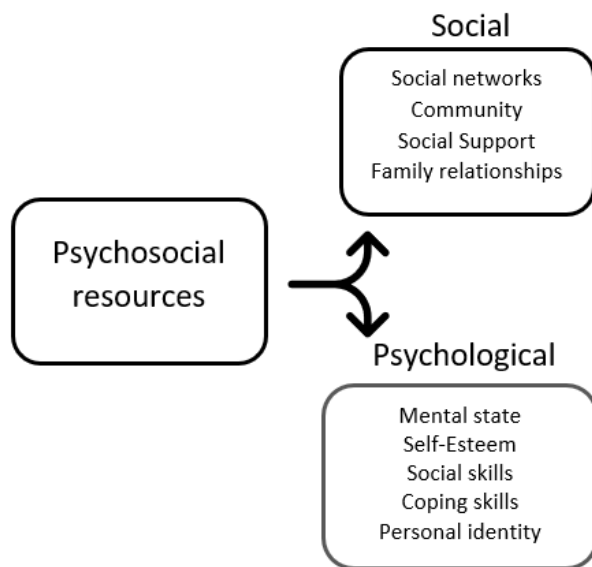
I now turn to consider a psychosocial perspective. As discussed, it is important for this study to conceptualise the mechanisms that can influence mental health outcomes. Psychosocial pathways have been evidenced to explore the processes that influence mental health outcomes, particularly in relation to the home environment (Kearns et al., 2000; Gibson et al., 2011; Bond et al., 2012). Yet despite its growing significance, what the 'psychosocial' comprises of can be difficult to identify, as these influences are not always explicitly recognised (Egan et al, 2008; Gibson et al., 2011; Bell, 2017). Clark and Kearns (2012) suggest that the 'psychosocial' explores the link between an individual's psychological development and mental state in relation to their social and cultural environment (which consists of social networks, community, and societal systems). Psychological factors such as our behaviours, emotions, and mental cognitions are influenced, and influence, the places in which they occur (Egan et al., 2008; Clark and Kearns., 2012). Clark and Kearns (2012: 917) have suggested that:

Psychosocial theory provides a conceptual framework that understands personal development as a product of tensions between wider cultural or social expectations, and the needs and capabilities of the individual.

The psychosocial incorporates the role of socially and culturally informed expectations, alongside the individual's ability to organise and conceptualise these experiences (Clark and Kearns, 2012). Being able to organise our experiences means we are better equipped to protect ourselves and cope with the challenges we face throughout life (Gibson et al., 2011). The psychosocial environment is the wider context in which these interactions and experiences take place. Siegrist and Marmot (2004: 1465) describe the psychosocial environment as:

The sociostructural range of opportunities that is available to an individual person to meet his or her needs of well-being, productivity, and positive self-experience.

Therefore, the psychosocial environment can be characterised as the interaction between the social world and our behaviours, needs and how we perceive the world around us. Psychosocial factors are considered to influence an individual's perception of self, related to factors such as social status or identity formation (Gibson et al., 2011). For the individual to have a positive self-experience, they must be able to demonstrate 'self-efficacy' through their skill set, by contributing valuably and being able to exercise control within their environment (Gibson et al, 2011). Additionally, positive self-experience is associated with greater self-esteem that can strengthen connections and provide an enhanced sense of belonging (Gibson et al, 2011). The importance of 'protective' psychosocial factors that positively influence mental health include individual characteristics such as control, resilience, and self-esteem (Bell, 2017). Psychosocial 'stressors' can be characterised as the adverse conditions within the social environment that place demands on an individual's psychological capabilities (Danielsson et al., 2012). Individual perceptions and reactions to current circumstances are ways identify psychosocial risk factors related to mental distress, such as powerlessness, restricted opportunity, loss, and humiliation (Thomas et al., 2005 *in* Gibson, et al., 2011).



**Figure 1. Psychosocial resources.**

### 1.2.4 Psychosocial Aspects of the Home

The following section will provide an overview of the literature on the multifaceted ways that housing and mental health interact. Housing comprises of various material (costs, physical environment, tenure) and meaningful (sense of pride, refuge, status) dimensions (Dunn, 2002). Our home makes up part of our identity, with a ‘good’ home offering a sense of belonging (Bradley, 2017), security (Colic-Peisker, Ong and Wood, 2015) and the ability to exercise control (Fossey et al., 2020). To explore these elements, I now turn to literature that theorises the home environment through a psychosocial perspective.

When investigating the interaction between the home environment and mental health, neighbourhood effects have commonly been explored through the use of census and other demographic data (See Clark et al., 2007 and Bentley et al., 2018), as well as adjusted models that systematically identify and characterise neighbourhood attributes (See Clark et al., 2007 and Moradi et al., 2019), Predominately, studies are quantitative-based and use adjusted models to measure neighbourhood characteristics, such as self-rated health and depressive indicators (see Singh et al., 2019; Visser et al., 2021). Although these approaches have been useful in establishing associations between variables such as socioeconomic status and poor

mental health outcomes (see Li et al., 2011; Reiss, 2013) the empirical literature has lacked exploration as to how these relationships are mediated, such as how and why these events occur (Clapham et al., 2018). A systematic review on neighbourhood deprivation and effects on mental health by Visser and Colleagues (2021) found that the mechanisms behind neighbourhood effects remain largely unexplored. However, this review only included quantitative studies, which are less likely to explore the processes that influence the intersections between neighbourhood factors and mental health (Clapham, 2018). A general restriction of quantitative methods is its limited exploration of the underlying mechanisms that interact between the home environment and mental health (Lauwers et al., 2020). Studies using indicators developed through census data and other demographics often include 'objective' environmental measures (Choi et al., 2018) that fail to reflect the lived experiences of the residential home environment (Lauwers et al., 2020). Clapham and others (2018) suggest research in the housing and health sphere would benefit from further qualitative inquiry to explore these perceptual factors alongside furthering conceptual development in the field.

There is an increasing amount of research building on the social and psychological dimensions of neighbourhoods. These include what resources are accessible in the community (Aitken et al., 2017; Velonis et al., 2018), the effects of anti-social behaviour and crime (Lorenc et al., 2012), psychosocial dimensions (such as a sense of safety) (Mattheys et al., 2016; Choi and Matz-Costa, 2018) and perceived social cohesion (Martin et al., 2010). In a study based in the North-East of England, Mattheys and others (2016) found that material and psychosocial factors were key drivers in explaining mental health inequalities between those living in the least and most deprived areas in the region. Alongside socioeconomic factors such as having a higher income, or living in better quality housing, significant findings that impacted mental health were associated with perceptions of neighbourhood safety, social isolation, and companionship. Young adults in the most deprived areas tended to report higher levels of isolation and lacked companionship, suggesting that deprivation was associated with increased risk of social isolation. Another finding was that homeowners reported having lower scores of mental wellbeing compared to those who rented, ascribed to the heterogeneity and varying health profile of the UK home ownership sector (Searle et al., 2009 cited in Mattheys et al., 2016). These findings demonstrate that a combination of material and psychosocial

factors working alongside one another had a cumulative effect that shaped mental health outcomes for the people who lived there (Mattheys et al., 2016).

Physical aspects of the home environment can interact with the psychosocial mechanisms such as having a 'defensible space' (Gisbon et al., 2011) that can increase feelings of safety and security that in turn make individuals feel in control of their home environment. Additionally, a deteriorating neighbourhood can influence an individual's identity through impacting self-esteem and a sense of control related to how they are perceived by others (See Watt, 2020). It has been theorised that examining perceptions and experiences of the neighbourhood environment can identify the psychosocial processes that can affect mental and physical health (Martin et al., 2010). This thesis sets out to explore the causal mechanisms that mediate the relationship between housing and mental health, which is key to informing services that can better support resident welfare. I now go on to explore social housing provision, and how the role of housing providers has changed throughout the decades, considering its broader social and political landscape.

#### 1.2.5 The Changing Role of Housing Associations

Housing associations are increasingly considering ways to engage with health and wellbeing interventions (Holding et al., 2020). These include a range of services that go beyond traditional service boundaries (Brown, 2018) such as Housing First programmes (Wood et al., 2019) supported employment initiatives (Poremski et al., 2016) and health and wellbeing services (Agarwal and Bridges, 2018). Within the UK, legislation such as the Care Act 2014 recognises the role of housing associations in providing and integrating health and wellbeing services (The Care Act, 2014). As social housing is one of the largest investments in poorer communities, their role in providing public services has become increasingly evident (McKee, 2015). With social housing tenants more likely to experience poor mental health outcomes (The Kings Fund, 2015), higher levels of unemployment (Wainwright and Marandet, 2019), stigma (Smets and Kusenbach, 2020) and lowered self-esteem (McCormick et al., 2012), ensuring the efficiency of integrated services is crucial in meeting increasingly complex needs (Miller et al., 2016).

Academics have suggested that the social housing sector has lost its social focus, which has seen community-based organisations transform into bureaucracies over recent years (see for example, Wainwright & Manville 2017; Crook and Kemp, 2019). This has partly been in response to a decade of austerity measures within the UK, that has reduced public spending and restricted the public sector demands (Chevin, 2014). As well as austerity, policies have been informed by a broader neoliberal ideology, resulting in reductions in state support that includes housing provision (McKee et al., 2017) and the changing role of social housing within the past four decades (Hodkinson et al., 2013; Morrison, 2016). A neoliberal economy is dominated by the free market, operating in a deregulated and privatised environment (Parsell et al., 2022). This can include the government selling state owned goods, cutting public expenditure and sourcing services for private investors (Eshel and Hananel, 2018). Whilst policy makers have viewed financial markets as ways to fund social housing developments, these organisations have been required to become increasingly commercialised in their activities, arguably jeopardising their social value (Wainwright & Manville 2017). Grant reduction and welfare reform has meant that housing associations face an increasingly challenging policy environment (McKee, 2015). Operating in an era of constrained public sector spending has led to many social landlords diversifying their ventures beyond traditional housing management (McKee, 2015). Whilst housing associations in England have often been involved in commercial activities, further grant reductions and the financialisation of the third sector has arguably led to housing associations reprioritising their social mission (Wainwright & Manville 2017). This is important as social housing has increasingly catered for the most in need, with the management of housing playing a significant role in operating between the state and those most vulnerable in society (Clapham, 2010).

Within the last decade, there has been greater political emphasis on local public service provision, where welfare operates through organisations at a local level to reduce the role of the state (Wainwright and Marandet, 2019). McKee (2015) states that under the Localism Act (2011) housing associations have been increasingly responsible for community regeneration, whilst simultaneously facing significant reductions in budgets and local service provision. The UK localism agenda has been influential on the provision of social housing within the UK, through the introduction of 'flexible tenancies' and changes to the ways social housing is funded (Jacobs and Manzi, 2014). McKee (2015) found that front line housing staff expressed

concerns over increasingly being the central providers in addressing place-based issues for deprived communities, seeing their role as to support but not replace public services. This reflects the different expectations and difficulties that may arise for housing officers in navigating multiple professional responsibilities. Clapham and colleagues (2000) identify five roles housing officers take on: employees of the public sector, housing professionals, rationer of scarce resources, servants of people in need, and policing the socially excluded. The roles of housing officers have been influenced by the perceptions of social housing, the culture of the organisation and the policies and procedures they are guided by.

Further research is required to identify what role housing staff play within the health reform and their effectiveness in supporting communities, alongside how housing associations currently meet the needs of residents. Within every organisation the practices and views of housing staff will vary, and it is important to emphasise the contextual nature these interactions take place within. The following section will outline the research site as well as the local and national approaches that aim to develop integrated working between housing, health, and social care sectors to deliver better outcomes for residents (Marmot Review, 2010; Preston et al., 2017; Brown, 2018).

### 1.3 The Research Site

This research will take place in Gorton, an area located within East Manchester. Manchester is a city region in the North West of England, encompassing 32 electoral wards amongst 10 local authorities. Gorton, located South East of Manchester city centre, was once home to The Belle Vue Zoological Gardens that consisted of a zoo, amusement park, gardens, and concert halls, spanning across 165 acres of land (Curry, 2016). At one point the zoo was the third largest in the UK, with various internationally acclaimed artists also performing there (Curry, 2016). After being open for over 140 years, the site closed in 1977 and was cleared for redevelopment by 1982, as other zoological sites across the UK grew bigger and gained greater attraction. Manchester City football club was also founded in Gorton in the late 19<sup>th</sup> century in efforts to bring the community together and combat gang culture prominent at the time (Brown, 2021).

Manchester City Council (2018) reported that Gorton scores higher on multiple levels of deprivation compared to other parts of Manchester. Reports show higher alcohol/self-harm related hospital admissions than the Manchester average, alongside higher levels of benefit recipients and children in low income families (Manchester City Council, 2018). According to the 2011 census (ONS, 2011), 32% of residents in Gorton reside in socially rented housing, which is higher than the 17% national average (Ministry of Housing, Communities & Local Government, 2021), with higher rates of people living in overcrowded homes (2011). Compared to England, Gorton has a significantly greater proportion of people with 'bad' or 'very bad' health (ONS, 2011). The television series 'Shameless' set in Manchester was mostly filmed in Gorton (Curry, 2016). The programme is situated on a fictional council estate, depicting the lives and culture of a 'dysfunctional' working-class family. During this time newspaper articles ran headlines such as 'WORSE THAN SHAMELESS' (See The Mirror, 2005) and 'Crying Shame' (see The Guardian, 2005) with intentions to demonstrate the supposed similarities between Shameless and the reality of living in Gorton. By 2006, Manchester City Council began undertaking a large redevelopment project throughout the area. The previous market and shopping area were demolished, replaced with a new market hall and large supermarket. The area that featured most prominently in the show (the row of maisonettes) has now been demolished (Burdett, 2019). Burdett (2019: Online) states that the investment has changed Gorton 'from a place where people wanted to leave to a place where they are now queueing up to live' with new properties consisting of social and private homes, as well as investment into the aesthetical appearance of the area.

Greater Manchester as a region became a devolved administration in 2016 and was granted this status in a pilot to tackle widening inequalities in the region (Walshe et al., 2016). The devolution agenda set out to improve the general health of the population and to reduce existing inequalities (Greater Manchester Combined Authority, 2017) by integrating health and social care (Lorne et al., 2019), increasingly focused on 'place-based' and 'person-centred' approaches (GMMCA, 2019). Under Devolution, the 'Greater Manchester Model' sets out to provide each neighbourhood with 'integrated place-based teams' who work alongside professionals, public services, and people in the community. The focus is to achieve 'geographic alignment' with their approach being to 'start with the person and begin in the home' (GMMCA, 2019: 3). The Greater Manchester Mental Health NHS Foundation Trust has



also developed a coordinated strategy that outlines ways to combine housing and mental health service provision in the community (GMMHT, 2019). The strategy recognises how tenancy breakdown and other housing-related issues are key contributors to the mental health crisis (GMMHT, 2019). Moving towards a holistic approach, the strategy recognises that housing can influence mental health outcomes through multiple pathways (Bond et al, 2012; Walshe et al, 2016). It states that:

Housing and mental health are closely related. Safe, secure, and affordable housing is critical in enabling people to live well, work and take part in community life (GMMHT, 2019: 10).

The strategy looks at the developing role of housing providers in engaging with mental health services within the community, suggesting that housing associations have a key role in supporting positive mental health outcomes:

We recognise the need to better engage with housing providers who can work alongside us in the community and address the pressures we face (GMMHT, 2019:7).

Manchester City Council is partnered with several housing associations including One Manchester, who are developing a social investment strategy with an aim to better support resident health and well-being. Through the developing role of a support and wellbeing team, One Manchester offers help with tenancy management, mental health difficulties, substance misuse and tackling social isolation (One Manchester: Online). For this doctoral study, I obtained gatekeeper permission from One Manchester where participants residing in the providers properties will be recruited. The social housing association was formed in 2015 after two of the largest housing providers in the region merged, currently managing over 12,000 homes. One Manchester (Online) state that:

Our approach to housing provision is based around being flexible and responding to the needs of each of our customers, as well as the communities they live in.

One Manchester state the importance of social investment and that they aim to ‘transform communities’ through providing opportunities, services, and investment by supporting the local economy (One Manchester: Online). To achieve these goals, the housing association focuses on place-based solutions that consider individual neighbourhoods, their needs, and

assets. Apart from housing provision, services provided by One Manchester include money management, wellbeing services and support with employment.

#### 1.4 The Impact of Covid-19

This study was undertaken during Covid-19 and it is important to note this context. On the 31<sup>st</sup> of December 2019, Wuhan, China reported a new strain of Coronavirus to the World Health Organisation. A month later, the outbreak was declared a public health emergency of international concern by the World Health Organisation. Consequently, the UK went into lockdown on 23rd March 2020.

The home became more central in our lives over the last three years, with government measures leading to many individuals living, working, and socialising at home for extended periods of time (Thorstensen- Woll, 2020). The boundaries and meanings associated with the home have increasingly blurred, with individuals having different experiences that have been largely influenced by their housing conditions and socioeconomic status (Handel, 2019). Currently, there are 4.3 million homes that do not meet the minimum requirements of decent housing, alongside the 800,000 people residing in overcrowded properties, indicating the ways that housing can be a significant determinant of health (Thorstensen-Woll, 2020). These homes are disproportionately occupied by older adults, lower income households, ethnic minorities, and individuals with pre-existing mental/physical health conditions (Thorstensen-Woll, 2020). Those living in areas of deprivation have over double the mortality rate from Covid-19 (ONS, 2020). The impact of poor-quality housing has affected the health and wellbeing of marginalised groups disproportionately. With Covid-19 and the effects of lockdown having further contributed to poor mental health outcomes (Usher et al., 2020), it is crucial that people live in homes that are safe and secure, providing a stable environment.

Teo and colleagues (2021) found that the impact of neighbourhood stressors on psychological distress increased by 20% during lockdown compared to pre-pandemic. Those living in neighbourhoods with less access to community resources and green space, as well as higher levels of visible deterioration (such as litter and vandalism) experienced greater psychological distress compared to those in neighbourhoods without these conditions (Teo et al., 2021). Therefore, it is important to acknowledge that participants recruited are likely to have felt the implications of Covid-19 which will frame their relationships with the home environment and

mental health. With these issues magnified, the integration of housing, health and social care service provision is key in efforts to prevent poor mental wellbeing (Thorstensen-Woll, 2020).

## 1.5 This Thesis

### 1.5.1 Research Questions

This doctoral study is in two phases. In the first phase I explore resident's experiences of their homes and the wider neighbourhood to understand the processes that intersect with mental health. The second phase of this research is focused on investigating the changing role of social housing providers and identifying the culture of care towards resident welfare. In order to explore these factors, there are four overarching research questions:

- 1) How do residents experience the home environment?
- 2) What role does the home environment play in relation to mental health?
- 3) How can housing associations support residents?
- 4) How do housing staff perceive their role, as part of integrated health approaches?

Research aims:

- To investigate how residents experience their home environment.
- To explore the ways the home environment can intersect with mental health outcomes.
- To develop new understandings on the changing role of housing associations, as part of integrated health approaches.

My research aims to provide a rich and contextualised account of how residents experience their home environment and mental health, as well as the perspectives of housing providers in their developing role. My research will explore the processes involved that give rise to these experiences through a qualitative critical realist approach. Applying a critical realist approach can account for the ways both the home and mental health are both constructed and influenced by external factors that can be real and also independent of any individual or social group (Allen, 2000; Sims-Schouten and Riley, 2019). This contrasts with the dominant quantitative inquiry in the field, that is less likely to explore the intersections between neighbourhood factors and mental health (Clapham, 2018). This thesis will offer a unique

contribution to the integration of health and social care services, providing valuable insight into how housing providers perceive their role and the practicalities of supporting residents. This research is of relevance to social housing providers such as One Manchester and other organisations looking to integrate services that can improve and maintain people's mental wellbeing.

### 1.5.2 Methodology

Phase One of this research consists of semi-structured interviews with social housing residents, following Braun and Clarke's (2006) approach to thematic analysis, alongside a critical realist framework that will be discussed in Chapter Three. Phase Two builds upon the methodology of Phase One and gathers data through focus groups with housing staff who work with the housing provider, One Manchester. The rationale for using a two-phased approach is that there is a gap in literature that explores the views of residents and housing staff in relation to the integration of support services, alongside exploring a wider variety of views to gain a greater perspective. Chapter Six will discuss these findings further, discussing the similarities, differences, and spaces in between both phases of research to highlight the multiple realities operating at once.

### 1.5.3 Theoretical Underpinnings

The advantage of critical realism (CR) is that it can recognise how our experiences consist of complex interactions between society and agency (Hastings, 2020). The conceptual framework developed within this thesis is based on critical realism's stratified ontology, allowing exploration into the multiple realities operating at once (Bergin et al., 2008). Rather than seeing mental health as something that is 'triggered' by housing, it is one of many inter-dependent and relational mechanisms that can contribute to the possible explanation of events. Critical realism allows coexisting explanations about mental health that can provide researchers and practitioners with a more nuanced understandings of service provision and the individuals experience (Sims-Schouten and Riley, 2019). Critical realism can be used to explore experiences and understandings of mental health, the perspectives that inform practice and the structures they are situated in. Conceptualisations of mental health,

professional attitudes and the systems that inform service provision, must be understood in relation to the context of time and place they are socially and geographically situated within (Rogers and Pilgrim, 2005). Consequently, social variables such as social class, or geographical ones like notions of place, may be recognised through analysis, providing greater insight into how these structures interplay. This will be explored further in Chapter Three.

## 1.6 Literature Synthesis and Conceptual Framework

Here I provide a brief introduction to the concepts that will be applied to this research which will be discussed in greater depth in Chapter Two. This framework is developed from selected background literature on housing and mental health, presenting particular aspects of the home environment that can influence mental health outcomes through multiple pathways. These concepts are ways to theorise psychosocial needs and processes. This framework can be used as an analytical tool to explore the interactions between the home environment and mental health.

### 1.6.1 Ontological Security

Ontological security contributes to our emotional experiences of ease, comfort, self-esteem, and self-efficacy (Giddens, 1991). It is described as a stable mental state that refers to a sense of continuity and being able to experience oneself as a 'whole' person, in order to feel secure in who we are. Lacking ontological security is the diminishment of these qualities, influenced by cultural, social and/or material processes (Banham, 2020). This diminishment is what contributes to individuals experiencing precarity, anxiety and fear (Banham, 2020). Ontological security has been applied to explore the significance and meaning of the home, and the psychosocial benefits it can provide (Kearns et al., 2000; Hiscock et al., 2001; Padgett, 2007; Garnham et al., 2022). The home has been theorised as a site where ontological security can be obtained through its ability to provide a site of constancy and security, where our day-to-day routines can be enacted comfortably and free from the view of outside world (Padgett, 2007).

### 1.6.2 Place

A growing body of research has identified the central role of place in relation to how people experience their mental wellbeing (Egan et al., 2008; Rollero and Piccoli, 2010; Corcoran et al., 2017; Makita et al., 2020). There are several threads within notions of place, including: place attachment (Benson, 2014), place identity, (Hernandez et al., 2007) and place belonging (Colin, 2021). Place attachment refers to the level of embeddedness people feel within particular settings (Scannell and Gifford, 2010). The function of these attachments encompasses social and psychological processes that exist on an individual and community level (Scannell and Gifford, 2010). Place identity is 'part of individuals' personalities related to places that are significant in the formation of their identities' (Peng, 2020: 14). Through interactions with a place, the place influences and shapes collective and individual identities. Places that meet an individual's emotional needs can allow them to develop and maintain a sense of identity (Hernandez et al., 2007). Place contributes to the individual's ability to build social capital, construct identity, and develop meaningful connections (Netto, 2011). Combining the idea of place with notions of home also recognises the importance of neighbourhood and community in making sense of the social networks surrounding the home-place and its links to psychosocial wellbeing (Atkinson and Kintrea, 2002). These connections can become a source of social capital (Bruhn, 2005).

### 1.6.3 Social Capital

Social capital refers to the quality of connections individuals have, the resources they can access, norms of trust, reciprocity, perceived social cohesion (Ehsan and Spini, 2020) and is a known factor of mental health globally (Cramm et al., 2013; Riumallo-Herl et al., 2014; Haseda et al., 2018; Ehsan and Spini, 2020). Social capital and its acquisition is linked to class, health, and other social categories as well as geographical locations (Coleman, 1990). The distinction between bonding and bridging capital is useful as it allows exploration into the different types of resources that are accessed by different social groups. Bridging capital refers to the connections that exist beyond the immediate network and the ways these connections can provide a wider range of resources and opportunities (Putnam, 2000). This type of capital is important in terms of being able to access resources and services, with more noticeable power dynamics within this relationships. Bonding social capital looks at groups that share

commonalities, ‘people like us’, referring to the similar attitudes, resources and demographics that connect people within these networks (Claridge, 2018). When social capital looks at the quality of contacts people have, it is able to recognise the cultures and knowledge that exist within areas of neighbourhood decline, such as strong networks and levels of trust within the community (See McKenzie, 2012). For people who reside in areas with perceived levels of deprivation, stigma can limit an individual’s ability to accumulate ‘bridging’ networks that exist beyond the neighbourhood (Waquant, 2008). Therefore, accounting for the benefits of social capital provides insight into the potential importance of local resources, and how these should not be underestimated in supporting mental wellbeing.

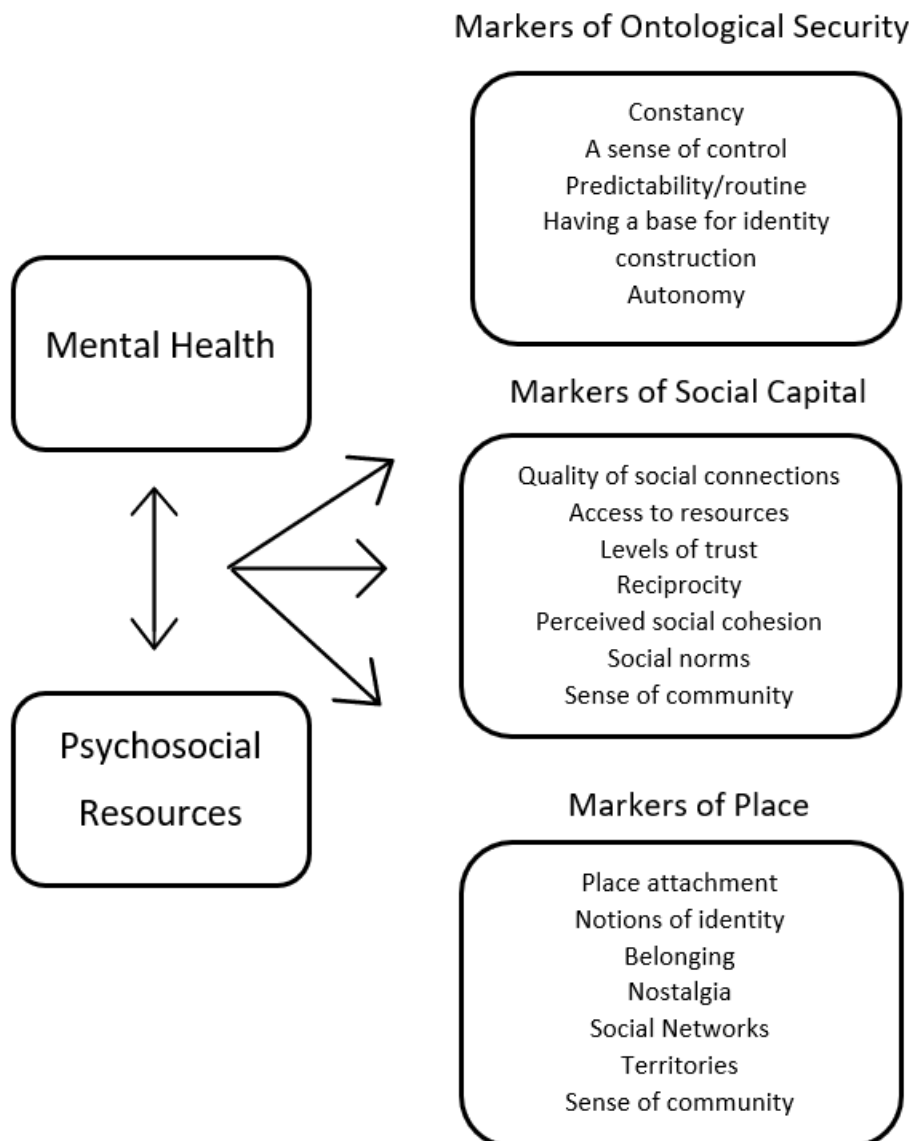


Figure 2. Conceptual Framework.

## 1.7 Structure of the Thesis

**Chapter 1:** An introduction, exploring the theoretical location of the home and mental health. I provide an overview of the research site, discussing the Devolution agenda and the integration of health and social care systems. The research questions and aims are then presented before finally introducing a brief outline of the methods and conceptual framework.

**Chapter 2:** This chapter presents the literature review, drawing on existing research and theory to contextualise the central concepts that I explore within the empirical work: ontological security, theory on place, and social capital. I consider the interrelatedness of these concepts, alongside an assessment of how they can be applied to explore the factors that influence mental health and the home environment. I then go on to provide an overview of social housing within the UK to explore the social and political landscape, drawing on the processes of stigma, residualisation and social class.

**Chapter 3:** This chapter develops the theoretical underpinnings of this thesis and its methodological approach. I draw on critical realism and its multiple levels of inquiry. Finally I provide a rationale for the choice of methods used; semi-structured interviews, focus groups and thematic analysis, alongside ethical considerations.

**Chapter 4:** This chapter details the empirical semi-structured interview findings from Phase One of data collection. It looks at the perceptions and experiences of the home environment for socially housed residents, alongside how these factors shape mental health.

**Chapter 5:** Chapter 5 explores the findings from two focus groups that took place with staff employed by the housing provider. This explores their interpretations of needs, the responsibility and role of housing staff, and the future direction of the association.

**Chapter 6:** This chapter is a discussion of the findings from both phases, providing a deeper exploration of the findings where I discuss the key themes from both phases. Using a critical realist framework, I explore the underlying structures and mechanisms that can help explain these events.



**Chapter 7:** This chapter is my conclusion of the research I have undertaken within this thesis. I discuss the research questions put forward in Chapter One and provide recommendations for future research. I also reflect on the challenges I have encountered throughout and put forward my suggestions on ways to develop service provision that would help meet the needs of residents.

### 1.8 The significance of the research

In undertaking this doctoral thesis, I intend to contribute to research centred on exploring the multiple pathways that can influence mental health outcomes within the home environment. While literature exists on the effects the home environment can have on mental well-being, it often fails to include detailed discussions how people perceive and experience their home environment, that can be reflective of deeper psychological, social, and environmental factors at play. As I will go on to discuss in Chapter Two, the development of a conceptual framework that includes place attachment, ontological security, and social capital will allow exploration of the wide ranging mechanisms that can influence mental health outcomes and reveal the multi-dimensional nature of the home setting.

This research is also of current policy relevance with its exploration of integrated service provision, exploring how housing associations are adapting to their changing role and the practicalities of working in line with policy commitments. Housing associations have been increasingly considering new ways to support residents with their mental well-being, but further research is required around what role housing associations have in the health reform and the ways the work within these communities. If these community initiatives are successful, how these programmes be can maximised and reach full potential is crucial to its progression, particularly in the context of Devolution.

## Chapter 2: Review of the Literature

### 2.1 Introduction

The focus of this doctoral research is to explore how social housing residents experience their home environment, the ways it can intersect with mental health and the developing role of housing associations. In Chapter One, I provided the rationale for this study and discussed how the intersection between the home environment and mental health is complex and interdependent on various factors. I began to consider the concepts of ontological security, place, and social capital that I will now explore further, discussing some of the existing empirical and theoretical work that relates to its conceptualisation.

I also explore themes of stigma and residualisation of the social housing sector and its changing landscape. This provides context into the environment these interactions take place within, alongside influences to how housing associations operate. This is to build on understandings of the mental health implications of home and how housing providers can underpin the generation of positive mental health and wellbeing.

### 2.2 Ontological Security

In chapter one, I began to consider the concepts that theorise the psychosocial needs and processes that influence mental wellbeing within the home environment. This section focuses on aspects of the home environment in relation to notions of ontological security, its generation, and its link to mental health.

