

# Behind closed doors: A healthy female researcher's reflective account of investigating the experiences of unhealthy homeless mothers

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## Abstract

*The aim of this paper is to provide a reflective account of the experiences of a healthy female researcher investigating the impact of homelessness upon mothers living in temporary accommodation with their children. The primary focus of the research, which provides the contextual background for this paper, concerned homeless mothers and their experiences of homelessness (as opposed to health / illness per se). However, the experiences of homeless mothers do not take place in a vacuum devoid of health / illness issues; indeed, as evidenced by the literature, the lived experience of being a homeless mother is often intertwined with poor physical and / or mental health. To date, there has been virtually no discussion in the literature regarding the place of the researcher in homelessness research within a framework of health / illness as applied to homeless mothers. The discussion presented in this paper seeks to address this.*

## Introduction

To surmise, the following discussions concern the role and experiences of a healthy female researcher in a fieldwork environment which, at best, provides a warehousing or 'roof and four walls' approach to maintaining good health and, at worst, can erode feelings of self-worth and efficacy sometimes leading to poor physical and/or mental health. The paper carefully utilises the researcher's fieldwork experiences to address the health challenges (for both the researcher and researched) within homeless-focussed research. Furthermore, it attempts to explore the nuances involved in the healthy researcher/unhealthy participant relationship (i.e. homeless mothers in this research) set against the backdrop of carrying out the research in temporary accommodation. The paper begins with a brief overview of the policy context of homelessness in the United Kingdom (UK) and then follows with a discussion of the literature surrounding the health of homeless mothers. The

paper then continues with a personal reflective account of the researcher's perspective of the healthy female researcher/unhealthy participant interface and the researcher's positionality in the context of researching homeless mothers. This discussion is then used as a framework to focus upon some of the key challenges encountered by the researcher in respect of the impact of carrying out the research on her own health and that of the participants. Narratives taken from a diary kept during the fieldwork are used to illuminate these challenges and help develop an increased understanding of the health challenges encountered within homelessness-focussed research. The paper concludes with a deliberation upon the ultimate question:

*Is placing oneself, as a social science researcher, amongst homeless mothers a healthy research realm?*

## **Context**

Homelessness in England is a priority area for the Department of Communities and Local Government (CLG) (CLG, 2009a). The total number of households accepted as homeless (those which the local authority have a statutory duty to accommodate, i.e. those considered unintentionally homeless persons) in England by the end of 2008 had reduced by approximately twenty per cent compared to the same period and same group of homeless persons in 2007 (CLG, 2009b). Those accepted as homeless are often placed in temporary accommodation (including the private sector/social landlord and hostels) and there were 82 750 households in England in temporary accommodation at the end of September 2007, of which 62 830 included dependent children and/or a pregnant woman (CLG, 2007). Indeed, homeless women (either pregnant or with dependent children) represent a significant proportion of homelessness statistics in the UK (Self and Zealy, 2007).

## **The Health of Homeless Mothers**

The health risks for families living in poor quality bed and breakfast accommodation were first exposed in the literature in the late 1980s (Conway, 1988). This research showed that families were often compelled to share bathroom and cooking amenities with ten or more other people. The living conditions of the women and children generated numerous health problems including depression, diarrhoea and chest infections and of the fifty-seven women interviewed, over half felt that their health was 'generally worse than before they lived in the hotel' (Conway, 1988, p. 20). Stress and depression were often generated by boredom, isolation and the overcrowded living conditions the women endured. Such findings were reflected in research

carried out in Dublin, where homeless mothers living in temporary accommodation were found to be highly stressed, to the point of being clinically significant in terms of their own mental health, whilst caring for their children (Waldron, Tobin and McQuaid, 2001). Research carried out by Coufopoulos and Hackett (2009) highlighted the considerable challenges faced by homeless mothers in meeting the recommendations of the Global Infant Feeding Strategy (World Health Organisation, 2003) and how living in temporary accommodation often undermined a mother's ability to nurture her children.

