

Social relationships, stigma, and wellbeing through experiences of homelessness in the United Kingdom

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Abstract

People occupying stigmatized social positions often withdraw from sources of social support, becoming stressed, depressed, and isolated. Homelessness is globally prevalent and stigmatized. Despite the overwhelming evidence that homelessness is associated with experiences of isolation and poor mental health, there is a sparse understanding of how stigma and social relationships interact with mental health in this context. This mixed-method study presents evidence that relationship breakdown is a common precedent to experiences of homelessness. It further shows that people withdraw from potential sources of support due to the stigma associated with homelessness. The findings demonstrate that universal forms of social contact and perceived social support do not consistently associate with mental health. Rather, distinct types of support, from different support sources, are associated with higher levels of mental health. Policy implications considering the relationship of stigma and social relationships within the context of homelessness are discussed.

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INTRODUCTION

Social relationships are essential for human thriving. Throughout the course of one's life, the warmth and quality of one's social relationships has a profound effect on the development of one's sense of self-worth (Harris & Orth, 2020). They can improve our physical and psychological wellbeing (reviewed in Umberson & Karas Montez, 2010), and buffer against the effects of stress (Cohen & Wills, 1985). So how do people in stigmatized social positions, who are denigrated and isolated in society, utilize their social relationships to navigate the stress of their status? There is evidence that stigmatized people withdraw from potential support sources by concealing their identities (Newheiser & Barreto, 2014; Zhang et al., 2020), resulting in increased depression and anxiety (Moore & Tangney, 2017). People experiencing homelessness are subject to intense social stigma and are widely denigrated (Kidd, 2007; Phelan et al., 1997; Weng & Clark, 2018). They characterise homelessness as isolating and lacking in social support (Dashora, 2016; Teo & Chiu, 2016), and report poor mental wellbeing (Spicer et al, 2015). This study takes a mixed-method approach to better understand the relationship between stigma, social relationships, and mental wellbeing within the context of homelessness.

The stigma of homelessness

Social stigma is defined as a person being attributed with a devalued social identity that subjects them to discrimination (Link & Phelan, 2001). Although it is estimated that at least 2% of the world's population experiences homelessness at any given time (UNCHR, 2005), and this number is rising in the face of recessions (Bainbridge & Carrizales, 2017), people experiencing homelessness are subject to intense social stigma and denigration. The systemic nature of the discrimination is evident in the widespread criminalization of homelessness (Aldanas et al, 2020), which is both acknowledged and condemned by the United Nations (2021). In mainstream media, people experiencing homelessness are portrayed as different and often inferior to the housed public (Hodgetts et al., 2005). These marginalizing presentations may contribute to higher status groups stereotyping people experiencing homelessness as lacking both warmth and competence (Fiske et al., 2002). Even children experiencing homelessness are acutely aware of their stigmatized social position (Roschelle and Kaufman, 2004), observing that people "talk about us like we're garbage" and describe how politicians "just keep saying how lazy homeless people are and that we are all drug addicts and criminals" (p. 30). The stigma appears to become internalized, with young people feeling a loss of dignity and hope as a result of their experiences of homelessness (Dashora, 2016). People occupying concealable stigmatized identities often prefer not to disclose their stigmatized status (Newheiser & Barreto, 2014). If this were to occur, it may exacerbate feelings of isolation and reduced perceptions of social support reported by people experiencing homelessness around the world (Dashora, 2016; Teo & Chiu, 2016).

Social relationships and support in the context of homelessness

Social relationships are a source of social support, which is the emotional, instrumental, and financial help available from one's social network (Berkman, 1984; Toro et al., 2008). Social support enhances one's sense of self-worth (Harris & Orth, 2020) which tends to be depleted when

occupying the stigmatized social position of homelessness (Graf et al., 2022). This may explain why perceiving more social support is associated with greater psychological wellbeing (Fitzpatrick, 2017; Toro & Oko-Riebau, 2015; Van Straaten et al., 2018; Walter et al., 2016; Wright et al., 2017) and lower suicidal ideation (McLaughlin, 2012) when people experience homelessness. Social relationships and associated social support thus appear instrumental in protecting against the stressful experience of homelessness.

Relationship breakdown is acknowledged as a preceding factor associated with homelessness (Forty, 2008; Stein et al., 2012). Fractured relationships may result in less available social support when someone first experiences homelessness. Understanding more about the relationship between social networks and support within the context of experiences of homelessness is important, as further investigation reveals that this is a complex relationship. For example, while homeless women are geographically closer to their support networks (Kimble et al., 2017) and have increased contact with them (Zare, 2016) than homeless men, they also report less social support and higher levels of anxiety (Tyler et al., 2018). This indicates that increased social contact and proximity is not equivalent with increased social support. These findings suggest that social support has less to do with the frequency of contact with others, and more to do with the quality of the contact with social relations. Perhaps then it is the quality, rather than the composition, of one's social networks that is most important for wellbeing. Indeed, it may prove that maintaining contact with poor quality relationships could increase psychological distress. This is supported by evidence showing that the social networks of homeless men can both enhance and inhibit their wellbeing (Green et al., 2013). Further evidence demonstrating the benefit of having less contact with negative social relationships comes from a comparison study between people experiencing homelessness in Poland and America (Toro et al., 2014). The study found that although Polish people had less satisfying relationships and contact with their support networks, they also reported fewer psychiatric symptoms. These findings suggest that social contact may not equate to social support. It may prove that the structure of social networks, and the functions that relationships serve, better explain variation in findings (Shakespeare-Finch & Obst, 2011).

The present study

This study aims to understand the ways in which the function and structure of social relationships provide support to buffer against the effects of stress for those occupying a stigmatized social position. The study aims to develop an understanding of the social relationships of people experiencing homelessness that is grounded in the experiences of those with lived experience of homelessness. Through qualitative analysis, consideration is given to the types of support both given and received by people throughout their experiences of homelessness. Quantitative exploration tests what type of support, and from whom, may be most beneficial in buffering against the stress of homelessness. Ethical approval for the studies was granted by the Royal Holloway, University of London, Ethics Committee.

Author positionality

The author is an academic who works with marginalized populations as part of her research. She identifies as a white, African, cisgender female who is the first person in her family to get a university degree. She has transitioned up and down the socioeconomic spectrum throughout her

life, including living in council housing with her family and briefly experiencing homelessness herself. The author spent several years volunteering in night shelters and emergency accommodation prior to undertaking this research. Reflexively, these experiences have enabled the author to avoid the trappings of pathologizing people in situations of homelessness, such as attributing circumstances beyond their control to personal shortcomings or deficits. They have further provided insight into the heterogeneity of people in the situation of homelessness. It is important to recognize that the author did not experience prolonged periods of homelessness and rough sleeping. The author's personal experience has both informed the line of enquiry and influenced the design of the study and the interpretation of findings. The epistemological approach is thus post-positivist in that it recognizes the researcher's experiences and biases but ultimately tries to discern an objective and consistent reality that relates to the experiences of the participants in the study. Several actions were taken to mitigate the impact of the author's preconceptions on the results of the study. A thorough literature review was conducted in advance of, and throughout, the process of this research. The qualitative interview transcripts and codes were reviewed by two other academics. A quantitative element was also introduced to further check assumptions and interpretations made. The intention of taking this approach, was both to ground the findings in the data and to offer credibility to interpretations through methodological rigor.

