Homelessness, Loneliness and Intersectionality:
An Australian Study

Marlee Bower

A thesis submitted to fulfil the requirements of a
Doctor of Philosophy (PhD) Degree
Translational Health Research Institute
Western Sydney University
August 2018
Dedication

I dedicate this thesis to the participants of this research, who were generous with their time and spirit. I felt very honoured to have spent time with them and to have been entrusted to share their stories.
Acknowledgements

I would like to acknowledge the participants of this research, whose stories, kindness and authenticity meant that this thesis stayed exciting, motivating and even galvanising – at least for the first four years. I would also like to thank the service providers who were very kind in facilitating research, sharing feedback and opening their doors to me. I know you are extremely busy and I thank you for your kindness and interest in my work. I hope to make it up to all of you by feeding back the findings in the next few weeks.

More than anyone, I would like to thank my primary supervisor Elizabeth. Thanks for taking me under your wing since my time working as your research assistant. You have shown me the full gamut of what makes a good boss, as well as a good human. This includes (but is not limited to) kindness, humility, patience, ethics, integrity, intelligence, warmth, optimism and good humour. Thank you for encouraging me to do a PhD and providing me with guidance and companionship along the way – I could not have done it without you! Also, thanks for teaching me to knit. Thanks to my co-supervisor Janette for popping up every so often with broader frameworks for understanding my research, when I was stuck waist-deep in the minutiae. Thanks for also endorsing my travel, training and conferences – incredible experiences!

Thanks to Sam, for being my calm ‘rock’, listening to my woes and worries and supporting me through every aspect of the process. Perhaps now I can partly relieve you of washing up and bin duties. Thank you to Mum, Dad and Zoe, but especially Mum. Thanks for being my editor, speech listener, sounding board and support. Thank you also to Winnie for being a good dog throughout this process (woof).

Thank you to my PhD friends – Zoi, Alex, Kate and Lauren, for being my best chums throughout this process. I hope we have started a life-long friendship. There is no way I would have completed my PhD without you all. Thank you for knitting it together with me.
Statement of Authentication

The work presented in this thesis is, to the best of my knowledge and belief, original except as acknowledged in the text. I hereby declare that I have not submitted this material, either in full or in part, for a degree at this or any other institution.

…… ………

(Signature)
Table of Contents

LIST OF TABLES ........................................................................................................................15

LIST OF FIGURES ..........................................................................................................................18

ABBREVIATIONS ..........................................................................................................................20

ABSTRACT ......................................................................................................................................21

CHAPTER ONE: A REVIEW OF THE LITERATURE ON HOMELESSNESS AND SOCIAL RELATIONSHIPS .24

HOMELESSNESS IN AUSTRALIA ........................................................................................................25

Defining homelessness ..................................................................................................................25

Homelessness is an increasingly common experience in Australia ...............................................28

What causes homelessness? .............................................................................................................29

PREVALENCE OF LONELINESS AMONG PEOPLE EXPERIENCING HOMELESSNESS AND ITS ADVERSE EFFECTS ..........35

STUDIES OF LONELINESS AMONG PEOPLE EXPERIENCING HOMELESSNESS REQUIRE NEW FRAMEWORKS ..........37

The homeless population is diverse, and loneliness may be experienced differently by those within it ........................................................................................................................................40

HOW LONELINESS MAY BE DISTINCT FROM OTHER SIMILAR CONCEPTS ........................................43

Social isolation ................................................................................................................................44

Social integration ..............................................................................................................................46

Comparing social isolation and social integration ........................................................................47

Loneliness .......................................................................................................................................48

Summary .........................................................................................................................................50

SIMILARITIES IN THE IMPLICATIONS FOR WELLBEING FOR ISOLATION, INTEGRATION AND LONELINESS .................50

ASPECTS OF SOCIAL NETWORKS THAT CONTRIBUTE TO SOCIAL WELLBEING ........................................57

Providing social roles ....................................................................................................................58

Providing social identities ...............................................................................................................60

Providing social support ................................................................................................................63
Providing social capital. ........................................................................................................... 67
Summary. ...................................................................................................................................... 71
SUBSTANCE USE AS A MODERATOR OF SOCIAL NETWORKS ....................................................... 72
THE THESIS ................................................................................................................................... 77
Research questions. ....................................................................................................................... 79
Order of the thesis .......................................................................................................................... 79

CHAPTER TWO: THEORETICAL FRAMEWORKS AND METHOD .................................................. 81

RESEARCH APPROACH .................................................................................................................. 81
Intersectionality ............................................................................................................................... 81
Mixed methods study design ......................................................................................................... 82
Critical Realism .............................................................................................................................. 86
Reflexivity. ........................................................................................................................................ 89

RECRUITMENT STRATEGIES AND PROCEDURE FOR INTERVIEWS AND SURVEYS (STAGES 1 AND 2) ................................................................. 90

QUALITATIVE METHODS (STAGE 1 INTERVIEWS AND STAGE 2 OPEN-ENDED QUESTION) .......................................................................................................................... 96
Choice of qualitative methods ....................................................................................................... 96
Participants ....................................................................................................................................... 97
Pen portraits by type of homelessness ............................................................................................ 98
Crisis accommodation .................................................................................................................... 98
Primarily rough sleepers ................................................................................................................ 99
Boarding house ............................................................................................................................. 100
Primarily ‘couch surfers’ .............................................................................................................. 101
Formerly homeless ....................................................................................................................... 101

Interview procedure ..................................................................................................................... 102
Interview Schedule ...................................................................................................................... 102
Analysis .......................................................................................................................................... 104
Transcription .................................................................................................................................. 104
Thematic analysis .......................................................................................................................... 105
Ethical Considerations. ................................................................................................................. 106

Reflections: shaping and constructing a positive research environment ........................................ 108

PART 2: CROSS-SECTIONAL SURVEY (QUANTITATIVE)................................................................. 111

Choice of methods. ......................................................................................................................... 111

Participants ..................................................................................................................................... 112

Procedure ........................................................................................................................................ 119

Measures. .......................................................................................................................................... 119

Demographics ................................................................................................................................ 120

Social measures .............................................................................................................................. 120

Social network measure .................................................................................................................. 120