Despite the body of literature documenting the health of homeless women/mothers (albeit small in comparison to the large body of evidence surrounding low income and health) there is a paucity of literature exploring the methodological challenges for researchers investigating the health of homeless mothers. Booth (1999), in her discussion of researching the health of vulnerable and hard-to-reach groups of the population, suggested this is 'symptomatic of the inherent difficulties in locating and working with such groups' (1999, p. 76). Taking this one step further it could be argued that homeless women (and mothers) are even harder to reach, as they are largely invisible amongst the homeless population, essentially they are behind closed doors. Their invisibility is inherent right through from homelessness policy, as exemplified by the current emphasis on the largely male population of rough sleepers (CLG, 2009b), to the lack of opportunity for homeless women in temporary accommodation to express their needs. Moreover, health and wellbeing (especially for mothers) is often much further down the list of priorities in homelessness, as issues such as substance misuse or rough sleeping take precedence; this is perhaps a general reflection of the low status often attributed to homeless women and mothers. Researchers investigating homelessness can make a difference to this and provide an opportunity for homeless women to speak out and be heard. As Calterone Williams, in her study of homeless women in America, wrote:

*... this study provides a representation of homelessness, dominated by homeless women's views and stories. Rich in paradox and contradiction, these stories indicate a great diversity and personal experience (2003, p. 7).*

Similarly, the aim of this research study, which provides the contextual background for this paper, was to explore the impact of homelessness upon the health and dietary intake of homeless women and children living in temporary accommodation. For a twelve month period the researcher visited ten homeless hostels in North-West England interviewing and spending considerable time with homeless women. A combination of qualitative and

quantitative approaches were used including in-depth interviews with fifteen homeless mothers discussing diet, health and issues surrounding homeless women's ability to nurture their children (for discussion of the empirical findings of this work see Coufopoulos and Hackett, 2009).

The reflective discussion which follows firstly explores the author's own interpretation of casting herself as a healthy female researcher, and her positionality in the context of the research. This discussion is then used as a framework to focus upon some of the key health challenges encountered by the researcher, which are illuminated with narratives taken from a diary kept during the fieldwork. These challenges are discussed within the broader literature and there is discussion of how the researcher dealt with the challenges.

### **The healthy female researcher/unhealthy participant interface**

In order to explore the place of the social science researcher in health/illness research (in the context of homeless mothers-based research) it is pertinent to explicitly define and explore the author's own interpretation of casting herself as a healthy female researcher and how this status was, to some extent, unravelled (as evidenced throughout the paper), as she interacted with the 'unhealthy' environment of temporary accommodation and attempted to resonate with homeless mothers' experiences.

I considered myself, at the outset of the research study, to be a healthy female researcher in the sense that I was a young independent woman who was undertaking a Ph.D. exploring the impact of homelessness upon mothers and their children. I was living in my own privately rented accommodation and was also physically, mentally and emotionally well with a strong sense of self. Indeed, my own high self-esteem was embroiled within my health status. In my adult life I had never experienced the living conditions, both physical and social, that permeates homeless hostels (childhood experiences to be discussed later within the paper). More poignantly, I had not undergone the trauma which is often precipitated by the loss of a home for a mother and her children and/or been placed to live within an often oppressive, controlled environment (i.e. temporary accommodation) that can undermine health and well-being.

Inextricably linked with this I was able to 'take charge' and control over my own life, nurture myself and indulge in 'small luxuries' that many women take for granted, for example taking a bath in the privacy of my own home. Such 'small luxuries' are often fundamental to self-efficacy and self-esteem and very much linked to the maintenance of health and well-being and are

often used as coping strategies by women on low incomes (Graham, 1993). In contrast to this, homeless mothers were denied such basic safety valves, as living in temporary accommodation removed their right to such 'small luxuries,' which further eroded their self-esteem and ability to cope, thus resulting in poor physical and mental health. Indeed 'homelessness entails more than just the loss of a home; it almost inevitably disrupts the sense of identity and feelings of self-worth and self-efficacy' (Buckner, Bassuk and Zima, 1993, p. 385).