STUDY 1

The first study considered people's social landscape and how this evolves throughout one's experiences of homelessness. Participants were asked what became more, or less, important to them throughout their experiences of homelessness. Prompts regarding social relationships were not included in the semi-structured interview schedule. Content analysis was chosen for the interview transcripts, following the six-step procedure outlined by Braun and Clarke (2006), as the methodology helps identify consistent themes that may articulate shared experiences of participants.

Participants and recruitment

A gender-balanced sample of 20 participants was randomly selected from a spreadsheet of people living in shelters across two locations in London. People were contacted via the shelters to arrange interviews. The sample size was predetermined to best enable saturation, the point at which no novel themes emerge in the data, during the content coding process (Guest et al., 2006). When the interviews were due to take place, none of the participants were willing to attend. Considering that similar issues had been encountered by other researchers (Cameron et al., 2015), it was decided to employ opportunity sampling. This involved an interviewer attending consenting locations during May 2013, approaching everyone who was present in communal areas to request an interview, and interviewing whoever was willing to participate in the study. Many people would decline to participate, and they were politely thanked for their time and consideration anyway. Once one person agreed to be interviewed, others sitting in the communal areas would often change their minds and participate too. Women typically did not spend as much time in common areas but would stay in sleeping areas. This, coupled with a desire for anonymity—as many were fleeing domestic violence—may account for only one woman being recruited into the sample of twenty participants. Participants were recruited in London through charities, including a temporary night

shelter ($n = 5$); a national charity that provides supported residential facilities for people experiencing homelessness ($n = 5$); and two charities that recruit homeless individuals into supported employment programs ($n = 10$). All the participants had experienced homelessness; just more than half ($n = 11$) were homeless at the time of being interviewed and almost all ($n = 17$) had slept “rough” which was defined as sleeping in the street, transport hub or other public place. Fourteen of the participants reported being homeless more than once. Participant details and demographics are reported in Table 1.

Procedure

Interview dates were set by prior arrangement with shelters, or other recruitment locations, and a private room was arranged on-site for use on the day. People were made aware in advance that someone would be conducting interviews and then were asked on the day whether they would like to participate in the study. It was explained that the interviewer would ask people about their experiences of homelessness and whether anything became less or more important to them during those experiences. Half the participants were not paid for their time and the other half were given a £10 gift voucher for use at a local supermarket. Participant payments were made in accordance with the wishes of the respective recruitment locations. Only the interviewer and interviewee were present in the room during the interviews, and all interviews were recorded using a Dictaphone placed on a table between the participant and researcher. No additional sound recording equipment, such as a microphone, was used. The study was conducted in accordance with APA ethical guidelines and participants were given the opportunity to ask questions in advance of the interview commencing; they provided written consent prior to interview. The interviewer explained that although there were set questions that might be referred to throughout the interview, the interview was largely conversational and participants were not obliged to discuss any topics they did not want to. It was explained that, without giving further information, participants could say “pass” if they did not want to discuss a topic. Participants could withdraw from the study at any time without providing a reason and would not need to return the voucher if they had received one.

Most interviews lasted between 30 and 60 min, with two running shorter and two running much longer. Given the limited social contact several participants described during the interviews, the interviewer listened to whatever the interviewees wanted to discuss. Although participants were asked to discuss their experiences, some talked more generally about how homeless people would think and feel. This may be a way of participants trying to distance themselves from the stigmatized social position (Snow & Anderson, 1987), or it may have been a way of collectivizing their feelings and presenting them as consistent with the views of others in a similar situation. In these instances, the interviewer would clarify whether those views reflected what the interviewee felt. When the interview concluded, participants were thanked for their time and given the contact details of the interviewer in case they had any further questions. Many participants spontaneously said that they would be happy to have a follow-up conversation.

Analysis

The audio recordings were transcribed verbatim into Microsoft Word. Each transcript was read twice before writing down initial ideas for codes. Saturation was achieved by the eighteenth partic-

TABLE 1 Interview sample composition

Interview number	Age ($M = 42$, $SD = 14.80$)		Gender	Nationality	Slept rough	Recurrently homeless	Pseudonym
1	60		Male	Mauritian	Yes	No	<i>Ahmed</i>
2	40		Male	British	Yes	Yes	<i>James</i>
3	21		Male	British	Yes	No	<i>Ben</i>
4	20		Female	Polish	Yes	Yes	<i>Kasia</i>
5	29		Male	Dutch	Yes	Yes	<i>Gert</i>
6	28		Male	British	Yes	No	<i>Simon</i>
7	43		Male	British	Yes	Yes	<i>Kevin</i>
8	42		Male	British	Yes	Yes	<i>Vincent</i>
9	30		Male	British	Yes	Yes	<i>Max</i>
10	44		Male	British	Yes	Yes	<i>Justin</i>
11	37		Male	British	Yes	Yes	<i>Luke</i>
12	32		Male	Hungarian	Yes	Yes	<i>Daniel</i>
13	49		Male	Nigerian	No	No	<i>Taibo</i>
14	47		Male	British	Yes	Yes	<i>John</i>
15	68		Male	British	Yes	Yes	<i>Joseph</i>
16	62		Male	British	Yes	Yes	<i>Barry</i>
17	66		Male	British	No	No	<i>Robert</i>
18	53		Male	British	No	No	<i>Peter</i>
19	22		Male	British	Yes	Yes	<i>Matt</i>
20	47		Male	British	Yes	Yes	<i>Nathan</i>

Note. Participant age range = 20–68, ($M = 42$, $SD = 14.80$).

ipant. The data were coded using NVivo qualitative analysis software, then reviewed and recoded to ensure all data had been captured within the codes allowing for emergent themes. A sample of the coding and themes was reviewed by another researcher to ensure coding was not biased by one person's interpretation of the data. The emerging themes were mainly those that arose from participant accounts. Themes were then reviewed and consolidated to reflect interrelationships between the themes and the literature.

Findings

Consistent with previous research (Dashora, 2016; Slesnick et al, 2017), people experiencing homelessness spoke of relationship difficulties and social isolation both prior to and throughout their experiences of homelessness. The secretiveness surrounding participants' homeless status further isolated them. Isolation was linked to feelings of depression, anxiety and a loss of confidence. However, people also discussed positive feelings towards others and gratitude for help from friends, family and support workers. The findings are organized into four overarching themes: (1) *Relationship breakdown as an antecedent to homelessness*, (2) *Social stigma, withdrawal, and isolation*, (3) *Social apathy and mistrust*, (4) *Shared status, social connection, and coping*.