Ontological security was first coined in 'The Divided Self' (1960), written by R. D. Laing, a psychiatrist whose work focused on mental illness conditions such as psychosis and schizophrenia. Laing (1960: 39) defined ontological security as the experience of being 'real, alive, whole, and, in a temporal sense, a continuous person'. His focus was on those who were ontologically *insecure* and 'cannot take the realness, aliveness, autonomy and identity of himself and others for granted' (Laing, 1960: 42) resulting in a lost sense of self. For Laing (1960), ontological security enables an individual to become an autonomous being that can take on challenges, based on contingent recognition between subjective and externally

attributed identity which if jeopardised, can lead to mental ill health (Gustafsson and Krickel-Choi, 2020). Although Laing's (1960) work has been utilised within different contexts widely, its application was not intended to be developed beyond the individuals he was aiming to understand (Prince, 2005 in Gustafsson and Krickel-Choi, 2020).

Ontological security was further established by Giddens (1991) who developed a sociological-focused approach for an inquiry into the effects of modernity (Gustafsson and Krickel-Choi, 2020). Although borrowing the term, Giddens does not cite Laing's (1960) work often (Gurney, 2021). Both emphasise the importance of the continuous self, viewing ontological security as something we often take for granted, yet the consequences of lacking ontological security can create conditions that are hard to cope with. For Giddens (1991:37), ontological security can be defined as 'a person's fundamental sense of safety in the world and includes a basic trust of other people' and obtaining this trust is 'necessary in order for a person to maintain a sense of psychological well-being and avoid existential anxiety.' Giddens (1991) discusses how the need to feel safe starts in early childhood, where feeling protected provides a secure base for a person to self-actualise. He states that the maintenance of ontological security takes place in the private realm, where the tensions, stress and surveillance of everyday life can be avoided.

Over the decades there have been many notable contributions to the literature that draw on ontological security related to the home environment (Kemeny, 1992, Dupuis and Thorns, 1998, Allen, 2000, Kearns, 2000; Padgett, 2007; Hoolachan et al., 2017). However, there are important questions about its conceptualisation. Gurney (2021) states there has been a lack of critical reflection about the operationalisation of ontological security, along with how it has increasingly diverted from its epistemological roots. Saunders (1989:186) described it as 'difficult to define, even more difficult to operationalize'. Gurney (2021) argues that the benefits of ontological security related to the home have been conflated, asking what other theories may have developed in housing studies if the concept had not been introduced. Although Gurney (2021) still believes that ontological security has more insights to offer, he suggests taking caution when using the concept, considering questions such as 'do the selected variables demonstrate validity and reliability?' and 'are you measuring something other than ontological security (place-attachment or memories, for example)?' (Gurney, 2021: Online).

Giddens' (1991) portrayal has been critiqued for being dichotomous and reductive (Gurney, 2021), with ontological security being seen as something an individual either possesses or lacks, failing to be viewed as a continual experience where it can be both present and absent, that is more reflective of our multifaceted lived experience (Banham, 2020). Understanding the ways ontological security can be attained and how it is constrained by the setting in which it can occur acknowledges how it is likely to vary within particular social contexts (Dupuis and Thorns, 1998). Home environments can act as a site where ontological security is gained or inhibited that can be explored through the meanings people attach to them, and this can change over time. As discussed above, the home has physical, social, and psychological significance (Wiles and Andrews, 2020). As Dupuis and Thorns (1998) explore, the confidence that comes from constancy is one aspect in our social and material environments that can provide us with this secure base. Dupuis and Thorns (1998) provide a rare and useful home-focused model that explores the notion of home as a place where individuals can experience and gain a sense of ontological security depending on different aspects of home life. Dupuis and Thorns (1998: 29) suggest that there are four interrelated categories of 'home life' that meet the conditions of ontological security. These are:

- (1) Home as a place of *constancy* in both the social and material environment
- (2) Home operating as the *spatial context* where our day-to-day routines can be undertaken
- (3) Home being *free from surveillance* that dominates life elsewhere
- (4) Home as *a secure base* that facilitates the construction of identity

As part of the theoretical framework, I will use Dupuis and Thorns' (1998) model that sets out the conditions of ontological security within the home environment. The home can provide a sense of security and self-sufficiency (Kearns et al., 2000), with a sense of constancy that can provide a secure platform for our identity to be developed. In an increasingly complex society, the home may represent a place of stability and comfort (Kearns et al., 2000). This framework will be used flexibly to include all the issues I intend to explore, such as how people experience their home environment, the meaning they attach to it, and its interaction with mental health.

Dupuis and Thorns (1998) found that ontological security can be obtained within the home environment, particularly through home ownership. They found that becoming a homeowner was not solely pursued for economic gain, but was perceived as providing greater stability and a place where routine could be established. The home can be symbolic of identity, status,

and aspiration (Colic-Peisker, Ong and Wood, 2015). Padgett (2007) follows Dupuis and Thorn's (1998) mobilisation of ontological security to explore how homeless and mentally ill adults experienced access to independent housing after supported living. Padgett (2007) found strong evidence that met the conditions of ontological security, where those living in their own homes discussed gaining sense of control, having a daily routine, the benefits of privacy, and the capacity to repair and construct identity. Henwood and colleagues (2018) also used these markers of ontological security to assess Housing First approaches for young adults living in permanent supported housing. They find that the presence of these indicators (continuity, routine, control, sense of self) positively supported participants' mental health. Recent research by Garnham and colleagues (2022) illuminated several psychosocial pathways that influence the experiences of housing and its impact on mental wellbeing. A sense of home was underpinned by aspects of home quality, housing services, and coping financially. The conditions of ontological security and having a sense of home were found to be linking aspects between housing and tenant wellbeing. These studies support the notion that the home acts as a fundamental base for ontological security to be obtained, which can enhance mental health outcomes via psychosocial processes (Kearns et al., 2000; Padgett, 2007; Henwood et al., 2018; Garnham et al., 2022).

It is also important to consider how the home environment may not be a place where individuals can express autonomy (Woodhall-Melnik et al., 2017). Research has shown how homes are not necessarily places individuals can exercise control (Manzo, 2013; Woodhall-Melnik *et al*, 2017). Gurney (2021) finds that housing studies has often neglected the darker experiences surrounding the home in favour of 'relentlessly positive narratives' (Gurney, 2021: Online). Those living in an environment that is oppressive, violent, and intolerant may not be able to demonstrate control and consequently experience displacement, low self-esteem, and ontological *in*security (Handel, 2019). In an area undergoing urban regeneration, residents in Rogers' (2008) study expressed concerns over the lack of social control they had within the area due to the redevelopment. Woodhall-Melnik et al.'s (2017) study demonstrates how once survivors of domestic violence moved into secure stable housing, stability in other areas followed. Housing stability provided women the capacity to exercise choice, control and feelings of security that were embedded in their definitions of home. Control and security within the home was integral to improving their mental health and

overall wellbeing, reinforcing its importance (Woodhall-Melnik et al., 2017). In addition, poor health and financial instability can cause turbulence in one's life by threatening an individual's ability to exercise choice and control (Robinson and Walshaw, 2014). These are examples of how an individual's ontological security can become endangered (Giddens, 1990). Allen (2000) turns to critical realism to explore the multifaceted nature of the home environment, suggesting that a mechanism such as housing operates within an open world, where different mechanisms interact in various ways that may or may not be realised. Allen (2000: 50) explores the ways people living in poor housing can have and maintain good mental health through the 'felt experience':

The notion of home is so emotionally significant to some people that, even where it might be considered to be in "bad condition", its ability to offer "ontological security" is a crucial "generative mechanism" (cf. Bhaskar, 1978, 979) that can sustain health and wellbeing.

Hoolachan and others (2017) find that private renting within the UK was less likely to meet the conditions of ontological security due to insecure tenures, frequent landlord inspections and high rent prices that hindered other aspects of life, leaving participants with limited control and a lack of privacy over their living environment. The physical and material aspects of the home also interact with psychosocial mechanisms, where positive perceptions of home decor and housing quality contributed to feelings of status and control (See Clark and Kearns, 2012). Furnishing the home with personal belongings such as trinkets and decorations often evokes positive feelings and emotions that reflect the memories and experiences of the individual (Falk et al., 2013; Van-Hoof et al., 2016). In contrast, poor quality housing can be symbolic of a lack of achievement and damage self-esteem. For example, Soaita and McKee (2019) discuss home-making practices in the UK's private rented sector. They find that residents strived to create a sense of home within their rented properties, yet the ability to do so was limited by restrictions on decorating and living with broken and poor quality amenities (such as 'wobbly' locks, broken extractor fans) that affected an individual's capabilities, alongside providing additional sources of stress and frustration. It was apparent that self-identity related to the materiality of the home that was one way of demonstrating control and territorialisation over a place. Harris and others (2020) also found that the material components of homemaking can influence the perceived sense of control, privacy

and identity someone experiences. Residents in temporary accommodation didn't have door locks and was unable to personalise their space, resulting in 'significant damage to people's sense of self' (Harris et al., 2020: 1306). Being satisfied with our social and material worlds contributes to retaining stability that allows the individual to function (Giddens, 1991).

To summarise, the home environment can provide ontological security through a sense of safety, trust and confidence in one's self-identity and ways of being in the world (Giddens, 1991). Having control over one's home life (such as the events that happen there and the people who have access) informs feelings of autonomy that positively support mental wellbeing (Woodhall-Melnik et al, 2017). The home acting as a site of constancy provides familiarity and comfort in a world that can often be unpredictable and threatening (Giddens, 1991; Kearns et al., 2000; Hoolachan et al., 2017). As discussed, the home is also symbolic of the self, reflecting self-identity (Clark and Kearns, 2012; Soaita and McKee, 2019). This is present through the symbolic elements of the home, such as quality, aesthetics, and the 'felt experience' linked to status, self-esteem, and constructing self-identity. My approach is to uncover the benefits and limitations of home without inflating the importance of attaining ontological security, rather using it as a guide to understand its role in how the home environment is experienced, alongside other relative concepts such as place attachment and social capital (Gurney, 2021). Since ontological security has conceptual roots in mental health (Laing, 1960; Padgett, 2007; Gustafsson and Krickel-Choi, 2020), and has been further developed in relation to the home environment (Giddens, 1991; Dupuis and Thorns, 1998; Henwood et al., 2018) it is highly applicable to this research. Ontological security is used as part of a conceptual framework to understand the key dimensions of how people in social housing experience mental health. In the following section I will explore the concept of 'place'. Place is related to providing a source of ontological security, with Giddens (1984: 367) stating place acts as:

'a psychological tie between the biography of the individual and the locales that are the settings of the time-space paths through which that individual moves.'

## 2.3 Place

In Chapter One, I briefly considered place. Here, I will now expand on this, discussing some of its key dimensions such as place attachment and place identity. Through synthesising the existing literature, I will also establish how place and mental wellbeing are interlinked, and how this concept contributes to the theoretical construct that will be applied throughout this research.

### 2.3.1 Sense of Place

Williams and colleagues (2008:73) describe a sense of place as ‘interconnected psychological, social, and environmental processes in relation to physical places’. The notion of ‘place’ not only refers to its location, but to the context wherein social relations take place, emotional attachments, and the subjective experience (Cresswell, 2004; Netto, 2011).

People are engaged in the meaning-making process of the environments they interact with, with a sense of place being the embodiment of both people and place. People can develop deep, meaningful connections to the places where they reside (Falk et al., 2013; Benson, 2014; Smets and Sneep, 2017). If place is formulated through this process there is ‘no place without self and no self without place’ (Casey, 2001: 161). A sense of place is a shared experience that is individually perceived, and meanings can vary even for those who live within the neighbourhood based on multiple factors such as relationships, resources, personal histories, and other interactions (Rajala et al., 2020). Individuals may not always be aware or conscious of their feelings for a place and how it may provide comfort and security at an unconscious level (Hidalgo and Hernandez, 2001). Yet when a place is precarious, dangerous, and unsafe, this can have detrimental effects. Parallels between the effects of experiencing ontological *insecurity* can be drawn here (Laing, 1960; Giddens, 1991). Place can represent the emotional bond that people have with their environments that is embedded within the psychological well-being of an individual. As people perceive aspects of place differently, this may present different risks and vulnerabilities for people within their environments. As Rollero and Piccoli (2010:233) state:



People's relationship to their own living environment is a key issue for a better understanding of their well-being and quality of life: the environment is such an important contextual determinant that it should always be included in the studies on quality of life and well-being.

Due to the dominant quantitative-based approaches inquiry in the field, these methods have not been as well equipped to capture the less tangible factors of subjective experiences of mental health and well-being (Clapham et al., 2018; Eyles and Williams, 2008). Our sense of place shapes how we perceive the world and our place within it, influencing perceptions of the self and our social relationships. Sense of place has several dimensions that include attachment, identity, belonging, rootedness, and connection. These different dimensions represent the wide ranging connections that exist between people and place (Rajala et al., 2020).

### 2.3.2 Place Attachment

Individuals develop relationships with their home and area of residence that is often framed through place attachment (Benson, 2014). In general, place attachment refers to the emotional bond that exists between people and their environment (Lewicka, 2011). In addition to individual attachments, collective attachments to place may also exist. Scannell and Gifford (2010) develop a three-dimensional framework that explores various aspects of place attachment. This framework looks at various dimensions of place and how psychological processes manifest, stating that attachment occurs through individual and collective meanings, psychological processes and socio-spatial elements. This framework describes the affective and emotional components that attach people to places, as well as exploring the collective experiences of people in the places they reside (Scannell and Gifford, 2010). The psychological processes encompass the functions of these attachments, that include survival, security, continuity, sense of belongingness and rootedness. Scannell and Gifford (2010:1) state that:

The person dimension of place attachment refers to its individually or collectively determined meanings. The psychological dimension includes the affective, cognitive, and behavioural components of attachment. The place dimension emphasizes the place characteristics of attachment, including spatial level, specificity, and the prominence of social or physical (both built and natural) elements.

Place attachment is a multifaceted concept that incorporates aspects of place bonding, an interplay of affects, emotions, behaviours, and actions (Rollero and Piccoli, 2010). Place attachments are an affective link that people establish within particular settings, often related to where one feels safe, comfortable, and connected. The place aspect of these attachments can have different characteristics and develop in relation to the home, neighbourhoods, communities, recreational settings and so forth (Rollero and Piccoli, 2010). It includes not only the tangible aspects of place but also symbolic or imagined places and objects that can exist in the past, present, or future (Korpela, 2012).

Manzo (2005:74) suggests when exploring how meaning of place is created that it 'is not simply the places themselves that are significant, but rather what can be called 'experience-in-place' that creates meaning.' Places that provide a sense of 'at homeness' are meaningful places that individuals develop attachments to (Manzo, 2013). Similarly to conceptualisations of the home, the literature on place attachment predominately explores these connections in largely positive ways, yet this has been challenged. Manzo (2013) found that social housing residents facing mandatory relocation reported several negative aspects of their home environments (the stigma of social housing, crime, traffic) yet still demonstrated strong emotional attachments. This reinforces the notion that the home is a multifaceted phenomenon, harbouring deep, complex and contradictory meaning(s). Emotional bonds and attachments to place can be formed through positive and negative experiences, where places that had no meaning prior can become meaningful through events such as tragedy and loss (Manzo, 2013). Moore (2000: 213) suggests research must also 'focus on the ways in which home disappoints, aggravates, neglects, confines and contradicts as much as it inspires and comforts us.'

Shaw and Hagemans (2015) explore place attachment and if the absence of physical displacement can mediate the negative effects of gentrification. Many residents reported that they felt 'out of place' referring to higher prices and changes in venues, becoming places that residents could no longer identify with. Residents still experienced feelings of displacement even though they did not physically relocate. This reveals the complex emotional interconnections between people and place, where changes to one's environment can be threatening to self-identity and autonomy (Bradley, 2017). This demonstrates the

complexities and fluidity of place attachment, that are context bound and can change over time.

### 2.3.3 Place Identity

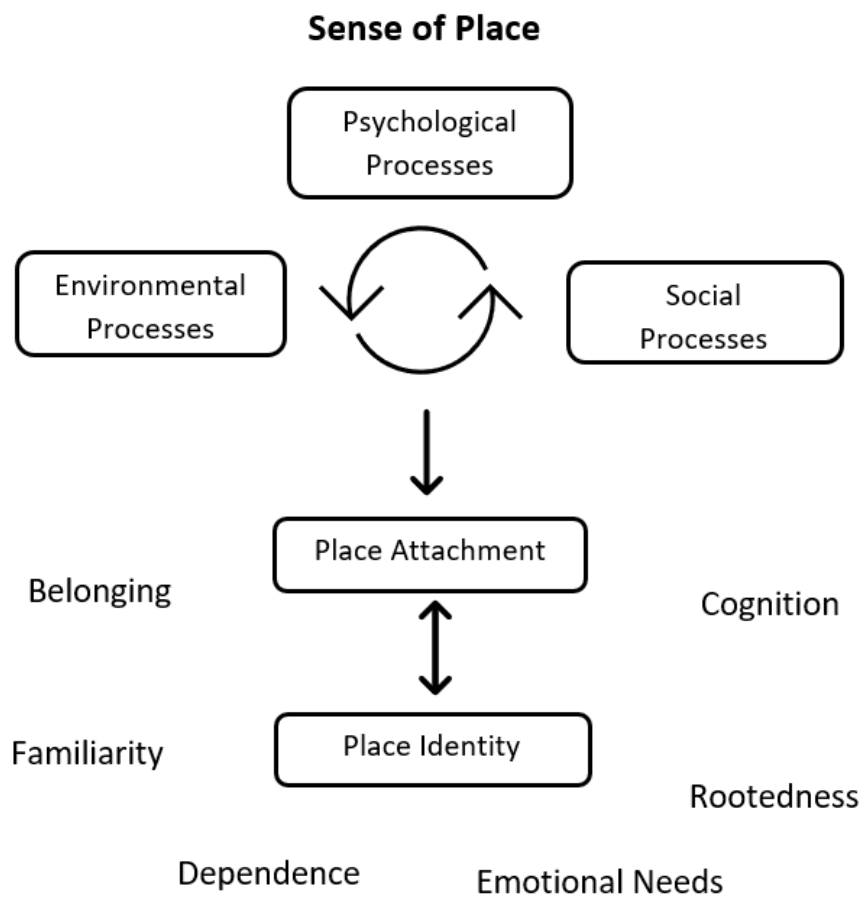
Place identity is a component of personal identity, related to the nature of place and the interactions that these settings occur within (Hernandez et al., 2020). Place identity is formed by the experiences and cognitions in relation to places that have a role in an individual's emotional formation and self-regulation. Attachments may be formed to places that meet an individual's emotional needs and allow them to develop and maintain a sense of identity (Hernandez et al., 2020). People strive for stability, security, consistency, and ways to maintain self-esteem and self-efficacy, using places to achieve these goals (Korpela, 2012). Yet, the individual's ability to achieve this is bound, to an extent, within the material and psychosocial environment they are situated within. Benson's (2014) study explores how middle-class identity and belonging is generated in relation to the residential environment. When asked about their neighbourhood and why they lived there, it was stated that this was where 'people like us' live and had always lived. Elective belonging through freedom to choose, even when illusory, was a marker of status that residents identified with. This demonstrates how place identity is also symbolic and reflective of 'who you are.' As Savage and others (cited by Benson, 2014: 3100) argue:

Residential space is a key arena in which people define their social position ...  
One's residence is a crucial, possibly the crucial, identifier of who you are.

The term 'elective belonging' is a concept that Savage et al. (2005: 264) describe as the 'possibility of leaving and moving somewhere else'. This concept is influenced by Bourdieu's model (1984; 1987; 1997) of class and how the middle-classes develop an attachment to the places they reside (Jeffery, 2018). Mobility is related to the habitus and these discussions also look at the 'differences' in taste between the classes and urbanised space. Paton (2014) critiqued the work of Savage and others (2005) for reducing working class agency to a residualised relationship with belonging and the neighbourhood, finding that local belonging was a rich source of identity for working class communities that consisted of culture, family, and social networks. Jeffery (2018) states that research on 'elective belonging' should move beyond characterising the choice of the middle classes in contrast to the lack of choice for

someone who is working class and instead look to further understandings of how belonging is experienced and articulated. Jeffery (2018) suggests that it is 'class culture' over length of residency that contributes to belonging and being accepted into working class networks.

The residential environment contributes to the individual's ability to build social capital, construct identity, and develop meaningful connections (Netto, 2011). For those who reside in social housing, tensions can rise from trying to manage external and internal perceptions of identities (Netto, 2011). The conditions to develop a strong sense of place for example, would include attachment, leading to increased sense of belonging and rootedness, that is then important to the development of identity (Mah, 2009). When the residential environment is associated with negative values such as stigmatising attitudes and historically embedded moral dimensions, this can cause individuals to 'dis-identify' from the community (Blokland, 2008). Social housing estates within the UK have been described as 'sink estates' and 'slums' by policy officials and other influential sources (Slater, 2018; Tyler and Slater, 2018; Watt, 2020). For those who resist these connotations, it can be a meaningful place where individuals experience a sense of self-worth (Junnilainen, 2020). For some, a place may provide a sense of community and belonging, whereas others may experience alienation and hostility (Netto, 2011; Smets and Sneep, 2017). Exploring the experiences of social housing tenants can examine the potential tensions between negotiating and managing these identities (Clapham, 2005).



**Figure 3. Sense of Place Process.**

The inter-related nature of place provides a broader understanding for how our relationships with the environment shape our experiences. Combining the idea of place with notions of home also recognises the importance of neighbourhood and community in making sense of the social networks surrounding the home-place and its links to psychosocial wellbeing (Atkinson and Kintrea, 2002). These connections or ‘bonds, ties, or attachments to people and places’ (Bruhn, 2005: 188) can provide social capital that can improve mental health outcomes.

## 2.4 Social Capital

In Chapter One, I briefly discussed social capital to explore the connections that individuals have with their home environments. Social capital is able to recognise the cultures and knowledge that exist within neighbourhoods, such as strong networks and trust within the community (McKenzie, 2012). Social capital refers to the quality of networks people can access, levels of trust, support and reciprocity experienced, often seen as a collective asset to communities (Coleman, 1990; Fine, 2010). The theory of social capital is commonly associated with Bourdieu, Coleman, and Putnam (Fine, 2010). Social capital and place are also closely related. Place-based interactions and connections can become forms of social capital (Mihaylov and Perkins, 2014 as cited by Ehsan and Spini, 2020). Social capital also provides a framework to explore neighbourhood effects, as well as perceived levels of trustworthiness and cohesion within the community (Ehsan and Spini, 2020). All these factors can provide insight into the neighbourhood factors that influence mental wellbeing.

Coleman (1990) views social capital as being 'defined by its function' with its characteristics consisting of 'some aspect of social structure' where they 'facilitate certain actions of individuals' within those structures (Coleman, 1990: 302). These functions are a 'set of resources that inhere in family relations and in community organisations' (Coleman, 1990: 300). Bourdieu (1986) describes social capital as an individual resource that is predominantly derived from social networks. Social networks are related to status that link to other forms of capital, such as cultural and economic, which produce and sustain social inequalities (See Bourdieu, 1986). Social capital can be used as a resource that benefits some groups more than others, depending on the material and symbolic resources these networks can provide. Bourdieu (1993: 143) states that:

Contacts and group memberships which, through the accumulation of exchanges, obligations, and shared identities, provide actual or potential support and access to valued resources.

Both Coleman (1990) and Bourdieu (1993) share a view that structural entities influence social capital that in turn restrict or facilitate certain actions and capabilities of a group or individual. Bourdieu's theorisation of social capital is useful for recognising the mechanisms of power and how these processes benefit some groups whilst restricting others. The neighbourhood is a social space that encompasses various cultures values and systems of representation.

Bourdieu (1986) highlights how particular classes dominate certain neighbourhoods and how this facilitates the production and reproduction of social hierarchies and its divisions (Carpiano, 2006). Representation and competing cultural values shape neighbourhoods, with planners and housing providers having a key role in shaping these spaces and their socio-spatial divisions (Mosselson, 2020).

It has been suggested that the 'embeddedness' of 'locally-concentrated' social networks (MacDonald et al., 2005: 877) in working class communities has been undermined due to the emphasis on economic participation. It is important to recognise how working class communities have value beyond the consumption and accumulation of wealth (Skeggs, 2004). Although resources and institutional capital are often denied within these communities, local value systems with shared cultural understanding of how the neighbourhood operates are also seen as highly important (MacDonald et al., 2005; McKenzie, 2012). Although there has been considerable social change within working class communities over the past fifty years, there are key threads within many influential studies that are still relevant today (McKenzie, 2012). Young and Willmott's seminal study (1957) explored working class culture, community, and place, during the post-war period of large-scale slum clearance in Bethnal Green. Their work on rehousing policies became influential for exploring working class socio-cultural value systems as well as defining 'the concept of working-class community in British public debate' (Lawrence, 2016: 569). They found that whilst the quality of the homes had improved for those relocating to Greenleigh, there was an absence of support networks, weaker family ties, and an overall sense of loss, with many residents wishing to return to Bethnal Green. Young and Willmott's (1957) findings demonstrate strong working class attachment to place, kinship, and dense social networks, that they argued the UK government had failed to consider at the time (Lawrence, 2016). Contemporary studies include McKenzie's (2012) ethnographic study on St. Anns, Nottingham (UK), that provides a rich contextualised account of the neighbourhood and the people who live there. A location notable for its disadvantage and stigmatised perceptions, McKenzie (2012) provides insight into how local networks and connections are valued by residents, where a strong sense of belonging and identity hold significant value to the people who live there. Being known and fitting in within the estate was also a valuable resource that afforded some protection in places where levels of crime and anti-social behaviour are high (McKenzie, 2012). McKenzie (2012) explores how 'local

social capital' is valuable in of itself and can help mitigate the effects of social disadvantage. Strong networks and trustworthiness are utilised and experienced amongst residents in her work. If value is difficult or in some respects impossible to attain for some groups within a society, working class communities may create their own systems of attaining value for themselves (McKenzie, 2012). Local value systems and shared cultural understandings can contribute to maintaining mental health outcomes and to an extent potentially mitigate other negative effects such as stigma or poverty.

Putnam (1995: 67) defines social capital as 'features of social organisations such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit.' There are different forms of social capital, specifically bonding and bridging, that explore different types of social relations and the importance of resources that are embedded within these connections (Agnitsch et al., 2006). Bridging social capital is understood as the social connections people have based on utility that extends beyond the neighbourhood, which are crucial to accessing a wider range of resources and opportunities (Putnam, 2000; Agnitsch et al., 2006). This type of capital can be understood as a bridge that connects heterogeneous groups that is key to accessing resources (Putnam, 2000). Bonding social capital describes the connections within a group or community that share similar demographics, resources, attitudes, and beliefs (Claridge, 2018). Bonding capital is found amongst homogeneous groups that often share existing spatial identities, such as family, friends, or neighbours. 'bonding' social capital, involving underlying normative dimensions that guide behaviour, where norms are collectively held by others (Mpanje et al., 2018). Putnam (2000: 22) describes bonding social capital as 'inward looking' that 'reinforces exclusive identities', where social cohesion and developing networks of trust operate on a community level. This distinction led to Putnam (2000, cited in Claridge, 2018: 2) describing bonding capital as being useful for 'getting by' while bridging capital is for 'getting ahead.' Putnam's work has been critiqued for not considering power relations within community, with Pawson and Herath (2017) stating that Putnam's concept of social capital doesn't easily address opposing interests, such as having a strong sense of local social capital in poorer communities.

Discussions on the 'dark side' of social capital (See Alcorta et al., 2020; Baycan and Oner, 2022) are less common, however it is important to recognise the multiple dimensions of these concepts to allow for full exploration into how social capital can explore the complexities of



the home environment. In the context of bonding and strong levels of trust, a strong sense of group identity can emerge that may lead to the exclusion of others (Baycan and Öner, 2022). Portes (1998) discussed how increased social capital can lead to negative consequences such as social exclusion. A strong sense of community often requires individuals to conform to expected group norms that can also be restrictive. Alcorta and colleagues (2020) explored levels of social capital and participation in political violence, finding that higher levels of membership within the community increased the risk of violence, where access to organised networks was interpreted as providing more opportunities to engage in collective action (Alcorta et al, 2020). Norm adherence around identity, social cohesion and attachment was factors that determined how intensely violence was perceived and mobilised.

Our social needs are often reflective of our environments, that tend to lead us to adopting 'acceptable' norms and behaviours that can differ culturally, reflecting a range of social spheres (Bourdieu, 1990). In this process, social groups are reflective of an individual's social identity, where if individuals want to be a part of a group to gain access to their resources, they must participate in expected social norms. Social capital has often been used to provide a simplistic explanation of community decline. McKenzie (2012: 472) states that:

What is not widely discussed is how the spatial concentration of poor groups within poor neighbourhoods also acts as a buffer against stigma for the whole community, and therefore boosts local social capital within the neighbourhood.

Even in adverse conditions, people can value the neighbourhoods they live in that to some extent can outweigh negative factors such as tenure insecurity and territorial stigma (Bandauko et al., 2022). Mah (2009) looked at place attachment in areas of industrial decline, such as Newcastle Upon Tyne (UK). Mah (2009) found that residents were aware of stigmatising attitudes towards their neighbourhood, socioeconomic decline, and issues with crime. Residents constructed counternarratives that challenged these descriptions, emphasising how it was a place of importance through focusing on the strength of the community, feeling 'proud' of their collective efforts in protesting against demolition. Mah (2009) found that the neighbourhood still operated as base for residents to construct their identities, demonstrate their capabilities and provided value through bonding capital. The demolition project was resisted by residents working together and supporting one another in efforts to preserve the community (Mah, 2009).

Lewis (2016) looks at community and belonging in areas undergoing redevelopment in East Manchester (UK). In the context of urban change, Lewis (2016) finds that community was 'regenerated' through participants' constructions of their shared memories and nostalgia, finding connection and making sense of the changing landscape through discussions of the former landmarks and facilities. Belonging was negotiated and constructed through everyday interactions where similarities, particularly in relation to shared narratives, was used to provide a sense of belonging and continuity in the face of neighbourhood change. Belonging consists of feeling 'at home' and 'feeling safe' (Tomaney, 2015) that can be expressed on an individual and/or collective level. Local belonging can include both these dimensions where collective behaviour contribute to identity and attachment. When discussing social and territorial belonging, Pollini (2005) states that these relationships consist of levels of attachment, solidarity, a sense of community, and identity.

Fostering social cohesion and social networks in neighbourhoods has been a dimension of urban policy within the UK in recent decades (Flint and Kearns, 2006; Ferragina and Arrigoni, 2017). With the emphasis on Localism (Holman and Rydin, 2013) housing associations are perceived as having a role in increasing social capital within communities (Lang and Novy, 2014). Developing trust and stakeholder relations can help strengthen community ties and improve the overall quality of the neighbourhood (Holman and Rydin, 2013). In the context of devolved local governments, where power and resources shift from the state to local authorities, areas are increasingly left to depend on their own resources, having less access to financial support and service provision (Maclennan and O'Sullivan, 2013; Jacobs and Manzi, 2020). It is possible that the current housing system fosters an environment where mental ill health is amplified by its residualised nature, meaning that residents are greater exposed to risk and precarity (Garnham et al., 2022). Changes in responsibility devolved to local governance have been described as 'policy dumping' where communities are left without the correct resources to solve social problems under the guise of 'community empowerment' (Maclennan and O'Sullivan, 2013: 604). Bonding capital has also been encouraged to justify less resources in communities, with regeneration strategies emphasising the importance of social renewal over physical investment (Flint and Kearns, 2006).

## 2.5 Contextualising the Social Housing Sector- Stigma, Residualisation and Social Class

Having considered the three central concepts of this study (ontological security, place, and social capital), I now contextualise the landscape of social housing within the UK. As this research follows a critical realist approach, it is important to look at a range of social theories that help us get closer to reality (Fletcher, 2017). Multiple realities operate at once, and some explanations will better reflect reality than others (Armstrong, 2019). Within this research, the function and role of social housing are part of the structures that influence social events, reflective of wider processes at play. Therefore, the complexities of the home environment can be explored at the empirical level with reference back to these underlying structures (Roberts, 2014).