The British Education Research Association (2006-09) guidance on qualitative research states that:

*It is worth spending time reflecting upon your own positionality in relation to being a researcher. Ask yourself: what is relevant and important about me which might impact on me when carrying out research? (p.1).*

Looking at my positionality in terms of this research I am genuinely interested in issues of social justice, particularly those affecting disadvantaged women and children, which have some foundations in my own experience of being homeless as a child with my own mother. We were placed in temporary hostel accommodation for six months and I had shared with my mother her own narrative of the experience. This was not an experience neither my mother nor I had revisited until I began my Ph.D. and my mother became a solid source of support to me during the course of my fieldwork. I am cautious here to point out that I am not pretending to have been in a position to have lots in common with homeless mothers. However, my own personal and familial experience was something I could, at times, share with respondents and one which I felt helped soften my 'outsider' status.

Doyle (1999) has suggested that researchers who are able to more closely identify with their participants are much more likely to gain a richer and deeper interpretation of the research and be able to develop better rapport with participants. However, this process of closely identifying with the participants had an impact upon my own health. Essentially, through the course of carrying out the fieldwork spending considerable time in temporary accommodation observing and listening to the women's experiences, my own social and emotional health was compromised, to some extent. For me, in order to gain some acceptance by the women I almost had to 'give up' something of myself, in terms of whom I was. Taking into account the fact that many of the women I interviewed had lived in their own homes prior to living in temporary accommodation and were able to maintain (to varying degrees) a sense of self, I was mindful as a researcher not to exacerbate this loss any further, and so I avoided any representation of my 'autonomous' life outside

the hostel. Similarly, Letherby (2003) highlighted in her discussion of getting started in feminist research that researchers are often concerned about not wanting to heighten the level of distress when trying to engage potential participants.

Many of the homeless mothers I encountered in my study were experiencing poor physical and mental health. Being responsive and intuitive to the tacit elements of the impact of homelessness upon health amongst homeless mothers was fundamental if I was to engage the women in the research and it was also an area I wanted to explore in the research. Indeed, much sensitive research has maximised upon such an approach, for example in a large scale study exploring the experiences of battered women in America (Walker, 1999) the female researchers were specifically chosen for their clinical sensitivity towards the subject:

*Acquaintance, experience and sensitivity to the nature of the battered woman were found to be useful...their personal experiences seemed to have less impact than their ability to be clinically sensitive to their subject's experiences (p. 274).*

Inherent within this discussion of being responsive, sensitive and intuitive are complex issues of power in the researcher/researched relationship. Although I tried to soften my 'outsider' status through revealing my own personal experience of homelessness, this did not mean that there was an equal relationship between myself and the mothers. Whilst I made a genuine attempt to 'fit in' with the mothers, I ultimately had the control over the data collection and presentation, as indicated by Letherby (2003):

*It is an illusion to think that, in anything short of a fully participatory research project, respondents can have anything approaching 'equal' knowledge (about what is going on) to the researcher (p.114).*

Furthermore, there was the added dimension of the differing health status that was integral to the power relationship between myself and the mothers. Despite the fact that my own social health was to some extent compromised during the research process I was still an autonomous woman outside of the research and could leave the hostel at any time and avail myself to measures that supported and nurtured my own health, as illustrated above. On the other hand homeless mothers were unable to 'leave' the hostel and recuperate.