MOS Social Support Scale ............................................................................................................. 120

The social and emotional loneliness scale for adults (short version) (SELSA-S) ................................ 122

Mental health and wellbeing questions .......................................................................................... 122

K10 psychological distress scale .................................................................................................... 122

National health and wellbeing mental health screener .................................................................. 123

Homeless history ............................................................................................................................ 123

Substance use measures ................................................................................................................ 125

Data analysis. .................................................................................................................................. 127

DATA STORAGE FOR STAGE 1 AND 2 ......................................................................................... 127

CHAPTER THREE: INSIDE AN OUTSIDER: HOW STIGMA, PURPOSE AND MEANING SHAPE

RELATIONAL CONTEXT .................................................................................................................. 128

‘I HAVE THE FEELING THAT I FAILED’: LOSING ONE’S PLACE AND VALUE THROUGH UNEMPLOYMENT AND

HOMELESSNESS ............................................................................................................................. 129

THERE’S NO (DIS)PLACE(MENT) LIKE HOME(LESSNESS) ............................................................ 133

Watched but not seen: the visibility and invisibility of stigma ......................................................... 134

Diverting the gaze: comportment, concealment and connection ......................................................... 143

REFRAMING EXCLUSION: DEVELOPING NEW SOCIAL ROLES AND MEANING WHILST HOMELESS ............ 148

DISCUSSION ..................................................................................................................................... 153
**Implications of marginalisation and stigma** ................................................................. 157

Expanding networks. ........................................................................................................ 157

**Conclusion** .................................................................................................................. 159

**CHAPTER FOUR: ‘NO-ONE WANTS YOU IN THE WORLD ANYMORE’: MAKING AND MAINTAINING ‘NORMAL’ SOCIAL CONNECTIONS WHILE HOMELESS** ................................................................. 160

**MISSING LINKS: THE ABSENCE OF VALUED NETWORK MEMBERS** ................................ 160

**Rejection by family** ....................................................................................................... 161

**Finding companionship among those experiencing homelessness** ................................ 163

‘**BUT THEY’RE NOT FRIENDS, I KNOW THAT NOW’**: HOMELESS SOCIAL ENVIRONMENTS FOSTER LOW-QUALITY AND PRECARIOUS RELATIONSHIPS ........................................................................................................ 169

**CREATING VALUABLE RELATIONSHIPS THROUGH SERVICE PROVIDERS, HOBBY GROUPS AND COMMUNITY GROUPS** 175

**DISCUSSION** ................................................................................................................ 180

**Normative relationships** .............................................................................................. 181

**Homelessness and discrimination constrained the quality of relationships** .................. 184

**Implications for loneliness** .......................................................................................... 186

**Implications for service providers** ................................................................................ 187

**Conclusion** .................................................................................................................. 187

**CHAPTER FIVE: EXPLORING THE SOCIAL NETWORKS OF HOMELESS PEOPLE** .......... 189

**MEASUREMENT SHOULD TAP INTO BOTH QUALITATIVE AND QUANTITATIVE ASPECTS OF NETWORKS** ................................................................. 189

**MAKING NETWORK CHARACTERISTICS APPROPRIATE FOR A HOMELESS SAMPLE** ........................................................................................................ 191

**CONTEMPORARY METHODS OF MEASURING SOCIAL NETWORKS** ............................... 193

‘**Social integration’ and ‘social network’ measurement** ................................................. 196

**DEVELOPMENT OF THE MEASURE** .......................................................................... 199

**Item Generation** ....................................................................................................... 199

**Use of visual methods** ............................................................................................... 201

**METHOD** ..................................................................................................................... 203
Proportion homeless. ................................................................. 227
Group membership. ................................................................. 228
Pets .......................................................................................... 230
Employment ............................................................................. 231
Mental health issues .................................................................. 231
Aboriginal status ....................................................................... 232
LGBTIQ Status .......................................................................... 232
Social integration and satisfaction with network groups. .......... 232
DISCUSSION ............................................................................. 233
Instrument use and feasibility. ................................................. 234
Network size and characteristics. ............................................. 237
Social network characteristics. ................................................. 238
Role of subjective versus objective aspects of relationships on relationship satisfaction .............................................. 239
Role of homeless status on relationship satisfaction. ............... 240
Social Integration ....................................................................... 243
Is higher social integration beneficial for those experiencing homelessness? .................................................... 246
Conclusion ................................................................................. 248

CHAPTER SIX: THE RELATIONSHIP BETWEEN LONELINESS, SOCIAL ISOLATION AND SOCIAL INTEGRATION AMONGST THOSE EXPERIENCING HOMELESSNESS ........................................... 249

METHOD ................................................................................. 252
Design. ..................................................................................... 252
Participants ............................................................................... 253
Measures .................................................................................. 253
Analysis .................................................................................... 258

WHAT IS THE FACTOR STRUCTURE OF LONELINESS IN A SAMPLE THAT HAVE EXPERIENCED HOMELESSNESS? ...... 259
Loneliness among homeless and formerly homeless participants. ................................................................. 264
WHAT PERSONAL/DEMOGRAPHIC CHARACTERISTICS ARE ASSOCIATED WITH LONELINESS IN THIS SAMPLE? ...... 266
Univariate analyses. ................................................................ 266
WHAT ARE THE ASSOCIATIONS BETWEEN SOCIAL ISOLATION, SOCIAL SUPPORT AND LONELINESS …………….275

Social Support and Loneliness…………………………………………………………………………………275

Social isolation and loneliness……………………………………………………………………………………..277

Multivariate Models of Loneliness……………………………………………………………………………….279

Family Loneliness……………………………………………………………………………………………………279

Social loneliness………………………………………………………………………………………………………..281

Romantic loneliness…………………………………………………………………………………………………..284

DISCUSSION……………………………………………………………………………………………………………..286

Was loneliness measured well?……………………………………………………………………………………..286

Which personal characteristics were associated with loneliness?………………………………………………288