Relationship breakdown as an antecedent to homelessness

There was a diverse range of issues leading up to people experiencing homelessness including combinations of loss of work, foster care, institutionalization, migration and substance abuse. Regardless of the antecedents a person experienced prior to homelessness, the final factor in advance of people becoming homeless was a loss of relational support. This finding is consistent with other research which has identified that relationship breakdown is a preceding factor associated with homelessness (Forty, 2008; Stein et al, 2012). However, it would be inaccurate to assume that social relationships were intact until the point of a person experiencing homelessness. Many participants experienced parental loss of some kind. John, a 47-year-old man living in supported accommodation, talked about how he became drug addicted as a child, following the death of his mother: *"My mum died when I was seven, she committed suicide and I was literally very angry, my behaviour was just chaotic. No matter what my dad tried to do to help me, I just didn't want to listen. He wanted to send me to a private college, but I didn't want to listen. He just wanted to help me, and then once I got to this private college, I just gravitated to the boys that were similar to me, they were all smoking marijuana. Within a week of arriving at college I started smoking and just became addicted. I used to do it every day."* The drug misuse at age 11 escalated into a crack addiction by the age of 17, which was the catalyst to his first experience of homelessness at 19. *"My dad had got married, it was his second marriage after my mum died, he had gone on honeymoon and I got so bad into it [drugs], I sold all the wedding gifts and had someone come and buy the engine out of the car. My stepmum came back unexpected... When she walked into the house she realised something wasn't right, and I panicked, and ended up running away, so I was on the streets about a week. That was my first experience of being homeless."* John's story is like that of many other people who were interviewed and had a history of substance abuse. Several people had become addicted to drugs while dealing with the loss of a parent or spouse.

Continuing the theme of parental loss, four participants were put into foster care, and one was allocated their own flat at 15 years old. Reasons for entering care included parental imprisonment,

parental mental health issues and parental abuse. Max, a 30-year-old man who had recently found a home, reflected on the frustrations he experienced with social services throughout his childhood and how this made him reluctant to accept their support. *“I’ve gotten taken away from our parents and stuff, it was them [social services] interfering and when I got moved from one children’s home to another or to a boarding school it was always them interfering... The social services tried to get me something [a house]... but I just didn’t want the help anymore... I blamed them. Any time they’re trying to help me I just didn’t want to know. Yeah, I made myself homeless.”* Themes of pushing people away and not wanting to accept help from others, because of negative experience in care, were reflected by most of the participants who had grown up in care.

Even in situations where family were available, breakdowns in these relationships continued as a consistent driver of people into situations of homelessness. Kasia, a 20-year-old woman who had recently moved out of a night shelter and into accommodation, talked about running away from her mother. *“My mom is really controlling and she would like me to be near her... stay at home, not move out... I said to them that... I was going for a vacation for two weeks but I bought [a] ticket only for one way... When my mum found out she was destroyed from the inside... I run away from her and she knew that.”* Whereas Luke, a 37-year-old man living in supported accommodation, spoke of his mother putting him on the streets even though she was seemingly unaware that this is what she was doing: *“I was living with my mom and it got to the stage where she couldn’t cope anymore, she couldn’t take it [his drinking]. She just had enough so basically she put me on the streets. She thought I had somewhere to go because I told her that, but I didn’t.”*

The findings from participants of all ages consistently support longitudinal evidence from across the globe that adolescent family dysfunction predicts homelessness in young adults (Heerde et al., 2022). Considering the narratives of the participants, it appears that not all people who experience homelessness have a complete absence of social support or other available options. What does come through consistently in the interviews is that for many participants, experiences of trauma, and relationship breakdown, catalyze a withdrawal from potential sources of support. These findings show that fractures in one’s social world can initiate behaviors that ultimately lead to homelessness. This places the relational context at the center, rather than simply the periphery, of one’s journey into homelessness.

Social stigma, withdrawal, and isolation

Almost all the participants slept rough when they first became homeless, which some described as a scary, lonely and uncertain time. Ahmed, a 60-year-old man from the night shelter who had recently been housed, talked about the loneliness he felt on the first few nights on the street: *“When night falls and you see people going home after work... that’s when you feel the loneliness. I was sometimes in tears... I was on my own and just thinking about how to get out of this.”* Ben, a 21-year-old man who was living in a night shelter, had lost contact with his family when he was 15 years old. He discussed feeling like he did not have anyone to support him: *“It was the freaky moment where I was like, most people have families, so they can go to their families and say this is happening, help me out, but it felt like I had no one.”* As the interview progressed, he spoke a lot about his positive and sustained relationships with friends. When asked why he did not ask for their help he replied, *“I didn’t want to tell them I was homeless at first. So the first 5 days I didn’t really speak to anyone because I thought I could sort it out.”* When asked about why he kept his homelessness secret he responded, *“I used to live in Kensington, I had a really good life... and I had to go from that to zero. I think I was trying more to come to terms with myself and adjust to*

that at that time without having the panic of everyone else on me while I was dealing with it.” Many of the participants kept their homelessness a secret which likely exacerbates people’s sense of isolation. Reasons given by people for keeping homelessness secret included feelings of failure and concerns about being treated differently by others. As Kevin, a 43-year-old male who was living in the night shelter articulates, “*You become really circumspect about who you tell ... when it comes to your family you maybe only want to tell them if you have to, you get really stuck because you just don’t want to let them down. It hurts more telling them than other people. Other people just treat you differently – completely.*”

Encounters of prejudice and stigma were both direct and indirect. Matt, a 22-year-old living in the night shelter, talked about passing time in the library when the night shelter was closed. He observed the prejudiced behavior of others toward someone who was sleeping rough, causing him to reflect on how they were not much different. “*I see one guy in the library and I see the way people are towards him because he’s really homeless, he’s outside ... I can see how people look at him and don’t want to sit on the next computer to him ... but we’re not much different.*” The struggle of life on the streets, feelings of failure, and their stigmatized social position made many people feel depressed and anxious, as Kevin articulates: “*I don’t know anyone who’s homeless who’s walking around very confident I think. It knocks you in some way. It’s very hard to explain. And worse, you can get anxious, lack of confidence and maybe, even, you mix those – you get a little depression there. When that happens it’s hard.*” Kasia talked about how her experiences of being homeless have made her withdraw in social situations: “*I am more quiet because I was [a] really loud person and really happy, cheerful. After what happened, I started to be a little bit shy and not open. when it came to meeting new people I was really closed. I am getting back to [the] real me slowly slowly but yeah, I’m trying hard.*”

It appears that the stigma surrounding people experiencing homelessness exacerbates their sense of failure. Concerns about how people will react to the news that someone is homeless and being treated differently by close and distant others causes people experiencing homelessness to withdraw from support networks and conceal what has happened in their lives. These findings are consistent with other evidence that exposure to stigma negatively affects one’s self-esteem and mental health, causing people to withdraw from social interactions (reviewed in Zhang et al., 2020). The concealment of their stigmatized status can result in people experiencing a reduced sense of belonging, related to having to conceal associated aspects of their lives (Newheiser & Barreto, 2014). This concealment and withdrawal potentially result in less support to buffer against the stress of homelessness.