## (i) 'Who is it?' – negotiating access

### Diary extract 1

*"I sometimes have to literally grab people in the corridor and ask them if they would be happy to take part in the research. I have begun to realise now that no one really opens the door to their room – whenever I knock at a door most people just shout 'who is it' from behind the door. That is their only privacy I suppose and they don't know who is beyond the door and what they want from them".*

The first key challenge I encountered within hostels was engaging mothers to take part in the research project. Negotiating social access to homeless mothers was initially a very difficult part of the research, as many of the women tended to stay in their own rooms during the day. Interviews with homeless mothers later in the fieldwork revealed the reasons for this were either due to fear of interacting with other women in the hostel and/or due to the fact that in hostels whenever anyone knocked at someone's door it was usually to ask something of them. It could be argued that the everyday experience of living in temporary accommodation eroded women's confidence and self-esteem resulting in homeless mothers being more highly stressed, to the point of being clinically significant in terms of their own mental health (Waldron, Tobin and McQuaid, 2001) and therefore they avoided any social interaction. Alternatively, this may have been the mother's only opportunity to maintain some sense of control and privacy in an environment which largely undermined autonomy and health.

I realised very early on in the research that my first means of communication with the women was often through their bedroom door. Initially hostel managers had suggested that they recommended women who they believed would be 'appropriate' to take part in the study but I avoided such an approach. Hence at the beginning of the research I was very much alone (and at times felt quite vulnerable) in engaging women as the environment was often unpredictable and at times highly charged with residents' emotion and anxiety. I had not been prepared for this and had mixed emotions of uncertainty, anxiety and frustration whenever I knocked at someone's room, as I didn't know what I would encounter. For example, on one occasion a woman had a 'black eye' or there would be arguments occurring. On reflection, this undoubtedly affected my own emotional health, as I became increasingly wary and conscious of not wanting to become embroiled in a potentially volatile situation. The guidance published by Bloor, Fincham and Sampson (2007) on sensitive research suggested that:

*One effective way of mitigating [emotional] harm to researchers is to ensure that they are fully prepared for any particular research site before they enter it (p. 33).*

I had not received any formal training as a researcher in preparing for fieldwork in hostels and I am unsure as to how any training could have prepared me for the challenges I was to face to my own emotional health. I enhanced my own vulnerability and compromised my own health by negating the offer of the hostel managers to engage homeless mothers in the research in order to avoid the introduction of a third party into the sampling process. I had wanted to make clear to the respondents that I was independent of any local authority and the research had no bearing upon their housing status. In my approved University Ethics application there were no recommendations made as to ensuring the physical and emotional safety of a lone young woman carrying out fieldwork in hostels. Bloor, Fincham and Sampson (2007) reported that in the case of Ph.D. students, often the environment or field that the student is entering is untested and by default the student becomes their own risk assessor. I did take on this role to some extent and adopted strategies to maintain my own physical health and safety. These included notifying hostel workers that I was on x floor of the building and the anticipated length of time I expected to be there and avoided knocking on doors where there were obvious arguments happening. However, on reflection, I realised that my commitment to the research and wanting to immerse myself as much as possible in the field did compromise my own emotional health. Whilst I took very practical measures to maintain physical safety I was unable to do this for my own emotional health.

Of those doors I did approach I managed to explain briefly who I was and the purpose of the research through the physical barrier of a door. However, the question remained: why should anyone take part in the research study? As Booth (1999) illustrated:

*Why would they be involved? What's in it for them? The general level of distrust keeps many hard-to-reach or transient populations from interacting with the researcher (p. 78).*

Homeless hostels for women and children are peripheral to the outside world. The women are vulnerable and often wary of 'officials'. It was paramount that I was not perceived to be a threat or an individual representing a statutory body (e.g. Social Services). Appearance and effective communication skills were essential, as Hammersley and Atkinson (1995) stated 'the researcher's appearance can be an important factor in shaping relationships with people in the field' (p. 84). I sought to dress in a



way that allowed me to 'blend in' with the respondents, in order to facilitate rapport and not intimidate. Initially, I often wore the same jeans, t-shirt/jumper and limited cosmetic make-up, yet at the same time being aware of the need to avoid patronising the women and portraying false images. Although I was conscious of trying to 'blend in' (largely through my physical appearance) I was not always entirely comfortable with the image and at times felt a loss of sense of self, thus challenging my sense of autonomy. It was not representative of me 'outside' my researcher role, yet it was 'part of a self-conscious attempt at access and assimilation' (Coffey, 1999, p. 27). I was aware of the feeling of 'fear of not fitting in or not being accepted' (Coffey, 1999, p. 35) and to some extent this remained with me for quite a few months into the research, until I became familiar with each hostel.