Within the UK, the social housing sector has been particularly susceptible to transformation since its origin (Boughton, 2018), with changes in demand, an increasing business-oriented focus (Garnham et al., 2022) and government reforms (Costarelli et al., 2020). The decline in status has led to an increasingly polarised sector, where social housing has been referred to as an 'ambulance service' (Boughton, 2018) that provides a 'safety net' for individuals unable to obtain suitable housing elsewhere (Pierce and Vine, 2014). Hanley (2012: ix) writes that social housing leaves a 'psycho-social bruise' through its residualised nature alongside its negative stereotypes and poor reputation. Pierce and Vine (2014: 29) characterise residualisation as 'a complex and multifaceted process, relating to the role of social housing, its provision and consumption'. This process has resulted in systematic dismantling of state-owned social housing within the UK, being seen as less desirable and in poor condition, leaving the remaining stock for the lower-income and disadvantaged groups (Pierce and Vine, 2014). Manzo (2013) states the process of residualisation has led to housing agencies increasingly focusing on shaping residents' behaviour, influenced by wider notions of neighbourhood and behavioural decline. Social housing has become bound with meaning associated with societal positioning, reputation, and class (Hicks and Lewis, 2020). Less tangible processes such as stigma, and perceived quality are also associated with residualisation (Pierce and Vine, 2014). This is important because these factors affect mental health outcomes, access to services and hence life chances for the individual. Reduction in services that support those in need has

increased pressures on organisations who deal with increasingly complex cases (Hobson et al., 2020).

Social housing has become bound with meaning associated with societal positioning, reputation, and class (Valentine and Harris, 2014). The urban environment influences where and how people live, the ways they occupy properties, and how they relate to one another. A neighbourhood is also a social space that encompasses various cultures values and systems of representation. Bourdieu (1984, 1986) states that social class is shaped by forms of capital, where the accumulation of capital can enhance the knowledge and experiences individuals can draw upon to gain an advantage in society. Regarding social status as a source of power, the influence of symbolic violence and domination act as legitimate sources that successfully control groups socially and economically (Schubert, 2008). Bourdieu's (1989) theory of power discusses state power, and the ways some social actors are able to legitimise aspects of power to perpetuate social hierarchies. In relation to those living in social housing, negative perceptions can be legitimised by society that continue to reproduce and maintain these structures. Bourdieu regards social space, psychological concepts, and symbolic struggles all relational to the emergence of class formations (Tyler, 2015). Social position influences ones living conditions and status in society. Therefore, class is just as much about position and the perception of this position that defines it (Bourdieu, 1984). In Hanley's book, *Estates*, (2007) she combines her own experiences of living on a council estate with references to historical and political change, alongside personal accounts of estate life. Hanley (2007:150) uses the term 'estatism' to describe 'a wall in the head' that has built up from class prejudice, a lack of social mobility, and fear over what might exist beyond the boundaries of the estate.

With social housing becoming systematically devalued (Jones, 2012) structural conditions rooted in socio-political crises have been perceived as problems of individual behaviours through government and media rhetoric (Dowling and Harvie, 2014). Social housing and those residing within it have frequently been identified as 'troubled families' who are 'socially excluded' from the rest of society. For Bourdieu (1984), how we are classified and perceived mirrors divisions in social and economic relations. How we are 'perceived' is therefore symbolic of the class struggles an individual may face (Bourdieu, 1984). Bourdieu (1984) states that these perceptions do not cause inequalities per se, but that they are fundamental in

their legitimisation. The neglect of housing estates and the formation of social housing also decreases an individual's capital, with Bourdieu regarding social space, psychological concepts and symbolic struggles all relational to the emergence of class formations (Tyler, 2015). Positions in social space define the living conditions and thus the power of an individual's status in society.

Since the early 1980's, social housing provision has changed significantly, leading to the residualisation of the sector (Hodkinson et al., 2013; Pierce and Vine, 2014; Costarelli et al., 2020). Problems around social housing are neglected, re-emerging as major issues that result in initial policy generation, then recede to dormancy once more (Jacobs, Kemeny, & Manzi, 2003). The 1980's Housing Act introduced the 'right to buy' policy, that involved large stock transfers of local-owned council housing given to registered housing associations or purchased by residents with discounts of up to seventy percent the assessed property value, with the majority of stock never being replaced (Hodkinson et al., 2013). Social housing stock was reduced while home ownership was politically promoted, being deemed as the ultimate goal for 'hard-working' families that led to an increased moralisation of tenure type, demonising those who did not conform or aspire to this acquisition of capital (Nowicki, 2018). The rise of neoliberal governance saw the promotion of individualism, with those reliant on welfare services such as social housing being seen as a 'burden' if not engaged with asset accumulation and consumption (Nowicki, 2018).

The role of housing associations as providers became central in the Conservative housing policy in the late 1980s (Long, 2005). The Housing Act 1988 included mixed funding streams for housing associations, making it easier for local authorities to transfer housing stock to associations, with tenants also encouraged to transfer to HA's overtime (Malpass and Mullins, 2002). This legislation contributed to housing associations becoming the main providers of social housing (Malpass and Mullins, 2002). Under the first two terms of New Labour, spending on council housing continued to significantly decrease, less than any year in the Conservative's near 20-year reign (Robertson, 2010). Like its predecessors, New Labour promoted home ownership as a policy goal and mirrored belief that it contributed to stability and increased prosperity (Laffin, 2012). Within the last decade, there has been greater political emphasis on local public service provision, where welfare operates through organisations at a local level to reduce the role of the state (Wainwright and Marandet, 2019).

The 2010 coalition government introduced The Localism Act (2011) which included an 'affordable rents' policy, allowing housing associations to charge up to 80% of local market rents and introduce fixed-term tenancies in contrast to the 'lifetime' tenancies social housing was traditionally known for (Fitzpatrick and Watts, 2017). It also gave local authorities more control over waiting lists for housing and allowed councils to discharge homeless people into the private rented sector (Chevin, 2014).

Broader shifts in governance in relation to Localism (McKee, 2015) have placed greater emphasis on local government and service providers as having a key role in the production and maintenance of integrated communities (McKee et al., 2017; Jacobs and Manzi, 2020). Housing associations have been conceptualised as 'hybrid' organisations, due to their attributes being an assortment of private, public, and voluntary sector components in the UK (Crook and Kemp, 2019). In Hansson and Lundgren's (2019) literature review, one of the agreed key descriptors was that 'social housing systems should target households with limited resources' (Hansson and Lundgren, 2019: 158). This indicates that social housing is occupied by a targeted group and is allocated on a means-tested basis. Social housing systems also provide below-market rent prices and require some subsidisation through public or private financial contributions (Hansson and Lundgren, 2019). Although the institutional practices of housing associations have altered over the decades (Morrison, 2016), housing provision below market-rent prices remains one of their defining elements (Crook and Kemp, 2019). Social landlords often manage property development whilst also providing welfare and subsidised housing that is crucial for fulfilling public policy goals and societal needs (Hodkinson et al., 2013).

The urban environment is a physical setting that influences where and how people live, build, occupy properties, and relate to one another. A neighbourhood is also a social space that encompasses various cultures' values and systems of representation. Representation and competing cultural values shape neighbourhoods, with planners and housing providers having a role in influencing these spaces and divisions (Mosselson, 2020). Hicks (2020) finds that negative perceptions of the home environment had been heightened by disinvestment and stigma that was used to justify profitable redevelopment. Hicks (2020) argues that many social housing estates have been assigned negative depictions in problematic ways, where

the voices of residents from these housing schemes are usually absent from these debates. Stigma attached to social housing was over emphasised and used as justification for regeneration projects (Hicks, 2020). There has been a tendency to view the problems experienced by those living on social housing estates in terms of blame and responsibility (Jacobs and Flanagan, 2013). Issues such as fly tipping and rubbish can feed into forms of stigma where it is attributed to the lifestyle of those living in social housing and thus the cause and responsibility lies with them. By attributing place-based disadvantage to individual choice and agency, this pathologizes lifestyle choices. It is suggested that stigma is maintained through structural and hierarchical power that discredits those who are perceived as existing outside expected societal norms (Link and Phelan, 2014). Bhaskar (1979) asserts that social structures do not control people as they are dependent upon shared conceptions (Cruikshank, 2012). In turn, the structure of stigma can exist through its reproduced shared meanings. Yet, stigmatising attitudes are 'more than' these perceptions, they are reproduced through the social structure that agents facilitate. Social context such as class or culture will also alter the effects and experiences of stigma. Yet, some research has focused on those who resist internalising stigma associated with social housing (Watt, 2020) or mental health diagnosis (Thoits, 2016) that has demonstrated how stigma is a fluid process where its effects can be negotiated. People can demonstrate strong attachments to place whilst having to negotiate the powerful processes of stigma (Hicks and Lewis, 2020).

Place-based stigma is well understood to be a barrier to individual and community wellbeing (Wacquant 2007; Jacobs and Flanagan, 2013; Verdouw and Flanagan, 2019). In the UK, tenure often symbolises financial status and home ownership is deemed as the ultimate goal for 'hard-working' individuals (McKee et al, 2017). Areas with large stock of social housing become 'tainted' with the justification that the government will 'fix' and 'regenerate' areas through neoliberal values, that focus on expanding property revenue and further incorporating real estate within the housing market (Andersson, 2014). Tyler and Slater (2018) discuss how neoliberal policies are characterised by reductions in job security, pay and rights, that has led to a significant increase in poor mental health. Wacquant's (2007) concept of territorial stigma combines Goffman's theory of Stigma alongside Bourdieu's notion of symbolic power to capture how 'spoiled identity' and 'blemish of place' induce what he deems 'advanced marginality' (Wacquant, 2008). Advanced marginality has also been

referred to as residualisation (Morris, 2013). Wacquant's notion explores these effects to identify socio-cultural understandings of housing and its consequences (Wacquant, 2008). Wacquant (2007: 67-68) states that:

Concentrations of public housing are publicly known and recognised as urban hellholes in which violence, vice and dereliction are the order of things... Whether or not these areas are in fact dilapidated and dangerous, and their population composed essentially of poor people, minorities and foreigners, matters little in the end: the prejudicial belief that they are suffices to set off socially noxious consequences.

The construction of place is meaningful in terms of how the individual or collective is viewed, the conditions under which they become visible and how they relate to one another (Meade, 2021). Watt's (2020) study explores Aylesbury Estate in London that has been subject to ongoing regeneration and demolition projects, with the 'blemish' of the estate being used to justify the transformation of the urban space, alongside its demolition through the consistent demonising and condemnation of social housing. Watt (2020) finds that while some residents did internalise stigma, most either disregarded or resisted stigmatising notions, which indicated the estate was 'less a 'problem estate' and more 'an estate with problems' (Boughton 2018: 228 cited in Watt, 2020). People expressed a sense of belonging and community towards their home environment, stating that they didn't want to relocate. To conclude, Watt (2020) found a lack of evidence to support the internalisation of territorial stigmatisation, with residents expressing greater concern over the lack of investment which was viewed as purposeful by landlords to force them out of the estate.

Slater and Anderson (2012) explore the ways stigma is attached, negotiated, and managed within a neighbourhood in Bristol, UK. They found that residents resisted stigmatising connotations, demonstrating key differences to Wacquant's conceptualisation of territorial stigmatisation. Although residents encountered and felt the effects of stigma (taxis refusing to drop them off at the estate, not being able to order food to their home), they didn't attempt to distance themselves from place, rather demonstrating pride, protection, and respect for what the area stood for. This demonstrates how 'blemish of place' can be resisted and serves as a point of departure for understanding the effects of stigma (Slater and Anderson, 2012; Tyler and Slater, 2018; Hicks, 2020; Watt; 2020).



## 2.6 Summary

In this chapter I have discussed the central concepts that inform this research. The presence of ontological security, sense of place, and social capital have been explored as ways to identify and theorise the interactions between the home environment and mental health. I also provided context for this through a discussion of the current social housing landscape and how structural factors and processes such as stigma, residualisation and social class influence and inform our perceptions. In the next chapter I situate my research within its theoretical and methodological framework.

## Chapter 3. Theoretical Underpinnings

### 3.1 Introduction

This chapter presents the research framework that will be adopted within this thesis, setting out how it will achieve the research aims and questions outlined in Chapter One. I begin by considering the philosophical assumptions that underpin critical realism, and the claims to knowledge it makes. I then go on to develop my method of inquiry, detailing how a qualitative critical realist approach (Fletcher, 2017) will be used to explore both the perspectives of residents and housing professionals. I discuss how this study will be undertaken in two phases, detailing its research design, ethical considerations, and the process of data analysis. This thesis sets out to explore the experiences of social housing and mental health as well as the role of housing associations in supporting residents. Due to the multiple levels of reality being investigated (Hastings, 2020), this study requires an approach that goes ‘beyond the surface’, recognising the complex features and causal powers that interact to generate these experiences (Lawson, 2001).

### 3.2 Critical Realism – The Underpinning Framework

Critical realism is a meta-theoretical perspective that was developed by Bhaskar (1978) and makes a distinction between different levels of reality. Critical realism acknowledges the existence of the observable, material world, alongside the socio-political and historical conditions that it operates within (Hu, 2018). The key methodological assumption is that reality is stratified into three domains: the empirical, the actual and the real (Cruickshank, 2012). Within a critical realist perspective, objective reality can never be fully captured, yet through these arranged levels of reality, researchers can begin to recognise underlying mechanisms and the structures that influence and shape the empirical experiences of social actors (Fletcher, 2017). Critical realism moves beyond the limitations of solely positivist or relativist accounts of knowledge, arguing that social science must go further than empirical observation (Bergin et al., 2008; Cruickshank, 2012). Advancing beyond a relativist and

positivist perspective is necessary to meet the research aims, due to the different perspectives and experiences being explored (Bergin et al., 2008).

Through critical realism's stratified approach to reality, the real (underlying causal mechanisms of events such as structural inequalities, political ideologies) the actual (access to community resources, the process of residualisation) and the empirical (how mental health is experienced, how it is related to the home environment) can be investigated to explore how these complex factors interact and account for mental health outcomes (Sims-Schouten and Riley, 2019). This can be achieved through recognising the multiple aspects of mental health, such as its social determinants, alongside how it is perceived and conceptualised within society (Rogers and Pilgrim, 2005). Bergin and others (2008: 177) discuss how critical realism can be applied to mental health theory to develop our understandings, stating that 'various mechanisms at the biological, psychological, social and cultural level need to be more clearly understood for an enhanced delivery of care.' They explain that through the application of critical realism 'various disciplinary boundaries are surpassed', allowing the researcher to explore a range of theory without philosophical limitation. In looking to expand causal explanations of homelessness, Hastings (2020: 738) details how a critical realist approach has the potential to 'offer richer and more coherent explanations' as it recognises complex interactions between structure and agency. Allen (2000) engages with critical realism to challenge deterministic research approaches within the housing and health sphere. Allen (2000) demonstrates how various generative mechanisms operate and interact in ways that produce outcomes other theoretical perspectives may not reveal. He finds that people living in what would be considered as poor quality housing had strong emotional attachments to their home, demonstrating how critical realism can address the intersections between housing and health without denying reflexive agency.

Critical realism seeks to understand the 'mechanisms' that contribute to generating our experiences, the various contexts they occur within, how they vary, and why (Rolfe et al., 2020). It is important to note that understandings of the world are complex and fallible and may change over time (Fletcher, 2017). This means that some theoretical explanations will better approximate reality than others (Armstrong, 2019). This is particularly relevant, as the function and provision of social housing continues to evolve (Boughton, 2018). This is also the case for mental health support, where approaches have shifted between medical and social

models alongside being contingent on policy and allocated resources (Williams and Heslop, 2005; Anastasiou and Kauffman, 2013). The stories, perspectives and experiences of participants will be illuminated to capture the complex nature between the home environment, mental health, and understandings of socially housed residents' needs.

Housing is multifaceted and encompasses various physical-material properties, psychosocial aspects and attachments individuals associate with the home (Handel, 2019). Research in the housing sphere is often dominated by a focus on housing policy (see for example: King, 2009; Clapham, 2018) or positivist inquiry (Allen, 2000; Taylor, 2020). Yet, critical realism has been used by scholars to explore housing networks (Lawson, 2001), connections between housing and illness (Allen, 2000; Rolfe et al., 2020), and insights into the causes of homelessness (Fitzpatrick, 2005; Hastings; 2020). Critical realism can address the difficulties in theorising housing due to its explanation of a multi-layered reality (Allen, 2000, Lawson, 2001). The theoretical framework of critical realism can be used as a 'tool for thinking' about causation, interactions between structure and agency and exploration into how values, meaning, and experiences are constructed (Hastings, 2020). It recognises the strengths of positivism and constructivism, as well as accounting for their limitations to provide a more 'balanced' approach that combines both world views (Fletcher, 2017). Critical Realism views the world as theory laden but not theory determined (Fletcher, 2017) and some knowledge can be more reflective of reality than others. This is determined through looking at theories that help get us closer to that reality, such as the patterns that drive social events and reflect underlying structures.

Driven by the research aims (As set out in Chapter One, section 1.6) and the methodological approach that I now consider, data collection will be undertaken in two phases. My study will follow a critical realist, thematic approach (See Braun and Clarke, 2006; Fletcher 2017) through the development of a theoretical model based on literature that emerged throughout the literature review process.

### 3.2.1 Critical Realism and Qualitative Research

Qualitative research 'explore(s) the human experiences in personal and social contexts, gaining greater understanding of the factors influencing these experiences' (Gelling, 2015: 43). In seeking to understand the experiences and perspectives of the individual, the aim of

qualitative research is to gather rich data (Elo et al., 2014) and ‘insider accounts’ of knowledge (Dunn, 2012; Smith and Elger, 2014). This line of inquiry explores the participants point of view, their construction of experiences, and the context these events take place within (Dunn, 2012; Vandebussche et al., 2019). Qualitative research is not without its critics, receiving scrutiny for its level of credibility and trustworthiness (Travers, 2009; Galdas, 2017). To ensure rigorous and methodical data collection, a systemic approach alongside transparency of the researcher is crucial to yield useful, meaningful results (Nowell et al, 2017). Although critical realism does not prescribe to a particular method (Sayer, 2000; Fletcher, 2017), methods need to be reflective of the research agenda through considering how they are able to meet the research aims of the study (Fletcher, 2017).

It is important to recognise that utilising a critical realist approach to qualitative research means participant accounts offer insight into underlying mechanisms (the processes that generate our experiences), yet do not provide a whole account of these deep structures (Smith and Elger, 2014). Critical realism recognises the significance of constructed meanings through discourse and practice, whilst also recognising that social events take place in pre-existing relations and structures that can both facilitate and restrict human agency (Brönnimann, 2022). Qualitative methods may be utilised to explore the interpretations of social actors alongside the context these experiences take place within (Roberts, 2014; Brönnimann, 2022). A theory-led approach to qualitative research can add validity to the data as findings are subjected to greater scrutiny, with the interviewer playing an explicit role in the conceptual structure of the investigation (Pawson, 1996). The table below provides two examples of how a theory led critical realist approach is applied in this thesis to interrogate the three levels of reality in attempts to explain the processes that give rise to our experiences.

Domain	Accessing support services (example)	Looking at the home (example)
<b>Empirical</b> - Where events happen and are experienced	<ul style="list-style-type: none"> <li>• Asking about beliefs and opinions</li> <li>• Looking at support needs and expectations</li> </ul>	<ul style="list-style-type: none"> <li>• Looking at meanings and how people perceive the home setting</li> <li>• Asking about beliefs and attitudes</li> </ul>
<b>Actual</b> - The 'mechanisms' that cause events to happen  - Several mechanisms can exist at once	<ul style="list-style-type: none"> <li>• Accessibility and availability of services</li> <li>• Models of service delivery</li> <li>• Integrated approaches</li> </ul>	<ul style="list-style-type: none"> <li>• Housing conditions and neighbourhood quality</li> <li>• Emotional attachment to place</li> <li>• Availability of social relationships and connections</li> </ul>
<b>Real</b> - Structures where the mechanisms operate  - Conditions that enable the event to be 'triggered'	<ul style="list-style-type: none"> <li>• The processes and policy that underpin health and social care systems</li> <li>• Socio-cultural attitudes that inform service provision</li> <li>• Health inequalities</li> </ul>	<ul style="list-style-type: none"> <li>• Culture and attitudes in society</li> <li>• Psychology of individuals</li> <li>• Political ideology that underpins housing systems (such as social housing)</li> </ul>

**Table 1. Critical Realist Explanatory Framework.**

A qualitative critical realist methodology is the most appropriate choice for gathering in-depth perspectives from residents and housing professionals, as well as enabling exploration into the context and structures these interactions take place within. Understandings of the everyday experiences and the meanings that inform these processes is paramount to this study. A qualitative approach facilitates exploration into the processes that underpin our experiences, and the values, attitudes, and beliefs we use to describe them. As outlined in the table above, a theory led approach can add validity and enable a more in depth understanding of complex, multifaceted experiences, where reality operates on three distinct levels at once.

### 3.3 Methods of Enquiry

The following section outlines the methods that were adopted within the qualitative, critical realist framework: semi-structured Interviews and focus groups. I detail how these methods address the research aims with a justification of why they have been chosen.

#### 3.3.1 Semi-Structured Interviews

The focus of this research is to look at the experiences of the home for people who live in social housing and the ways it can impact mental health. As I aim to gain an in-depth insight into participants' housing experiences, I decided to use semi-structured interviews as my chosen method. Semi-structured interviews are a commonly used research tool, allowing the researcher to gain insight into participants subjective experiences associated with the area of interest (Vandenbussche et al., 2019). They can provide a framework for an open, flexible discussion whilst also providing enough structure for comparison during analysis (Smith and Elger, 2014). A key criticism of semi-structured interviews is that they are influenced by the prior understandings and beliefs of the researcher, limiting the scope and accuracy of the findings (Qu and John, 2011). However, interviews are a valuable collaborative process that explore different viewpoints in depth, enabling the researcher to better understand the area of investigation and address the research problem (Vandenbussche et al., 2019).

Semi-structured interviews are able to capture the beliefs, understandings, and experiences of residents within the research. Interviews will be centred around a semi-structured interview guide that focused on themes such as- sense of place, the meaning(s) of home, and forms of social capital (See Appendix A). Theory-driven interviewing recognises the role of the interviewer and the interviewee as bringing different types of knowledge and expertise with questions and topics of conversations led by the researchers' conceptualisations (Pawson, 1996). Through open ended questions, participants will be able to tell their own story and describe their interpretations and perceptions of the home setting in depth (Brönnimann, 2022). Through providing structure and flexibility to this process, I am able to ask any follow-up questions to focus discussion and integrate the social processes I was aiming to uncover (Brönnimann, 2022).

Taking this approach will allow the participant to discuss their perceptions of the home and mental wellbeing freely, whilst also recognising the social contexts these accounts take place in (Dunn, 2012; Smith and Elger, 2014). I will begin the interviews by asking context-setting questions to ease participants into the process, such as asking how long they had lived in the area and in their homes, or how old they were. In doing so, the aim was to create a comfortable setting through initiating conversation as well as gathering contextual information (DeJonckheere and Vaughn, 2019). As the interviews unfold, participants will be asked questions on the meaning of home, their views on the housing provider, what they thought of Gorton, and the ways the home setting supported or hindered their mental wellbeing.

### 3.3.2 Focus Groups

For Phase Two of this study, focus groups were the chosen method. Phase Two sets out to consider the opinions and experiences of housing professionals and their views on current practice and service delivery. There is a need to explore the extent and scope of housing associations and their practices as they take on broader roles and responsibilities as part of integrated health approaches (Blank et al., 2018). Focus groups are sometimes seen as synonymous with interviews due to their similarities in aiming to uncover and explore the perceptions, experiences, and values of participants (Nyumba et al., 2018). At times, this has led to researchers conflating these two methods when there are some fundamental differences between them (Nyumba et al., 2018). Interviews focus on one-to-one in-depth discussion where the researcher will often lead the discussion (Brönnimann, 2022). Focus groups are a research method that bring together people with shared characteristics or interests to offer both individual and collective insight into the research topic (Moore et al., 2015). The researcher can lead the discussion and observe verbal and non-verbal information emerging from the interactions within the group, whose aim is to gather and analyse the data (Acocella, 2012).

When conducting a focus group it is important for the researcher to consider any socio-cultural expectations that may influence participants to conform with overriding collective ideas and beliefs (Moore et al., 2015). In relation to the research, housing professionals will be asked to participate from various roles within the organisation. There is potential that



those in senior positions may discourage others from participating fully or override conversations due to existing power relations. To prevent this I considered how I could 'moderate' the group discussion, prompting participants to continue responding when they had been interrupted and encouraging only one person to speak at a time, as well as seeking further clarification when needed (Gill and Baillie, 2018). I want to ensure participants do not feel they have to respond to specific questions, allowing them greater opportunity to discuss issues beyond my pre-determined agenda. For this phase of research, I felt that focus groups would best enable housing staff to discuss their job role collectively, providing valuable insight into the structures that influence the culture of care and the organisational setting they work within. Acocella (2012) suggests that it is desirable the focus group takes place amongst people who share similar interests and status to avoid discouraging participation and dominant narratives, encouraging freedom to express thoughts and share experiences. Focus groups have been said to better reflect the socially constructed nature of knowledge, as viewpoints and explanations throughout the group interaction give more space for participants to discuss the issues they deem important (Bagnoli and Clark, 2010). Focus groups can also tease out complementary and contrasting interpretations of the research topic within the group dynamic. The joint production of knowledge within a focus group setting is said to better reflect our everyday experiences and interactions with the world around us (Bagnoli and Clark, 2010).

### 3.4 Ethical Considerations

Ethical considerations in qualitative research are important and I needed to consider informed consent, autonomy, prevention of harm, confidentiality, and a commitment to presenting accurate findings (Barusch et al., 2011). Guillemin and Gillam (2004) address the implicit ethics of research and outline three categories: procedural ethics (obtaining permission from an ethics committee), research ethics (professional code and conduct) and ethics in practice (the everyday issues that arrive throughout the process). Ethics in social research is inherent throughout the research process (Finlay, 2006), from when the researcher considers what to study and why, to the stages of analysis and eventually the dissemination of findings (Ransome, 2013).

### 3.4.1 Reflexivity

To address the range of ethical issues that are embedded within the research process, procedural and reflexive skills must be used as an integral part of the study. Reflexivity ensures that when interpreting findings, the effect of bias is monitored and addressed (Frisina, 2006). Reflexivity recognises the need to locate where the researcher is situated within the study and the effects this can have on those being studied, from the questions asked to the interpretation of findings (Berger, 2015). Acknowledging the researcher's beliefs, values and biases can contribute to quality control and robustness in qualitative research (Holmes and Gary, 2020). Researchers should acknowledge and disclose the ways their views or position might, directly or indirectly, influence the design and execution of the study. Barusch et al. (2011: 809) states that researchers whose interests stem from lived experience 'may have to navigate perceived or actual conflicts of interest that arise from their identification with the issue under study'. Berger (2015: 220) defines reflexivity as:

The process of a continual internal dialogue and critical self-evaluation of researcher's positionality as well as active acknowledgement and explicit recognition that this position may affect the research process and outcome.

Initially, the introduction of reflexivity to qualitative research was mainly focused on achieving objectivity and reflects the strong positivist influence at the time (Dowling, 2006). In their seminal work, Guba and Lincoln (1985) proposed alternative measures to ensure quality and trustworthiness in qualitative research that focused on four aspects: credibility, transferability, dependability, and confirmability. Their work has been fundamental to the development of criteria used to ensure rigor and quality within qualitative research (Morse et al., 2002). However, some qualitative researchers have contested Guba and Lincoln's (1985) framework, arguing that these are notions based on positivist inquiry and seek to identify consistent results (Finlay, 2006; Barusch et al., 2011). Finlay (2006) states that qualitative research should seek to elicit responses which are context bound, interpersonal and contingent by nature. Findings may be transferrable and potentially have relevance if applied in other contexts, yet the richness and subjective experience within the findings should also be celebrated. Lincoln (1995) later expanded on his earlier work to include criteria such as positionality of the researcher, reflexivity and issues of power, leading researchers to think more deeply about the context that their work takes place (Barusch et al., 2011).

I acknowledge that my perceptions have shaped the research process as it did implicitly through choosing what topic to study and why. I recognise the need to explore my role in the research process and how my views were challenged and conflicted at times. I was aware that I had empathy towards the residents I interviewed, in part due to my own experiences of living in social housing. Researchers take on multiple identities (Berger, 2015). My identity as a working class woman, former mental health care worker, academic, and student, influenced my interactions and engagement with participants. Rapport is partially built on social identity (Berger, 2015) and there were elements of my identity that I shared with participants in the research process. During Phase One when interviewing social residents, the experiences I shared included living in social housing, financial struggle, mental ill health and living alone. These aspects provided a starting point for interactions with residents and contributed to providing a nuanced insight into underrepresented groups. I was also aware that although I could personally identify with residents, they may not identify with me, or that this could shift throughout the interview based on the perceived closeness of shared experiences and aspects of identity. Although I was born in the North West of England, I grew up in the East Midlands and have a 'well spoken' accent, being described as 'posh' by friends and family. In some ways this has separated me from my background and continues to 'muddle' my working class identity. I grew up on several social housing estates in areas known for being 'rough' and come from a working class family. However, with my accent, education, role as a researcher and PhD student, I was aware that my positionality was likely to be perceived differently by residents than it was by myself.

At the beginning of one phone interview in particular, the participant seemed reserved. When I asked if they were from Manchester, they remarked how their accent gave them away, going on to tell me 'you sound a lot posher than me', wanting further clarification on if 'I was *just* a student'. Thinking about my 'posh' accent, my role as a researcher at the University, and the power dynamic within this conversation, I decided to share this with the participant, going on to explain my working class background in terms of living in social housing and 'being scouse'. I could tell that sharing my own experiences with the participant made them feel at ease, as I could hear them relax on the phone. They immediately became more conversational, elaborating on the previous answers they had given.

Reflexivity should be considered throughout each stage of the study, from examining how the research questions define and limit the scope of the study and steer the inquiry to reflections on the assumptions about world knowledge and the implications this has for the research project (Dowling, 2006). Allen (2004) suggests processes such as acknowledging the effects on the phenomena being studied and the ways that the interpretative lens of the researcher shapes the data analysis helps contribute to the rigour and validity of the study findings. Therefore reflexivity is a continual dialogue that involves critically evaluating one's positionality, actively recognising the role of the researcher and being explicit about the process and outcome of research (Berger, 2015). The goal of reflexivity is to enhance the criteria for qualitative research and give credibility to the findings through becoming accountable of the values, knowledge and bias held by the researcher (Berger, 2015). Thus, qualitative researchers must acknowledge that notions of truth and trustworthiness are delicate, with researchers needing criteria that allows engagement with the messiness of data and interpretation that reflects the complexity of our everyday lives (Savin-Baden and Fisher, 2002 in Finlay 2006).

Developing rapport can help create a comfortable environment (McDermid et al., 2014) and has been positively associated with participants sharing more about their experiences (Josselson 2007 in McDermid et al., 2014). When carrying out the focus groups with housing staff for Phase Two, I also shared some experiences related to being a former mental health care worker. This was to highlight my understandings of the constraints when delivering integrated care and some of the financial restrictions within the sector. For concerns around inherent subjectivity, it is important that researchers identify who they are, with their positioning being clearly described (Finlay, 2006). I wanted to avoid imposing any uncritical assumptions and values on the research while not suppressing my own experiences. Our identities influence our research in multiple ways, and through self-reflection we can better understand the influence between our identity and the research process (Wagle and Cantaffa, 2008).

Drawing conclusions based upon preconceived ideas and notions is not unique to research, and researchers must negotiate their multiple identities when developing rapport within qualitative approaches (Chavez, 2008). Personal values and experiences can lead to bias, influencing the research focus and design (Chavez, 2008). Issues with positionality, situating

knowledge and justifying the processes of analysis present similar methodical challenges for all researchers (Chavez, 2008). Consistent with a critical realist approach, the researcher considers knowledge to be constructed and situated within specific contexts, acknowledging how the perceptions of the researcher shape the interpretations of the data (Wiltshire and Ronkainen, 2021). Researchers must be aware of this and take steps to minimize and help mitigate these effects. During the stages of analysis, I found that several accounts given by residents also mirrored my own life experiences. Initially, I found myself struggling to focus on the interviews, being distracted by my own self-reflections due to the memories participant accounts evoked. The values and emotions of the researcher can influence the outcome and quality of research, and I wanted to ensure I approached analysis with 'responsiveness' through 'listening to the data.' (Morse et al., 2002: 18). Mauthner and Doucet (2003: 419) suggest that one of the readings of interview texts should involve a 'reader-response element in which the researcher reads herself in the text.' I used this approach to explore the fact that I resonated with some aspects of participant accounts and how I could navigate these interpretations in a way that didn't limit aspects of their stories. This process involved considering my background, the experiences I can relate to, my personal history and initial emotional responses to participants' narratives. Through locating myself within the text, I was able to identify and challenge how some of my experiences and assumptions shaped my initial interpretations of the data. To demonstrate the responsiveness of the researcher, Morse and others (2002) state that qualitative inquiry should discuss the factors that have shaped and redirected the research process throughout its development. Further critique and feedback received throughout the supervision process helped challenge any assumptions and research bias through providing additional perspectives. I acknowledged I needed to be aware of my past experiences and to not let it dominate my analysis and interpretations of the data.