Social apathy and mistrust

While some people talked about the kindness of strangers, others perceived a total lack of support which they attributed to people’s underlying motivation. Joseph, a 68-year-old man living in supported accommodation, describes this. “*It was this feeling of hopelessness after a while, you realise ... no one’s got the incentive to help you so therefore they don’t.*” Half of the participants questioned the motives of the hostels, and particularly the volunteers, seeing their motivations as self-serving. Ahmed was volunteering overnight following recently being rehoused. Despite being a volunteer himself, his perceptions of volunteers were very negative. “*You ask them why they are volunteering in the homeless sector and they would say that they didn’t have that confidence so they want to develop their confidence... Sometimes I think that charity is the modern way of socialising. They come for their own good, it’s like they come by hypocrisy.*” Many participants viewed the charities

supporting people experiencing homelessness as operating as a cost-efficient means to contain people and maintain the status quo rather than address the issue of homelessness. As Vincent, a 42-year-old man who had recently been rehoused, reflects: “*They will always be funded because if they are not funded ... there would be a lot more – let’s say – crime on the streets and violence and stuff... You can herd [homeless people] all into a cheap place, wash them, keep them like that, they become less desperate.*” It could be that this negative evaluation of others is an extension of themes of mistrust resulting from negative experiences mentioned by participants, such as being the victim of crime or violence (Ross et al., 2001). However, this interpretation risks pathologizing, rather than acknowledging the validity in, the participants’ perceptions. Although people may report empathy and a sense of moral outrage when asked about homelessness, results from neurological studies show that people mentally construe people experiencing homelessness as objects, or sub-human (Harris & Fiske, 2007). Perhaps people experiencing homelessness can transcend the belief in meritocracy that ultimately leads people to underestimate prejudice (Barreto & Ellemers, 2015) and reflects an accurate, albeit potentially misplaced, assessment of broader social apathy and social injustice.

Shared status, social connection, and coping

Half of the participants talked about friendships with other people experiencing homelessness. These friends kept them safe when they were sleeping rough, provided guidance about accessing services and engaged in conversation that passed time. Affiliation tended to come easily within the homeless community and was based on sharing similar experiences. These findings are in line with previous research (reviewed in Cronley & Evans, 2017) and may serve as a buffer to potential detrimental effects of social isolation. Simon, a 28-year-old male who had recently been rehoused, talked about the security and support other people experiencing homelessness provided: “*When I was homeless ... I kept myself safe ... because when you’re on the streets you sleep in packs you still need the human comfort... It was my first day in London and I didn’t know what was going to happen. I had a plan to sleep in the park and figure it all out the next day but I arrived quite late, but some dude offered to show me where there was food, which was cool. And by allowing him to take me somewhere to get help made me realise that other people can be helpful too.*” In these contexts, we see that people experiencing homelessness are not just recipients but are also providers of support (Link & Phelan, 2001).

Both Simon and Kasia were employed by food outlets that recruited staff from shelters and prisons. Weekly group counselling sessions facilitated by a professional counsellor were held as part of the program and were observed for several months as part of this research. Many of the participants experiencing homelessness found the emotional support offered by peers to be very helpful, as Kasia articulates: “*We might just sit there and talk about nothing and afterwards you just walk away with a relief, you are breathing properly, and you’re not tense all the time. You think, ah, there are people there in the same situation as me and they are dealing with that so I can deal with that as well.*” This suggests that peer support is particularly helpful for people in situations of homelessness.

However, relationships with other people who are experiencing homelessness are not usually sustained once people have found housing. A third of the participants talked about the difficulty of losing the friendship of those they had met when they were homeless and the loneliness they had experienced moving back into housing. Matt describes his first few days in council housing after first leaving the shelter: “*... it was a shock to leave all that [the shelter] and it was scary feeling*



not to wake up in the night and have people surrounding you, or wake up in the morning and there's all these faces there. I don't know why it was hard for me, it was just really hard." Matt was in a romantic relationship with someone from the shelter but their relationship ended, he became homeless again and returned to the shelter. *"Living with a woman was lots of fun. But I don't know about it, I think the homelessness kept us together like when you needed each other and that. After that we just didn't feel the same, so we just parted ways."*

Over the years of volunteering, the author would observe many people return to the shelter following being rehoused. This sense of isolation was a consistent theme with many people struggling to cope and ultimately becoming homeless again within a year. As a result, the shelter encouraged people who had recently been rehoused to return for mealtimes and offered them the opportunity to volunteer. One such person was James, a 40-year-old man; he contextualized the loss of friendships as moving forward *"if the money is short I'll go to the handouts and bump into people and they'll say, come to so-and-so and come to so-and-so, and I'll say that I'm only here because I haven't got any money, do you know what I mean. So there is that, there is a whole social thing which I've lost which is kind of a shame but at the end of the day, you know, we're always moving forward."*

It is worth recognizing that this interview occurred during a voluntary overnight shift at the shelter. The shelter is in a noisy, cold warehouse in an industrial estate in London. The overnight volunteers stayed awake most of the night and dozed uncomfortably on armchairs. Although James frames his presence purely in the context of financial gain, the context in which he was interviewed suggests that his presence may have been more socially motivated.

Discussion

Consistent with previous research (Dashora, 2016; Slesnick et al, 2017), people experiencing homelessness spoke of relationship difficulties and social isolation both prior to and throughout their experiences of homelessness. These findings are important as they add to the sparse literature that identifies relationship breakdown as an antecedent to homelessness. Considering homelessness through a relational perspective broadens the public and policy focus beyond drug addiction, mental illness and incarceration (Fitzpatrick et al, 2011) and guides consideration to broader social issues such as stigma-enhancing portrayals of people in the media, and the provision and treatment of children in vulnerable households and social care.

The secretiveness surrounding participants' homeless status isolated them, as has been observed in other stigmatized groups (Frable et al., 1998). Isolation was linked to feelings of depression, anxiety and a loss of confidence. Throughout the conversations about feeling isolated and withdrawing, it was clear that many people did not want to access support available from family, friends and support workers. The study indicates that by reducing the stigma associated with homelessness, people experiencing homelessness may more readily access much needed relational support. However, not all social contacts are supportive. Some contacts were negative and others merely neutral. To this end it would be useful to understand which types of social support, from which types of relationships, may be the most useful in buffering against the stressful experience of homelessness.