The question of wanting to 'blend in' with the mothers raises questions concerning the power dynamics in recruiting participants for the research study. Although I made a conscious effort to be sensitive to the women in my approach to access, I remained in a 'privileged position' as suggested by Letherby (2003):

*...at the same time that researchers are submitting to the respondent's setting and acquiring a variety of peripheral and membership roles, they also retain formal ties to the academic world (p.125)*

## **(ii) The 'dwelling place' – bridging social distance**

### **Diary extract 2**

*"The hostel is such an isolated building on its own. As I enter it I feel like I am leaving the rest of the world and I am entering into the unknown. It sort of has a feel of an 'enter if you dare' building. I have now gained the knack of breezing past the hostel workers and passing through the ugly fire doors which lead me through to what I have now come to term the 'dwelling place.' There is a smell of warm faeces and the air is stale and lifeless. The corridors are dark and the paint on the walls is chipped. The atmosphere is still, even though I sense that behind the doors lie all sorts of disasters. A little boy plays in the corridor, he remembers my name and opens the door to his room, his mother is lying on the bed, with a look of such hopelessness on her face. I feel like I am intruding on her private isolation. The curtains are closed and the room has*

*a depressive feel and look about it, it makes me shiver inside. I was hoping to interview Sarah today but she says she is "feeling low and not up to it". I feel as though I have to behave normal and hide my sadness and not push for Sarah to be interviewed".*

Reflecting on the account above it highlights the complexities of social location, an issue which was involved in the study. Firstly, I found the challenge of spending a large amount of time in hostels difficult to cope with emotionally at times, which impacted on my own emotional health. Within the excerpt I referred to 'hiding my sadness' and this was something that was borne out throughout the research. My role was a researcher, not a counsellor, yet to some extent I was exposed to similar emotional risks. Dickson-Swift et al. (2008) indicated in a recent article focusing on risks to researchers that 'a number of authors have suggested that researchers should seek supervision outside of the university setting' (p.135). I developed my own informal network of support (family and friends), which are integral to health and well-being and were an invaluable source of support during my research.

The excerpt illustrates the physical conditions of a hostel and its impact on the psychological health of the mothers, whilst at the same time exemplifies the range of emotions that I experienced during the fieldwork. I considered myself privileged to be able to interview the women at such a sensitive and stressful time and relied heavily on intuition as to whether or not to carry out an interview. I had been in contact with Sarah for a few weeks prior to this, on an informal basis, building up some trust and rapport and was mindful of not exploiting the researcher/participant relationship. I was sensitive to the fact that Sarah was "feeling low and not up to it" and decided to leave the interview for another day. Indeed, interviews as a research tool have been referred to by Hutchinson, Wilson and Wilson (1994) as supporting 'people's self-protective behaviours' (p. 161) and 'respect for refusal and not pushing is critical' (Boss, 1987, p. 152). Clearly, the issue of power unbalance can be addressed here and whilst I accept that the nature of my relationship with the mothers was temporary and to some extent superficial I was not prepared to utilise my 'privileged' position as a researcher and push for an interview, adopting an almost careerist or 'smash and grab' approach to research (Wadsworth, 1984 in Booth, 1999, p. 77). I return here to the healthy researcher/unhealthy participant interface and argue that as homeless mothers are a group much more likely to experience poor mental health as a result of their circumstances and subsequent diminished sense of self, they could, potentially, be further exploited by some researchers working within health and homelessness-focussed research projects.