### 3.4.2 Ethical Process

Ethical permission was granted by Manchester Metropolitan University for Phase One of the study (18<sup>th</sup> March 2020) via the University's Faculty HPSC ethical process (Ref: 14517). The initial recruitment process that was scheduled for April 2020 yet was delayed due the Covid-

19 pandemic. When research could resume in December 2020, participants were recruited via advertisements in newsletters and communal spaces, that featured leaflets explaining the study and what it meant to be involved. Informed consent is a core element of ethical practice, alongside avoiding harm, exploitation, maintaining confidentiality and privacy (Ransome, 2013). As stated on the information sheet (Appendix B) participants had been informed that by agreeing to participate they are giving consent, yet reminded that they can withdraw consent at any time by either informing myself, my supervisor, or the MMU ethics committee. Researchers must uphold ethical principles and ensure participants are aware of their rights to refuse or withdraw consent, free of consequence (Barusch et al., 2011). Prior to the interview, I reminded participants that they could withdraw their information and terminate the interview at any time, as well as declining to answer any questions they did not want to. I ensured information concerning participants was anonymised, decontextualised and remained confidential. After each interview was completed, audio files had been transferred onto my personal laptop that required sign in access with a password that only I have access to. Once audio files had been transferred they were erased from the recording device. During transcription, all identifiable information was removed, and pseudonyms were assigned to each participant. The Data Protection Act (1998) was complied with throughout all stages. All data in relation to participants and their transcripts will be deleted within 12-36 months after completion of doctoral study.

After Phase One was complete, ethical permission was granted by Manchester Metropolitan University on the 2<sup>nd</sup> September 2021 (Ref: 33895) for Phase Two of this research. For Phase Two, a call for participants was facilitated through One Manchester who I obtained gatekeeper permission from. For phase two of this study, housing staff were invited to take part via an email that had a description of the research agenda and my contact details for further enquiries. Once participants contacted me, I provided them with further details of the study through sending (via email) a participant information sheet and consent form. Participants had an additional week once receiving this information to decide if they would like to take part. Participants had a range of expertise from working in social investment to overseeing customer complaints, with roles ranging from managerial positions to housing officers. All had worked with residents in Gorton and had ties to service provision, mental health, and community knowledge. Originally, I set out to conduct a focus group with five to

six housing staff from the organisation. However during the recruitment process there was difficulty in finding dates and times that worked for everyone, mainly due to other work commitments. I decided to go forward with the three confirmed participants for the focus group and arranged a second group to take place at a later date. The second focus group took place with four participants in person at a One Manchester office on the 17<sup>th</sup> of April 2022. Both focus groups lasted one hour.

### 3.5 Analysis of the Data

For critical realists, inferring and interpreting potential meanings is part of the research process, where engagement with hermeneutic based methodologies such as qualitative interviews can be used to understand social events through the abstraction of meanings (Price and Martin, 2018). Rather than accepting our initial interpretations, researchers must actively search for alternative meanings that contradict or conflict with these findings, to ensure the most probable interpretation is applied (Isaksen, 2016). This study used thematic analysis at a latent level, meaning the researcher goes beyond the content of the data to identify the underlying assumptions and meanings that shape the results (Braun and Clarke, 2006). Examining the underlying ideas and assumptions means going beyond the 'surface level' content to identify these themes. Thematic analysis is a reflective process that yields insight through moving back and forth between the data set, becoming immersed in the process by taking an active role in searching for reoccurring meaning and patterns (Nowell et al, 2017).

Braun and Clarke (2006) argue that the researcher should read through the data set at least once, before beginning to identify any possible patterns or codes that may arise. Once familiar with the data set, I focused on specific aspects of the data that were of key interest, attaching labels and descriptions to highlight them as potential themes or interrelated subcategories to explore further. Thematic analysis is theoretically flexible (Alhojailan, 2012) and fits within a critical realist framework, with theoretical sensitivity allowing to see what is being studied through a theoretical lens, going beyond the events themselves to identify their characteristics and tendencies (Price and Martin, 2018). Alhojailan (2012) states that thematic analysis is optimal for studies conducted in two phases as it looks to highlight the similarities

and differences that are apparent within the data set. To generate themes within a critical realist approach, thematic analysis was applied to Bhaskar's (1978) stratified approach to reality. As with the empirical realm, themes related to subjective experiences, views, intentions, beliefs, and feelings of participants within the data will relate to this level of reality. Within the actual realm, themes referred to the redescriptions and inferences made from relative concepts in relation to those experiences. Finally, the real domain reflected themes which tie to theoretical explanations about the properties that may exist in order to produce the event being studied. These categories are distinct yet are all dependent on one another (See Wiltshire and Ronkainen, 2021 for further exploration).

To start this process, I uploaded all transcripts into NVivo, a programme used for gathering and analysing data. Initial coding was deductive and informed by the literature review, moving back and forward between findings and interpretations where codes began to form categories that then generated themes. At the stage of data analysis, recognising themes, contextualising, and coding data are all dependent on the judgement of the researcher, who becomes instrumental during analysis (Nowell et al, 2017). Methods of analysis used must be disclosed and provide enough detail that the recording and systemisation of results are clear when determining the credibility of this process. I began generating themes related to the empirical events of those residing in social housing, recounted in interviews, which were analysed following the principles of latent thematic analysis, which can lead to uncovering the structures and mechanisms at play (Danermark et al., 2002, *in*, Bonnington and Rose, 2014). From these empirical experiences, themes related to the actual realm were identified through their prevalence and consistency in the data, that can be discovered through exploring if these experiences are shared by other participants, the value they have and the 'weight' they hold (Wiltshire and Ronkainen, 2021). This process enabled me to recognise 'demi-regularities' (Lawson, 2001) within the data. For the real domain, themes at this level may not always produce events in the 'real world' as their causal powers are dependent on the context they take place within, they are not readily observable. Through theoretical exploration, the inferred phenomenon can be interpreted and understood through the acceptance of relevant theoretical premises. Again, it is important to acknowledge that alternative theoretical frameworks may also help explain the phenomena and be equally as



valid, knowledge is fallible (Fletcher, 2017), and researchers have to use their judgement, rigor, and expertise, to ensure theoretical validity (Elo et al., 2014).

Ultimately, the aim of my analysis has been to understand the lives of individuals who live in social housing, how they experience mental health, alongside the social, psychological, and environmental factors that shape these realities. Through combining the stratified ontology of critical realism with thematic analysis, data generated captured the events of the empirical world, where theories and concepts were applied to theorise these processes, providing a more detailed analysis of the findings (Hastings, 2020). Thematic analysis acknowledges the empirical reality and the individual's experience, alongside how broader social and material contexts can shape those meanings, making it compatible with critical realism (Wiltshire and Ronkainen, 2021).

### 3.6 An Overview of the Two Phases

#### 3.6.1 Phase One

Phase One consisted of seven semi-structured interviews with socially housed residents in Gorton. All interviews lasted approximately 1 hour long. Originally, I had intended for interviews to take place in person, yet due the Covid-19 pandemic all interviews had to be conducted by video or voice call to keep myself and participants as safe as possible. All participants opted for a one-to-one phone call interview, which was often chosen due to a lack of internet access or not having the digital technologies available for video calls. The interview questions focused on how participants felt about their homes and where they lived, factors that influenced mental wellbeing and perceptions of the housing provider. With a focus on the themes identified in chapters One and Two, the interview guide was developed to answer these research questions:

- 1) How do residents experience the home environment?
- 2) What role does the home environment play in relation to mental health?
- 3) What are the factors that influence mental health and wellbeing?
- 4) How can housing associations support residents?

Through the use of semi-structured interviews I had a point of focus, whilst the approach was also flexible and allowed the direction of conversation to ‘flow’. Once research for Phase One was completed in July 2021, I gathered all responses and started to look for themes. As previously stated, I used Braun and Clarke’s (2006) method of thematic analysis, and themes were generated through identifying reoccurring patterns or meanings that become the object of deeper inquiry (Gelling, 2015). To participate in this study, participants had to reside in Gorton, live in social housing under One Manchester, be over the age of 18, and be willing to discuss aspects of the home environment and mental health. The table below provides further details about the participants within this phase, all names have been anonymised.

Name	Age range	Length of Residency	Health	Living arrangements
Laura	65+	Born in Gorton, moved to another area in Manchester before returning to Gorton as a teenager.	Limited physical mobility and discussed poor mental health.	Lives alone in ground floor flat.
Ben	65+	Lived in Gorton for 15 years.	Physical health conditions and has modifications to his home.	Lives alone in building allocated for ages 65+ on ground floor.
Amy	Late 20’s	Lived in Gorton for 5 years and was on social housing list, waiting to move out of area.	Poor mental health, has a diagnosis.	Single mother living with young child in first floor flat.
Oli	Mid 50s	Born in Gorton, moved further South for several years until returning to Gorton.	Poor mental health in the past.	Lives alone in block of flats.
Ryan	Late 40s	Lived in Gorton all his life.	Diagnosed mental health condition, mental health fluctuates.	Lives alone on bottom floor of flat.
Jemma	Late 20s	Lived in Gorton for 5 years.	Diagnosed mental health condition, mental health fluctuates.	Lives alone on first floor in flats.
Tony	Mid 50s	Grew up in Gorton, moved away for several years before returning to Gorton.	Diagnosed mental health condition	Lives alone on top floor of high-rise building.

**Table 2 Participant Pen Portrait.**

### 3.6.2 From Phase One to Phase Two

The first phase of data collection partly informed the second phase of research. Through exploring what residents' needs are and their experiences of mental health, Phase Two focused on understanding how housing providers perceive their role, what support they currently provide and what their interpretation is of the social and environmental factors related to outcomes for residents. Although the experiences of residents are paramount to this study, it is also important to identify the housing providers approaches to resident welfare and the effectiveness of the services they provide. There has been several stages to this process:

- 1) Analysis of Phase One findings (interviews with social housing residents where an additional ethics application was previously provided and approved) that partly informed the focus group guide for the Phase Two (See Appendix C).
- 2) Carrying out Phase Two (focus groups with housing staff from various roles within the housing association). This was to provide additional insight within the multi-dimensional aspects of the home, mental health, and service provision.
- 3) Analysis of Phase Two findings to identify the current culture of care towards resident welfare as well as an exploration into the potential ways housing associations can further support residents.
- 4) Combined exploration of Phase One and Phase Two data to provide additional insight into the multi-dimensional aspects of this thesis.

Moving between both phases was an iterative process, generating greater familiarity and accuracy with the key themes in the data set (Bryne, 2022). DeJonckheere and Vaughn (2019) state that qualitative research is iterative by nature, with data collection and analysis occurring simultaneously. I became familiar with the research findings throughout, linking back to the literature whilst generating interpretations and themes within the findings as part of this process (Bryne, 2022).

### 3.6.3 Phase Two

Staff members were recruited through existing connections within One Manchester. Phase Two consisted of conducting two separate focus groups with housing staff. The first focus group took place online using MS Teams in line with the Covid-19 restrictions at the time. The focus group was video recorded and transcribed verbatim. The second focus group took place in person, three months after the initial focus group. I decided to go forward with a second focus group due to difficulties in recruitment, as I wanted to ensure I spoke to staff in various roles to gain a wider range of perspectives. Phase Two data was also analysed using thematic analysis (Braun and Clarke, 2006).

Both focus groups were transcribed verbatim and then a project was created in NVivo, following the same process used in Phase One. Following initial coding, transcripts were reviewed, and themes refined. Notes from data collection were used with reference to points of interest noted during data collection such as style and tone of each speaker. Once an initial review of the data set was complete, I then revisited the text several times to further identify themes and commonalities.

### 3.7 Managing my Findings

There were difficulties in recruitment for both phases of data collection and this was a learning curve throughout my study. Initially I might have been over ambitious and wanted a larger data set for Phase One to add more validity to my study. However I could have not predicted the disruptions the pandemic caused not only to my research but also to all our lives. Phase One was conducted at a time of anxiety and uncertainty for many, with more pressing issues at hand there seemed to be an understandable lack of interest in participation. I had to re-arrange several interviews and some participants were no longer available last minute. After several months of re-advertising and organising, I decided to stick with seven participants. I had always intended to do a small scale qualitative inquiry but hoped for around ten participants. On reflection, I gained plenty of valuable information and insight from participants, being able to capture their individual narratives and not detract from their stories, with more in-depth analysis that I particularly wanted to highlight in this phase.

### 3.8 Conflicting Interests

Due to this project undertaking small-scale qualitative inquiry, there was a possibility of deductive disclosure (Kaiser, 2009). Key informants in related roles to the project (such as a health and wellbeing officer) may be at risk of identifying participants from Phase One of the data set due to the possibility of previously working with the resident or being aware of their circumstances. To limit this possibility, steps have been taken to remove selected contextual detail and further anonymise accounts (Kaiser, 2009). Due to the emotive nature of the research topic, participants were potentially vulnerable to experiencing distress, with precaution taken to ensure this was minimised. I am trained in mental health and adult safeguarding, having worked in the social care sector for several years. I have an established track record to detect signs of distress and manage the situation appropriately if necessary.

Due to One Manchester (the housing association) acting as gatekeeper for this project, staff were informed about the research via email on my behalf, which was to aid participant recruitment. A gatekeeper can be understood as someone who oversees the access to an institution or organisation, usually required in spaces that are privately owned or managed (Singh and Wassenaar, 2016). This could potentially lead to a conflict of interest as staff may feel they are obligated to take part and experience pressure from their employer or staff team (Singh and Wassenaar, 2016). To mitigate these circumstances, staff were informed to email me directly to discuss the project, clarifying any queries and ensuring participants understand the consent process and that they are not required to take part. Participants were informed of the procedures in place to maintain confidentiality and to not repeat what had been said by other participants during the focus group. Although this cannot be guaranteed, informing participants about the importance of confidentiality helped minimise this risk (Kaiser, 2009). Participants were not made aware who were taking part prior to the focus group to help mitigate the risk of peer pressure and coercion. All participants were assured that data would be anonymised and decontextualised.

### 3.9 Summary

In this chapter I have outlined the research framework within this thesis, describing the metatheoretical perspective of critical realism and how it will be used to meet the research agenda. I have outlined how Bhaskar's (1978) stratified approach to reality combined with thematic analysis was used and applied to both phases of research. This was followed by a discussion of qualitative research methods and how they are suitable for the nature of inquiry. I also detailed the ethical considerations and implications of this research as well as locating myself as a researcher. Finally I provided an overview of the two phases of this study, outlining how both phases inform one another alongside the limitations and challenges I was met with throughout. The results of both phases will be discussed over the next three chapters. Chapter Four discusses the analysis and findings of Phase One, Chapter Five discusses the findings from Phase Two of the research, and Chapter Six brings both phases together to explore the similarities, differences, and spaces in between.

## Chapter 4: Phase One Data Analysis

### 4.1 Introduction

In this chapter I will discuss the themes that I generated from the data analysis of Phase One. Theme generation was an iterative process, moving between the data set and the literature, applying related concepts for greater contextual analysis (Hastings, 2020). The themes discussed in this chapter are: feeling safe on an 'unsafe' estate, community and belonging, control, privacy and security, the ability to feel at 'home' and experiencing stigma. The interviews captured the experiences and perceptions of the home environment, and how these experiences could influence and inform mental health outcomes. The voices and experiences of participants drive this chapter, using direct quotes with my interpretation of their responses, using existing theory and literature to further support my argument.

### 4.2 Feeling Safe on an 'Unsafe' Estate

As explored in Chapter Two, the home environment is complex and dependent on various interacting factors. As people perceive place in different ways, the home and wider neighbourhood may present different risks and resources for each individual. This theme is about the processes of how close neighbourhood relations, attachment to place, and knowledge of the local area can provide a degree of comfort, safety, and belonging that help mitigate the effects of living in a 'deprived' neighbourhood, as well as how these resources can be valuable to residents. Most participants told me that they felt a strong connection to Gorton and felt safe in the area whilst acknowledging that it can also be an unsafe place to live. Participants explored this by discussing how knowledge of the 'culture' of the neighbourhood helped keep them safe:

Ryan: It is a good place to live, providing you're obviously careful... Just got to have common sense in areas like this but other than that, it is a safe place to live... Don't shun your neighbours talk to them, get to know people and they'll get to know you, they'll watch your back.

Oli: Well I certainly feel at home in Gorton, but you know, Gorton's got elements to it. It's as simple as that.

Tony further articulated this complexity, telling me that it may be 'delusional' to feel safe, but that his knowledge and connections to the area enabled him to navigate the 'streets':

Saying I sort of feel safe is a delusional state because I'm not, there's violent streets out there. Things are rough but yeah it is, because I grew up here because I know all the back streets and I know faces, yeah.

Although some residents described the neighbourhood as 'violent', where they could walk past 'seven or eight drug transactions,' they also experienced a sense of community where strong social relations provided a degree of protection, safety, and security. The participants recognised issues within the neighbourhood, yet it was still a place that represented home, where having knowledge of the area afforded a degree of safety. Several participants discussed the importance of close ties with neighbours that reinforced their sense of security. Being known and fitting in within the estate was a valuable social resource that could offer protection and to an extent offset some of the effects of living in a deprived area (McKenzie, 2012). It appeared that familiarity of the area contributed to an individual's sense of security, and although several participants mentioned aspects of crime, they still felt comfortable in their home and environment. Ryan explores this further:

There's a good sense of it, a community, we all stick together. If I had a problem, I can go to many people, they would not shut the door on me, they know my face... They know where I'm from and that's enough. If I have a question or ask for help from them and most, 90% chance they'll get it or get advice... There's no problems, I've never hurt them, they've never hurt me, it's all about mutual respect, and if you've got that in an area like this then, the majority of times you will not have a problem at all.

Engaging with the local network was practiced through how people represented themselves, spoke with their neighbours, the knowledge of the area they had and length of residence. Length of residence began at five years, yet four out of seven participants had lived in Gorton throughout most of their lives, with some moving back to the area after previously moving away. These were all ways residents demonstrated how they belong, and this was similar to McKenzie's (2015) findings in terms of how being known and fitting in hold significant value for the people who live there, alongside being a resource that can afford degrees of safety and protection. Amy was a resident who had different experiences of Gorton, and discussed with me how she had been assaulted by a neighbour several months prior to the interview. After Amy got assaulted, she explained how her neighbours gave a false account to a housing



officer of what happened, stating this was to protect the other neighbour over her. Amy felt that this was because she didn't 'chat' with neighbours and that they found this 'really hard':

I feel like I've got a target on my head... What was going on is she said things like I was fighting her back and things like that and all the neighbours come out [with] the story that I fought back so, and obviously, you don't know me but like I don't want to chat to anyone. That was the problem, and they didn't like it.

Amy told me she felt that by not participating in the culture of the community and embodying the expected social practice, this was one of the reasons that led to her feeling targeted and being 'ran out of Gorton'. Through belonging to a group, individuals can secure certain resources and benefits that wouldn't be possible otherwise, as in Amy's case. This aligns with Bourdieu (1986; 1993) where resources such as emotional support and shared identities are embedded within social networks and accessed when needed. In particular, norms around cooperation, trust, and reciprocation can demonstrate these relationships. For example, Bottrell (2009) finds that social capital accessed by young working class women within their local networks was of great importance, as well as providing a buffer to cope in undesirable conditions. Whilst these networks facilitated bonding and bridging capital, they also exposed the women to involvement in illicit practices and activities, yet this was not always seen as problematic, due to the social resources and shared sense of identity it provided them. Amy was unable to access the benefits of bonding capital like other participants, with fragmented neighbour relations that led to a lack of trust, feelings of unsafety and ultimately mental and physical harm. This suggests that bonding social capital can have negative effects due to its 'exclusive' and 'inward looking' nature (Putnam, 2000:22) through an unwillingness to involve outsiders or people who don't display the expected social norms. Ryan discussed with me how residents manage conflicts internally:

We don't always run to the police because that's not really our way of life unless we absolutely have to. We watch each other's backs. It's always the same attitude and will always be the same.

Ryan spoke about the ways residents 'policed' themselves through neighbourhood relations and local ties in efforts to avoid involving outsiders. Davey and Koch (2021) found that self-policing was a common response for residents across two working class communities. These

were seen as attempts to reassert control where state intervention was deemed as lacking, that reflected a desire to protect their home lives and the people who matter. Laura discussed her relationships with several neighbours within the building and that when there had been disturbances in the past, she preferred to manage these situations independently:

When we see each other, we have a little chat and they'll you know, they gave me, she gave me her partner's number if I need anything which is nice. But upstairs you have these a uh, love/hate relationship, but instead of going to the housing cause of the carry on, I speak to them. I speak to them because you don't you know; the housing don't live here.

Laura further emphasised how conflicts and problems within the estate are dealt with internally, and that it was almost expected of everyone else to do the same. Different forms of capital and what is recognised and legitimised locally, consisted of being authentic, being known and operating within the local network system and the expected social norms. A sense of social connection and community was important when feeling safe that was motivated by the neighbourhood's capacity to manage, defend and support itself. Elements that provided safety included one's ability to avoid danger through local knowledge, a sense of belonging, and neighbour relations. Residents were able to build connections and use them as a resource to manage their environment independent of outside involvement. Yet at times, a strong sense of bonding capital within a community generated negative outcomes through an unwillingness to involve outsiders, having negative consequences for those who do not conform to the expected social norms, as demonstrated in Amy's case (Baycan and Öner, 2022). These findings also resonate with the work of McKenzie (2015) who found that residents on an estate in St Ann's, Nottingham. They discussed notions of belonging and the importance of fitting in, as well as 'protecting' the neighbourhood from outsiders. An outsider was someone who did not display the expected social and cultural norms (being known, fitting in), lacked local knowledge (about residents and the area), and did not have existing connections (through family, friends, length of residency) to place. Safety was articulated through a sense of belonging, and outsiders were often interpreted as threats due to the association of stigma, feelings of judgement and humiliation. These perceptions and emotions can place demands on an individual's psychological state. Thomas and Colleagues (2005, *in* Gibson, et al., 2011) explored psychosocial risks related to mental distress on a UK council

estate, finding that feelings of powerlessness, loss, and humiliation were the key pathways that fed into mental distress for residents.

These interactions further highlight the importance of local value systems within poorer areas, in particular social housing estates throughout the UK (Thomas et al., 2005 *in* Gibson et al., 2011; Paton, 2014; McKenzie, 2015). They provide value and to a degree compensate for what is not readily available within the estate, whilst also creating a 'boundary' for themselves, as well as for those who do not belong.

### 4.3 Community and Belonging

Local attachments are one way people demonstrate belonging that 'concerns, simultaneously, feeling 'at home' and 'feeling safe' (Tomaney, 2015: 508). Some of the participants told me that their home environment positively supported their mental health through providing them with a sense of community, underpinned by notions of identity and belonging. When asking Laura what contributed positively to the maintenance of her mental health, her response was:

People and going to be part of something. Being part of a group, being part of feeling welcome in your own area... I know in my mind I've got something to look forward to, to get up in the morning in the community, you don't have to go on a bus ride you can just walk round the corner and go and take part there.

Having an active role in the community made Laura feel valued which increased her sense of self-worth. The community centre Laura attended was close to her home, which meant that Laura had access to a support network close by, where she could 'be part of something.' Accessibility was crucial for Laura who had limited mobility. The centre operated as a place of support as well as practical assistance, and Laura discussed she would contact the community centre when in need of housing repairs because 'they're a voice... That way they [the housing provider] listen.' This aligns with the work of Conradson (2003), who found that a community drop-in centre provided a space where people could develop social networks, as well as providing practical help from volunteers with navigating welfare systems and debt management. The centre was an important resource for Laura that she valued highly:

When I say the area's changing there's a bit more, we've got a bit more community here where people are getting together and d'ya know what, I'm not just saying it because the (name of community centre) is my second home and second family and I love my family but (name of community centre), it brings people together and that is the centre of our community.

For Laura, the community centre had become an important source of support and companionship, that she described as her 'second home'. These findings align with those of Lewis (2016), who found that older women particularly valued meeting for coffee mornings in their local community centre, that became an important site of companionship that helped tackle loneliness and isolation. Oli discussed how he had begun volunteering locally for a charity that was providing food parcels during the pandemic. He told me that volunteering had improved his mental health by giving him a sense 'purpose', especially at a time when he was finding things difficult:

I've thanked them mentally many times because it has genuinely, it gave me something to do and it gave me a purpose at a time where if I didn't have that something to do and feel like I had a purpose I'm not 100% sure which way my mental health might have gone.

Oli told me he had been motivated to volunteer because he needed to 'get out' and was 'sick of staring' at his walls, telling me 'feeling alone is not a good feeling.' Through volunteering, Oli discussed how he had met new people, as well as the ways that volunteering made him 'feel good'. Both these accounts also draw parallels with having a sense of purpose. Thoits (2011) suggests that social ties supply us with purpose and meaning, as well as being sources of belonging and companionship, that can have positive effects on health and mental wellbeing. It was apparent that informal support provided throughout the community helped mitigate isolation and poor mental health, as well as providing a sense of purpose and practical support in accessing services (Conradson, 2003; Lewis, 2016). Belonging is linked to feeling safe, aspects of identity, as well as place attachment (Pollini, 2005; Tomaney, 2015). Oli had moved back to Gorton ten years ago after living away for several years, telling me how it was 'truly home,' and that when bidding on properties he 'didn't care what it was, as long as it was in M18', which is the area postcode for Gorton. Oli felt connected through the personal histories and social networks that were attached to Gorton, and its where he felt that he belonged:

There's a core amount of them that I've known ever since I've been here if not before, I've known them from before... there's you know, a guy that's a year older than me that was in the same school, you know higher up, so it's- I was just so pleased to be offered a flat in Gorton cause Gorton's where I've always lived!

Power (2013) finds that 'true' belonging consists of recognition and reciprocity, where belonging is not only being involved, but also 'fitting in'. Jemma had lived in Gorton for five years and spoke of how she experienced a sense of belonging and didn't feel like an 'outsider' although she had no prior connections to Gorton. Jemma demonstrated an appreciation for the close-knit nature of the community that she had observed in Gorton, and the ways people came together:

It's a lot different from the areas I've lived in before because everyone seems to know everyone and they sort of come together more in Gorton which I've never seen it before in other areas, as much as I have in this area.

Jemma discussed how she felt 'welcome' into the community, and now knew 'quite a lot of people' through being invited to participate in community projects such as local clean up days, as well as developing close relationships with her neighbours. Residents discussed local social connections and how participation contributed to a sense of belonging, where positive interactions increased attachment to place. Place-based interactions and connections can develop into forms of social capital that enhance the levels of trust, support, and reciprocity within communities (Ehsan and Spini, 2020). Psychosocial processes such as self-efficacy and self-esteem were supported through companionship, getting involved in social activities and feeling included within the community. This is consistent with the work Mattheys and colleagues (2016), who found the absence of these factors correlated with poor mental health outcomes and the manifestations of health inequalities.

#### 4.4 Control, Privacy and Security

Housing and neighbourhood experiences can enhance or challenge an individual's sense of privacy, security, control, and autonomy (Clark and Kearns, 2012). All participants discussed with me how security and privacy was an important aspect of their home environment and

the ways that this had been facilitated or restricted. Many neighbours appeared to 'watch out' for one another, and Jemma provided an example of this:

My neighbour she's always watching over anyway, so if she sees my gate open, because I always have my gate closed and she knows that so if she sees my gate open like she'll message me or she'll ring me or she'll be like 'are you home because your gate's open?'

Jemma valued the support and informal surveillance that her neighbour provided for her which contributed to her sense of security. The gate did not solely operate as a physical object but also had symbolic meaning, representing concerns over intrusion and how those feelings could be mediated through close neighbour relations. For several other residents, matters of security and privacy were also discussed in relation to physical objects. Gates, doors, and buildings can act as dividers that provide protection and shelter from the outside world (Gonzales and Andvig, 2015). All participants resided in high density housing (flats, high rise buildings, maisonettes) and discussed issues related to the communal door and concerns over privacy. When I asked Laura if she felt safe in her home, she told me:

It's the communal door, that's the part where I don't feel safe. People buzz us and they'll just buzz and buzz and buzz and you don't know who it is- I'm not gonna open it, you can't see who it is and people have said to me in the past of it could be someone for me. Never mind it being someone for me, they could either shout my name or knock on the kitchen window and say 'Laura!' but no I'm not opening it, could be anybody.

Oli was another resident who shared similar concerns, stating that:

I don't want people knocking on my door, so if anyone ever knocks on me door without going through the other, the bottom on the ground floor, if anyone actually comes up and knocks on my door I'm incredibly, extremely conscious. I'm looking through the, you know, the peep hole, I'm not opening that door till I know who it is.

Through the communal door being used and accessed by everyone in the building, participants did not always have control over who entered, and this made residents feel unsafe and that they lacked privacy, unable to exercise control over the environment. Oli explained how the tower block 'had several security problems' with 'local youths' gathering to 'smoke whatever' using 'stairwells' and 'whatever bit of communal [space] they might

choose'. Since stairwells, and lobbies in tower block flats are 'neither private nor public space' (Gibson et al., 2011: 564), they provide an enclosed place for individuals to partake in illicit activities. These findings align with Gibson and others (2011) who found that shared entrances for people in tenements presented psychosocial risks, whereas acquisition of a private entrance significantly increased privacy and security, where participants reported increased feelings of control, safety, and quality of life. The communal door was also an issue for Ben, who told me how the door to his flat is magnetic and closes with 'an almighty slam', causing a disturbance to his home life:

Don't stick a young couple, or a young individual in there because they're coming and going, banging about. You know, if you've got elderly people you know it's going to be quiet, is going to be peaceful and at this stage in life that's what I want.

It was evident that the ability to exercise control within the environment was an important factor in feeling secure and that its absence caused disturbances for participants which had detrimental impacts on mental wellbeing. These findings align with Soaita and McKee's (2019) study who find that the material components of the home, such as a broken door lock, can negatively affect home making practices, causing stress and frustration. Jemma moved into her current property after fleeing domestic violence and the ability to exercise control over her living space was an important factor in maintaining her mental health. Feeling secure is not solely relational to a physical object, but to the sense of stability and comfort something can provide. When moving into her home, Jemma's then refuge worker got the housing association to have a light fitted in the back garden to make Jemma feel safer, she then tells me what happened when the light stopped working:

Cause usually I'll turn the hot tap on in the kitchen and the light'll come on, and I thought the light's not been coming on actually and then I realised the light must be broke. So obviously I had to report it then I had to wait about, I think it was about a month 2 months for them to finally come out so at that moment in time, erm, the wind had knocked the fence panel off at the back as well so I wasn't feeling safe at all because anyone could come round the side the fence is like- people could jump over the fence and obviously the light weren't working so in my mind I start thinking it's someone lurking around in the back and I wouldn't see 'em. Then obviously cause the fence [was] down it was all opened up and I didn't feel safe, I even said that to them on the phone, I didn't feel safe.

The outdoor light not working jeopardised Jemma's ability to feel safe, and she had noticed the outdoor light had stopped working through her routine being disrupted:

I like routine and I'm used to something, and it did affect me yeah, I'd feel on edge and stuff because it weren't working so I'd have to like put the outside light at the side where it was on constantly cause I've got it on if someone comes to the door but because it wasn't working I had to put the side light on where it was on constantly. So the side was all lit up even though I can't see that cause that's where my front door is but still (emphasis), the light was on sort of thing.