There were several limitations with the sample in this study that make generalizing the findings challenging. The primary limitation is the gender imbalance in the sample, with all but one participant being male. The themes that emerged in the female participant's interview overlapped with those in the male participants' interviews. Other research that has focused purely on the

experiences of homeless women has reported themes of insecurity, powerlessness, fragmentation of families (Tischler et al., 2007), mental health, substance abuse and issues with support interventions (Cameron et al., 2015), which overlap to a large extent with the content in the interviews presented in this study. Another potential limitation of the sample is that all participants recruited were in London at the time of the interview. The content of the interviews did have symmetry with reports of isolation and complex familial relationships aligning with accounts from participants in Singapore (Teo & Chiu, 2016), Poland (Toro et al., 2014), Australia, and the US (Heerde et al., 2022).

One wonders whether people's experiences of isolation are related to a lack of available support, or a withdrawal from support that is available. It may be a combination of both. Quantitative comparisons between the level of social support perceived by people experiencing homelessness, and those who are not, may provide insight into the extent that the sense of isolation is related to an absence of social support.

STUDY 2

This second study aims to address several questions that emerged from the qualitative analysis. The first is whether people in circumstances of homelessness withdraw from available support, rather than having no support available. If people without homes report having comparable levels of perceived social support to people with homes, this may suggest that addressing stigma-reducing portrayals of homelessness is as important a policy focus, as providing social support. The interviews also found that not all experiences of support were universally positive. Understanding what types of support, and from whom, may be most beneficial in helping people buffer against the effects of stress associated with homelessness can help focus and inform efforts of social relations and support services. To this end, the relationship between perceptions of different types of social support (i.e., instrumental and emotional) from different support sources (e.g., friends, family, support workers) and mental health is explored. As many people disclosed feeling betrayed and lacking trust in others during the interviews, a general measure of interpersonal trust is also included to understand the degree to which this may impact on people's willingness to forge new social relationships. The differing levels of support perceived from family, as a universal form of social relationship, is also compared.

There are also several methodological limitations in the interview study that this study aims to address. The first is broadening the geographic recruitment area to include people from across the United Kingdom. The second is to recruit more female participants into the study and consider whether genders differ in the relationships between social support and wellbeing.

Methodology

Participants

A total of 1089 participants were recruited from across the United Kingdom into the study. 475 people were recruited in person through visits to 47 recruitment sites for economically vulnerable people, such as shelters and foodbanks in the period between July 2013 and February 2015. A further 614 people were recruited online via social media and Amazon MTurk in January 2014. Details of participant recruitment numbers by center and respective participant payments, if any,

TABLE 2 Study 2: Participant recruitment centers and payments

Recruitment center	£ payment	<i>n</i>
Business in the community	5	15
Trussell trust foodbank	5	41
Homeless world cup (England, Scotland, Wales)	5	198
St Mungo's	5	159
Pret foundation trust	5	6
Shelter from the storm	5	8
Department of work and pensions	5	19
Stuart low trust	5	31
Amazon MTurk	1	500
Unpaid online ^a	0	112
<i>Total</i>	2943	1089

^aFacebook, Twitter, LinkedIn, and APS Social Psychology test section.

can be found in Table 2. Responses from children under the age of 16 years were discarded ($n = 5$) to ensure that consent guidelines had not been breached (British Psychological Society, 2021). Survey responses completed outside of the United Kingdom ($n = 54$) were excluded to ensure all responses were from within the same sociocultural context (Cohen & Gunz, 2002). Responses that provided random ($n = 4$) or incoherent answers ($n = 11$), or blank surveys ($n = 56$) were also excluded. The remaining 959 participants were pooled for selection into four sub-samples (homeless, previously homeless, low SES and higher SES) allowing comparison of social relationships between people who are presently experiencing homelessness and other groups of interest. Consistent with previous literature (Sheehy-Skeffington & Rea, 2017), housing status and educational attainment were used as socioeconomic status indicators for selection into subsamples. As a result, a further 318 participants were excluded as they did not meet the selection criteria for one of the sub-samples. The final sample included 641 participants representing all regions across England (82%), Scotland (6%), Wales (11%), and Northern Ireland (1%). Demographic characteristics of the samples can be found in Table 3.

Presently homeless participants

People who responded that their accommodation status was “Homeless (Night shelter, Hostel, Public Place)” or “Supported Accommodation (Long term accommodation for homeless people)” were classified as “presently homeless” ($n = 248$). People in this sample reported experiencing homelessness for an average of 3.5 years ($SD = 2.70$) with 62.5% of people having experienced homelessness more than once. People living in supported accommodation were slightly older ($Mage = 36.69$, $SD = 13.59$) than other homeless participants ($Mage = 32.77$, $SD = 12.45$), $t(233) = 2.27$, $p = .024$. There were no differences in gender composition, duration of homelessness, or experiences of recurrent homelessness between people in supported accommodation and other presently homeless participants.

Previously homeless participants

Previously homeless participants ($n = 155$) included people who reported that they had experienced homelessness during their lives but did not meet the criteria for being presently homeless.

TABLE 3 Study 2: Participant demographics by group

<i>Participant group</i>	<i>n</i>	<i>Age</i>			<i>Gender</i>		
		<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>	<i>Male</i>	<i>Female</i>
Homeless	248	35.00	13.00	16	73	193	50
Previously homeless	155	36.00	12.00	16	77	94	56
Low SES	94	37.00	14.00	17	67	51	43
Higher SES	144	37.00	11.00	18	69	63	79

People in this sample reported being homeless for an average of 1.5 years ($SD = 1.84$) with 43% having experienced homelessness more than once.

Low SES participants

Participants who had never experienced homelessness and indicated that they were living in means-tested low-income housing (Blundell et al., 1988) or had educational attainment below the completion of high school (Sheehy-Skeffington & Rea, 2017) were allocated to the “low SES” sub-sample ($n = 94$). Sixty-two participants in the previously homeless sample met the criteria for inclusion in the low SES group but were not included. This was to understand whether there are differences in social support between people who experience homelessness and others from economically vulnerable backgrounds.

Higher SES participants

Participants in the higher SES sub-sample ($n = 144$) included people who had indicated that they were living in “Privately rented or owned accommodation” and had an educational level of a bachelor’s degree or higher. Participants in this sample had never experienced homelessness and only four participants in the previously homeless sample would have met the criteria for inclusion in this group.