I would often feel quite helpless and angry at the same time in relation to the conditions which many of the mothers had to cope with. I felt I wanted to help the women beyond listening to their stories in an interview. For example, on one occasion, during the course of an interview a woman (who had escaped a violent partner) revealed to me that she had no clothes except those she was wearing. The woman also reported that she felt intimidated outside of her room in the hostel and would not take her child to the communal television room. I offered her some of my own clothes from home that I no longer wore and a portable television I did not use. Reflecting on this situation I refer to the work of Lee-Treweek and Linkogle (2000) who stated that:

*Unlike a social worker or qualified counsellor, a researcher is rarely trained in such issues as managing distress, ending difficult interactions and identifying ways in which a person could be helped or helped themselves (p. 15).*

Indeed, I was a novice researcher faced with the issue of role conflict, as I wanted to bridge the social distance through an act of genuine kindness yet I was aware that I was, perhaps, crossing the boundaries of the researcher-researched relationship. In addition, I did not want to patronise the woman. A recently commissioned enquiry which discussed risk and well-being for researchers in qualitative research (Bloor, Fincham and Sampson, 2007) highlighted the emotional risks to qualitative researchers. The review raised the conflicting debate between whether researchers should remain professionally detached (Hubbard, Backett-Milburn and Kemmer, 2001) or the feminist stance: 'that there is no such thing as 'professional detachment'' (Bloor, Fincham and Sampson, 2007, p. 28). I would argue that for me as a Ph.D. researcher it was almost impossible to remain professionally detached. I spent several months in some hostels and over the course of this time I met with many of the women on a regular basis. I was attempting to understand the social world of being homeless and I myself was a key instrument in this (Coffey, 1999). However, by delving into sensitive research areas my own emotional health was challenged and my sense of self unravelled as there was almost a blurring of boundaries between the healthy researcher / unhealthy participant.

### **(iii) Research impact**

Qualitative interviews have been referred to in the literature as having a potentially cathartic effect (Hutchinson, Wilson and Wilson, 1994) and some of the women interviewed expressed a sense of relief after an interview, as they had not previously discussed their experiences with anyone. Semi-

structured interviews were used, with a set of open questions based upon key health topics and I was able to modify the order based upon my perception of what seemed most appropriate in the context of the interview (Robson, 1995). For example, if parents became distressed during the interview about their children living in temporary accommodation, then questions relating to this issue were addressed at the end of the interview, in order to allow respondents the opportunity to be positive earlier on. In a couple of interviews the respondent broke down and cried when discussing experiences and feelings about being homeless. Many of the women were socially isolated; the researcher may have been their only source of communication on that particular day.

In reference to the impact of the interview on me as the researcher it did, on several occasions, leave me feeling helpless and wanting to reciprocate the sharing of personal experiences (i.e. my experiences pertaining to homelessness as discussed earlier in the article). At the time of the study the researcher was not aware of any outside support resources that could have been made available to the participants but was able to offer each woman a voucher for the supermarket Kwik Save. The voucher was not offered as an incentive, although the women may have become aware of it from other women who had completed the research, which may possibly have influenced their willingness to take part. However, it was unlikely that it otherwise influenced responses, since the voucher was given to respondents after they had completed the research and it was made clear that it was simply a thank you for taking part and not for providing any particular information.

Since completing my Ph.D. study I continue to research the impact of homelessness upon mothers and their children and have actively sought to ensure that the nutrition and health of homeless mothers and their children is placed on the agenda of local authorities through their homelessness strategy.

## **Conclusions**

Homelessness is inextricably linked to poor physical and mental health. This paper has explored the impact of homelessness upon the health of mothers and used this as a framework to discuss the healthy researcher/unhealthy participant interface when placing oneself as a researcher in health and homelessness-focussed research. Diary narratives have been utilised to illuminate some of the difficulties encountered when investigating the environment that many homeless women and their children have no choice but to accept. Finally, the challenges of working as a healthy female researcher with homeless women have been critically explored and have

revealed that immersing oneself in the field of homelessness and temporary accommodation can be fraught with negative health effects for both the researchers and the researched and does not, in my experience, provide a healthy research realm.

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