Prison, drug use and social participation……………………………………………………………………………..289

Employment …………………………………………………………………………………………………………….292

Currently versus formerly homeless participants………………………………………………………………….292

Gender Identity. ……………………………………………………………………………………………………………293

Mental health………………………………………………………………………………………………………………294

Age…………………………………………………………………………………………………………………………….295

Implications for theory and service provision.……………………………………………………………………295

What is the relationship between loneliness, social networks and social isolation?…………………………297

Social support indicators…………………………………………………………………………………………….298

Social isolation indicators. ……………………………………………………………………………………………300

The role of substitute networks on loneliness……………………………………………………………………….303

Implications for future research.……………………………………………………………………………………305

Implications for service provision.……………………………………………………………………………………306
CHAPTER SEVEN: A MIXED-METHODS ANALYSIS OF THE ROLE OF SUBSTANCE USE ON SOCIAL RELATIONSHIPS

METHOD .................................................................................................................................................. 314

Quantitative data. ....................................................................................................................................... 314

Qualitative Data. ......................................................................................................................................... 314

Analysis. ...................................................................................................................................................... 314

Qualitative results: The role of substance use in social interactions ......................................................... 315

“Everything! Everyday! Everywhere!” The ubiquity of substance use in homeless social contexts. ........ 315

Substance use as generating social networks and experiences ................................................................. 316

Substance use as helping individuals to cope with homelessness enough to socialise. ......................... 316

Substance use as an ‘instigator’ for making friends, accessing support and enjoying oneself. ................ 317

Substance use as constraining participant’s social networks and experiences ........................................ 320

Substance use produces legal, financial and sociocultural barriers to socialising. ................................. 320

Substance use and emotional barriers to socialising ............................................................................... 323

Poor quality of relationships formed through substance use. ................................................................. 324

Negotiating socialising and abstinence .................................................................................................... 325

Quantitative results .................................................................................................................................. 327

Prevalence of substance use among survey participants. ........................................................................ 327

Correlations between problematic substance use and personal attributes ........................................... 329

Association between substance use and social network attributes ....................................................... 330

Network and demographic attributes associated with problematic alcohol use .................................. 333

Network and demographic attributes associated with problematic nicotine use .................................. 334

Network and demographic attributes associated with problematic other drug use. ........................... 337
DISCUSSION...........................................................................................................................................339

The impact that specific substances have on social networks.................................................................341

Nicotine use and relationships..................................................................................................................341

Alcohol use and relationships....................................................................................................................342

Other drugs and social relationships.........................................................................................................343

Substance use continued during and following episodes of homelessness and may relate to experiences of exclusion and connections to family and friends over time ........................................345

Conclusion..................................................................................................................................................350

CHAPTER EIGHT: GENERAL DISCUSSION: THE ROLE OF ‘SOCIAL IDENTITY’ IN UNDERSTANDING THE SOCIAL WELLBEING OF PEOPLE WITH A LIVED EXPERIENCE OF HOMELESSNESS ...................351

PART ONE: SOCIAL IDENTITY WAS A DRIVER OF PERCEIVED SOCIAL ISOLATION AND LONELINESS ........353

The material and institutional context of homelessness compromised relationship quality .........356

The marginalised social identity associated with experiencing homelessness was a source of social isolation ................................................................................................................................................357

Hyper(in)visibility and loneliness theories reveal the self-isolating schema at the core of participants’ social experience ........................................................................................................................................359

Participants experienced ‘non-normative’ social networks as a source of social isolation, but engaged in strategies to develop more valuable networks ...........................................................................360

Staying alone to avoid loneliness: Participants isolated themselves from others to prevent feeling socially isolated ........................................................................................................................................363

A substance using social identity fostered social integration and social isolation ......................365

The formerly homeless do not experience higher levels of social integration .....................................367

PART TWO: IMPLICATIONS OF MY RESEARCH FOR POLICY AND PRACTICE ........................................369

Dismantling stigmatising and discriminatory views of people experiencing homelessness ..........370

How to house people experiencing homelessness well ...............................................................371

We need to house those experiencing homelessness quickly .................................................................373

The formerly homeless need to choose the conditions and location of their housing .......................373
Support from service providers is important to reconnect with important networks. ..................................374
Service providers may assist individuals to overcome their social isolation schema. ..............................375
Housing substance users ..............................................................................................................................378

*Implications for Loneliness theory.* ........................................................................................................378

*Thesis strengths.* ......................................................................................................................................381

*Thesis limitations.* ....................................................................................................................................383

**CONCLUDING REMARKS** ..................................................................................................................384

**REFERENCES** ........................................................................................................................................386

**LIST OF APPENDICES** ..........................................................................................................................408
List of Tables

Table 1: Demographic characteristics of currently homeless participants, formerly homeless participants and total combined participants in my study..........................................................114

Table 2: Type of homelessness experienced by currently homeless participants .........................118

Table 3: Type of homelessness experienced by formerly homeless participants............................118

Table 5 Selected indicators of Social Network Analysis (left column), a description of how they were applied in the current sample (centre column) and the measures through which the indicator was operationalised in the current study (right column). ..............................................211

Table 6 Perceived closeness mean scores and standard deviations for each network group, ranked in order from most close to most distant, compared between the currently and formerly homeless (left and middle) and the total sample (right). .................................................218

Table 7 Summary of network characteristics, presented as proportions (%) of the total sample, across the five network groups: family, friends, old friends, intimate partner/s and service providers. ................................................................................................................................................220

Table 8 Proportion (%) of participants who reported that ‘most’ or ‘almost all’ of each network group comprised of homeless people.................................................................227

Table 9 Proportion of participants who reported membership in different types of social groups, out of all those asked about group membership (n=109). Groups are presented in descending order from most-common to least common. .........................................................229

Table 10 Descriptions of the variables that measure demographic/personal/experiential characteristics of participants..............................................................................................................256

Table 11. This table sets out orthogonally rotated component loadings for 15 survey items*
Items from the family loneliness subscale were labelled with the prefix ‘FAM’, items from the social loneliness subscale were labelled with the prefix ‘SOC’ and items from the
romantic loneliness subscale were labelled with the prefix ‘ROM’. The shaded items illustrate which items loaded significantly onto each of the three factors.