Measures and procedure

Participants completed a questionnaire pack, either in person or online. The use of both online and in-person questionnaires was not thought to be problematic as results have been found to be consistent between them (Gosling et al., 2004). Some participants were not sufficiently literate to complete the questionnaires independently. In such cases, the author took care to ensure all questionnaire items were read to participants in a neutral manner and responses were unprompted. The questionnaire pack measured demographics, mental health (Zigmond & Snaith, 1983), perceived social support (Power, 2003) and interpersonal trust in that order. It concluded with questions regarding people’s experiences of homelessness, such as the length of time they had experienced homelessness, whether they had slept rough and whether they had recurrent experiences of homelessness.

Demographic measures

Age, gender, housing, employment, and education status of participants was measured to enable classification of group membership, provide a description of the sample, and test for potential covariates. Country of completion was measured for screening purposes to ensure all participant responses were from within the same sociocultural context (Cohen & Gunz, 2002).

Perceived social support

A Significant Others Scale (Power, 2003) used ten items to measure the extent to which emotional support and instrumental support were perceived to be offered by a range of potential social connections, including: homeless friends, housed friends, family, paid and unpaid support workers, and work colleagues. The measure was relatively simple to complete and distinguished between emotional and instrumental support. The 10 items included in the scale had five items that measured emotional support, for example, “I feel that I can trust, talk to frankly and share feelings with”, and five items for instrumental support, such as, “I feel that I can get financial and

practical help". Participants responded either yes (=1) or no (=0), to indicate whether each of the social network groups offered emotional support ($\alpha = .91$) or instrumental support ($\alpha = .95$) as framed per each item.

It is plausible that social support means different things to different people. Various types of social support may also predict overall social support differently on an individual basis. The people offering social support also varied between the groups. For example, those in the presently homeless sample are more likely to have indicators of social support from homeless friends than other groups, whereas those in the higher SES sample are more likely to have social support indicators from work colleagues than the other groups. For this reason, social support in the family was the only measure that was looked at across all groups to identify whether there was invariance in the groups. Configural and then scalar measurements were assessed; however, metric measurement was not assessed in this model as it is not available when categorical outcomes are binary, resulting in the model not being identified in Mplus (Muthén & Muthén, 2012). Scalar invariance was achieved for the model ($\Delta CFI = .001$; $\Delta RMSEA = .006$). It was therefore decided that the measure was suitable for intergroup comparisons in its original format.

Mental health

Given the insecure housing position of many of the participants, the Hospital Anxiety and Depression Scale (HADS; Zigmond & Snaith, 1983) gathered information about participants' levels of depression ($\alpha = .78$) and anxiety ($\alpha = .87$) which cumulatively indicated overall mental health ($\alpha = .88$). The scale was selected because it reduces the effect of environmental confounds (Johnston et al., 2000) which is particularly important considering the variation in environment between the participants. The full scale included 14 items equally split between depression and anxiety with four response options for each item (scored between 0 and 3). For example, items such as "I can laugh and see the funny side of things" (depression) response options ranged from "not at all" (=3) to "as much as always" (=0). Measurement invariance testing was conducted to ensure that the items were appropriate for intergroup comparisons. The baseline model allowed anxiety and depression to be predicted by their seven respective indicators. The model showed metric invariance; however, it did not show scalar invariance. The modification indices were therefore checked and items one and six from the anxiety scale and items five and seven from the depression scale were allowed to vary freely. The groups showed metric and partial scalar invariance on the HADS scale for depression and anxiety ($\Delta CFI = .003$; $\Delta RMSEA = .001$) and the measures were assessed as suitable for use in their original format.

Interpersonal trust

A single item measure, capturing trust of new social contacts, was included to generalize levels of social trust. Participants were asked "Do you generally trust new people you meet?" with binary response options of "yes" (=1) and "no" (=0).

Design and analysis

One of the findings in this and much other research into the lives of people experiencing homelessness, is that people report feeling lonely and isolated from the wider world. Participants in the interviews discussed actively withdrawing from others, feeling a lack of trust in others due to negative experiences in previous relationships, and experiencing negative mental health outcomes when receiving contact from family members. It is important to note that this was not



the complete picture. Many participants spoke about helpful relationships with family members and other people who were experiencing homelessness. To avoid perpetuation of unsubstantiated assumptions (Link & Phelan, 2001) a between groups MANCOVA was conducted comparing the level of perceived social support between people presently experiencing homelessness and previously homeless, low SES and higher SES comparison groups. While the groups did not significantly differ in age, participants who were presently or previously homeless were significantly more likely to be male $\chi^2(3, 626) = 52.67, p < .001$. Gender was therefore included as a covariate in the analysis between groups of different socioeconomic status.

Correlational analysis was used to test the relationship between support type and source (e.g., emotional support from family, or instrumental support from friends) and wellbeing (depression and anxiety) in participants who were presently experiencing homelessness. To address the gender imbalance of participants in the homeless samples in both studies, gender differences in social support were explored.

Results

To determine the level of potential disparity in perceived social support between people experiencing homelessness and those who are not, a between-subjects MANCOVA was conducted. Participant group was the independent variable, perceptions of instrumental and emotional social support were the dependent variables, and gender was the covariate. As the comparison groups were different sizes, Pillai's trace was used for interpretation of the results (Field, 2013). Post-hoc comparisons of estimated marginal means with Bonferroni corrections were conducted to look at differences between specific groups. The results show significant differences in perceived social support between people experiencing homelessness and comparison groups, $V = .073, F(6, 782) = 4.96, p < .001, \eta^2_p = .04, 1 - \beta = .99$. The results of post-hoc univariate ANCOVAs (reported in Table 4) showed significant differences between the groups on both dimensions of social support. Between group comparisons of estimated means showed that while people presently experiencing homelessness reported the lowest levels of perceived emotional and instrumental social support, the levels were comparable with those of low socioeconomic status and previously homeless samples. People experiencing homelessness did report significantly lower levels of both emotional (95% CI $[-3.819, -.633], p < .001$) and instrumental (95% CI $[-4.436, -1.453], p < .001$) social support in comparison to people from the higher SES group.

Pearson's chi-square showed that there were differences in interpersonal trust between people experiencing homelessness and comparison groups $\chi^2(3, 568) = 26.94, p < .001$. Post-hoc examination of the adjusted residual scores showed that people who were presently experiencing homelessness were less likely to trust new people they met ($z = 3.18, p = .011$), whereas those in the higher SES group were more likely to trust new people ($z = 5.05, p = .001$). Further Pearson's chi-square analysis was conducted to check whether gender differences between the groups could account for this finding. The results showed that males and females did not differ in their inclination to trust new people.