This is supported by Dupuis and Thorns' (1998) notion of categorising 'home life' to meet the conditions of ontological security that include the need for constancy and ability for our day-to-day routines to be undertaken. To help remedy these feelings, Jemma told me that she put on a side light that she acknowledged did not help with improving outdoor visibility yet provided constancy through attempts to recreate a secure base. Control over a space is important to the home environment as it demonstrates the capability to exercise a degree of autonomy within an individual's life (Woodhall-Melnik et al., 2017). Being unable to exercise control with the home environment can have a detrimental impact on mental health outcomes (Handel, 2019). Amy spoke of the lack of control she had over a situation with noisy neighbours and how it impacted her mentally:

Yeah so obviously that's hopefully the end of this Gorton story, honest to God, it's the worst mistake I've made getting a house-style flat. I was literally going to MPs, I was everywhere... No one understood. No, not one person. I remember. There was a there was a few services involved. And they just like, it was just horrible. Literally no one was listening to me, I felt like I was going crazy here.

Living in an intolerable environment was intensified by not receiving support from the housing association sooner, an additional source of stress for Amy. These findings illuminate how housing and neighbourhood experience either enhance or challenge an individual's sense of privacy, security and control and can shape mental health outcomes (Clark and Kearns, 2012). The home setting can influence mental health through impacting the sense of control people experience in relation to perceived risk of crime and safety. Ben told me how there was 'quite a bit of drug dealing' in Gorton, and the unpredictable nature of these events concerned him:

It makes you feel unsafe because you see a deal going down and you think you know are they going to stay here, are they gonna start on you, so, you must not say anything.



Participants Laura and Oli also mentioned the loss of communal spaces, closures of facilities, with an emphasis on the need to have a 'presence' in the community. Ryan felt that it was crucial to maintain a sense of control and order in the wider neighbourhood. He expressed concerns over the loss of the 'neighbourhood office' where he felt a lack of presence would put the area at risk of regressing:

We've lost our neighbourhood office, it's been bulldozed, I don't know what they're gonna do with it without showing authority in an area without and nobody really giving that presence in an area, people think that they can do whatever they want. And that's a concern, and we need One Manchester, to have authority and to have a bit more of a presence in these areas because they can easily like I say get out of control and it's a concern for us all.

Ryan had discussed how the city council used to be responsible for overseeing the area, telling me it would still be 'a no-go zone' if the housing provider hadn't intervened. The closure of the neighbourhood office concerned him, and that a crucial role of the housing association was to control issues such as crime and anti-social behaviour. To support ontological security, individuals must be able to experience trust from those surrounding them, alongside the home environment providing protection and privacy from the outside world (Kearns *et al*, 2000). At times, ontological security was jeopardised by concerns over intrusion, anti-social behaviour and perceptions of crime.

#### 4.5 The Ability to Feel at 'Home'

This theme focuses on experiencing a sense of home, the processes of homemaking and the barriers to making a house, feel like a 'home'. Personalisation of the home environment, such as painting the walls and adding belongings like 'your trinkets' was an important aspect of homemaking for participants. The emotion associated with creating a desirable environment was related to feeling comfortable and connected to the space, alongside it being reflective of one's taste and identity (Van-Hoof *et al.*, 2016). Personal histories and life experiences contribute to the perceptions of the home and what it means for the individual (Falk *et al.*, 2013). For Laura, 'feeling settled' was a key feature of her home, alongside the social connections it provided:

Where you go and where you kind of settle, you feel settled, like my friends can come, when this lockdown's over, they can still, cause I don't go you know visiting, but they can come and feel welcome in my home and my friends say it is homely...I want it to be peaceful, just to be homely, just to- that I can just sit and think 'ah.'

Several participants spoke of how personal belongings, decorating the space, and creating the desired atmosphere were all ways that could make the home their own. Houses became homes through decorative features (such as painting the walls, adding personal belongings) that related to individual taste and identity:

Ben: Well, you know, this is my home. A house is sort of, if you, a house is somewhere you go to live in without any sort of connections to it, a home is where you've got all your belongings, or your bits and pieces around you, it's a place where you're welcome and most comfortable.

Feeling at home involves 'cohabiting' with objects that are used to construct a sense of familiarity and comfort in the home by those who live there (Ratnam, 2018). The degree of safety, security, and privacy the home environment provides was also an essential part of its conceptualisation and informed how participants felt towards their home. For Oli, the home environment was not necessarily something he could describe but rather something he felt:

Turning that lock behind you when you're locking your front door when you've just come in, that gut feeling is that I know I'm home.

Responses shared something in common, that was almost an innate feeling of the home environment that was difficult to conceptualise. For Oli, the significance of 'turning the lock' suggested the meaning of home was reflective of its ability to provide protection and security, experiencing a sense of relief when entering his own space that was also embodied physically. The home being 'free from surveillance that dominates life elsewhere' (Dupuis and Thorns, 1998: 29) is one of the ways it meets the conditions of ontological security. The link between the home and self-identity can be explained with reference to ontological security, as the personalisation of the space was often discussed in reference to feeling 'comfortable', 'peaceful' and 'settled'. Although these meanings were present for some, they were absent for others, and each narrative was constructed in a unique way. Harris and others (2020) found that when residents were unable to personalise their space, this damaged their sense of self and led to a perceived lack self-identity and control over the environment. When the

home environment fails to provide protection and safety from the outside world, it may impact an individual's ability to feel or create a sense of home. Amy discusses this with me:

When I lived downstairs in that house, it was a house. It didn't matter how much stuff I had around it, the walls and everything and decorating, it just felt like that house was not my home. I hated it, I hated it.

In Amy's case, despite her efforts to develop a sense of home through decorating and personalising the space, it still felt like a 'house' and not a 'home'. This distinction reveals how the use of 'home' is assigned to describe the emotional elements attached to its meanings, alongside what it can provide (Coolen and Meesters, 2012). As discussed previously, the frequent noise disturbances meant that Amy was unable to comfortably enact her daily routines, as she told me it frequently woke up her and the new-born baby, adding to the stress and discomfort she was already experiencing. Amy maintained dissonance with her home setting and without feeling in control, she was not able to settle in. Tony was one resident who openly discussed his mental ill health and past issues with substance misuse. He told me how at one point everything 'just caved in at once' leaving him with 'big rent debt'. The home also became a source of stress for Tony and did not operate as a site of constancy where his day-to-day routines could be comfortably undertaken due to the poor housing conditions:

Well I had a lot of problems, see I live on top of a 14 floor high rise, mine's the only one with a roof so, I had a lot of leaks, it was really bad timing, my dad had just died and I was dealing with a lot of things at the time and because I weren't interacting with the housing, I sort of left the leaks for nigh on a year.

Tony struggled with mental ill health, and the housing provider not being aware of his support needs left him in a situation that worsened his mental wellbeing, telling me he 'sat in a puddle expecting everything to be done around me [him]'. Hoolachan and colleagues (2017) found that when people didn't feel in control within their home environment (due to rent increases, experiencing tenancy insecurity) the categories for obtaining ontological security were less likely to be met. Furthermore, Compton and Shim (2015) assert that the core social determinants of mental health include poor quality housing, housing instability and dealing with adversity in the build environment. Tony went on to explain:

I've experienced two sides of One Manchester... I had a lot going on in my life so, I dealt with my mental health issues myself I weren't, I didn't have a doctor then or anything... I had a big rent debt and erm, yeah and so, I thought they were ruthless the way they dealt with me then. Now they know about me mental health issues all the rest of it, yeah, they seem very helpful.

Being threatened with eviction undermined Tony's ability to feel at home, and he felt that many other people in his tower block would be facing similar problems. The initial actions of the housing association caused a decline in Tony's mental wellbeing, and this jeopardised his ability to feel secure and in control of his home environment. After discussions about his mental health, Tony received support with benefit applications and paying rent arrears. The housing association acted both as a barrier and facilitator to Tony sustaining ontological security through approaches tenant welfare and tenancy management. Wider political systems that inform social housing provision (such as eviction processes and short-term tenancies under the 2011 Localism Act) do not necessarily allow individuals to stay in their homes, and this can lead to a sense of dissonance for residents (McKee et al., 2017). Ryan was another resident who expressed concerns over losing his home:

I know I'm under threat because if I made a mistake or housing benefit dried up or One Manchester sold it right under me, then I could lose it anyway so I couldn't have that connection because if something went badly wrong, it would break me. There's gotta be a line where if anything goes wrong you will not be broken because if you invest too much in it, if that gets taken away from you you're gonna lose it.

Ryan described how he intentionally avoided developing a 'connection' with his home as he felt that by not owning the property, he couldn't manage the risk it would have on his mental health if he lost it. The boundaries of home are permeable and unstable, with meanings varying between specific contexts. Ryan goes on to explain that despite these negative associations, he was bound to his home within some aspects:

I can't walk away from it, because of a connection, an emotional connection but do I see it as a home, in that sense yes, because everybody I've loved has been here, but for me, it's just a place that I live. It doesn't belong me, I could get evicted or lose it anyway but in that sense, because of my family connections, it's my home.

Ryan did have a connection to his home although it was resisted and caused tension as it also functioned as a place of harm where darker experiences of trauma, family deaths and fears over losing his property were linked. Manzo (2013) found that even those who felt negatively

towards their home still experienced strong emotions attachments, demonstrating how the home functions as a complex, inter-related site of meanings that can be associated with comfort, security, oppression, or anxiety simultaneously. Although residents displayed feeling secure in their homes, factors such as insecure tenancy arrangements and not owning the property appeared to threaten one's sense of ontological security (Dupuis and Thorns, 1998; Colic-Peisker, Ong and Wood, 2015; Mckee et al., 2017). For residents who had interacted with the housing association, the nature of these encounters seemed to underpin the ability to feel at home through the environment the housing association facilitated. The home can afford safety in one context but be confining in another. When the home provided a sense of security and constancy it was a platform that reflected one's identity that was demonstrated through personalisation, belongings, comfort and the satisfaction the space provided.

#### 4.6 'You can be painted with a filthy, filthy brush': Experiencing stigma

Participants were asked to discuss their experiences of the home environment in relation to factors that have impacted their mental health. Concerns over anti-social behaviour, fly tipping, and drug dealing were spoken about by all residents. These issues often fed into symbolic forms of stigma that caused frustration, leading to concerns over status and respectability. There is a wealth of literature that explores social housing and the effects of stigma (Wacquant, 2008; McCormick et al., 2012; Jacobs and Flanagan, 2013; Hicks and Lewis, 2020). Watt (2020: 30) found that a lack of investment and neglect of property maintenance caused residents 'frustration and sheer daily human misery' as well as findings that stigma was a fluid process, often negotiated and resisted by residents. The feeling of being stigmatised was often associated with how people from outside the estate viewed Gorton, such as it being associated with living in a 'bad' neighbourhood. Yet most residents actively rejected and resisted these connotations. Laura frequently attends a local community centre where she learnt about the levels of deprivation in Gorton:

Laura: You know what Gorton is supposed to be one of the poorest places. I was surprised a couple of years ago when someone said that in [name of the community centre]. Again I know I keep saying that but they are the place, but I was so so surprised and it upset me as well. Say a level, a scale level- told ya I'm not great with words, but a scale that said how poor and deprived Gorton is!

Interviewer: How come it made you upset?

Laura: It made me upset because we live in Gorton, you know, and people from outside are telling us!

Interviewer: How did that impact you, hearing people say that?

Laura: I was shocked, because well if it is, well it is apparently, because I've read it as well as looking at different things on the scale or whatever it is and it's like- we don't see it because we live here so we don't see that. We feel like we've progressed a bit in the area so for people to come and say 'oh god it's terrible where you live' I say what you mean terrible? 'Well you're poor' well we go Tesco! And they were laughing and said 'no Laura it's true' said well we don't see it as that, we just see funding and things.

Laura did not consider herself to be living in deprivation and was upset after learning about the negative connotations that had been attached to the community by people who didn't live there, which she then felt judged for. Laura had lived in Gorton for the past 25 years and told me how the area had improved over time, with the strong neighbour relations and social networks that gave her a sense belonging in the community. Through stating 'well we go Tesco!', Laura resisted the stigmatising connotations that was attached to being 'poor' and 'deprived', clarifying how she was no different from anyone else. Ryan also felt that Gorton had improved significantly over the years and like Laura, felt protective over the area. Ryan described the ways that stigmatising connotations attached to Gorton have impacted the people who live there, acknowledging that there were clear differences which limited access to opportunities beyond the area, such as job opportunities and going to university:

It's concerning because imagine trying to go for a job interview and say when you've come from Gorton, 'oh we've heard that place is-' and they might look at you as being a lunatic... I'm an intelligent guy and if I went for a university interview, they'd look at me 'Oh you're from a very poor area I've heard the stories, we've heard the stories of drugs, murder', God knows what else, gangs, you get painted with the same brush. Yeah that's not going to get you anywhere in life. And it's not your fault and you become a victim to something that has nothing to do with you, you're proud of the area you was born here, you thought it was respectful.

Ryan referred to the riots in the 90's that are historically embedded moral dimensions of the neighbourhood, telling me 'the police used to call this place anarchy'. When individuals are disadvantaged through symbolic power exercised (in this instance, the police), this can feed

into cultural assessments that dictate that the lower the neighbourhood/place, the lower social order for those who reside there (Wacquant, 2008). Ryan went on to explain:

Just because we're Council, it doesn't mean we're any better or worse than somebody in a private home when you can buy these places anyway, we're just as hard working as they are. If they don't want to interact with us because they think they're better than us, then we will not respect them you know, we will have no relationship. We would see them as an enemy because they look at us as we're nothing, we're filth, we're scum. We wouldn't act any better towards them.

Residents felt Gorton was often misunderstood and misrepresented, and that this is what contributed to stigma, alongside the acknowledgement of structural causes such as a lack of investment and funding. This aligns with Slater and Anderson's (2012) study exploring territorial stigmatisation, finding that there was collective pride in the neighbourhood and residents often refuted negative associations. When an area is widely perceived as 'tainted', this taint can 'rub off' on inhabitants (Wacquant, 2008). Yet stigma wasn't solely 'internalised' by participants who actively resisted and rejected stigmatising connotations, although they had been affected by it. Residents had to negotiate the powerful and undesirable effects of stigma attached to Gorton, yet also felt proud and attached to where they lived. This was also a theme identified by Watt (2020) in his study on stigma in a UK council estate. Residents were conscious of the perceptions people had outside the community, alongside stigmatising attitudes and the cultural meanings imbued with them. The experiences and understandings of who they are, what Gorton is, as well as divisions in power and mobility were all ways residents understand where they belong and where they are not welcome, aligning further with the work of McKenzie (2012). Residents were conscious of how 'outsiders' perceived them, and these vulnerabilities were bound with meaning associated with class, status and living in social housing. In contrast, Amy was waiting to move out of Gorton living there for the past five years and told me how she perceived both the area and the people who live there as deprived, telling me:

You can just tell it's been left to fend for itself basically. Do you know what I mean, there's just dog shit everywhere and there's rubbish everywhere and you never see the police walking round, I've not seen the police once you know from what's happened here Gorton is a shit hole. Even the people like, you can tell.

Although Amy still lived in Gorton, she distanced herself from the place and the people who lived there. Amy described how the visible deterioration, lack of authority and the way people

behaved were all factors that fed into her experience. Amy demonstrated no attachment to place and spoke about Gorton as though she was not someone who also lived there, telling me 'if you live in Gorton, I'm just like, ew.' Stigma was a process that was negotiated by residents' over time, through engagement with others, the wider environment, and the structures they are bound to (Hicks and Lewis, 2020). Amy's lack of connection to Gorton appeared to make her more likely to agree with stigmatising notions of place, where other residents such as Ryan and Laura who had strong connections and attachments to the neighbourhood actively resisted them.

#### 4.6.1 Responsibility and Ownership

This theme discusses notions of responsibility and ownership in relation to stigma and sense of place. Participants felt that the responsibility to maintain the area ranged from the local authority, the housing association and to those who lived there. When discussing fly tipping, several residents rejected the notion that it was left by anyone local to the area, suggesting it was people 'cutting through' the estate and dumping rubbish there. Consistently, participants suggested it was people from outside the neighbourhood coming into Gorton and causing these problems. In Wacquant's discussion on stigma, he describes how the 'faceless, demonized other' (2008: 240) is used to shift blame and stigma. Laura tells me:

It's people cutting through, it's not kids I'm sure because it's a door and waste furniture and things like that, so you're gonna get that, you're gonna get people who spoil your area anyway.

Jemma also discussed issues with fly tipping, telling how she acted proactively by contacting the local authority to remove the rubbish that she described as an 'eye sore':

I felt a lot better in me' self that people's not looking thinking 'urgh look how scruffy it is'... Even though you might not be scruffy, but if you see something outside and it looks scruffy then they're gonna make an opinion like ew, like you're dirty or something.

Through Jemma's actions (rubbish removal) she regained control of the situation as well as the narrative, ensuring it didn't look 'scruffy' which could be seen as a reflection of the people who live there. Jemma's use of 'they're' also suggests that people from outside of the area may view residents of Gorton as 'dirty' due to visible deterioration. Physical spaces become part of the narrative in understanding socially housed residents and their neighbourhoods,



gradually becoming part of the structures and meanings that society operates within, as Watt (2020) highlights. Laura and Jemma demonstrated sense of ownership over the neighbourhood, where feeling powerless led to frustration and apprehensions over how others viewed Gorton, resulting in what residents felt were stigmatising attitudes towards them and their neighbourhood. Both residents sought to improve their wellbeing through challenging these perceptions, leading to increased feelings of self-esteem and self-identity. As Netto (2011) suggests, stigma can lead to tensions in how residents manage perceptions of who they are, that challenges their sense of belonging and ability to build social capital. Quality and maintenance of the environment was important to residents and fed into wider discussions about wider structural issues such as the need for investment, the involvement of local services and stigma, reflective of the characteristics of residualisation that Pierce and Vine (2014) highlight. The home and wider environment can impact mental health by influencing the sense of control people experience in relation to perceived risk of crime, responsibility, ownership and belonging. Concerns over being perceived as 'poor', 'scruffy', or 'scum' demonstrated powerful discourses in relation to addressing whilst resisting stigma (Hicks and Lews, 2020).

Participants demonstrated complex articulations of belonging, attachment, the community and perceptions of insiders and outsiders. Residents were affected by stigmatising ideas, and these perceptions had negative effects on sense of self. These findings demonstrate residents can hold attachments to places whilst having to negotiate the effects of stigma each day, supporting Hicks and Lewis' (2020) study on accounts of stigma within a council estate, residents' responses to stigma were varied, suggesting that stigma is less of a label and more of a process that can be negotiated, resisted, and allocated, whilst also reinforcing and maintaining existing 'social hierarchies' (Tyler, 2020, p. 27 *in* Hick and Lewis, 2020). These findings have also highlighted differences when compared to Wacquant's conceptualisations of territorial stigmatisation (2008) as most residents did not engage in 'mutual distancing' but for the most part, demonstrated pride, ownership and belonging to Gorton.

## 4.7 Summary

All participants discussed their experiences of the home environment which were unique to them, yet there were commonalities within their discussions. Factors such as anti-social behaviour, fly tipping and maintenance of the area fed into forms of stigma, all factors that contributed to worsening mental health outcomes. When residents had strong social connections within the community, experienced a sense of belonging and trustworthiness, they had a more positive experience of where they resided. Protection afforded by the home and threats to this protection was discussed in relation to the extent the neighbourhood was a safe place to live within the context of the area, the attachments to place and the importance of privacy, control, and constancy within these spaces. When the home environment provides protection and privacy from the outside world, this can contribute to a sense of security for residents.

Through analysing the everyday experiences of socially housed residents, this study has interrogated multiple factors that can contribute to the manifestation of health disparities within the housing sphere (Singh et al., 2019). Linking mental health outcomes to the home environment through a theoretical framework has guided the explanation of these interactions and provided insight into their structural origins (Allen, 2000; Clapham, 2018). The next chapter explores the data from the second phase of the research process; focus groups with housing officers.

## Chapter 5: Phase Two Findings

### 5.1 Introduction

This chapter will explore how housing staff perceive their job role, the social and commercial aspects of housing associations and the practical considerations related to budget constraints, policy approaches, and integrated working. Since the uptake in health roles within housing professions, there has been little research that explores the views of housing staff in relation to their widening role, alongside the impact on service delivery and meeting the needs of residents. Staff share their interactions with residents, their knowledge of Gorton and their own opinions that have shaped their experiences. This 2<sup>nd</sup> phase of research sets out to explore the extent and scope of housing associations and their practices as they take on broader roles and responsibilities as part of integrated health approaches under Devolution, as well as larger national and structural changes in housing policy and welfare.

Previously, the findings from Phase One highlighted the various factors that shape the experiences of the home environment for socially housed residents, related to the conceptual framework. It explored the social and environmental factors that shape residents' mental health and wellbeing. When residents experienced a sense of belonging, attachment to place, and local capital, there were more likely to feel secure and in control of their environment, all factors that supported positive mental health outcomes. Some issues residents spoke of that negatively impacted their mental wellbeing related to stigma, anti-social behaviour, property maintenance, not feeling safe and poor neighbour relations. The 2<sup>nd</sup> phase of research explores what housing professionals interpret to influence mental health outcomes for residents, exploring how perceptions shape service provision and approaches to support. Furthermore, this chapter contributes to understanding what limitations and pressures staff face when providing support to better understand housing association practices within integrated health approaches.

## 5.2 Tensions in Balancing Commercialisation vs a Social Ethos

The staff team told me about how their roles had continued to change and develop over recent years, and that they were increasingly working in a budget orientated environment. They discussed the commercialisation of the housing association, with implications that financial drivers had taken priority over meeting the needs of residents. Participants told me this had a negative impact on the wellbeing of tenants and the effectiveness of the housing association. This theme includes two related subthemes: tensions in balancing commercialisation vs a social ethos and service delivery. The first theme refers to the delegation of resources within the housing association and the tensions between managing financial demands whilst retaining a social purpose (Manzi and Morrison, 2018). Service delivery discusses the impact of providing their communities with services within resource constraints and the perceived effects this has on resident welfare.

Social housing stock has reduced whilst demand has grown increasingly high, with the housing association sector seeing larger and more commercially driven housing emerge (Finney et al., 2019). Front line staff operate within the policies and procedures of organisations, yet the interpretation of need and the delegation of resources is ultimately dependent on the discretion of those in senior positions (Saugeres, 1999). Staff spoke of their frustrations with being unable to provide the services residents needed, whilst across the road from one of the estates in Gorton, One Manchester was building and investing in new private housing. One staff member discussed with me how this would be interpreted by residents:

They can't get anything done on this side of the road but if you cross it, we're spending millions. Now, we've got that through grants, but you try and explain that to the tenants who can't get their roof fixed and can't get the leaking tap fixed and now hold on, you've got builders, across there building multimillion pound housing schemes and you can't come and fix my leaking tap?

Policy has meant that housing associations are required to build a certain amount of new properties a year and receive grants and investment from stakeholders to do so (Manzi and Morrison, 2018). Responsibility for building new homes has been progressively placed on housing associations who increasingly rely on private finances that drive their commercialisation whilst also ensuring they fulfil policy requirements, alongside meeting the needs of tenants (Hodkinson et al., 2013). Different priorities in funding reflects neoliberalism

in housing policy that has led to an emphasis on financial management as being crucial to the success and survival of housing associations (Hodkinson et al., 2013). The commercialisation and market management of the housing association sector is reflective of wider structural changes in how welfare and subsidised housing is perceived and the value it provides. An emphasis on a strong business led culture is justified as a way of helping to achieve social outcomes (Manzi and Morrison, 2018). Housing associations are increasingly evolving their role in commercial activities and moving towards more complex hybrid structures (Morrison, 2016; Manzi and Morrison, 2018).

Changes in the amount of below market rent properties combined with investment in new private builds to remain commercially viable means tensions have developed as housing associations wrestle to manage both social and commercial activities. Housing associations have a duty to meet policy goals whilst also ensuring the basic needs of socially housed residents are met, that involves maintaining properties and keeping prices below market rents for those who cannot afford otherwise (Wainwright and Manville, 2017). Staff emphasised the importance of a strong social mission and scrutinised the housing association for their evolving business model that challenged their roles and ethos. These tensions have been exacerbated by cuts and removal of public subsidy, changes in regulation and property building as well as a sector that has been subject to uncertainty (Wainwright and Manville, 2017). As articulated by participants, social housing is one of the largest investments in poorer communities and their role in providing public services has become increasingly evident (McKee, 2015). Staff described pressure to deliver services and 'fill the gaps' that had previously been considered the role of local authorities:

I think a lot of more locally based housing associations have taken on a wider remit for lots of reasons, partly public service kind of cuts have left a gap so some housing associations have stepped up to fill a gap just to meet needs and that's definitely something that's happened over the past 10 years, you know, whether that be health and well-being, employment support, financial advice. But yeah, things are always changing. The emphasis is always changing by national narrative. Whether that be, you know, Grenfell, with the focus on health and safety or equality or quality of homes or health and wellbeing, it does move and evolve and different housing associations will take a different take on what, you know, what they see is their remit and their scope.

These findings support previous literature that discusses how the role of housing associations is continually being reshaped to reflect wider political ideological events and structures (McKee et al., 2017; Finney et al., 2019). Austerity and the housing crisis have deepened these trends, driving housing associations to commercialise their development in providing services to protect funding and income streams. Despite this, housing staff still prioritized the need to support residents and their communities, emphasising their social ethos.

### 5.2.2 Service Delivery

Housing officers told me how they felt the approach the housing association took in contrast to the realities of being 'on the ground' did not reflect the needs or priorities of residents. Staff discussed how the housing association provided a range of services such as the employability team or wellbeing support yet was unable to maintain their properties or complete repairs in a timely manner. This was a source of frustration for staff who felt these issues were priorities for residents and this left them feeling restricted within their roles, telling me they had to work with 'one hand tied behind our [their] backs'. For staff, the disconnect in service provision and meeting the needs of residents was reflective of the commercialisation of the housing association and 'saying the right things' in efforts to secure funding and appeal to stakeholders:

The people we are aligning our business with are not the people we need to reach. So for our tenants who work and have got internet etc. etc., who don't contact us very often anyway because they don't need too, they're fine, but the people who are in need and the people who have not got access to internet haven't got the capabilities to access our services, are the ones that are missing out, and that's a, that's a big majority of our tenants.

Staff discussed 'digital inclusion' and voiced concerns over the housing association transitioning services online. They told me this was detrimental for the 'hardest to reach' residents, who often wouldn't have internet access or the resources to get online. Addressing the gaps in digital inequalities has increasingly become a challenge, with barriers in accessing the necessary skills and resources (Chen and Li, 2021). There are multiple gaps in accessing digital technology and consistent access to these resources in low-income communities is often less likely (Chen and Li, 2021). One staff member gave an example of how transitioning

services online had negatively impacted a resident they worked with, who didn't have internet access and due to the closure of the local office, had no point of contact:

He couldn't phone us and he used to go into the local office so he wrote a letter of complaint, he had about six complaints on there that he sat on for about two years because you know, he's not been able to contact us and that's poor, that's poor that... Again they're the forgotten ones that are going to get left behind. He's never going to be able to, because of his condition, he's never gonna be able to have a conversation on the phone, so what happens to him?

There are several barriers that prevent people from being able to access and effectively engage with online services. Additional barriers include education, a health condition, age, and lack of confidence (Harvey et al., 2021). Addressing and overcoming these barriers is crucial to supporting residents whose outcomes will directly be affected by the digital divide (Harvey et al., 2021). Not only are there inequalities in having the skills and abilities to navigate these resources, deprived households are often further constrained by limited economic and social capital (Chen, 2013 *in* Chen and Li, 2021). Lower income households often must prioritise other essentials such as heating or food over internet access (Sanders and Scanlon, 2021; Harvey et al., 2021). Lower economic capital can result in exclusion and restricted autonomy, often exacerbating health inequalities (Pinxten and Lievens, 2014). Staff felt that the housing association had lost sight of the barriers residents faced and moving services online was reflective of that. They told me how many of the residents they worked with couldn't navigate 'online' and lacked the capabilities to access the resources they needed. Housing staff felt that those in senior positions would benefit from being 'on the ground' to better understand the difficulties faced by staff and residents:

Spend a bit of time with us on the ground to understand you know, what our daily struggles are with trying to get things done for people.

To resolve this conflict in role and service provision, staff felt the housing association needed to revisit its traditional role and 'get back to basics'. They felt this would be more reflective of the support residents needed and that it was essential to rebuild on conventional and previously existing services rather than developing new ones. One staff member discussed the disconnect between the housing association and the daily experiences and needs of residents:

We just need to get back to basics don't we, bring it back to basics. I mean, we do all these surveys where we say we want to listen to our customers, we did one a few years ago and customers wanted to be more connected so we shut all our offices down. So it makes it look like you're not really listening. The customers want to be more connected, they want our face to face conversations, don't shut the officers down. That's what's frustrating, but then on the website they say well, we've got, got more digital inclusion, you can do this online, you can do that online, but then you aint got a computer so you can't do anything.

Staff told me the housing association was successful in advertising itself and embraced a more commercialised ethos in an increasingly business oriented environment. It was also seen as financially driven and cost effective to transition services online, yet doing so failed to adequately address the existing gaps in service provision:

S3: If you look on the website, the website is all singing and all dancing.

S2: We're good at promoting ourselves aren't we.

S3: You then try and phone our contact centre and see how long you're waiting to speak to someone.

Housing staff discussed the difficulties in organising basic repairs for residents and that a lack of accessible resources made them feel overstretched, with expectations that were beyond their capabilities. When reporting issues, staff explained they are required to go through the same process as residents and that there was no 'secret back phone' to speed up the process, regardless of urgency or need. Alongside other commitments, this process was both time consuming and frustrating as staff shared their experiences with me:

I have to sit there with the customer and phone into our triage service, which doesn't make sense because that'll be the 3<sup>rd</sup> or 4<sup>th</sup> referral now that I've had to do to get this customer into that service because he's he's got no electric at the moment, so he can't charge his phone up so he's in that constant cycle of not being able to help himself even though he wants to, and then it doesn't help when the service just shuts down, then whereas with us, we don't get the opportunity to shut things down. We have to keep that case on to get a resolve for that customer, I think that's the difference with us.

Coordinating support was time consuming for the housing officers who felt ultimately it was their duty to resolve issues and find solutions for residents. Staff explained how often that



several referrals would need to be made before the issue would be dealt as other services would not pursue cases if there was failed attempts to contact those who needed it. Housing officers felt that persistence in supporting tenants was crucial and would be more cost and time effective overall. However, staff did praise the efforts and work of their internal services when effective, that demonstrated collaborative working was successful when not disjointed. Many housing associations have drifted from their 'social' origins and have struggled to find a balance between the commercial and social aspects of housing (Chevin, 2014). Staff seemed to echo these concerns which resulted in the disconnect with current service provision.

### 5.3 Partnership Working: 'The biggest piece of the jigsaw that they forget'.

In this section I consider partnership working, a theme that emerged through discussing the housing association's capacity to support tenants and tensions between coordinating care with external providers. Staff felt there was conflict when working alongside other services, telling me how the housing was often not considered when planning and coordinating support:

We'll get brought in at the last minute by them services as a resolve their problem, whereas we asked to be included from the start so we can put measures in place to stop that rush at the end from happening but we're an afterthought, but then the first thought when there's a problem. So I get a bit, I don't know about you two, but I get ticked off in them situations cause I wanna pull back then but you can't because you've got a duty to that person if they need to be moved because of their circumstances, but yeah so, it's a bittersweet relationship with external partners.

Participants told me that because service providers perceive housing associations to be 'asset rich', their role is only considered 'last minute' to resolve complex issues due to their financial means. Staff felt that including the housing association in multi-agency meetings was crucial to ensuring residents needs were met, yet the process of putting measures in place to support these outcomes was limited by poor planning and uncoordinated provision. This caused frustration amongst the staff team, and they voiced concerns over a lack of clarity around 'who does what' with what responsibility between service providers often being disputed. This was reflective of conflicting approaches in planning and support, where ideology and professional interests shape the resources provided and delegated (Glasby et al., 2014). One

participant told me how the City Council would have previously helped in coordinating care for those coming out of hospital, yet the housing association was increasingly taking on a broader remit:

The City Council would [previously] share that responsibility, now it's just like no, well they kind of dragged their feet until then we have to do something about it so, they're cottoning on aren't they, that we're doing more, going above and beyond and they're kind of quite happy for us to take that role and assume that role.