Table 12: This table sets out orthogonally rotated component loadings for 13 items* Items from the family loneliness subscale were labelled with the prefix ‘FAM’, items from the social loneliness subscale were labelled with the prefix ‘SOC’ and items from the romantic loneliness subscale were labelled with the prefix ‘ROM’. The shaded items illustrate which items loaded significantly onto each of the three factors.

Table 13. This table summarises the number of participants, mean, standard deviation (S.D.) skewness and kurtosis of family, social and romantic loneliness scores for the total sample and then compares between formerly homeless and currently homeless participants. The number of cases differs from the overall sample due to missing data (explained above).

Table 14 Results of regression analysis assessing how the effects of family loneliness, social loneliness and romantic loneliness differ according to the differing personal characteristics of participants. These included gender identity, LGBTIQA status, age, country of birth and Aboriginal status.

Table 15 Results of regression analysis assessing how the effects of family loneliness, social loneliness and romantic loneliness differ according to the differing homelessness history characteristics of participants.

Table 16 Results of regression analysis assessing how the effects of family loneliness, social loneliness and romantic loneliness differ according to the differing social integration indices of participants, including prison history and participation in paid work and volunteer work.

Table 17 Univariate associations between mental health and substance use variables with family, social and romantic loneliness.
Table 18. This table sets out univariate analysis of family, social or romantic loneliness with each of the four types of social support and the overall social support score. ................................................................. 276

Table 19. This table sets out univariate analysis of each loneliness domain with perceived met needs with each social network .................................................................................................................................................................................................................................................... 278

Table 20 Hierarchical Regression analyses of homelessness status, social support and social network variables that that were regressed onto family loneliness. .......................................................................... 281

Table 21 Hierarchical Regression analyses of social support and social network variables that that were regressed onto social loneliness. ......................................................................................................................................................................................................................................................................................................................................................................................................................................................... 283

Table 22 Hierarchical Regression analyses of, social support and social network variables that that were regressed onto romantic loneliness. ......................................................................................................................................................................................................................................................................................................................................................................................................................................................... 285

Table 23 Proportion of total 110 participants who scored low, moderate of high risks associated with their level of problematic alcohol, nicotine and drug use. ........................................................................................................ 328

Table 24 The number of participants who had problematic use with different substances stratified by the number of problematic substances. ......................................................................................................................... 328

Table 25 Pairwise correlations between demographic variables and risk associated with problematic use of alcohol, nicotine and other drugs significant at the p=.1 level. .............. 331

Table 26 Pairwise correlations between social network variables and risk associated with problematic alcohol, nicotine and other drug use significant at the p=.1 level. ................. 332
List of Figures

Figure 1 Outcome Framework for Social Housing, NSW Government Family & Community Services (FaCS, 2016). The outcomes related to “social and community” are presented in orange ................................................................. 44

Figure 1 Study timeline over three stages, including products ................................................................. 86

Figure 3 Pictorial representation of recruitment sites used in the current study, organised via geographical location ................................................................................................................. 93

Figure 4 Topic areas, questions and prompts for my qualitative interviews ............................................... 103

Figure 5 Frequency of years spent homeless by homeless status. Although there were many more currently homeless than formerly homeless participants in my study, it is clear that a higher proportion of formerly homeless participants had experienced a greater period of their lives homeless than currently homeless participants ................................................................. 116

Figure 6 Shows cards used to prompt participants in regard to the five network groups. Each card included a title (name of group), description of the group and pictures of characters from The Simpsons as examples of possible group members ................................................................. 209

Figure 2 Descriptions of each of the five network groups, as was displayed on each of the show cards and read out to participants ................................................................................................................. 210

Figure 8 A pictorial representation of mean perceived closeness scores compared between currently homeless participants (represented above the line) and formerly homeless participants (represented below the line), from 1 (very distant) to 7 (very close) .................................. 219

Figure 9 Proportion of all participants who had structural holes (meaning had zero network members) in each network group ................................................................................................................. 225

Figure 10 Proportion of participant’s reporting structural holes in each network group, compared by homeless status-between the currently and formerly homeless ................................................................................................................. 227
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>Aboriginal</td>
<td>Peoples. This is the term that is preferred by Aboriginal people in NSW.</td>
</tr>
<tr>
<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency department</td>
</tr>
<tr>
<td>FaCS</td>
<td>NSW Family and Community Services</td>
</tr>
<tr>
<td>FaHCSIA</td>
<td>Department of Families, Community Services and Indigenous Affairs</td>
</tr>
<tr>
<td>LGBTIQA</td>
<td>Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and/or Asexual</td>
</tr>
<tr>
<td>NSW</td>
<td>New South Wales</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>US or USA</td>
<td>United States of America</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
</tbody>
</table>
Abstract

The number of people experiencing homelessness in Australia is increasing rapidly. There is some evidence that poor social wellbeing, such as loneliness, social isolation and low social integration, can prevent individuals from successfully exiting homelessness and maintaining a tenancy. Poor social wellbeing can also negatively impact physical and psychological health, which could be particularly harmful for people experiencing homelessness, particularly those experiencing Multiple Exclusion Homelessness, who already experience high levels of mental disorder and physical health issues. Despite these factors, very little Australian research has explored how people with lived experience of homelessness experience and manage their social world or the factors which contribute to poor social wellbeing. The homeless population is diverse – people differ in the type of homelessness they experience and their social identities (such as their gender identities or work histories). Individuals are therefore likely to experience their social worlds differently.

The purpose of this research is to explore the social networks of currently and formerly homeless people taking into consideration their diverse backgrounds and histories. It joined the dots and explains how social integration, social isolation, loneliness and substance use interact in those who have experienced homelessness. A mixed-methods design was utilised and the research was driven by critical realist epistemology and an intersectionality framework.

In stage one, 16 semi-structured in-depth interviews explored the ways in which people who have experienced homelessness construct their social networks. Participants identified social isolation as a result of adopting a marginalised identity as part of being homeless, which distanced and alienated them from mainstream society. Other stigmatised identities, such as being transgender, further ostracised them. Participants responded to this stigma by self-isolating to preserve a more positive (and less visibly homeless) social identity. Participants also experienced social isolation within the precarious social landscape of homelessness where stigma,
transitory and unpredictable homeless service system, and a constant need to find resources and keep safe, constrained the quality of their social networks. Finally, participants experienced isolation as the absence of socially normative relationships, such as family, and the disparity between their pre-homeless and post-homeless networks and identity.