Considering reports in the interviews about the breakdown in social support networks, and particularly relations with family members, a between-subjects MANCOVA was conducted to compare differences in perceived emotional and instrumental social support received from family members controlling for gender effects. There were significant differences in perceived social support from family members between homeless, previously homeless, low socioeconomic status and higher socioeconomic status groups, $V = .183, F(6, 716) = 12.02, p < .001, \eta^2_p = .092$,

TABLE 4 Differences in perceived social support between people with and without homes

Group	Mean ^a	SE	ANOVA			Intergroup comparisons with homeless sample		
			F(3, 365) ^b	<i>n</i> _p ²	1-β	<i>p</i> ^c	95% CI [LL, UL]	
<i>Emotional support</i>								
Homeless	7.16	.46	3.77**	.03	.81	.119	[-2.696, .308]	
Previously homeless	8.35	.60				.707	[-1.885, 1.279]	
Low SES	7.46	.64				.002	[-3.221, -.728]	
Higher SES	9.13	.42						
<i>Instrumental support</i>								
Homeless	7.48	.43	7.31***	.06	.98	.050	[-2.805, -.001]	
Previously homeless	8.88	.56				.229	[-2.381, .572]	
Low SES	8.38	.60				.000	[-3.866, -1.538]	
Higher SES	10.18	.39						

Notes: **p* < .05, ***p* < .01, ****p* < .001.

^aMean estimated to account for the covariate of gender (male = 0, female = 1), estimated at the value of .45.

^bThe F tests the effect of Group based on the linearly independent pairwise comparisons among the estimated marginal means; sample size for Homeless (*n* = 115), Previously Homeless (*n* = 63), Low SES (*n* = 57), Higher SES (*n* = 135).

^c*p*-values for pairwise comparisons on estimated mean difference to homeless sample.



$1-\beta = 1$. The results of post-hoc univariate ANCOVAs (reported in Table 5) showed significant differences in levels of both perceived emotional and instrumental social support between the groups. Comparisons of estimated means (Table 5) with Bonferroni correction showed that people experiencing homelessness perceived lower emotional and instrumental social support from family members than all other groups. These findings support reports of participants in the interviews who discussed breakdown of family relationships and a lack of familial support.

Social support can generally act as a buffer to stressful life-events but the source of support and type of support received seemed to alter the relationship between perceived support and wellbeing in the interviews. Given the overrepresentation of men in the interviews, tests were conducted to understand whether there were gender differences between homeless men and women in their relationships between perceived social support and mental health. A one-way between subjects ANOVA was conducted with gender as the independent variable and emotional support, instrumental support, depression and anxiety as the dependent variables. There was a not a significant effect of gender on dimensions of social support at the $p < .05$ level. Homeless women were more likely to report higher rates of depression $F(1, 239) = 11.77, p = .001$ and anxiety $F(1, 239) = 13.74, p < .001$ than homeless men, which resulted in women scoring lower on overall mental wellbeing $F(1, 239) = 12.86, p < .001$. Two-tailed Pearson correlations showed that higher levels of mental health were significantly positively associated with higher perceptions of emotional $r(139) = .239, p = .005$ and instrumental $r(139) = .200, p = .018$ social support for people who were presently experiencing homelessness. Regression with interaction showed gender did not moderate the relationship between mental health and social support.

As the relationship between social support and mental health did not vary at the level of gender, two-tailed Pearson correlations between mental health and the types of support from different sources of support explored which types of support, and from whom, may be most beneficial for one's mental health when experiencing homelessness. The results (reported in Table 6) showed that perceiving more emotional support from all support sources, except for homeless friends, was associated with better mental health. While perceiving instrumental support from family members was also associated with better mental health. Instrumental support from all other groups was not significant.

Discussion

This study provides some quantitative support to the findings of lower social support from the interview study, although the picture is not quite as clear-cut as the interviews or previous evidence would suggest. It is worth noting that perceived social support was tallied from several support sources, including support workers, and thus people not receiving additional support, such as those living in council accommodation and previously homeless people, may have reported lower levels of social support because they did not have as many support sources available.

GENERAL DISCUSSION

The purpose of this study was to better understand the interactions between social relationships, stigma, and mental wellbeing in the context of homelessness. As well as adding to the sparse evidence that relationship breakdown is an antecedent to homelessness, this study has

TABLE 5 Differences in family social support between people with and without homes

	ANOVA			Intergroup comparisons with homeless sample			
	<i>Mean</i> ^a	<i>SE</i>	<i>F</i> (3, 358) ^b	<i>n</i> ² _p	<i>t</i> − <i>β</i>	<i>p</i> ^c	95% CI [LL, UL]
<i>Family emotional support</i>	Homeless	.18	15.92***	.118	1		
	Previously homeless	3.06				.019	[−1.240, −.114]
	Low SES	3.77				.000	[−1.991, −.788]
	Higher SES	3.97				.000	[−2.061, −1.114]
<i>Family instrumental support</i>	Homeless	.16	26.08***	.179	1		
	Previously homeless	3.18				.007	[−1.219, −.194]
	Low SES	4.23				.000	[−2.307, −1.212]
	Higher SES	4.26				.000	[−2.216, −1.355]

Notes: **p* < .05, ***p* < .01, ****p* < .001.

^aMean estimated to account for the covariate of gender (male = 0, female = 1), estimated at the value of .46.

^bThe *F* tests the effect of Group based on the linearly independent pairwise comparisons among the estimated marginal means; sample size for Homeless (*n* = 109), Previously Homeless (*n* = 65), Low SES (*n* = 56), Higher SES (*n* = 133).

^c*p*-values for pairwise comparisons on estimated mean difference to homeless sample.

TABLE 6 Correlations between social support and mental health, by support type and source, in people presently experiencing homelessness

Support type	Support source	Depression			Anxiety			Mental health		
		r	p	n	r	p	n	r	p	n
Emotional	Homeless friends	-.056	.571	104	-.031	.754	104	.044	.661	104
	Housed friends	-.293**	.003	104	-.270**	.006	104	.282**	.004	104
	Family	-.252**	.006	116	-.229*	.014	116	.241**	.009	116
	Support workers	-.183	.058	108	-.206*	.033	108	.195*	.043	108
	Work colleagues	-.351*	.026	40	-.338*	.033	40	.345*	.029	40
	Homeless friends	-.075	.469	96	-.045	.662	96	.06	.562	96
Instrumental	Housed friends	-.322**	.001	102	-.305**	.002	102	.314**	.001	102
	Family	-.155	.102	112	-.128	.179	112	.142	.136	112
	Support workers	-.044	.653	105	-.057	.561	105	.051	.605	105
	Work colleagues	-.291	.072	39	-.281	.083	39	.287	.077	39

Note: *p < .05, **p < .01. All correlations are Pearson two-tailed bivariate correlations.

demonstrated that social relationships are central to people's experiences of homelessness. It showed that beyond merely reflecting on their stigmatized social status, people in situations of homelessness consider the impact of disclosing this information on their social relations and often conceal the fact that they have become homeless. The study shows that not all social relationships are positive or have universal benefits for one's mental health. Rather, variations in the support source, and type of support offered, may explain differences in the relationship between social support and mental health observed in previous studies.