Although staff embraced the notion of partnership working and told me it can support resident mental health and well-being, they discussed it in a critical light. The quality of integration across health, social care and housing sectors requires improvement, as it currently exists in 'separate worlds' (Glasby et al., 2014). Housing requires further consideration for its role in integrated working (Wild et al., 2018). Staff also discussed the difficulties of balancing pressures between national policy commitments to building more homes, alongside filling the gaps in social welfare provision that had previously not been their responsibility:

Yeah a balancing act so some housing associations state now we need to provide these additional ancillary services because our communities need them. Others might say, well, we're housing association, we need to, we've got huge housebuilding targets so there's not enough funding we've got a billion pounds to make a carbon zero so we will leave that for others, it's a judgement call on the boards and execs but I think that pressure does sort of come to a large extent from austerity.

The cumulative effect of structural challenges related to austerity measures, wide ranging policy commitments and the complexities of integrated working, led to an overwhelming sense of pressure and responsibility that staff were expected to deal with. Staff discussed the ways budget cuts had affected the social sector and that multiple services were struggling to meet the demand. An increased pressure on services has meant that the support available has decreased whilst the number of those needing access has increased (Cummins, 2018) One Participant went on to explain that:

We throw a lot of money at services internally so that we we have had that offer for our customers and it's how long that offer is going to be on the table and even GP's now are telling customers, their patients to go and speak to the housing

association so even GP's are signposting their patients into our services, so the word is out there.

In the UK, local authorities have faced extensive reductions, with health and social care funding having been particularly affected (Mattheys, 2015). The lack of funding has especially hit those in deprived areas, where there are higher levels of need (Cummins, 2018). Parsell and others (2019) found that the policies which drive the need for integrated health services are reflective of the policies driving residualisation in the social housing sector. The residualisation of the social housing sector has meant that many of the residents who are eligible for social housing have complex health and social needs (Parsell et al., 2019). With many local authorities no longer able to provide the facilities they used to; participants told me how the housing association has increasingly been expected to 'fill a gap':

I think a lot of more locally based housing associations have taken on a wider remit for lots of reasons, partly public service kind of cuts have left a gap so some housing associations have stepped up to fill a gap just to meet needs and that's definitely something that's happened over the past 10 years.

The decentralisation of power led to greater responsibility at a local level (Lowndes and Gardner, 2016). With service reductions and increased demand related to demographic pressures, staff told me how the housing sector had taken a 'wider remit' to compensate for the decline in state service provision:

Housing has you know, been impacted, but to a much lesser extent, so relatively were viewed from public sector as having more, more surplus cash (laughs) while being in a financially stronger position better able to plan. So sometimes when we're in a multi-agency meeting, or something, and you know, something needs resourcing, what would have previously been a core responsibility of the local authority, whether that be youth work or various services, which are not statutory responsibilities. So as the public sector is squeezed, and less than non-statutory central services have been neglected, people look to us 'oh they've got a bit of money, let's see if they can do it' but the challenge is we've also got huge commitments to housebuilding and carbon zero.

Austerity measures meant that staff had to adjust their ways of working and face the challenges of managing the expectations and practicalities of their expanding role. My discussions with participants revealed the messiness and complexities of service provision under austerity and in partnership. Despite national and local initiatives to integrate sectors and develop stronger connections within health and social departments, this still remains

limited in practice (Glasby et al., 2014). The ability to pursue individual, societal, and political goals in practice is difficult, with differences in identities, values and interests competing in partnership arrangements (Pill and Guarneros-Meza, 2018).

It was evident that staff had to balance the requirements of the state, their core practices and supporting their communities. It was a challenge to navigate these alignments and what to prioritise, with these actions playing out at an individual and organisational level. Tensions were expressed through participants' opinions and experiences of integrated working where there was a clear distinction between the aim of integrated working in contrast to the realities. It is recognised that current ways of working are not done in cohesive and needs-sensitive ways that result in poor stakeholder relations and gaps in service delivery. Systemic issues with the lack of coordination between mental health support services within the housing sector meant that staff as well as residents must navigate complex systems that are overwhelmed with demand (Manzi and Richardson, 2017). This acts as another barrier in service accessibility and what can be done to improve the lives of residents. Providers play a crucial role in addressing the fragmentation of support services to enable staff to do their jobs effectively alongside residents being able to access the services they require.

#### 5.4 Professional Identity and the Changing Role of Housing Providers

As previously identified, the identity of housing practice faces critical challenges between finding a balance between developing a wider commercial or social ethos. These tensions have been accentuated by austerity measures which has led to a restructuring of roles within the profession. Impacting service delivery and the culture of care towards resident welfare (McKee et al., 2017). Clapham and others (2000) discuss how housing officers take on several key roles that include rationing scarce resources, policing social excluded communities, acting as professionals, and serving people in need. At times these identities are conflicting, and difficulties arise in navigating these roles due to ongoing precarity and structural changes within the sector (Manzi and Richardson, 2017). One participant explained this conflict in role:

The role, it's quite conflicting cause you'd have support, enforcement, engagement, all in one role and we got confused, let alone the customer didn't they you know what I mean, it was just like well which hat have you got on today?

Are you gonna help me today or are you gonna tell me off? Which one are you gonna be?

Staff discussed conflicts in professional identity by telling me how the housing association had changed their title from housing officer to 'place coordinator' over recent years. Participants discussed how when working with residents they still referred to themselves as being their housing officer over a 'place coordinator'. They explained this was because they felt it better reflected the job role alongside it being preferred by residents:

You can dress it up as much as you want for the organisation, for it to look good when you're doing your partnership working, but our customers will always- some of them still think we're the City Council, so they always associate us as being a housing officer and I think the idea of removing officers was that it was quite authoritative want it and they wanted to remove that barrier, but I think having that barrier, I think they get comfort out of it.

Another staff member shared a similar perspective:

I just think its senior managers thinking they're going to try and change the way and change the role. You can't change the role because they still need somebody. You still need the housing officer so you can't get away from having a housing officer, so I don't know why they keep changing the names, the name is probably gonna change again in a couple of months.

Staff felt that the change of title was done 'to look good' and 'dress' up the role to appeal to stakeholders, rather than to better meet the needs of residents or improve service delivery. Richardson et al (2014: 20) identified the developing commercialisation in the housing sector where respondents saw their organisations as 'business for a purpose' rather than that purpose being social welfare. This development of market-based approaches within the sector has led to the reconstruction of professional identities (Manzi and Richardson, 2017). These identities are constructed through staff's interpretations of their roles and purpose, linked to wider debates about what social housing is, what its priorities are, and its future direction. Particular tensions around role identity were reflective of the conflict between reconciling a social purpose with commercialism and appealing to stakeholders. Staff felt retaining a social identity was crucial to supporting residents:

We can dress it up and call it whatever we want, whether its housing officer or neighbourhood officer as ( name of staff member) and ( name of staff member) said, we are housing officers it doesn't matter what we call- When I go out, I introduce myself as 'I'm your housing officer' because when I say I'm your place

coordinator its, they just don't know it, but I've done that many times when I've gone out I've said 'look I'm your place coordinator' and they've gone 'I don't want to speak to you I want to speak to my housing officer!'

These pressures shaped the practice of staff as they appeared to reject their commercialised identities by using the title 'housing officer' to better reflect their own social values and what they felt residents wanted. Staff demonstrated a commitment to the practicalities of their role and addressing disadvantage despite difficulties in meeting these demands. Wider political changes related to social welfare under neoliberalism have meant that the social commitment of its identity is increasingly blurred (Manzi and Richardson, 2017). Morality played an important role in explaining officers' reasonings for their management and support of tenants, with the term 'moral obligation' used that demonstrated staff felt a shared sense of social responsibility and duty towards supporting residents:

We do have that moral obligation as well, which for me, personally, is the stronger of the two, but you know it's, it's an imperative I see it as so.

This participant told me it was an 'imperative' to prioritise resident welfare due to social commitment being the core to their professional identity. Participants' interactions and experiences with residents influenced their understanding of needs and the approach they took within the community. For some staff members, their professional identity and role of the housing association was interpreted as being a 'business with a social purpose' (Richardson et al., 2014: 20):

My personal view is that housing associations are asset rich, and we have a moral obligation to use those assets for the benefit of the communities and the areas that we're based.

There was an argument made for commercialism and financial investment being beneficial for business, reiterating the importance of 'successful tenancies' for both the residents and the organisation (Parsell et al., 2019). This was also reflective of wider pressures, such as achieving policy goals and securing funding, with a need to 'evidence' outcomes to justify practice and future service provision. There have been discussions about how the traditional welfare aspects of social housing are being phased out due to business pressures (Casey, 2008; Manzi and Richardson, 2017). Austerity and the housing crisis have deepened these trends, driving housing associations to further commercialise their development in providing

services to protect funding and income streams.

Casey (2008) has referred to housing staff as having a 'spoiled identity' due to the negative depictions of the sector in relation to its residualisation, the 'generalisations' made about the profession and the conflict between business and social welfare. This has become a block to building a legitimate identity which has led to those working in the sector to shape and negotiate their own roles. These findings support previous literature that discusses how the role of housing associations is continually being reshaped to reflect wider political ideological events and structures (Manzi and Richardson, 2017; McKee et al., 2017). Although other studies found that these factors led to housing staff reprioritizing their social values and being more business focused (Wainwright & Manville 2017, McKee et al., 2017), most participants in this study emphasised the priority to support residents and their communities, resisting the commercialised aspects defining their roles. The multiple pressures staff faced made them feel undervalued, telling me how new starters and applicants without extensive experience would struggle in the role, due to lack of recognition and understanding around the multitude of roles housing professionals take on:

Well, I think we're underappreciated, underappreciated, and undervalued. That's my, that's what I think. I don't think, if you've got anyone who does the role or does the role for a bit 'how'd you do that how'd you do that?' and yeah, that's what I think.

Housing practice has been viewed as a 'common-sense' occupation, (Furbey, Reid and Cole, 2001:37 in Manzi and Richardson, 2017) where its muddled identity has led the sector to being simplified and generalised. Casey and Allen (2004) describe housing as an 'incomplete' profession with illegitimated status that has created additional pressures on staff. This is evident within one housing officer's discussion on recruitment:

I think it's really difficult for staff coming in who've never done the role before or are coming in with limited experience, or limited knowledge of the databases we use. You know it's just a massive, it's a massive learning curve and there's so much to take on and learn and certainly, we very rarely, I can't think of anyone in the past years, very really employ anyone who hasn't had a lot of housing experience.

In relation to identity and professional status, there is a lack of literature on the housing sector which significantly contrasts the well-established plethora of works on other public sector

professionals such as social workers and community nurses who do operate within the bounds of social housing provision (Casey, 2008). Through exploring the changes in identity and the skills valued in the social housing sector this section has identified how staff have responded to these pressures reflective of challenges related to neoliberal policy and austerity. The dominant logic of the ongoing financial pressures and commercialism has culminated in a crisis of identity for social housing where staff prioritise their own interpretations of their professional role. These processes have wider relevance to welfare delivery, factors that inform the culture of care towards supporting residents and the pressure felt by providing multiple roles.

## 5.5 The Role of Place

This section is focused on place-based themes, where I initially consider area effects such as urban deterioration and investment that were discussed with participants. Factors such as visible deterioration, anti-social behaviour and how other people perceive the area can have adverse effects on mental health outcomes (Smets and Kusenbach, 2020). This can contribute to stigma, influencing the attitudes people have towards those who reside there. It is important to explore how housing staff perceive place, as this shapes their interactions with residents and the support they provide (Allen, 2009; Wainwright and Marandet, 2019). This theme also includes two subthemes: Ownership and Nostalgia. Ownership refers to the psychological process people experience in relation to belongings, objects, and places (Pierce et al., 2001 cited by Pierce and Brown, 2019). Nostalgia explores connections to place and changes over time that shape former, current, and future perceptions.

### 5.5.1 Urban Deterioration and Investment: 'If there's not investment it's gonna look poor'

Staff discussed issues with maintaining the area, particularly fly tipping and broken fence panels that led into wider discussions around responsibility, ownership, and perceptions of place. Participants told me about the 'impression' this left, stating it was 'not a good look' for the estate:



The first impression is the fence panels falling down, fence panels missing, broken fence panels. That's the first thing that you see.

One participant described Gorton as 'not the most beautiful part of Manchester' referencing a busy main road, air pollution, issues with fly tipping and rubbish that was left out on the streets:

It's not the kind of place where you want to have a stroll down the high street, grab a cup of tea and sit outside cause you know you're in the middle of a main road, there's quite a lot of air pollution. There's lots of shops that leave kind of furniture and litter do you know what I mean, it's not the place that inspires well-being.

The effects of the built environment were perceived to influence the mental wellbeing of residents, where staff described the undesirable aspects of Gorton, telling me it was not 'the kind of place where everyone mingles' or 'exactly inspires well-being'. One staff member who shared some negative perceptions of the estate also acknowledged that they were not as familiar with Gorton as other participants:

Yeah, I don't know Gorton particularly well so you know I'm sure there are nice parts of it as well. So my perspective is kind of that you know, I drive down the main road and it kind of goes off the vicinities on the edge of that. But I know there's more to it.

The estate was problematised on the idea that its characteristics were undesirable, informing their views on the behaviours of residents. I asked staff why they felt there was an issue with fly tipping, with them suggesting it was due to residents not legally owning their properties, to 'how you was brought up' or because they were more focused on 'trying to survive'. The practical effects of disinvestment in maintaining properties and the surrounding areas were an important part of informing how Gorton was perceived as well as the people who live there. Rubbish dumped outside properties and within the area fed into symbolic forms of stigma where a lack of action indicated laziness and irresponsibility:

But I think people don't take any responsibility either, because where I live, if that rubbish was outside my door I'd be picking it up and taking it the tip and people, people just can't be bothered.

There has been a tendency to view the problems experienced by those living on social housing estates in terms of blame and responsibility (Jacobs and Flanagan, 2013). Issues such as fly

tipping and rubbish can feed into forms of stigma where it was attributed to the lifestyle of those living in social housing and thus the cause and responsibility lies with them. By attributing place-based disadvantage to individual choice and agency, this pathologizes lifestyle choices and minimises the impact of structural causes such as a lack of investment and the impact of austerity measures. It is suggested that stigma is maintained through structural and hierarchical power that discredits those who are perceived as existing outside expected societal norms (Smets and Kusenbach, 2020). Inequality is preserved through different access to socioeconomic, cultural, and political resources that construct and maintain stigmatising attitudes alongside its consequences (McCormick et al, 2012). Yet there were conflicting views about the responsibility and upkeep of the area that signified wider frustrations for staff related to cuts in investment and changes in strategy decided by those in senior positions. Front line staff operate within the policies set out by the housing association, with the availability of resources at the discretion of those in management (Saugeres, 1999). This links to the context in which street level practice is modelled on welfare conditionality and the organisational context it takes place within. As Van-Berkel (2020) outlines, the organisational context refers to the decisions made by management that shape street level work, such as levels of autonomy, caseloads, and performance targets. This influences the way workers interpret need, the resources they distribute, and how they perceive the problems they are faced with.

Staff told me how most residents would not have the financial means to maintain their properties and carry out repairs themselves. Yet the housing association had transferred accountability of maintaining fence panels from themselves onto the tenants, that in turn shifted the responsibility and who to blame. Some participants emphasised the important of investing into the community and how not maintaining the area exacerbated existing problems as well as creating new ones:

Well, the impact now with the electric and all that and all the money cause like going back to our job is we're going to say look you've gotta tidy your garden, you gotta do this- they can't afford it. The fencing we're saying is the tenant's responsibility. They can't afford to fix the fence and we have to do it so it's all money. It's a vicious circle cause if there's not investment, its gonna look poor.

This staff member described the 'vicious cycle' of deprivation where residents are struggling to pay their bills whilst being expected to fix their own fence panels, worsening the effects of urban deterioration and adding to staff pressure in delivering their roles. The One Manchester Repairs Policy (2018) that outlines tenant repairs responsibilities states some repairs 'may be carried out by One Manchester as part of planned Improvement Programmes, for example, fencing' (One Manchester, 2018: 14) but states they 'generally' expect residents to 'pay for or undertake minor repairs' including 'fencing and gates' (One Manchester, 2018: 15). Housing staff were constrained by organisational policy that they were expected to fulfil in an environment they had limited control over. Stating 'they can't afford to fix the fence and we have to do it' suggests there is some room to exercise discretion and that housing staff interpret where and when to apply these processes, alongside deciding who to help and in what way. Brodtkin (2011) describes this as 'routinized discretion' which street-level bureaucrats enact to help manage with resource demand and the complex needs of the people they support.

A lack of investment in a deprived neighbourhood can contribute to the effects of stigma in the area and reflect the residualisation of social housing stock (Pierce and Vine, 2014). Residualisation is related to the changing characteristics of social housing residents (economic activity, levels of employment, complexity of needs) as well as physical decline (quality of housing, modernisation, deterioration). This process is often rooted in policy, where restrictive allocation and declining investment lead to its deterioration (Pierce and Vine, 2014). For some participants, poor quality housing and deterioration of the estate was caused by a lack of investment, where residents didn't have the means to resolve these issues themselves. One staff member defined problems associated with fly tipping and the deterioration of the estate as 'problems' with individual behaviour and responsibility. Overall staff related these issues to wider causes such as poverty and a lack of investment that was reflective of deeper structural mechanisms, such as residualisation and top-down policy goals. Staff discussed how this had wider repercussions on their job role, conflicting with their values and limiting the support they could provide to residents. While street-level bureaucrats are viewed as powerful actors who can enact their own values and standards to their work, they also operate within the constraints of the system, with particular pressures from government and operational policies that place pressures on how and when to allocate resources (Johnson

et al, 2021). In the following section I discuss how staff perceive residents' connections to place through the examples they provide.

### 5.5.2 Ownership

Individuals tend to develop relationships with their home and area of residence that are often framed through forms of belonging and notions place (Benson, 2014). Social connections, emotional attachments, bonding capital, and length of residency all contribute to forming this bond (Cresswell, 2004; Netto, 2011). Staff explored how residents demonstrated ownership over their home environment. It has been previously evidenced that people tend to develop deep, meaningful connections to the places they reside (Falk et al., 2013; Benson, 2014; Smets and Sneeep, 2017). Even without being the legal owner, people can experience psychological ownership and that something is 'theirs' (Pierce et al., 2019). Psychological ownership implies a sense of power or control over what is perceived to be one's own (Nijs et al., 2021). Staff discussed how many residents did not want to move from the estate, with several generations staying within the area and within the same properties. They told me it was expected that properties would be 'passed down' to other family members, particularly after a death:

S2: I only look after a small patch of Gorton, but mine is a quite high demand area where I am and people don't tend to wanna move off.

S4: They don't move from that estate do they!

S2: They hate moving, no one wants to move. If someone passes away, a family member wants it and if you refuse it, they will fight to get it.

One of the housing officers recalled an instance where they needed to reclaim a property after someone had passed away. They told me how family members as well as people in the community went to the local newspapers in protest, disputing the association's right to reclaim the home. Although residents didn't financially 'own' the property, they collectively claimed ownership through demonstrating how where they live is part of them, with attempts to control and reassert power over their place (Pierce et al., 2019):

They had all banners out the window, 'you're not taking our, you're not taking our property back!' They are a proper lil tight knit community down there.

Collective ownership at a local level can be related to properties, local parks, and community gardens (Spiering's et al., 2018). These claims of ownership can shape social behaviours and in situations where our sense of control, resources or identity are at stake, disputes and conflict can arise in efforts to regain those resources (Nijs et al., 2021). Another example of this discussed by staff was how many tenants considered themselves to be 'from Gorton' over being 'from Manchester':

I know people in Gorton who haven't been to Manchester. They've been, just been to Gorton uh and there is, I get, I get it's difficult really because the sense of community that someone feels is a hard thing for them to project and for you then to appreciate. Well, I would say that in my contact with a lot of people from Gorton, yes they do consider themselves from Gorton.

Self-identity is seen to underpin a sense of ownership where the home, objects and places are symbolic expressions of the self that satisfy the need for identity (Pierce et al., 2019). McKenzie (2012) found that participants in her research described themselves as 'being St. Ann's' (a neighbourhood situated in Nottingham, England) where place was central to forming identity. Asserting that you are from a specific region or neighbourhood can be a component of a person's socioeconomic, cultural, and political identity (Robertson, 2013). McKenzie (2012) concludes that residents identified with their community through claiming sense of ownership and belonging, also referring to strong bonding (local) capital within the neighbourhood. In Young and Willmott's work (1957), they argued that policy had failed to recognise the strong attachment to place that had developed throughout generations within working class communities. These attachments consisted of dense social networks, neighbour relations, and family ties (Lawrence, 2016). One housing officer described how residents living in a 'rough' area did not perceive it this way because they found meaning, comfort, and belonging within those places:

Once you've got that little pocket that I've got people don't want to move on... People maybe have been brought up in the area or they've got family in the area, close connections, I suspect that's why and they don't know any different. Maybe that's because they might think 'well I'm in a nice part of Gorton, Beswick down the road, that might be a little bit rough, Clayton, that seems rough but if you live in an area you don't see it as being rough.

This is also related to structural factors such as social mobility and forms of capital, where these factors shape individual agency and the resources they have access to (Bourdieu, 1986).

The processes of power and the resources individuals have access to reflect how particular groups of people operate within neighbourhoods and how these hierarchies are reproduced and maintained. For those who have limited mobility and capital beyond the estate, the value and comfort they find with these boundaries can help explain the degree of rootedness some residents display in these accounts (McKenzie, 2012).

### 5.5.3 Nostalgia

Some staff discussed with me how residents felt connected to Gorton as well as being nostalgic over 'how things were'. From a loss or change in the social fabric, the disappearance of community places and resources as well as changes to the place's demographic were all thought to be contributing factors to feeling nostalgic (Supported by Colin, 2021). This can be heightened in areas that experience high crime and urban deterioration where stigma and undesirable factors may lead to one wanting to distance themselves from the present neighbourhood and feel a sense of loss over what was (Colin, 2021):

They will constantly say things like, 'it's not the same now' and then they'll seem to be guided, by you know, their perception of crime in the area, immigrants in the area, how people don't speak the language so that they don't, they shouldn't be there because they're not getting the help that they need. So they recognise that there's no help for them, there's no help for others. So it all seems very, from when they're speaking, we start on this high note of what it was and then you have this steady decline. You know their faces and expressions change to the sadness of how it is now.

These changes or uncertainties in the environment can threaten one's sense of self and have detrimental effects to mental health (Netto, 2011). Jones (2010) suggests that nostalgia may be used in working class neighbourhoods to contest stigmatising representations and demonstrate their experiences of living with inequality. Closure of local amenities, deterioration of the environment can all form resistance to marginalisation through emphasis of local knowledge and connection (Lewis, 2016; McKenzie, 2012). Nostalgia has been described as 'a composite framing of loss, lack and longing' (Keightley and Pickering 2012: 117 in Loveday, 2014). Staff told me how Gorton had previously been a 'massive hub' for social activities and events in the 80's and 90's as it was close to Belle Vue, an area with significant music history:

There's a lot of harking back sometimes to what Gorton was like historically, because historically of course it's right next to Belle Vue and Belle Vue was, you know a very significant place on the map of Manchester... There's a lot of harking back to that in many respects for those people who have lived there most of their lives, they've got a lot to remember. There's that contrast between what was once there and what is there now.

Participants discussed the ways older residents would often refer to 'the good times' of Gorton where they recalled the music halls that existed, a Zoo that has since closed and other local amenities that were no longer there (Curry, 2016). In the context of change and social tension, nostalgia can be used as a way of making sense of these processes (Colin, 2021). This reconstruction of events shapes belonging, constancy and continuity in a neighbourhood, particularly those facing perceived threats or changes to their environment. One staff member told me:

But now I think that as we're getting more empty properties and people are coming in from the outside that, that's been lost on them a little bit so I don't know, we can't fix that, just by the way that we've dictated to from the local government, how we offer our properties. So maybe you know, as these families are, you know the generations are dying off and new people are coming in it. I think it's losing that nostalgia more and more, it's changing.

Nostalgia can reveal a fragmented sense of belonging where memories and comparisons of the past play a role in current constructions of the neighbourhood. 'New people' was used in reference to Gorton becoming a transient space as staff described an increased number of immigrants and people who did not speak English moving to the area. This was a way of reconstructing belonging and continuity in areas that are faced with perceived social-spatial and political changes (Colin, 2021):

Even in those good old days, where there would have been pollution and overcrowding, and you know, it was still perhaps a somewhat deprived area, that is, that feels very different now than it did then. So again, that perception would as time alters and, of course, people ideas alter as well and of course one of the big things as well is that people don't have their families around them.

Nostalgia was seen to have a negative impact on resident mental health as staff felt it prevented residents from connecting with the current neighbourhood, as well as being a process to understanding the social and economic changes that had taken place over the years. Although loss and a desire to return to 'how things were' was discussed by participants,

strong social relations and territorial belonging also identified resistance to these changes that consolidated social ties, acting as a defence mechanism against the shifting change of the present (Lewis, 2016). These findings underlie with Lewis' work (2016) where older adults in East Manchester shared memories, former ways of life and local landmarks as ways to recreate familiarity and a sense of community that had previously been lost. The disruption to local identity was recognised by staff as reflective of community decline and deterioration of the estate.

This section demonstrates that place is important in numerous ways. From how it informs practitioners' views on residents and the allocation of resources, to the individual and collective ownership people demonstrate on the estate and how unfavourable changes are contested yet recognised. Individuals may engage in nostalgia to manage thoughts and emotions such as anxiety or stress, counteracting 'psychologically threatening' feelings through improving social connectedness, self-esteem and meaning (Routledge et al., 2013: 810).

## 5.6 Summary

Housing officers shared their own realities and experiences of operating within the constraints of the housing system and reflected on how the various effects this had on residents as well as the impacts on them and their professional identities. In the next section, I further analyse and theorise the data, through consideration both phases of data collection at once.



## Chapter 6: Discussion

### 6.1 Introduction

In this chapter I consider my analysis of the two sets of findings from both phases with reference to the literature and conceptual framework developed in Chapters Two and Three. I provide a deeper exploration of the findings, reflecting on the research aims and how the findings address these. In Chapter Four, I detailed the findings from Phase One and the key themes identified: feeling safe on an 'unsafe' estate, community and belonging, control, privacy and safety, The ability to feel at 'home' and experiencing stigma. In Chapter Five I considered findings from Phase Two and the key themes were: balancing commercialisation vs a social ethos, the challenges of partnership working, professional identities, and the effects of place. This chapter will discuss both phases of findings, why they are important, and what they reveal.

In Phase One, the aim was to explore the ways the home environment can intersect with mental health outcomes, the experiences of the home and interactions with the housing provider. Local social capital, the ability to develop ontological security (through feeling safe, and in control), alongside attachment to place (demonstrated through ownership and belonging), contributed to sustaining and supporting good mental health, as well as, to an extent, mitigating some of the negative area effects. Factors such as anti-social behaviour, fly tipping, experiencing stigma, poor relations and negative interactions with the housing provider contributed to worsening mental health outcomes for residents. The closure of a local housing office and communal rooms within tower blocks was discussed, and there was a desire to rebuild and reinstate these services, over developing new ones. Property maintenance, carrying out repairs in a timely manner and addressing issues such as anti-social behaviour and neighbour disputes were important experiences that had an effect on resident mental health.

In Phase Two, the focus was to explore how staff who are employed by the housing provider view their evolving role, the culture of care towards resident welfare and the ability to meet the needs of residents in the context of broader national and structural changes within the sector. The overall findings demonstrated the difficulties staff faced in supporting residents, where they discussed with me pressures around funding, balancing a social vs commercialised

ethos, national policy commitments and working in partnership. Staff felt that place-based factors and service delivery had a significant impact on residential health and well-being. The following section of this chapter explores the different levels of reality experienced by participants through identifying the key commonalities, differences, and spaces within both phases of this research. Through stratification, the real (causal mechanisms of events such as housing systems) the actual (the process of stigma) and the empirical domain (how mental health is influenced, how it can be related to the places people reside) can be investigated to explore how these complex factors interact and possibly account for mental health outcomes. My findings require further analysis through considering the research questions and aims. Four research aims questions explore the thread of inquiry:

- 1) How do residents experience the home environment?
- 2) What role does the home environment play in relation to mental health?
- 3) How can the housing association support residents?
- 4) How do housing staff perceive their role, as part of integrated health approaches?

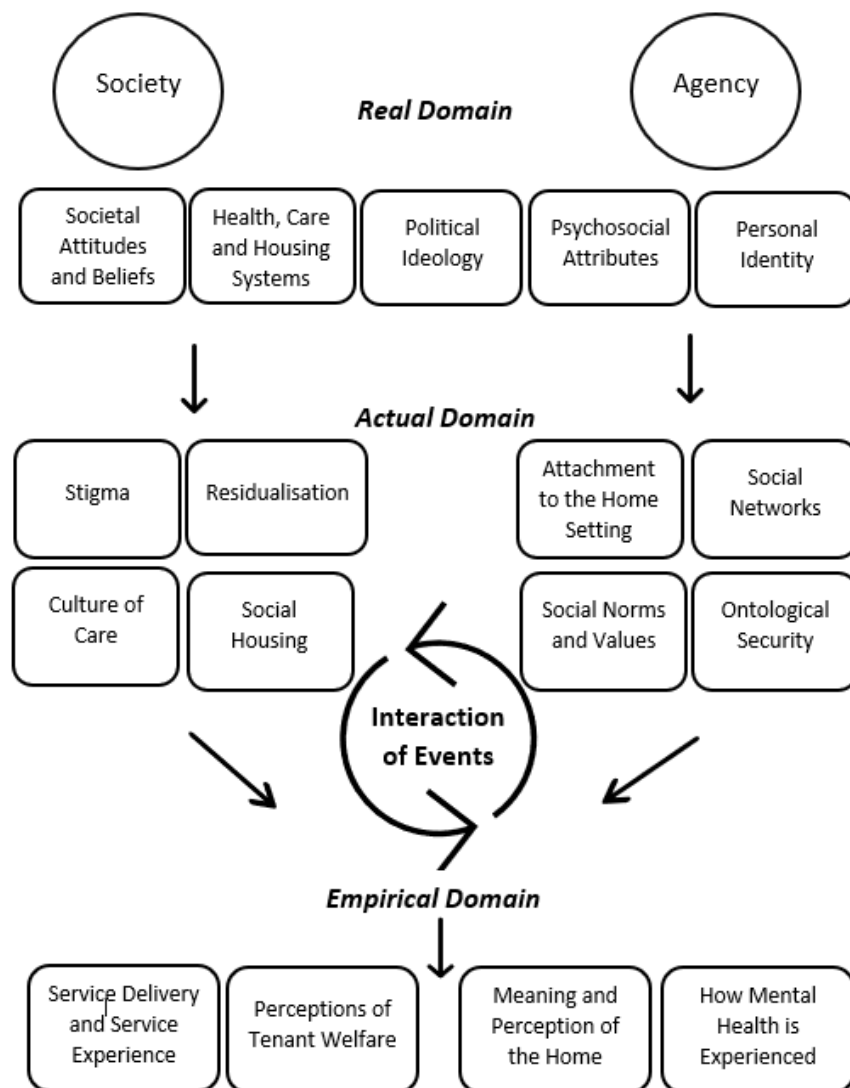
This chapter will now explore what the findings demonstrate, how they relate to existing literature, and why they are significant. To do so, themes from each phase have been merged (See Table 3).

<b>Merged Themes</b>
Place attachment - Ownership and Belonging - Navigating 'safe' and 'unsafe' places
Culture of Care - Involvement - Barriers to Accessibility
Stigma and residualisation

**Table 3: Merged Themes from the two phases.**

There are overlaps within this discussion due to the interrelatedness of the concepts as I explored in Chapters One and Two. In addition to identifying reoccurring themes in the data set following Braun and Clark's (2006) thematic analysis, this critical realist project also aimed to explore the underlying structures and mechanisms that can help explain these events. To

illuminate this process, I have provided a diagram (Figure 4 below) that identifies the underlying structures and mechanisms that exist for the phenomena to emerge.