In stage two, 129 surveys were conducted with people with a lived experience of homelessness to measure social networks quantitatively and examine the relationship between loneliness, social isolation and social integration. While objective network measures showed that most participants had large and full networks, subjective measures showed these relationships often lacked quality and intimacy. Generally, the more supportive and satisfying participants deemed a network group, the lonelier those relationships made them feel. This was interpreted to mean that people experiencing homelessness make connections based on their need to survive and gain resources, rather than their need for intimacy and connection. This continued for the formerly homeless, suggesting that housing does not cure social isolation.

Mixed methods analyses revealed that substance use both generated and constrained the relationships of people experiencing homelessness. Substance use was an important part of users’ social identity and recreation, but it also isolated them from non-using connections. Some substances – particularly illicit substances – could reduce a person’s capacity to socialise.

Overall, adopting a marginalised homeless social identity changed the terrain of participants’ social world, triggering self-isolating behaviours that continued past homelessness. While these behaviours were designed to preserve positive social identities, they inadvertently further isolated an individual from the people they cared about. Participants’ desired social identities corresponded closely to their pre-homeless norms and ideals, and they looked for social networks and behaviours to achieve this. Service providers can assist those who have experienced homelessness to form social identities that provide meaning and purpose beyond homelessness, and help facilitate a successful exit from homelessness. This thesis also has raised
possibilities for how society can reduce the social stigma around homelessness. It also presented recommendations for how people experiencing homelessness can be housed well, that is quickly, with ample choice and adequate tailored support. Finally, this thesis explored the efficacy of adopting mainstream loneliness theory to understand the social experiences of marginalised populations.
Chapter One: A Review of the literature on homelessness and social relationships

Homelessness is increasing in prevalence in Australia (ABS, 2011). While it may be a brief one-off experience for many, other individuals may experience homelessness as a chronic condition that they cycle in and out of over their lifetime (Scutella & Wooden, 2014). In either case, homeless individuals are highly marginalised and face significant social stigma associated with their housing situation (Phelan, Link, Moore, & Stueve, 1997).

My thesis explores how those who have experienced homelessness understand and make sense of their social relationships, and how these understandings have changed over periods of homelessness and housing. It draws upon intersectionality, and a critical realist epistemology, to explore these issues in qualitative interviews and quantitative surveys with individuals who have experienced homelessness in Sydney.

In this chapter, I provide an overview of the literature that is relevant to my thesis. I begin by reflecting on homelessness within Australia, who experiences it, what is seen to cause it, and the impact it has on social wellbeing. Social relationships are central to human wellbeing. Yet, for many people the experience of homelessness is preceded by a breakdown of family and intimate partner relationships. In this thesis, I argue that a negative outcome of being homeless is that people are particularly susceptible to loneliness; and, moreover, this loneliness may have deleterious effects on their wellbeing. I further note that while loneliness – and other related phenomena such as social isolation (a perceived or actual lack of social connections) and social integration (the diversity of social networks) – may impact health and wellbeing for this population, this has been rarely studied.

I then turn to previous research on the functions of social networks. I explicitly focus on three aspects that are particularly relevant to the homeless experience – social support, social roles and social capital. It will be argued that this prior research, which has tended to centre on
homogenous groups of homeless individuals, does not consider the diverse nature of the Australian homeless population which varies according to, for example, the type of homelessness they experience, their identity and social background. As such, I extend this past body of research, by situating the present research in an intersectional framework that recognises that the differing identities of those who experience homelessness will likely impact the way they experience their social networks. In conclusion, I will provide an outline of the content of the remaining chapters of the thesis.

**Homelessness in Australia**

**Defining homelessness.** In the simplest sense, while the term ‘homeless’ is used to describe someone who lacks housing, the definition of what constitutes ‘homelessness’ differs across nations and cultures, in line with social and cultural norms, policy and laws. For example, in many European nations the term “homelessness” is limited to those who sleep visibly, on public streets, and does not take into account a recognition of the diverse forms homelessness can take (Minnery & Greenhalgh, 2007).

Most research on homelessness has been carried out in the United Kingdom (UK) and the United States of America (USA), where the definitions of homelessness differ from the Australian context. In the UK, a person is homeless if he has no accommodation available for his occupation which he is entitled to occupy, and that it would be reasonable for him to continue to occupy, or if a person has accommodation but cannot secure entry to it, or has a moveable housing structure but has no place where he is entitled or permitted both to place it and to reside in it (Parliament, 1996). In the USA, the definition of a lack of housing includes individuals and families living in shelters, transitional housing, staying with friends, squatting, or any other unstable, and temporary housing situation (NHCHC, 2017).

In the Australian context, Chamberlain and MacKenzie (1992) first proposed an Australian ‘cultural’ definition of homelessness to apply to people living in conditions that fall
below the broadly-accepted minimum community standard of a small rented flat with a private bathroom and kitchen. The Australian Bureau of Statistics (ABS) has adapted and developed this definition. These include inadequate or no security of tenure, tenure that is short-term and not extendable, some form of accommodation over which they have no control, or a lack of any suitable accommodation alternatives. In a nod to more subjective conceptualisations of homelessness, which are described below, a lack of control over and access to space for social relations was also included (ABS, 2011: 4-5).

In 1992, Chamberlain and MacKenzie re-cast and stratified their definition of homelessness into three categories: primary, secondary and tertiary homelessness. Primary homelessness includes those living on the streets (or sleeping ‘rough’), squatting or living in other improvised dwellings. Secondary homelessness includes those living in and between temporary forms of accommodation such as “couch surfing” in the homes of friends or family, refuges, emergency or crisis accommodation, boarding houses, hotels or hostels. The third category, tertiary homelessness, applies to those living in private boarding houses – in single rooms that lack a private bathroom and kitchen – who do not have a secure tenure. Chamberlain and MacKenzie also acknowledge some other cultural ‘exceptions’ related to the sharing of living space and amenities that are accepted and commonplace within this structure, for example, for those who are in prison, or who are living in student accommodation or seminaries.