Social stigma, withdrawal, and mental health

There is a plethora of evidence that experiences of homelessness are characterized by a lack of social support (e.g., Dashora, 2016; Teo & Chiu, 2016). This study found that, people experiencing homelessness reported significant isolation and issues with relationships in the qualitative study. However, they also reported withdrawing from sources of support due to feelings of failure and concerns about being treated differently due to occupying a stigmatized social status. Many people in the interviews talked about experiencing a distance from their relatives resulting from their experiences of homelessness, which is similar to findings in previous research (Chaviano, 2016). Considering that people would often conceal their homelessness from potential support sources, it may be that although social support is available, people are unwilling to access the support for fear of being perceived as a failure. Overall people experiencing homelessness perceived similar levels of social support to other people with low socioeconomic status, who had never experienced homelessness, and those who were previously homeless. These finding suggests that people may be reluctant to access available sources of support rather than having no support available to them.

One may need to consider that social desirability could influence the findings within the inter-group comparisons. Indicators of distortion of self-presentation were found in the quantitative study with several assisted participants asking what a "normal" response was, in response to the questions. This may highlight the person's desire to be perceived as "normal" in a difficult and often stigmatized situation (Hodgetts et al, 2005; Snow & Anderson, 1987), or it may simply represent the person's desire to understand where they sit in relation to others.

Support sources and mental health

Feelings of isolation were often associated with feelings of depression and anxiety in the interviews. The association was supported by quantitative findings that perceiving more social support overall was associated with having better mental health. However, delving beyond the high-level association shows variation in mental health depending on the relationship to the person offering support, and the type of support perceived to be offered.

Family relationships

Breakdown in familial relationships was central to many people becoming homeless. It is likely that relationship breakdown in advance of a person experiencing homelessness, coupled with further withdrawal from family when one becomes homeless, accounts for lower perceptions of both instrumental and emotional family support. It could prove that reduced contact with family

members is beneficial for one's mental health, as shown in previous research (Thompson et al., 2012; Tyler et al., 2018). However, this study found that perceiving more emotional support from family members was associated with better mental health. This apparent contradiction may be explained by the distinction between social contact and social support. Indeed, the nuance in the relationship between perceived support and mental health extends beyond mere contact and support. Perceiving more emotional support from family was associated with better mental health but perceiving more instrumental support was not. This was true for all sources of instrumental support except for friends who were not homeless.

Friendships

Previous research in an Irish sample (van der Laan et al., 2017) found that higher levels of perceived support from friends, but not family, was associated with lower psychological distress. By considering different types of friendships, we may better understand what it is about these friendships that is beneficial. This study found that perceiving more instrumental and emotional support from friends who were housed, rather than homeless, was related to better mental health. Continuing friendships with established relations may bring benefits of continued social inclusion following the loss of one's home, and a related reduced sense of social stigma (Kidd, 2007). Indeed, previous studies have shown that online communication with childhood friends was a protective factor against depression for people experiencing homelessness (Rice et al., 2012).

The absence of association between perceived support from homeless friends and mental health may be explained by the relative levels of mental health of the friends providing support (Fulginiti et al., 2016). It could also indicate differences in the nature of friendships. Similar to previous findings (Cronley & Evans, 2017; Tyler, 2011), participants in the interview study largely discussed homeless peers as being sources of security and practical help. Although one might imagine a profound connection being developed through shared experience, people in situations of homelessness may view their circumstances as temporary, and thus the friendships are viewed as temporary too. Indeed, participants spoke about the dissolution of friendships with homeless friends when people moved into housing. It seems the absence, rather than presence, of this support may be most impactful on one's mental health.

Support services

Perceived social support from support workers has been found to be particularly important to people experiencing homelessness (Johnstone et al., 2016) and is associated with improved physical health (Davis et al., 2012). This study found that perceived emotional support, rather than instrumental support, was associated with better mental health. This is encouraging, as it means that a lack of financial resources should not inhibit the ability of support services to provide the emotional support that could buffer the effect of stress on mental health. It is, however, important to equip support sources with the necessary emotional resources. It may be beneficial for funding agencies to support sessions facilitated by a qualified counsellor who can enable people to develop the emotional resources necessary to help each other. Indeed, participants in the interviews who had access to these resources reported them to be beneficial. Support services may consider providing appropriate skills training to staff and volunteers (e.g., counselling, dealing with difficult conversations) and offering peer-based support groups to bolster emotional resources and

mitigate mistrust. This could improve the likelihood that contact between clients and support workers will result in more positive perceptions and outcomes than was reported in the interview study.

Limitations

It is important to note that the relationships in the quantitative study are correlational and causation cannot be inferred from these findings alone. It may be that people with better mental health are less likely to withdraw from social contacts, resulting in perceptions of more social support. It could also prove that people with better mental health will perceive more social support, regardless of whether it is available to them.

Another consideration is that the samples in both studies were predominantly male, single adults. While women constitute approximately 14% of rough sleepers in England (White & Macguire, 2019), it would be remiss to presume that homelessness is an issue that predominantly affects men. Over three-quarters of the 80,000 households living in temporary accommodation in England in 2018 were households with children. Female single parents with dependent children constituted 60% of these families. Women represent a further 41% of single adults living in temporary accommodation (Ministry of Housing, Communities & Local Government, 2019). While findings in the interview study reflect findings in previous studies conducted with homeless women (Tischler et al., 2007), and gender was used as a covariate in the cross-sectional analyses, women experiencing homelessness are not proportionally represented in this research. Furthermore, the data do not represent families experiencing homelessness. Participatory action research, engaging women experiencing homelessness to develop and deliver research projects in partnership with the research team, may present a more engaging recruitment approach.

Conclusion

While this paper has highlighted the importance of social support throughout the experience of homelessness, it is imperative that issues regarding property, wealth and wider societal values that maintain the status quo be taken into consideration when designing interventions. Policies of relocating homeless families more than 100 miles from their place of residence with little consideration to the upheaval to work, school and community (Butler et al., 2017) need to be reviewed. It is important to recognize the potential psychological impact of these policies on families and not to declare people who refuse to move as “intentionally homeless” and withdraw support. The finding that people were reluctant to reach out to support sources for fear of being seen as a failure or disappointing their support networks, further highlights the responsibility for wider society to destigmatize the position of homelessness. Recent UK Government immigration policies that allow the cancellation of a person’s settlement status based on their rough sleeping (Corbett, 2021) further illustrate the discrimination and stigmatized position faced by people experiencing homelessness. Society needs to re-evaluate the presentation of people experiencing homelessness in mainstream media and reconsider punitive policies towards people experiencing homelessness. To reduce the social stigma associated with homelessness, it is important to recognize that losing one’s home is a societal rather than a personal failure.

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