**Figure 4. Structures, Mechanisms, and Events identified.**

Working top down on this figure, at the level of the real there are two structures- society and agency, that result in five generative mechanisms identified above: societal attitudes and beliefs, health, care and housing systems, political ideology, psychosocial attributes, and personal identity. At the level of the actual there are eight emergent events identified: Stigma, residualisation, cultures of care, social housing, social networks, attachment to the home setting and ontological security. The interaction of these events generated the experiences that are evident in the empirical realm, which explores service delivery and experience, the

meaning and perception of the home, how mental health is experienced, and how housing officers perceive tenant welfare.

## 6.2 Attachment to Place

This section will begin by exploring the first two aims of this research through a consideration of participants' experiences and perceptions of Gorton, how it is to live there, and the pathways that influence mental health. A common theme was the effects of place, where both residents and housing staff identified the neighbourhood as a mechanism that shapes and influences mental health outcomes. The most prevalent aspect of the home environment that was discussed in relation to mental health was place attachment, which will be explored in the following section. People desire stability, security, constancy, and ways to maintain their self-esteem, with place acting as a site that restricts or facilitates these needs (Korpela, 2012). Attachment to place refers to the emotions, memories and experiences tied to the home setting, that can develop when a place meets an individual's emotional needs, allowing them to develop and maintain a sense of identity (Hernandez, et al., 2020). As explored in Chapter Two, place attachment is related to personal identity that develops through the nature and interactions that occur within the environment. Alongside aspects of identity, entities such as 'sense of belonging' 'attachment' and 'self-efficacy' provide insight into human behaviour and the psychosocial resources that have a causal role in shaping the experiences of an individual within that particular context.

### 6.2.1 Ownership and Belonging

Place attachment was demonstrated through a sense of ownership and belonging. Gorton was described as a 'tight knit community' by housing staff, and residents often collectively demonstrated a strong sense of attachment to place. One way this had been displayed was through an example I discussed in Chapter Five, when staff recalled an instance where they needed to reclaim a property. An individual had passed away in their home and residents anticipated the tenancy successor to be a family member (I was told this was often the case) but their claim was rejected. Alongside the family members, residents on the estate began

putting banners outside their windows that stated, 'you're not taking our property back!' as well as sharing the story with a local newspaper to protest the housing association's decision. Collectively, residents felt they had a right to determine who can access the property and what happens to it. Pierce and Brown (2019) discuss the need for self-identity as one of the motives that underpins a sense of ownership, alongside motivation for having a place to dwell which can provide meaning, comfort, and security. Staff stated residents would 'fight' for this right, and that people 'don't move from that estate' telling me families remain there for 'generations'.

Residents exhibited a sense of ownership and belonging that demonstrated a strong bond between them and where they reside. Nijs and colleagues (2021) highlight how psychological ownership can form when an individual or a group of people claim a sense of power and control over what is perceived to be one's own. This theme was central to research undertaken by Mah (2009), who found strong demonstrations of place attachment, where residents collectively claimed ownership and supported one another in efforts to keep their homes and preserve their community. The complex emotional interconnections between people and place mean that challenges to these resources can be threatening to one's identity and autonomy (Bradley, 2017). Their ability to claim ownership over their homes was bound to the structures they were situated in, where residents had a lack of control over the ways their environment was changing. Staff explored these experiences in relation to changes in Gorton's social fabric, and how increased perceptions of 'crime in the area, immigrants in the area' made individuals feel apprehensive over those people who 'are coming from the outside'. In the context of change and social tension, establishing control was used as a mechanism to combat and contest the decisions made by staff. Staff reflected how they 'can't fix' the allocation processes, referring to their property distribution as something that was 'dictated from the local government'.

If definitions of place attachment consider the positive features such as belonging and social connection, then the negative aspects such as the ways it can confine, disappoint, and neglect our needs, must also be considered (Manzo, 2013). The succession of properties was discussed in both phases, and Ryan was one resident whose home had previously been occupied by his parents who had now passed away. Ryan's attachment to his home was complex, telling me it was important for him to stay local as he was 'loyal to Gorton' stating

he couldn't leave because of the 'trauma' he experienced there. Ryan considered the 'emotional connection' he had to the neighbourhood, that was related to the previously existing social networks he had there. Although his friends and family who had lived in Gorton were not there anymore, he told me 'everybody I've loved has been here' so he couldn't 'walk away from it'. This aligns with Manzo's (2013) study, who found that people who had negative experiences and associations with their home environment still demonstrated strong emotional attachments to place, that illustrates the home operates with a complex, multi-faceted site of meanings that can be positive and negative simultaneously. Ryan's attachment represented the emotional bond that people can have with their environment, which presents different risks and vulnerabilities for each individual (Rollero and Piccoli, 2010). There were multiple factors that influenced the meaning of home for Ryan, where these empirical events that describe the desire and reasons to stay in Gorton reveal the mechanisms in the actual domain that trigger these events, such as attachment to place. The psychosocial processes that form these attachments include security, continuity, sense of belonging and rootedness. Thus, place attachments are an affective link that people establish within particular settings, often developed to where one feels that they belong. The meaning of the home environment was developed through Ryan's attachments to place that shaped his identity, where his attachment to Gorton and the experiences he had there formed who he was and where he felt comfortable.

When staff explored their understandings of resident's attachments to Gorton, it was framed through social capital and being excluded from this beyond the estate, stating residents 'don't know any different' and that when 'you live in an area you don't see it as being rough'. These professional realities denote different understandings of how residents interpreted their home environment. For residents, there was acknowledgement and awareness of these social and economic focused factors, yet residents placed greater emphasis on what Gorton provided, in terms of social networks and a sense of community, over what it appeared to lack. Where the neighbourhood has been devalued from those outside the estate it had value to those within, where being 'from Gorton' and wanting to live there out of choice was emphasised. Oli was one of two residents who had moved back to Gorton after living away in other cities for several years. When bidding for properties he told me that he 'didn't care what it was, as long as it was in M18' describing how he was 'just so pleased' to be offered a

flat in Gorton, referencing the social networks he had close by, such as people who went the same school as him and other 'familiar faces.'

For Laura, Ben, Jemma, and Oli, there was a sense of attachment to the home as it reflected their ideas and values which held positive meanings and offered psychosocial benefits in spite of other detrimental area effects. An innate feeling of the home environment was described that was difficult for residents to conceptualise, referred to as 'that gut feeling' and where you 'settle'. These attachments were explored through personal belongings, decorating the space, and creating the desired atmosphere: all ways that could make the home their own. Such feelings shaped the meaning of the home environment for residents where displays of attachment provided comfort, belonging and identity, meeting the conditions of ontological security (Dupuis and Thorns, 1998).

For Amy, continuous disruptions from months of noise affected her and her new-born child, alongside neighbour disputes, and negative interactions with the housing provider. These experiences inhibited her ability to form an attachment with the home environment. Amy hoped it was the end of her 'Gorton story' as she was on the waiting list to move out of the area. Amy explored her inability to develop an attachment to her home by sharing how she had begun to decorate the flat through changing the wallpaper and buying home accessories, yet regardless of the efforts she made, 'it just felt like that house was not my home'. Amy was unable to form a bond with her home environment as it did not offer a secure base. This was reflective of Amy's inability to express herself and create the desired atmosphere in her home, having undesirable effects. The residential domain is an important source and signifier of self-esteem and self-efficacy. Aesthetic aspects of the home and neighbourhood have previously been associated with mental wellbeing (the comfort the home provides, personalisation, attractiveness of the neighbourhood) (Hoolachan et al., 2017; Ratnam, 2018). The personalised meaning of decorations became reflective of how the individual felt towards the dwelling, and the ability they have to develop attachments with their environment. Amy was unable to carry out her daily routines as the spatial context was embedded with risk, instability, and insecurity. This instability meant that the residential domain was out of Amy's control, where its unpredictable nature meant that the home was not a secure base that she could build her self-identity on.

For others, the home environment was a place where emotional attachments were developed through social connections that offered an increased sense of security and comfort. Social networks were one of the generative mechanisms identified that contribute to the meaning of the home environment, how it is experienced and its relationship to mental health. The home environment is unique to the individual, where the experiences and meaning ranged from the home as a site of security, insecurity, a space of control, a site of confinement, powerlessness, and self-esteem, alongside a reflection of taste and values. It became apparent in the data set that the individual experiences of the home environment harbour a set of complex, fluctuating meanings that at times are contradictory and temporally located. Our home makes up part of our identity, with a 'good' home offering a sense of belonging (Bradley, 2017), security (Colic-Peisker, Ong and Wood, 2015) and the ability to exercise control (Fossey et al, 2020).

### 6.2.2 Navigating Safe and Unsafe Places

Complex articulations of the 'safe' and 'unsafe' elements within Gorton were extended through discussions on a divide between the 'inside' and 'outside' the estate. The majority of residents identified with their community and the neighbourhood, with an emphasis on local value systems and shared cultural understandings that contributed to feelings of safety and familiarity. Aspects of place identity was evident in both phases, many residents did consider themselves to be 'from Gorton' as opposed to being 'from Manchester'.

When residents identified with their neighbourhood it was often presented through ownership and a sense of belonging that was also related to bonding (local) social capital. Jemma had told me that when she moved to Gorton she 'didn't know anyone' but was made to 'feel welcome' through her interactions with neighbours, telling me she didn't 'feel like an outsider'. The term 'outsider' revealed a distinction between those who live on the estate and are born there, in contrast to those who live on the outside or do not conform to expected social norms (Hicks and Lewis, 2020). People in the neighbourhood often demonstrated a strong connection to place, that was related to 'being Gorton', contributing to one's self-identity. Jemma had lived in Gorton for five years, telling me the local connections she had made her feel like she had lived there for much longer. Jemma discussed the close relationship



she had with one neighbour in particular, and how she appreciated the informal surveillance they provided, such as calling her if the outdoor gate was left open. With concerns over safety and intrusion, the protection and comfort provided through neighbour relations mediated these concerns and contributed to Jemma's attachment to place and attainment of ontological security. People may fuse themselves to the places they have found comfort, security, and a secure base to formulate identity (Hernandez et al., 2020). For Jemma, place attachment emerged through the process of gaining bonding capital by becoming connected to the people within the community that was not dependent on how long she had lived in the area.

Amy was another resident who had lived in Gorton for five years, yet had a very different experience and perception of the neighbourhood. Amy and Jemma were two residents I interviewed who did not have prior connections to Gorton and had both now lived there for five years. Yet the interactions and experiences of the neighbourhood differed quite significantly, and the casual mechanism identified was the ability to form an attachment to place through the bonding capital, developing feelings of safety and belonging. As I discussed in Chapter Four, Amy told me that prior to the assault she felt tensions had begun between her and other neighbours because she wasn't interested in developing relationships with them and that 'they just found that really hard' to understand. Unlike other residents, Amy didn't want to 'chat over the bins' or 'care' about the problems her neighbours discussed, stating 'you don't know me, but I don't chat to anyone'. By not engaging in the expected cultural norms Amy lacked bonding capital, and wasn't afforded the resources that would protect her. This was reflected in the event of the assault where other residents defended the neighbour who attacked Amy by telling the housing provider a false account of events. There was a sense of looking out for 'your own', where social connections were of great importance and not conforming to these expectations had negative consequences. Other residents reinforced these views, stating that people who 'belonged' in Gorton 'cared' about where they lived.

In both phases, themes on levels of trust, neighbourliness, and feeling safe emerged. In many narratives, support received from neighbours was something participants could draw on and also exchange. The value added from (local) social capital included emotional and practical support that facilitated positive mental well-being. Reliance on local friendship and

connections could develop intensely, and there were challenges if you didn't fit in or partake in the local social expectations and behaviours. Amy's experiences of the residential domain significantly impacted her mental health, where she was left 'feeling angry all the time' and 'not being the same' as she was before moving to Gorton, telling me events had left her 'constantly looking over my [her] shoulder.'

Knowledge about the 'culture' of the neighbourhood, was described through using 'common sense' and having 'your wits about you' where it was a 'good' and 'safe' place to live, 'providing you're obviously careful'. Knowing all 'the back streets' and how to behave when experiences such as drug transactions and anti-social behaviour presented in the estate was important in keeping safe. A sense of security was greater for participants who felt more connected to the area, where residents had confidence and trust in their neighbours, and developing these relationships was important if you wanted locals to 'watch your back'.

### 6.3 Experiences of Cultures of Care

This section will explore the third aim of this research that looks at developing new understandings of the changing role of housing associations in relation to integrated health approaches. To do so, the housing provider's current practices were considered through exploring the needs of residents, barriers to accessing care and the complexities of integrated approaches. Although this research is primarily focused on the residents' perspectives and lived experiences of mental health and social housing, how housing staff perceive and adapt to these challenges is important. A common theme was the culture of care, where residents and housing staff discussed care dynamics and service provision. These mechanisms manifested into two identifiable events: desired support dynamics and fragmented service delivery. The term 'culture of care' is used to explore the approaches to tenant welfare, the delegation of resources, the quality of support and areas of development. These themes gave insight into decisions made about how society is organised (social norms, politics, economics, ideology and so forth) that can change over time and vary between different social groups and the context they are situated within. For these conditions to exist, the preconditions are set within health, care, and housing systems where entities (that are often invisible) within these systems interact (neoliberalism, health inequalities) where their powers are observed

through ‘triggered’ events. These events were identified through the experiences of accessing support services, concerns relating to service costs, and difficulties in partnership working.

### 6.3.1 Involvement

Staff discussed that residents wanted ‘to be more connected’ and have ‘face to face conversations’, that made the decision to close the local office and reduce locally accessible support ‘frustrating’, making staff appear as though they were not ‘really listening’ to residents’ needs. Oli, Laura, and Tony also referred to the closure of neighbourhood facilities such as the neighbourhood office and communal rooms in tower blocks, that linked to issues such as crime and anti-social behaviour. These events were often discussed in relation to psychosocial attributes such as maintaining control, coping ability and social support. Problems ranged from fly-tipping, noise, anti-social behaviour, and stigma, that have been shown to challenge mental health through increasing feelings of insecurity and powerlessness, reducing self-esteem and sense of control (Gibson et al., 2011, Jacobs and Flanagan, 2013; Manwell et al., 2015; Mattheys’ et al., 2016). Ryan told me how the loss of the Gorton office was ‘a concern’, and that areas like Gorton require ‘more of a presence’.

Yet there were differences in the perceived amount of involvement the association should have, with some residents wanting more direct action and involvement, and others seeming more apprehensive about the repercussions of this involvement. This is significant in terms of what role the housing provider is expected to play. Laura shared that when her upstairs neighbours would ‘carry on’, she resolved these issues herself instead of going to the housing provider, as they ‘don’t live here.’ Ryan also explained that people on the estate wouldn’t report issues to authorities ‘unless we [they] absolutely have to.’ At times interactions had been ‘patronising’ and residents felt ignored, particularly when experiencing delays in repairs and property maintenance. Staff discussed the difficulties in managing anti-social behaviour as well as lack of investment, telling me how the associations current housing stock and infrastructure required improvement. When interactions had been positive, residents felt more confident in the housing provider. It was evident that previous interactions with the housing provider influenced how residents felt towards the housing association and whether they would access or engage with future support services. Residents desired a point of access

for them to engage with the housing association when they felt it was required. However there was apprehension over their degree of involvement that the housing provider should have, and this was reflective of an unwillingness to involve the housing provider in disputes unless necessary. Davey and Koch (2021: 43) state that residents on working class housing estates 'negotiate the presence of an authority that is often out of sync with their own expectations' as involvement can undermine efforts to stay safe and feel protected.

### 6.3.2 Issues of Accessibility

The change in approach to service provision resulted in less accessible resources, discussed throughout both phases. Mentioned in Chapter Five, the staff team expressed concerns over transitioning support services online, and that doing so would fail to support 'the hardest to reach' residents. They discussed how some of the residents they supported didn't have the skills or resources needed to navigate online systems, and that it was these individuals who were at risk of getting 'left behind.' Only one resident out of the seven I interviewed had internet access in their home. Several participants told me they did not have the digital technologies, skills, or financial means to access services online which became a barrier when trying to access support.

In both phases participants experienced difficulties reporting issues through phoning into the triage service. All residents who had previously reported repairs told me they would commonly be on hold for an hour before getting through to someone, and would then be waiting an additional few months for the repair to be carried out. Staff were required to navigate the same triage system where they would sometimes have to refer a case forward several times before being able to get the resident the support they needed. This created a 'constant cycle' where residents couldn't get the help they needed that exacerbated these issues, where housing officers were required to be persistent in order to 'get a resolve' for that person. These issues were experienced by staff and residents, that were triggered by events such as how resources are delegated, the type of support provided, and what is prioritised, that all contribute to the formation of 'the culture of care'. These mechanisms reveal some of the deep conditions they operate within (health, care, and housing systems) that enable the event to be 'triggered'.

Staff focused on structural forces to explain these issues, where tensions between commercialisation and maintaining a social ethos presented challenges. Staff emphasised the importance of having a strong social purpose, scrutinising their current business orientated model that they felt impacted the delegation of resources, uncoordinated service delivery and resulted in a culture of care and support that was not reflective of residents' needs, creating further barriers. Staff felt that the people they are now 'aligning' their services with were 'not the people we [they] need to reach', telling me that the tenants who are in employment and have internet access are often not the people who need to access their services, meaning that these systems miss out 'a big majority' of their tenants.

There were challenges in trying to access support due to a lack of coordination and poor decision making, rather than issues with individual professionals and practitioners. How the housing association assessed, and prioritised repairs also requires further consideration. In Jemma's case, there was a broken fence panel that left her back garden exposed. Staff had identified a recurring issue in maintaining and repairing broken fence panels that was not highly prioritised. Yet for Jemma, resolution of this issue was crucial, as she feared there could be 'someone lurking around in the back' and had expressed to the housing provider she 'didn't feel safe'. Before being supported to move into her current home, Jemma had fled her previous property after leaving an abusive relationship. The home had previously been a place that inhibited safety and security, so the importance of the home environment supporting those psychosocial mechanisms was crucial to Jemma's mental health. This suggests that repairs and their prioritisation should also consider the psychological impact it may have on each individual resident.

Lack of access to current services led to unmet need and a fragmented system of service delivery. Accessibility was a crucial mechanism in supporting mental health outcomes (see Aitken et al., 2017; Seo and Lee, 2021). An increasing commercialised ethos meant that the housing provider was increasingly unable to provide 'on the ground' services and this was a problem for residents and staff who felt this made their role harder. Yet the financial success of the housing provider was crucial to its survival, and moving services online was reflective of this. With local authorities unable to provide the services they used to, the housing provider had been increasingly expected to 'fill a gap'. Yet these additional demands appear to have reduced the traditional facilities a social housing provider would deliver such as carrying out

repairs and maintaining the properties. Staff told me tenants were unable to get necessary repairs done in a timely manner, and these experiences were a source of frustration for residents that fed into issues around control, status, and self-esteem. Under neoliberalism, residents must be increasingly self-reliant and independent from state support (McKee, 2015). Street level bureaucrats are increasingly tasked with ensuring the self-governance of and compliance of residents, alongside reduced welfare measures (Clarke et al, 2020). Staff were often required to take on multiple roles due to the difficulties in coordinating care when the interventions depended on another service. The organisational culture within the services offered by the housing association varied, yet there was a clear lack of coordination within approach to tenant welfare within the housing association.

#### 6.4 The Role of Stigma and Residualisation

This section will focus on the processes of stigmatisation and residualisation. From societal structures emerges 'social attitudes' that refers to the attitudes and perceptions of an individual or group of people towards others. The nature of a society will influence what these attitudes are. Understanding how adverse mechanisms impact mental ill health in groups that face multiple disadvantages is crucial to advancing understandings of how multiple inequalities are created, maintained, and reproduced (Karadzhov, 2020). The causal interactions of both agency (psychosocial attributes, personal identity) and social structures (societal attitudes, housing systems) shape and contextualise health outcomes.

Stigma was identified as a mechanism that influenced mental health, service delivery and interactions between residents and the housing provider. Stigma was often discussed in relation to fly tipping and urban deterioration, that led to discussions around the perception of Gorton and the people who live there. Crocker, Major, and Steele (1998: 505) define stigma as 'an attribute, or characteristic, that conveys a social identity that is devalued in a particular social context.' A key causal mechanism driving the experience of stigma was often identified through perception of place, urban deterioration, and lack of investment, these events can be theorised through 'residualisation'. As explored in chapter Two, residualisation determines the characteristics of those residing in social housing (economic status, employment)

alongside supplying limited funding that fails to address the visible physical decline of these places (quality of housing, visible deterioration).

A key empirical finding was how most residents actively resisted these connotations, and that the residual nature of the area was not seen to be reflective of the people who live there (Hicks and Lewis, 2020). Laura was one resident who actively resisted descriptions such as 'poor' and 'deprived' stating that people who lived in Gorton were 'no different' to anyone else. Laura felt that Gorton had 'progressed a bit' and was 'upset' that people who didn't live in the area making these observations and judgements. Ryan discussed how stigmatising perceptions of Gorton impacted the people who live there, and that these attitudes prevented people from finding work or going to university where you became a 'victim to something that has nothing to do with you'. Ryan felt when he told people he was from Gorton, they would think of him as 'a potential murderer, druggie' where these connotations wouldn't 'get you anywhere in life.' Ryan told me he was 'proud' of where he was from and expressed a strong sense of injustice that people who live in Gorton 'get painted with the same brush.' Stigma that was generated from neighbourhood decline reinforces the process of decline and in turn, perpetuates stigma. Negative images of an area such as visible deterioration and fly tipping reinforce the idea that an area is problematic (Watt, 2020). This process of decline also contributes to the separation of Gorton from the wider city, as socioeconomic and physical separation with the building of new private homes close by the estate. External perceptions from housing officers were partly based on the beliefs that residents displayed 'dependent' behaviour with 'generations' of families not moving beyond the estate, where they did not always take 'responsibility' for maintaining the area.

Fly tipping, overflowing rubbish and a lack of area maintenance were all factors that influenced the attitudes staff had towards Gorton and those who reside there. One housing officer felt that people on the estate didn't 'take any responsibility' over the problems with litter and fly tipping, stating that if it was outside their home, they would be 'picking it up and taking it to the tip'. The undesirable attributes of Gorton shaped the housing officer's perception of the people who live there, feeding into symbolic forms of stigma that was ascribed to lifestyle choice, laziness, and irresponsibility, stating that 'people just can't be bothered.' Other staff members had different perceptions, describing the 'vicious cycle' of disinvestment and poverty. They discussed with me how the housing association had

previously taken more responsibility over property maintenance, yet due to issues with funding they had increasingly placed these responsibilities onto residents who 'can't afford to fix the fence'. The One Manchester Repairs Policy (2018: 14) outlines all the repairs that residents are now considered responsible for. The list of 'minor' repairs includes fencing and gates, rubbish clearance, keeping the inside of the home 'clean and in good condition'. Yet staff described the ways these decisions had contributed to making the area looking 'poor' that worsened existing problems as well as creating new ones. This is indicative of what Galvin and Hacker (2020) describe as 'policy drift', the failure of policy revising practice to reflect changes in socioeconomic circumstances. In this instance, a lack of maintenance led to the deterioration of crucial infrastructure that directly had an impact on participants mental health, with the practical effects of disinvestment being discussed in in both phases. Laura, Oli and Ryan all suggested it was 'outsiders' coming into Gorton and 'dumping' rubbish, and that it was the responsibility of the housing provider and local authorities to maintain the area. Some residents expressed feelings of frustration and powerlessness over these issues, that fed into discussions around being unable to control the actions and opinions of those outside the estate. Jemma told me how issues with rubbish and a lack of investment would make people think 'you're dirty or something' and that if you see a place which 'looks scruffy' this informs how the people who live there are perceived. When an area is widely perceived as 'tainted', this taint can then 'rub off' on inhabitants, with stigma attached to residents by their marginal social status which is encapsulated through the stigmatisation of their neighbourhood (Wacquant, 2007).

Laura referenced these stigmatising perceptions as reflective of wider structures 'we don't see it as that, we just see [it as] funding and things'. It was the effects of residualisation (closure of communal resources, visible deterioration, lack of area maintenance) that had been detrimental to the community in Laura's account, not the demographic makeup of the people who live there. Residents were aware of the structural factors that impacted them, reinforced through the neglect of the estate. Graffiti, fly tipping and urban deterioration have previously been evidenced as a detriment of mental health (Makita et al., 2020) which was also evident in these findings. Stigma was a fluid process that was often resisted and negotiated by residents, making Gorton misunderstood and misrepresented (See Slater and Anderson, 2012). There has been a tendency to view the problems experienced by those living



on social housing estates in terms of blame and responsibility (Jacobs and Flanagan, 2013). Issues such as fly tipping and rubbish can feed into forms of stigma where it is attributed to the lifestyle of those living in social housing and thus the cause and responsibility lies with them. Disinvestment and a lack of maintenance made the area 'look poor' which was explained as people not taking 'responsibility' for their own properties and not looking after themselves. By attributing place-based disadvantage to individual choice and agency, this pathologizes lifestyle choices. It is suggested that stigma is maintained through structural and hierarchical power that discredits those who are perceived as existing outside expected societal norms (Link and Phelan, 2014). Inequality is preserved through different access to socioeconomic, cultural, and political resources that construct and maintain stigmatising attitudes alongside its consequences (McCormick et al, 2012).

Within literature on stigma and housing, social housing is perceived as being the least desirable form of tenure and thus carrying the weight of discrimination (Manzo; 2013; Vassenden and Lie, 2013; Watt 2020). The residualisation of Gorton was one of the mechanisms that informed reasons of stigmatisation and discrimination of the area and those who reside there through differentiation and social exclusion. Different priorities in funding reflects neoliberalism in housing policy that has led to an emphasis on financial management as being crucial to the success and survival of housing associations (Hodkinson et al., 2013). Staff discussed how the housing provider was building 'multimillion pound housing schemes' for private rent 'on the other side of the road' from one of their estates in Gorton. Thus, areas with large stock of social housing become 'tainted' with the justification that the government will 'fix' and 'regenerate' areas through neoliberal values, that focus on expanding property revenue and further incorporating real estate within the housing market, with an aim to 'socially mix' residents.

Being stigmatised had practical consequences for social housing residents that shaped their everyday realities. Policies that inform the residualisation of social housing shaped the societal perceptions of these estates as being 'different' and 'undesirable' (Horgan 2018). Reduced investment in the existing social housing stock was an issue I have presented throughout this discussion, where factors such as urban deterioration and a lack of investment played a role in how people perceived Gorton that affected the self-esteem, status, and control for residents. In turn, place was prominent theme that related to mental

health outcomes. Staff gave further insight into the structure and mechanisms at play such as the consequences of neoliberal policy, with the responsibility to maintain the property and surrounding area being increasingly placed on tenants. Overall staff were aware of the challenges residents faced and shared similar concerns, yet they worked within the constraints of the housing provider's allocation of funding and resources decided by those 'up top'. These limitations effected the ability of housing staff to engage with residents and provide them with the support they needed.

## 6.5 Summary

These findings have highlighted a number of key pathways that shape the experiences, perceptions, and meanings of the home environment for residents. The idea of safety and protection is viewed in the local context of the neighbourhood, and the ways social norms and local value systems contribute to this process. In order for residents to feel at home and experience its psychosocial benefits, the housing association must provide constancy, a secure base for people to feel confident, build self-identity and enact their daily routines comfortably and in privacy. Residents and housing staff identified similar barriers in the ability to feel at home, and these discussions revealed distinctions between their realities and the structures that the housing provider operates within. The loss of local facilities and communal spaces presented issues in accessing support for residents, as well as exacerbating concerns over anti-social behaviour and property maintenance. The home setting and mental well-being are in a continuous state of flux, influenced by a combination of processes as outlined in Figure 4. Thus, these explanations are context bound and vary depending on the time and place they occur within. Through a multi-method approach, the less tangible aspects of the home setting have been drawn out, alongside the practicalities and issues in supporting residents' needs, and the wider structures these experiences operate within.

## Chapter 7: Conclusion

### 7.1 Introduction

This chapter begins with a summary of the research findings, further explored by the research aims and objectives. I then discuss the contribution to knowledge and the development of theory this thesis provides, followed by implications and recommendations for the housing provider. This is followed by covering the limitations of this research and my final concluding remarks. This thesis has highlighted several key pathways through which residents' experiences of the home environment shape mental health outcomes. Finally, I provide a critical reflection of the research and scope of the study, discussing issues I encountered and the limitations of this thesis.

This thesis has explored the less tangible aspects of the home in both supporting and being a detriment to mental health, with multiple realities operating at once that give rise to these experiences. It has demonstrated that exploring the 'psychosocial benefits of the home' (Kearns et al., 2000) can improve understandings of mental health in relation to socially housed residents in Gorton, Manchester. There has been a tendency to depict social housing as a predominately negative and stressful environment, where people lack agency and fail to take responsibility. This thesis presents a different picture, that draws attention to the complexities of life in Gorton. Through articulating the ways residents demonstrated belonging, ownership and feeling proud, despite some of the negative aspects living in Gorton brought them, residents were able to form attachment to place whilst negotiating the processes of stigma and the residualised nature of the estate. Through local social capital, the resources residents could access provided them with safety and companionship, that at times could counteract the disadvantage. The semi-structured interviews with residents revealed different dimensions of housing that influenced their daily lives. It has been an overarching aim of this thesis to look at the changing role of housing associations as well as developing an understanding on effective ways to support people in social housing.

## 7.2 Summary of Main Findings

In this section I reflect on the research aims, summarising the key findings as appropriate in each section.

- **To identify how social housing residents experience the home environment.**

Following a consideration of the literature in Chapters One and Two, the home was established as a multi-dimensional concept that encompasses various spatial, material, psychological and social significance. I adopted a critical realist approach to explore the complex nature of the home, and through its stratified ontology, the application of several theories acted as ways to interpret reality and the structures they are situated within whilst reflecting the subjective experience. Critical realism helped me untangle the complexity within these accounts, that was further reflected in the emergent themes in Chapters Four, Five and Six. Semi-structured interviews with residents gave me an opportunity to explore the experiences and perceptions of the home in their own words, that was further illuminated through the application of theory.

Protection and safety within the home and threats to it was discussed in several ways: firstly to the extent that the neighbourhood was a safe place to live in, how social norms and identity played a role in accessing resources that contributed towards safety and protection, and the extent to which these resources were accumulated via social networks. Residents found value within the estate through their friends, neighbours, and wider community. Understanding the local culture within the neighbourhood was reflected through knowledge of what streets to walk down, maintaining friendly relationships with neighbours, and what behaviours to adopt. The acknowledgment that where residents lived was unsafe at times was also present when discussing drug transactions, anti-social behaviour, and physical assault. It was important to display the expected social norms that helped them navigate the unsafe elements of the estate and afforded a degree of protection through informal surveillance and strong networks. The norms, values and trust that characterise these social networks are situated in the specific context they occur within. Levels of trust and norms facilitated co-operation, social support, and resources. However, not cooperating with these norms, (such as not being talkative to neighbours or involving authorities before attempting to solve issues

amongst one another) could result in losing social status, protection, and the respect of others. As in Amy's case, there was an equally negative and mutually agreed repercussions that highlighted the 'darker side' of social capital, such as social exclusion and lack of protection.

Disruption to the attachment to place was experienced through a lack of access to social networks, the absence of reciprocal support and recognition, the effects of stigma, and poor interactions with the housing provider. These perceptions contributed to psychosocial stressors, such as feelings of anxiety, powerlessness, and loss. In addition, a strong sense of place was supported through attachments to the local community that correlated with a sense of identity, being proud of where you are from, and local support networks. Familiarity and engaging in social norms induced feelings of attachment, belonging, and value through being part of something. These experiences take place in existing structures that both facilitate and restrict agency. While the positive aspects of the estate, such as support networks and local resources were often perceived as outweighing the negative aspects, issues such as stigma, the lack of clear ownership and crime presented challenges to mental health. It is also plausible that perceptions of stigma made residents emphasise feelings of pride and belonging, as they expressed anger over perceived judgment made from those 'outside' the estate. Individuals who demonstrated stronger connections to the community were also more likely to take action in preserving and improving the area. Taken together, place attachment was a result of an interplay of multifaceted experiences and perceptions. Through stratification, the interaction of events that generate our experiences can help explain the complex and multifaceted bonds people have to their home environment, that, simultaneously, can harbour deep and seemingly contradictory meaning(s) (Manzo, 2013). Returning to critical realism, the experiences captured in in this thesis range and interact on a continuum of broad perceptions of the home and mental health, that emphasise the three levels of reality operating at once. The explanations I have provided are not looking to correspond with 'objective' reality, but rather how they reflect the theories that inform this analysis (Bhaskar, 1989).