There are also more subjective definitions of homelessness which tie in with the perceptions and experiences that are lost when a person becomes ‘home-less’. In her critical review of the literature, Mallett (2004, p. 62) describes how the meanings attributed to ‘home’ are socially and culturally constructed: “home can be understood as place, space, feeling, practice and/or an active state of … being in the world.” In capitalist developed countries like Australia, media rhetoric has promoted a conflation between the concepts of ‘house’, ‘home’ and ‘family’ whereby the home becomes the ideal site of personal and familial identity, status and growth.
Mallett (2004) also acknowledges the argument of some that such relationships are indicative of a broader ideological agenda to increase economic efficiency and growth. It follows that such an understanding of the family home – as the basic economic and social unit on which society is built – shifts the burden of responsibility for being housed from the state and onto the nuclear family. According to this norm, the loss of one’s home is not simply the removal of shelter; it also entails the loss of the site where individuals can express themselves freely, feel safe and seek privacy, as well as loss of the nexus for connection to community, culture, a sense of belonging, and social engagement (Chamberlain, Johnson, & Robinson, 2014).

Due to the very diversity of those who are described as ‘homeless’, and the broad range of antecedents that can lead to it, some theorists have critiqued the idea that homelessness is a singular, discrete entity (Williams & Cheal, 2001). This has contributed to a move beyond ‘fixed’ or static categorisations of homelessness – such as of a person being either ‘homeless’ or not – towards conceptualisations that are more dynamic. In the latter case, these tend towards a recognition that homelessness can often be a long-term, iterative process whereby individuals oscillate back and forth between periods of housing, homelessness and differing forms of support (Chamberlain et al., 2014; Minnery & Greenhalgh, 2007). In most cases, these homeless ‘pathways’, ‘careers’ or ‘trajectories’ are framed by the way certain patterns of problems and experiences can culminate in (and maintain) homelessness (Anderson & Tulloch, 2000; Chamberlain & Johnson, 2011; Fopp, 2009; Johnson, Gronda, & Coutts, 2008; Piat et al., 2015). Using the concept of ‘pathways’ recognises that people who are homeless do and have often experienced multiple and complex forms of social exclusion over their life course – such as poverty; family conflict or breakdown; mental and physical health problems; cognitive impairment; histories of violence and victimisation; substance use and prison time. Altogether, these experiences can interact to precipitate an individual becoming homeless and, consequently, entrenched within the experience of homelessness.
This thesis will predominantly look at a group of homeless people who are particularly marginalised and have experienced multiple and complex forms of social exclusion over their lifetimes. Fitzpatrick, Bramley, & Johnsen (2013) identified the phenomenon of ‘Multiple Exclusion Homelessness,’ which refers to a subset of those experiencing homelessness who have also experienced one or more of several ‘domains’ of deep social exclusion. This means they had spent time in institutional care in prison or psychiatric hospitals or had used substances, prior to their homelessness. According to Fitzpatrick et al. (2013), later adverse life events such as homelessness, are consequences of these earlier experiences. These groups can find a sense of belonging within the homeless population, and they are perceived as more likely to engage in street culture activities, such as street drinking, chronic substance use and sex work. Fitzpatrick et al. (2013), argue that governmental policy can provide better support to these multiple exclusion homeless (who have experienced deep social exclusion) by viewing people experiencing homelessness, using substances, experiencing psychiatric illness or having spent time in prison as potential members of the same group, rather than different populations.

**Homelessness is an increasingly common experience in Australia.** In the 2016 census, an estimated 116 427 people were counted as homeless on census night, compared with 105 237 in 2011(ABS, 2018). In other words, 50 out of every 10 000 people in Australia were classified as homeless, which was an increase of 5% since 2011. This increase was particularly pronounced in New South Wales (the State in which the present research was conducted), where the prevalence of homelessness increased by 27%. Yet, some have argued these figures may underestimate the true prevalence of homelessness in Australia, which has been argued is both higher than the census data suggests and on the increase (Webb, 2016). For instance, data collected between 2015 and 2016 – on the number of people presenting to specialist homelessness services – records that almost 300 000 people, who were either currently homeless (44%) or at-risk of homelessness (56%), were provided with support and
accommodation in Australia. This represented an increase of 20 000 more than in the prior 12-month period (AIHW, 2016). Once again, far from reflecting the entire homeless population, this figure may only include a subsection of those experiencing homelessness (those presenting for assistance).

An even larger number of Australians have experienced homelessness over their lifetime. The General Social Survey (ABS, 2014) is a regular survey undertaken in Australia to provide an understanding of the multi-dimensional nature of relative advantage and disadvantage nationally. In 2014, the General Social Survey collected data about people who had been homeless over their lifetime but now resided in housing. It identified that among 2.5 million Australians aged over 15 who had experienced homelessness over their lifetime, about 1.4 million had experienced at least one period of homelessness in the last decade and over 350 000 had experienced homelessness in the 12 months prior to the survey. The data provided has some issues because it may have omitted people staying in transitional housing (considered homelessness) if they identified that dwelling as their ‘usual residence’. In addition, the survey failed to ask participants about their history of living in severely crowded dwellings which may have excluded individuals who had experienced this type of homelessness. Nevertheless, this data does provide some indication of the extent of a lifetime experience of homelessness among Australians.

**What causes homelessness?** How society understands the causes of homelessness has critical implications for homelessness policy and practice. Parker and Fopp (2004, p. 146) describe housing policy development as a space “where existing knowledge is translated into policy,” and “where the discourse about homelessness mutates into programmes, and where the dominant theory about causation (often reflecting populist metanarratives) corrals practice.” Often, such questions of why homelessness occurs have been “confused with the question of
who is most likely to become homeless” (Bassuk et al., 1997, p. 241), which may lead to a focus on those with mental health issues or substance use issues.

Conventionally, researchers and policymakers have tended to see homelessness as being caused by the personal problems the individual is experiencing, or by existing broader, structural problems in society (Neale, 1997). Individual or personal-agency perspectives of homelessness tend to be based on the idea that those who are homeless became so through their own actions, deficits and failings. But the extent to which individuals are perceived to have control or agency over these problems influences the degree to which they are deemed by society to be deserving of help. For instance, those who become homeless due to mental illness or social isolation are deemed to be ‘deserving’ of financial and social support. In contrast, those who have become homeless through dependence on substances, such as illicit drugs or alcohol, may be perceived to have greater control over their actions, and thus be seen to be responsible for their homelessness and therefore less deserving of support (Johnson & Jacobs, 2014).

Individual explanations of homelessness often fuel stigmatising and pathologising discourses that characterise homeless individuals as ‘lazy’ and responsible for their own issues and solutions (Snow, Anderson, & Koegel, 1994). In contrast, structural explanations of homelessness may frame it as outside the control of those who experience it. Potential structural causes of homelessness include a lack of affordable housing, low public and social housing stock, welfare cuts, poverty, high unemployment rates and broader financial crises (Johnson & Jacobs, 2014).

However, looking at homelessness as fully caused by either structural or individual precipitants is too simplistic. Neither set of explanations appears adequate or even necessary to the ‘causes’ of homelessness. For example, not every person who is in poverty, unemployed or is substance dependent becomes homeless. A more complex understanding of causation is required. When considering causal pathways to homelessness, it is important to consider
structural determinants (for example, inequality), rather than just individual determinants (substance use), as only including the latter can create a false sense of ‘choice’ between different options, downplaying the very real constraints placed by structural features around an individual (Fopp, 2009). Structural and the individual risk factors are always interconnected, integrated and contingent because people necessarily make decisions and act based on the constraints and opportunities enabled by the structures around them.

Fitzpatrick (2005) argues that the positivistic notion of causality assumed in mainstream homelessness research is inadequate to the capture of a more complex reality of how homelessness occurs. Put another way, Fitzpatrick disputes that a particular set of conditions consistently leads to homelessness. Instead, she argues that aspects of Critical Realism, a philosophical theory, are useful tools for unpacking causation. Critical Realism will be explored in more detail later in the next chapter of this thesis but, put simply, Fitzpatrick is referring to the idea that social objects and structures (for example, high unemployment) have the tendency to cause outcomes (or phenomena), like homelessness, in some conditions. The differing conditions around each set of social objects and structures means that any one cause will not lead to the same outcome in every instance. Other often-related causal mechanisms, for example, family support, can intervene to inhibit the correspondence between a cause and effect. Even when there appears to be no relationship between a cause and effect (for example, high unemployment and homelessness), this does not mean that unemployment is not a real cause of homelessness. Instead, it may indicate that the specific conditions around this phenomena were not conducive for this relationship to occur (Fitzpatrick, 2005). In this way, Critical Realism recognises that numerous causal mechanisms can exist for any phenomena, like homelessness. In the same way that some causes can contribute to an emergent outcome that is broader than the sum of its parts, small shifts in causal mechanisms can also lead to a profound outcome.
Despite the lack of a singular ‘cause’ of homelessness, there is a clear pattern of experiences that can precede homelessness. This often includes relationship breakdown. By examining data from the case notes of 5526 diverse individuals who had attended homelessness services in Melbourne over an 18-month period, Chamberlain and Johnson (2011) identified five different adult pathways into adult homelessness. These were supplemented by the findings from 65 in-depth interviews. This research is useful for the present thesis as it is an Australian study and subsequently draws on a lot of the same contexts I consider within my own research.

Apart from the ‘housing crisis’ pathway, where individuals lose their existing housing and become homeless, the remaining four pathways to homelessness identified by Chamberlain and John involved a breakdown of key relationships. One of these, labelled the “family breakdown” pathway, incorporates the way that experiences of disconnection with family can precede homelessness. One way this occurs is because of domestic violence, where women and children are compelled to leave their homes for safety reasons. Another way this occurs is as the result of a relationship failing, sometimes due to economic pressures, where one of the partners becomes homeless after leaving the family home (Chamberlain & Johnson, 2011).

Problematic substance use has been identified as another pathway, where individuals became so dependent on substances that finding their next ‘hit’ dominated their life. This occurred to the extent that they could no longer carry out important everyday duties, like work. If they then rely heavily on the financial support of family and friends to fund their addiction, this could lead to a break down in these relationships. Other behaviours associated with substance addiction could also affect an individual’s capacity to maintain a tenancy – either due to them not being able to pay their rent or because of broken relationships – and they then became homeless. A further factor identified in the research relates to the contribution that substance use could make to an individual’s withdrawal from carrying out important social roles and relationships – such as being a partner or a parent. In addition, there may be mood and
anxiety changes related to substance use or abuse that could also tax existing relationships and cause conflict with partners and other family members (Chamberlain & Johnson, 2011).

Problems with mental health were also a pathway into homelessness. For young people with mental health problems, homelessness was often a result of conflict with their parents and carers who felt overwhelmed by the young person’s behaviour. In contrast, those with mental health problems who became homeless after the age of 25 often became homeless when their families or carers, who up to that point had been caring for and supporting them, became ill or passed away (Chamberlain & Johnson, 2011).

The final pathway identified by Johnson & Chamberlain (Chamberlain & Johnson, 2011) was “youth to adult” which describes adults who had their first experience of homelessness as a child or adolescent. Often, these young people had been in state care or had experienced traumatic family experiences such as neglect or abuse, problematic family substance use or violence. In other circumstances, children may have left home to escape excessively strict parents, family conflict, violence or rejection. For some, this might have involved parental rejection of their stigmatised identity, such as identifying as Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and/or Asexual (LGBTIQA) (Oakley & Bletsas, 2013).