Aesthetic aspects of the home environment such as the attractiveness of the neighbourhood and the quality of the home related to psychosocial processes such as status, self-esteem, and control, as outlined by Bond and colleagues (2012). Rubbish, fly tipping, and a lack of

general maintenance were issues frequently mentioned by both residents and housing staff, and these issues undermined residents' ability to develop a sense of home. Further discussions around who should take responsibility for the rubbish, fly tipping and broken fence panels revealed dispute and conflict. Conflict over responsibility reflected the broader structures at play, such as changes in the delegation of funding, processes of residualisation, and stigma. A lack of communication and conflicting approaches from the housing association meant it wasn't clear if residents was expected to solve these issues independently, especially fly tipping that took place in shared public spaces.

This research objective was achieved through exploring the ways residents made sense of their home and engaged in the everyday practices of the neighbourhood.

- **To identify the ways the home environment can intersect with mental health outcomes.**

My interviews with residents illustrated the ways local social capital supported mental wellbeing. Social capital looks at the quality of networks people can access, levels of trust, reciprocity, perceived social cohesion and systems of value, as outlined in Chapters One and Two. It was evident in discussions with residents that social networks, reciprocity, and notions of belonging played a significant role within the neighbourhood. Networks took place in local facilities, such as a community centre and food bank. Relationships with neighbours also provided support, surveillance, and comfort. Furthermore, having a 'defensive space' (Gibson et al., 2011: 565) was important to residents, associated with feelings of privacy, security, and control. Broken fence panels, issues with the communal door and concerns over intrusion highlighted the psychosocial risks to mental health. These concerns had been exacerbated through the closure of the local housing office, locked communal rooms and a perceived lack of presence on the estate. These factors were seen as contributors to anti-social behaviour and crime in the area, that fed into issues concerning control, respectability, safety, and status, acting as a barrier to obtaining ontological security and place attachment.

A sense of powerlessness was present in some of the narratives, with some residents feeling that the estate was used to dump rubbish through the intrusion of others. As discussed in

Chapter Two, the process of residualisation informed by political ideology had led to a decline in status and resources within social housing estates (Pierce and Vine, 2014). It was not the case in any accounts that residents felt they were solely 'the stigmatised', as subtle processes of negotiation and resistance also fed into their conceptualisations. Whilst stigma was acknowledged through accounts of the area looking 'scruffy' with 'stories of drugs, murder' tied to Gorton, residents often demonstrated pride and belonging in regard to where they lived. However, pride in where you are from does not discount the real effects of stigma, such as limited access to resources and opportunities beyond Gorton, as Tony articulated in Chapter Four. Yet it does rework the processes of stigma, where residents tended to blame 'outsiders', and reference wider structural factors, such as a lack of investment and loss of facilities within the area. The use of 'outsiders' has been theorised by Wacquant as the 'faceless, demonized other' (2008: 240) that can highlight how stigma is recirculated through a top-down process. Symbolically this can 'clean off the stigma and emphasize one's own moral worth' (Jensen and Christensen, 2012: 87) as a way to resist negative connotations. Slater and Anderson (2017) have encouraged researchers to highlight the voices of those who live and manage within stigmatised places to produce greater insight into the processes of stigma.

Stigma presented itself in various ways throughout this research and had negative psychosocial effects (such as perceived social status, sense of control and powerlessness) yet was often challenged through residents' sense of home and attachment to their environment. These findings support and strengthen Hicks and Lewis's (2020) research on stigma within a UK housing estate, that provides an insightful analysis into complex articulations of stigma and belonging, and how these processes are negotiated over time. As I discussed in Chapter Two, studies on territorial stigmatisation often dismiss the capabilities of individual agency to challenge and resist stigma. My study found that residents often displayed strong emotional attachments to their homes. Most participants reported a sense of belonging and trust in others that enabled them to feel safe and comfortable within their home environment. Negative area reputation was recognised, yet residents often defended the area, taking pride in where they lived. Being 'from Gorton' was demonstrated through the value and meanings residents attached to it. Gorton offered value to the people who lived there through local resources, social networks, a degree of safety, and a sense of belonging. The psychological

benefits of the home environment influenced the processes of stigma, where residents recognised the value the neighbourhood provided over what it was perceived to lack. Feeling connected to the community and experiencing a sense of belonging increased feelings of confidence and self-esteem, as demonstrated in Chapter Four. Michakski and colleagues (2020) found that lower levels of perceived stress were associated with a greater sense of community and belonging, concluding that belonging influences the social and psychological functioning related to mental health outcomes.

Attachment to the home was also discussed in relation to personalising and decorating the dwelling, reflecting self-identity, comfort, and belonging. However, concerns over insecure tenancies and being evicted threatened residents' sense of ontological security. Not owning the property did not prevent residents from feeling at home, where a sense of ownership and belonging was represented through its symbolic meaning. However, the wider structures housing operates within meant that political systems did not always allow individuals to keep their homes or feel secure within them. The 'two sides' of the housing provider was also discussed. At times, the approach of the housing association caused a decline in resident mental health. The eviction process had been described as 'ruthless' by one resident and others discussed how they hadn't been listened to, or had 'patronising' encounters. These factors had negative effects on mental health, becoming a source of stress, anxiety and uncertainty for the people who live there.

I have proposed that mental health outcomes are related to, and affected by 'the social and psychological attributes of housing' (Kearns et al., 2000: 388). Dupuis and Thorns' (1998) four categories of homelife proved useful in identifying the less tangible aspects of the home environment, although the applicability of this framework has previously been acknowledged (Kearns et al., 2000; Padgett, 2007; Henwood et al., 2018). When the markers of ontological security outlined in Chapter Two were present, they found linking aspects between the home environment and mental health. This study adds to the literature that suggests when the home provides these resources (continuity, routine, predictability, privacy, and security) it can enhance and support mental wellbeing (Kearns et al., 2000; Henwood et al., 2018; Garnham et al., 2022). The diminishment of these qualities can contribute to individuals experiencing precarity, anxiety, fear, and frustration. It is important to highlight how



ontological security should not be reduced to its presence or absence, but rather understood as a continual experience that operates in multifaceted ways (Banham, 2020).

Through a critical realist approach, I have provided some insight into the mechanisms that generate mental health outcomes within the home setting. In particular, these findings further support and build on the role of ontological security as linking aspects to the home setting and residents' mental wellbeing. Furthermore, I have outlined how local social capital and attachment to place support residents' mental wellbeing and can, to an extent, help mitigate the effects of stigma and residualisation. Through applying a psychosocial lens, the benefits as well as the negative effects the home have been explored, providing further insight into how housing associations can support mental health through psychosocial pathways.

- **To develop new understandings on the changing role of housing associations, as part of integrated health approaches.**

My focus groups with housing staff illustrated some of the difficulties of working cooperatively with residents and other health and social care providers, as discussed in Chapters Five and Six. The drive for integration has increasingly developed, yet there has been less consideration as to the ways housing fits within this context (Glasby et al., 2014).

Housing practitioners engaged in debates about the role and function of social housing. Supporting the literature in Chapters One and Two, tensions between retaining a social ethos whilst working in an increasingly commercialised, market-orientated environment was evident. The effects of these events played out through not being able to provide residents with the support staff they felt was reflective of their needs and priorities. Through the housing provider removing more direct and tangible connections in the neighbourhood, (the closure of the neighbourhood office, reduction of local support, transferring services online) resources became less accessible, creating barriers to residential mental health and wellbeing. Residents and housing officers often expressed similar aims, (such as the need for local investment and area maintenance) but didn't always appear to be able to work together in achieving them. In attempts to identify the causal mechanisms and structures that operate

within, political ideologies (competitive markets, meeting policy goals, cuts to public expenditure, localism) informed the cultures of care within the organisation that had been evident at a local level. Staff discussed how the association provided a range of services (financial advice, an employability team, wellbeing support) yet had also decided they would no longer fix broken fence panels on the estate or prioritize property repairs, with the practical effects of disinvestment being discussed in both phases. Policy drift has led to further deterioration of infrastructure that has directly and indirectly had an impact on mental health for residents. Needham and Hall (2023) suggest some of the factors that lead to policy drift include agenda and what is prioritised over other demands, cost, whether it's a divisive political issue, and if policy is unclear or complex. These decisions are at the discretion of those in managerial positions, that reflect the privatisation of care, where emphasis is placed on efficiency, over effectiveness (Finney et al., 2019). These practices revealed the ways the housing provider was often detached from the local meanings of what Gorton meant to residents, leading to decisions which undermined the agency of residents and housing staff. In the context of poorer communities, there is less capacity for residents to maintain the wider home environment, undermining the significance of structural factors and local settings as having a detrimental impact on residents' mental health (Williams and Fullagar, 2019).

I have shown how the neighbourhood is important to the people who live there, as well as some of the challenges it can present. In discussions with housing staff, the estate was often problematised, with its characteristics seen as undesirable. There were conflicting views about whose responsibility it was to maintain the area which demonstrated how societal attitudes further inform the availability and delegation of resources for people in social housing. A lack of investment perpetuated a place-stigma cycle, as even the staff members who did not explain the 'run down' nature of the estate through the perceived laziness and irresponsibility of its residents, still acknowledged the ways it fed into forms of stigma that would negatively affect the people who live there. Overall, housing professionals understood the needs of residents and shared frustrations over repair times and property maintenance. There was a dissonance between the approach of the housing association had taken compared to perspectives of residents and staff, reflective of wider tensions surrounding the role and consumption of social housing (see McKee, 2015).

With housing becoming increasingly considered to be part of wider health and social care systems, the notion of 'home' being incorporated into these frameworks would help recognise the significance of psychosocial risks (social isolation, stress, low social capital) and protective factors (social support, belonging, a sense of social cohesion) in its influence on mental health. To support ontological security, individuals must have trust in the world around them (Kearns et al., 2000). Residents' experiences and involvement with the housing provider informed their likelihood to engage with future services. When interactions had been 'helpful' residents began to trust in the housing provider's ability to facilitate positive change and support them. Two residents referred to the 'two sides' of One Manchester, where the receptiveness of different staff and departments within the organisation was evident. It appeared that positive interactions with the housing organisation underpin residents' sense of control and autonomy, that subsequently impacted on mental wellbeing.

Further clarification is required around the role and responsibilities of 'who does what', in relation to social landlords, the local authorities, police and other third sector and voluntary organisations. As a result of not being involved in coordinating care, housing professionals felt they did not have support or resources available to effectively engage with residents at a local level, also facing institutional barriers. There were tensions over increasingly becoming the central providers in local service provision that was further exacerbated by difficulties in partnership working, reflecting a lack of integration between the housing, health, and social care sector. The identity of housing practice faces challenges, due to the ongoing precarity and structural change within the sector (Manzi and Richardson, 2017). These findings align with McKee (2015: 1086) who identified that housing practitioners challenged and contested top-down policy discourse, seeing their role 'as supporting, not replacing, existing public services.' Tensions influenced and continuously reshaped professional identities, and these events were made evident through changes to their professional title, that articulated the divide between the organisation as a whole and what staff interpreted their role to be.

These findings have illuminated the ways organisational policies and the practices of housing providers shape residents' housing experiences, that in turn have implications for their mental wellbeing. My findings suggest that ensuring the effectiveness of services and returning 'back to basics' would help support psychosocial protectors that positively influence mental health outcomes. In terms of integrated health approaches, the research in this thesis

highlights that housing requires further integration into health and social care systems, with recognition of the diverse and multifaceted factors that operate between the home and mental health. For housing to be considered as a central role in shaping mental health outcomes, it must be accepted as a prominent feature in integrated health approaches (Finney et al., 2019). The need for more inclusive planning, such as recognising the importance of local resources and ensuring services are needs-sensitive and reflect the priorities of residents would aid this process.

### 7.3 Contribution to Knowledge

In the following sections I outline the relevant contributions to knowledge that have emerged from my study.

#### 7.3.1 Contribution to Theory

In this section I reflect on the use of critical realism within this thesis and how it contributes to new knowledge. As Fletcher (2017) points out, much of the literature on critical realism often lacks description of its practical application and the ways it can be used to inform data collection and theorisation. Ackroyd and Karlsson (2014: 45) state there is a 'serious lack of appealing and accessible material' on critical realism, which is key to it accomplishing 'interesting and insightful research.'

Within this thesis, critical realism has been used to explore the structures and mechanisms that have causal powers, producing the observable experiences detailed within this study. Mechanism such as cultures of care, the social housing sector and residualisation, led to residents and housing staff discussing the role of the housing association, levels of responsibility and the effects of deterioration on the estate. These events shaped the views of housing staff and the ability they had to work with residents in terms of the services they could provide. By adopting a critical realist three-dimensional framework (see Figure 4), this thesis identified the complex interaction of events arising through the subjective experiences of residents and housing staff. This allowed exploration into the factors that influence the mental health and wellbeing of residents through different perspectives, providing a more holistic account of knowledge. For residents, these mechanisms shaped their experiences and

interactions with the housing association as well as their perception of the home environment. Experiences are made up of various interacting events arising from different structures, mechanisms and contexts that recognise similarities and differences in participant responses without contradiction.

Through critical realism, this thesis has demonstrated insight into underlying mechanisms (the processes that generate our experiences) as well as exploration of the multi-layered reality of the home setting. For example, meanings and perceptions of the home are influenced, enabled, and constrained by a variety of mechanisms. These identified mechanisms include the process of attachment to the home, the influence of social norms and values, alongside the residualisation of the social housing sector and stigma. It recognises the personal experiences and positive emotions associated with the home, alongside the negative associations such as feeling insecure and the impact of visible deterioration on the estate. This thesis has revealed the complexity within participant's accounts of the home that was also unique to them. Whilst some participants did gain feelings of safety and privacy from their homes, others desired these ideals, yet they didn't manifest due to the interactions of other events and mechanisms that occurred within the setting. Critical realism has allowed me to address the intersections, tensions, and contradictions within these experiences due to being able to explore a range of theoretical perspectives without limitation (Bergin et al., 2008). These differences interacting are what became central to the meaning of the home environment. In line with Manzo and Devine-Wright (2013), the meaning of the home comprises of various conflicting and heterogeneous meanings.

The home and mental health are often interpreted as intangible concepts, yet through the development of a three-dimensional framework that follows critical realism's stratified approach to reality, I was able to identify some of the underlying structures and mechanisms that give rise to these events. As Allen (2000) points out, critical realism can highlight how mechanisms operate and interact in ways that other theoretical perspectives within the housing and health field have struggled to reconcile. For many residents, issues of crime, anti-social behaviour and litter did impact their overall mental health and wellbeing (through status, identity, lack of control), yet what the home provided them with mattered, and many residents actively chose to live in Gorton, discussing the value of support networks, belonging

and familiarity. This thesis contributes to literature in detailing the application of critical realism within qualitative research as well as its methodological implications.

### 7.3.2 Contribution to Existing Knowledge

One of the principle aims of this research was to explore the experiences of the home environment for residents who live in social housing, alongside identifying the factors and pathways that can influence mental health. I have identified several pathways in which mental health outcomes are related to, and shaped by, the social and psychological attributes of the home setting. This exploration of mental health (via psychosocial pathways) within the home environment builds on the work of many notable contributions over recent decades (Kemeny, 1992; Dupuis and Thorns, 1998; Kearns, 2000; Padgett, 2007; Gibson et al., 2011; Hoolachan et al., 2017).

Notions of belonging, dense social networks and identity have been important themes for many studies focused on working class communities throughout the decades (Young and Willmott, 1957; Coates and Silburn, 1970). In particular, this thesis supports previous work by McKenzie (2012) in highlighting the importance of local bonding capital within working class communities and the ways it can be used as a valuable resource to navigate life on the estate. Being known and fitting in on the estate was articulated by residents as ways they felt that they belong, and this was demonstrated through discussions of outsiders, both those who exist beyond the boundaries of the neighbourhood and for those unable to conform to the expected social norms inside the estate. These findings represent a departure point from traditional studies on working class communities where there was a greater emphasis on social mobility.

The term 'elective belonging' has been used to explore place attachment for middle class residents who identify with where they have chosen to live (Paton, 2013; Benson, 2014). However, this concept has not often been extended to working class communities (Paton, 2013). Jeffery (2018) and Paton (2014) demonstrate the insider/outside distinction between areas of residency, however they also find that this distinction was negotiated by class culture. This can help explain the contrasting experiences of Amy and Jemma who had both resided

in Gorton for 5 years and did not have any prior connections to the neighbourhood. Amy discussed how she did not participate in the expected social norms (talking to neighbours, showing interest in their personal lives) and because of this she was being 'ran out' of Gorton. In contrast, Jemma engaged with neighbours and valued the informal surveillance they provided her with. Three of the residents I interviewed were born in Gorton and moved away for periods of time before deciding to move back, and these were the residents who strongly demonstrated place attachment linked to aspects of their identity. Where the neighbourhood has been devalued from those outside the estate it had value to those within, where being 'from Gorton' and wanting to live there was a choice that was emphasised.

#### 7.4 Policy and Practice Recommendations

This section discusses some of the implications and suggestions for policy and practice following my research. I began this doctoral thesis in 2019 and completed it in 2022. During this three-year period, there has been a global health pandemic, with the UK being one of the hardest hit countries in the world (Brewer and Tasseva, 2021). Alongside this, there has been a series of political change and upheaval within the UK, that has seen five different conservative prime ministers within this three-year period as well as the country leaving the European Union. Despite these changes, localism and the decentralisation of the state has continued to play a role in the provision and consumption of social housing within the UK (McKee et al., 2017; Fitzpatrick et al., 2020). In relation to Devolution and integrated health approaches, policy within Manchester has previously introduced coordinated strategies and frameworks that consider mental health as closely related to the home environment (see GMMCA, 2019 and TGMMHT, 2019). It is within this political context that I situate my recommendations for policy and practice.

#### **Recommendation One**

As discussed, many deprived communities that feature high concentrations of social housing are characterised through their 'undesirable' characteristics. The societal attitudes that inform the processes of stigma and residualisation play out in terms of what support residents

are interpreted to need and what they are deemed responsible for. This results in there being no clear responsibility around who takes ownership of the neighbourhood in terms of who maintains the area (picking up rubbish, dealing with fly-tipping, fixing broken fence panels), creating a place-stigma cycle. Integrative approaches require clarification as to ways these responsibilities are managed, as they clearly had implications for residents' mental well-being within this study. The experiences of residents within this thesis presents the value systems, meanings and social networks that exist within the neighbourhood and how the ways the home is linked to our mental health. To avoid further problematic representations of neighbourhoods that hold high value to the people who live there, continued recognition of what places can provide would help intervene in these processes and help support and sustain social capital to improve mental wellbeing.

### **Recommendation Two**

My research has evidenced that material features of the home (communal doors, locks, leaks, repairs) related mental health outcomes can be extended when looking at these attributes through a psychosocial lens. When evaluating property repairs and maintenance, the significance of what these features provide beyond their physical capacity (such as a broken back door light means less visibility) to include psychosocial factors (the ways it can impact one's sense of safety and control, looking at the individual's experiences and how it shapes these processes) can provide greater insight into how these factors can impact mental health. The ways we understand places, such as how they make us feel about ourselves and what they can provide us with, are reflected in these findings. Housing approaches should develop approaches that prioritise the support needs of residents.

### **Recommendation Three**

Approaches taken by the housing association appeared to lack consistency and often failed to address the issues residents faced. The 'everyday' experiences of residents and housing staff have highlighted how the home setting intersects with mental health, and these findings can inform the future direction of service provision. I suggest rebuilding and improving the existing 'traditional' services (such as property maintenance and carrying out repairs in a timely manner) before continuing to evolve in other areas. There was also clear conflict in prioritising resident welfare in an increasingly commercialised environment. With the housing



provider investing in private property and becoming progressively business orientated, the association is at risk of jeopardising its social ethos. Although policy requirements and financial pressures have led to many housing associations drifting from their 'social origins' (McKee 2015), re-orienting this focus is paramount to supporting resident wellbeing. As a result, housing staff felt they did not have the institutional support or resources to effectively support residents and carry out their job role. As the role of housing associations is expected to continuously evolve with emphasis being placed on the integration of health and housing, housing needs to be seen as integral to the health and social care agenda (Centre for Ageing Better, 2020). This would involve identifying institutional barriers and the challenges housing professionals face to help address some of the difficulties discussed with partnership working,

## 7.5 Limitations

In this section I consider the limitations of the study.

1) *The quantity and quality of data*- Phase One consisted of interviewing seven participants. Originally I intended for a larger sample size to add validity to the research, and small scale qualitative research is difficult to generalise. I struggled with participant recruitment despite assistance by the housing provider that was sought over several months. However this research took place during the global Covid-19 pandemic, inevitability impacting and changing the research process. A lack of interest was not particularly surprising to me, as I felt overwhelmed with the world's events, and recognised that we were all predominately stuck inside our homes and feeling the impact on our mental health and wellbeing. Saberi (2020) suggested that the most efficient way to continue research in the midst of Covid-19 was to utilise video chat and voice call platforms. This ensured physical distance as well as recognising the need to continue research activities whilst putting the safety of health and wellbeing of myself and participants paramount. The personal nature of the research topic also focused on understanding the experiences at an individual level, and a smaller sample size allowed me to explore these perceptions in greater depth. On reflection, a smaller sample size gave me the opportunity to delve deep into the data, as well as making my data set more manageable whilst also conducting and analysing two focus groups for the second phase of research. In relation to the second phase of research, one focus group with housing staff took

place online, followed by another in person with different staff members. Although I followed the same focus group guide, I noticed that the second focus group generated more insight, with the conversation having a more natural 'flow'. I felt that this was reflective of how the interview setting influences the extent to which participants engage in open dialogue. Irvine and others (2012: 22) explored the differences in rapport when conducting interviews in person or via telephone, findings that 'it may be in the face-to-face interviews, the more social nature of the encounters engendered a relationship whereby the researcher sensed more scope to collaborate in the co-production of data.' It is possible that the study's findings would be enhanced if I had the opportunity to carry out all data collection in person.

2) *Missing out on the 'less heard'*- I made the decision to carry out interviews via video or phone call as data collection had already been pushed back several months due to Covid-19. With the uncertainty of the situation I felt that conducting interviews via voice or video call would allow me to progress with this thesis and was in line with government guidelines at the time. Conducting research in this way meant that prospective participants required access to a phone or internet to participate. I found that only one participant out of the seven I interviewed had consistent access to the internet, which also turned out to be a barrier in accessing support services as discussed in Chapter 7. This made me consider the people who also didn't have access to a phone that wouldn't be able to participate in the study. Despite best efforts, experiences of the 'less heard' will be missing, and I acknowledge that this would have revealed additional insights into the home environment.

3) *Difficulties in navigating the research process*- At times I found it difficult to navigate the two different phases of research and 'weave' them together. A PhD is about developing as a researcher, and I had not undertaken research on this scale before. I also acknowledge how it is difficult to identify the abstract nature of the theories I have applied, such as the psychosocial, or ontological security. However using more 'objective' measures would not be suitable in investigating many of the factors I have been interested in, these being the perceptions and experiences of the home environment and mental health for residents in social housing. This research does not aim to be statistically representative of people who live in social housing, nor was it intended to be. I have represented the place-based nature and local context of this research, and there would be differences if this research had taken place elsewhere.

4) *Bias*- My own life experiences and research interests will influence the ways I chose to interpret my findings and what I shared within this thesis. Another researcher would have likely analysed the data in different ways and presented alternative themes. However, as I discussed in Chapter Three, I have been aware of how my own positionality could present methodological challenges, navigating the multiple identities that researchers take on (Berger, 2015). Consistent with my critical realist approach, knowledge is constructed and situated within context, recognising how the researcher plays an implicit part in this process.

## 7.6 Future Research

Future research should continue to explore housing and social care pathways through a psychosocial lens. This would provide further insight into the meaning, perceptions, and experiences of the home that can further our understandings on the intersections with mental wellbeing. Prospective research may further highlight the value of local networks within 'deprived' communities and how these are related to the practices, resources, and social norms within them.

Further research needs to consider how housing professionals can work alongside local residents to establish shared priorities and ways to facilitate change that would support resident welfare. Larger sample sizes of residents and including a wider range of housing professionals would provide additional insight and expand understandings. Furthermore, extending the scope of this research to other localities would capture the experiences of other residents living in 'deprived' communities, to inform the best aspects of practice and service delivery.

These findings have also presented dissonance between the views of housing professionals and residents in contrast to the approach taken by the housing association. How housing associations can build positive relationships with residents and reprioritise their social focus to reflect the needs of residents requires further consideration. Future research should focus on the extent to which housing providers have the capacity to effectively manage tenant welfare, and what successful interventions look like in order to tackle the complexities of poor mental health embedded within the home setting.

## 7.6 Summary

This thesis has demonstrated that psychosocial concepts can provide insight into the pathways that shape mental health outcomes. I have presented the underlying depths and layers of complexity in the lives of residents and the interconnected ways that the home environment impacted everyday life, having psychological (a sense of purpose, wellbeing, identity), social (developing social networks neighbours and others in the community) and environmental (deterioration, familiarity, resources in the community) dimensions. In adopting a multi-method approach, my research has brought together both the perspectives of housing professionals and residents to explore the events that intersect with health outcomes within the home setting. In doing so, I have answered the research questions and aims that I set out to achieve, generating further insight into the ways in which housing providers can support the development of residents' mental health and wellbeing.

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# Appendices

## Appendix A. Semi-structured interview guide

### Phase One: Semi-structured Interview Guide

#### **The Home Setting**

How long have you lived in your home?

How long have you lived in Gorton?

How do you find living in Gorton, what are your experiences?

Do you have connections/feel connected within the local community?

What does your home mean to you?

People say there is a difference between the meaning of a house and a home- what do you think about that?

What do you think of living in social housing?

#### **Mental health**

How do your home make you feel?

Has your home environment ever negatively/positively impacted your mental health? If so, could you explain?

What are some of the things you value about your home/neighbourhood?

Do you feel safe/secure in your home?

Are there any housing issues you would link with mental health problems?

In general, how would you describe your mental health?

What, if anything, could improve your mental health?





#### **Housing association**

How would you describe interactions with your housing provider?

Is there anything you would like housing associations to do, or to improve on?

How capable are housing officers in dealing with housing-related issues?

Have you engaged with any of the health and wellbeing services? / Are you aware of any other services the housing association offers?

  <p style="text-align: center;"><b>Participant Information Sheet</b></p> <p><b>Title:</b> 'Exploring the relationship between the home environment and mental health, alongside the role of housing associations in providing support services to residents.'</p> <p><b>1. Invitation to research</b></p> <p>Hello! My name is Phoebe and I am inviting you to take part in this study. I am researching the relationship between the home environment and mental health, as well as the role of housing associations in offering support services to residents. I am recruiting participants who would be interested in talking about mental health and emotional wellbeing. I am interested in your experiences of housing as well as your opinions on potentially developing services. Ask questions if anything you have read is unclear or if you would like more information. Please take time to decide whether you would like to take part.</p> <p><b>2. Why have I been invited?</b></p> <p>You have been invited because you are an adult that lives in a One Manchester property in Gorton. In total there will be 8-10 interviews with other residents in this area.</p> <p><b>3. Do I have to take part?</b></p> <p>No, it is up to you to decide. I will describe the study and go through the information sheet, which I will give to you. I will then ask you to either sign a consent form or record consent to show you agree to take part. You are free to withdraw at any time, without giving a reason.</p> <p><b>4. What will I be asked to do?</b></p> <p>You are being asked to take part in one interview lasting an estimate of 1 hour. The interview will take place wherever is best for you or it can be arranged as a telephone/video interview. It is up to you and where you would feel most comfortable! The interview will be audio recorded but all personal information will be made anonymous. Quotes may also be used in the publication, but all personal data will remain private. The audio clips will be securely archived that only I can access for 1-3 years and will then be destroyed.</p> <p><b>5. Are there any risks if I participate?</b></p> <p>No risks are expected to occur when taking part in this study. However, some of the questions may be unsettling. You can refuse to answer any questions and stop the interview at any moment if you wish.</p> <p style="text-align: right;">Version: 3 Date: 05/09/2020</p> <p style="text-align: right;">Page 1 / 4</p>	  <p><b>6. Are there any advantages if I participate?</b></p> <p>Participants in this research project will receive a £20 shopping voucher. In terms of research, there are no immediate benefits, but the information from this study will help improve our understandings of mental health and wellbeing. Findings from the project may improve future service delivery in your area.</p> <p><b>8. What will happen with the data I provide?</b></p> <p>When you agree to participate in this research, we will collect from you <u>personally identifiable</u> information including age and gender. All information provided will be kept confidential, no names will be used and any identifiable character</p> <p>The Manchester Metropolitan University ('the University') is the Data Controller in respect of this research and any personal data that you provide as a research participant.</p> <p>The University is registered with the Information Commissioner's Office (ICO), and manages personal data in accordance with the General Data Protection Regulation (GDPR) and the University's Data Protection Policy.</p> <p>We collect personal data as part of this research (such as name, telephone numbers or age). As a public authority acting in the public interest we rely upon the 'public task' lawful basis. When we collect special category data (such as medical information or ethnicity) we rely upon the research and archiving purposes in the public interest lawful basis.</p> <p>Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, we will keep the information about you that we have already obtained.</p> <p>We will not share your personal data collected in this form with any third parties. Participants can withdraw from the study at any time, with no reason necessarily. The interview can also be cut short at any time if the participant decides.</p> <p>If your data is shared this will be under the terms of a Research Collaboration Agreement which defines use and agrees confidentiality and information security provisions. It is the University's policy to only publish anonymised data unless you have given your explicit written consent to be identified in the research. <b>The University never sells personal data to third parties.</b></p> <p style="text-align: right;">Version: 3 Date: 05/09/2020</p> <p style="text-align: right;">Page 2 / 4</p>
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We will only retain your personal data for as long as is necessary to achieve the research purpose.

For further information about use of your personal data and your data protection rights please see the University's Data Protection Pages at:

<https://www2.mmu.ac.uk/data-protection/>

**What will happen to the results of the research study?**

Findings from this study will be presented at conferences and published in academic journals. No matter what your confidentiality and anonymity will be maintained.

**Who has reviewed this research project?**

This study has gained ethical approval from the Manchester Metropolitan Faculty Research Ethics Committee (14517)

**Who do I contact if I have concerns about this study or I wish to complain?**

See contact details below

**Further information and contact details:**

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If you have any concerns regarding the personal data collected from you, our Data Protection Officer can be contacted using the [legal@mmu.ac.uk](mailto:legal@mmu.ac.uk) e-mail address, by calling 0161 247 3331 or in writing to: Data Protection Officer, Legal Services, All Saints Building, Manchester Metropolitan University, Manchester, M15 6BH. You also have a right to lodge a complaint in respect of the processing of your personal data with the Information Commissioner's Office as the supervisory authority. Please see: <https://ico.org.uk/global/contact-us/>

**THANK YOU FOR CONSIDERING PARTICIPATING IN THIS PROJECT**

## Appendix C. Focus Group Guide

### Focus group schedule

1. Welcome
2. Introduction to focus group
3. Housekeeping

### Question Guide

#### **Setting the scene**

Could you tell me how long you've worked with One Manchester?

What are your current roles/responsibilities?

What is a place coordinator?

#### **Theme 2 questions: place-based**

What do you think of Gorton? What are your perceptions of it?

What do you think would be beneficial to residents in Gorton?

How do you work alongside other organisations in the community?

What makes a place a good place to live?

#### **Theme 3 questions: Housing staff**

What do you see your role as, has housing staff?

Do you think the role of housing officers is changing?

What support do you get as housing officers? What is good and what could be improved?

What are your responsibilities?

#### **Theme 4 questions: Residents**

What are some barriers to residents accessing services?

Can social housing shape mental health outcomes?

What are some of the issues residents might be facing?

People say there is a different between the meaning of a home and a house- what do you think about that?

Is there social capital present in the community?

Can you describe how you've experienced resident's needs?

#### **Theme 5 questions: Service delivery**

How, if at all, has devolution changed the role of housing associations?

Do you think it's the role of a housing association to offer health and wellbeing support?

What does One Manchester do well/best at?

What could One Manchester improve on, in terms of service delivery?

What services do you think residents would like to see?

What services are currently available?

How do you think residents perceive the role of a housing association?