Johnson and Chamberlain’s study also identified that relationships play a role in how long an individual remained homeless. For example, they contend that certain factors may make an individual more likely to remain homeless for prolonged periods of time. They found that those on the “substance use” and “youth to adult” pathways were increasingly likely to adapt and assimilate to the subculture and lifestyle of other homeless individuals (particularly other homeless substance users), which led them to develop a sense of belonging, community and support around strategies for survival. The more entrenched these individuals became within homeless social networks, the more likely they were to remain homeless (Chamberlain & Johnson, 2011).
This entrenched pattern was not so apparent, however, for those on the family breakdown or housing crisis pathways who – due to the stigma associated with taking on a homeless identity – were more hesitant about forming relationships with other homeless people. Like those on the substance use and youth to adult pathways, individuals on the mental health pathway also tended to experience homelessness long-term, but unlike the former two pathways, this was not a consequence of their becoming entrenched within homeless social circles. For people with mental health problems, various studies show they can often be ostracised and abused by other homeless people preventing resolution of their homelessness (Chamberlain & Johnson, 2011). Fitzpatrick, Bramley & Johnsen’s (2013) work on Multiple Exclusion Homelessness, described above, also shows how certain social experiences and social backgrounds who are more likely to become entrenched within homeless social networks. These groups can find a sense of belonging within the homeless population, and they are perceived as more likely to engage in street culture activities, such as street drinking, chronic substance use and sex work. These findings explain why the pathways that are less likely to fit in with multiple-exclusion homeless, such as those on the family homelessness or housing crisis pathways, may be less likely to find belonging within a homeless and marginalised social network.

When considered together, these pathways into homelessness illustrate that both the breakdown and construction of social relationships, and their often inextricable relationship to other experiences such as mental illness and substance use, can contribute to the process of becoming and remaining homeless. For those who come from experiences of entrenched and deep marginalisation, different aspects of social relationships can constitute a primary component of the lived experience of homelessness. In the present thesis, I will explore the social experiences of people who are, or have previously been homeless. In particular, I will focus on their experience of loneliness, social integration and social isolation. Exploring this theme further, the following section will look more closely at loneliness and the distressing and aversive feelings of social isolation within people experiencing homelessness.
Prevalence of loneliness among people experiencing homelessness and its adverse effects

Loneliness is an aversive psychological state and trait that can eventuate from inadequate social relationships and a diminished sense of belonging. It occurs when an individual perceives a discrepancy between the social relationships they have, and those they desire (Peplau & Perlman, 1982). Loneliness can arise from and contribute to social and emotional isolation and lead to a severe lack of wellbeing (de Jong Gierveld, Van Tilburg, & Dykstra, 2006).

Research conducted within mainstream populations has shown that those who experience loneliness are at higher risk in relation to their physical and mental health. In relation to physical health, loneliness has been associated with physical health problems such as cardiac disease and immune deficiency; and, in relation to mental health, it has been linked to psychological health problems like depression, suicide and cognitive decline (L.C. Hawkley & Cacioppo, 2010; Lauder, Sharkey, & Mummery, 2004; Marangoni & Ickes, 1989; Pressman et al., 2005). In fact, the mortality rate associated with loneliness is on par with chronic alcohol use, smoking heavily and obesity (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015). In what can be considered a natural consequence of these issues, international evidence suggests that lonely people tend to use medical services more regularly than their non-lonely counterparts (Geller, Janson, McGovern, & Valdini, 1999). In addition, in an individual’s later years, extreme loneliness may be a significant predictor of premature admission into nursing homes and significant associated costs for the individual and their families and the health care system (Russell, Cutrona, De La Mora, & Wallace, 1997).

Observations of extant research on the social networks of people experiencing homelessness suggest that loneliness may have additional and particularly damaging consequences for this population. Research has illustrated also that loneliness can act as an obstacle to individuals seeking to exit homelessness and achieve housing outcomes. For instance,
in the UK, loneliness has been identified as one of the main reasons people who were formerly homeless abandon their tenancies and return to homelessness (Lemos, 2000). Similarly, other research findings suggest that loneliness can prevent clients from sustaining tenancies because it motivates them to return to their homeless friends and former habits, such as substance use, which sustained them when they were homeless (Bowpitt & Harding, 2009). In an Australian study, Parker and Fopp (2004) also found that many homeless women felt isolated and lonely when living alone and sometimes returned to the homeless shelter to make contact with, and access the support of, others. Similarly, some US research – that evaluated the implementation of housing programs for those who were formerly homeless – identified loneliness and a lack of satisfactory relationships and connectedness to the community as some of the main issues for the residents (Padgett, 2007; Yanos, Felton, Tsemberis, & Frye, 2007).

While homelessness may exacerbate the negative effects of loneliness on health and wellbeing, loneliness has separately been identified as hindering recovery from mental disorder. In the homeless population, which is exposed to high rates of mental illness, this may be particularly problematic (Teesson, Hodder, & Buhrich, 2004). In mainstream populations, there is evidence that loneliness is associated with increased use of health services (Ellaway, Wood, & Macintyre, 1999; Russell et al., 1997). In homeless populations, loneliness may contribute to high levels of health service use, especially in regards to seeking support for psychosocial issues (Moore, Manias, & Gerdtz, 2011).

Australian research has found that provision of health care services for mental health issues is a significant cost to the health care system. Homeless people have tended to use emergency departments (ED) for non-emergency health issues, including psychosocial issues, and because of health problems that can result from homelessness (Margot B Kushel, Perry, Bangsberg, Clark, & Moss, 2002; Moore, Manias, et al., 2011). Australian studies have shown that people who are homeless present more frequently to the ED than any other group (Chin,
Sullivan, & Wilson, 2011; Fulde, 2003), but often do not attend less acute health services such as
genral practitioners(Lester & Bradley, 2001). Australian research has found that the ED can be
an important space of opportunity where healthcare services can engage with people
experiencing homelessness, link them in successfully with services and engage in early
intervention practices to prevent further ED admissions(Malone, 2006; Moore, Gerdtz,
Hepworth, & Manias, 2011). However, these referrals can be made difficult by service
constraints (e.g., a lack of after-hour health services outside of the ED)(Moore, Manias, et al.,
2011), and often do not occur(Chin et al., 2011). People who are formerly homeless may require
sustained health care to assist with health issues that were difficult to address whilst
homeless(Hwang, 2001; Wen, Hudak, & Hwang, 2007).

The quantity and severity of potential negative outcomes stemming from loneliness
among those who are homeless illustrates the importance and urgency of research in this area.
Unfortunately, however, our understanding of how loneliness is experienced by people who are
homeless remains incomplete, and this is due to the limited research conducted into its
prevalence among those who have experienced homelessness – there has been no such studies
done in Australia and the little that has been done has not made use of high quality standardised
measures.

**Studies of loneliness among people experiencing homelessness require new frameworks**

The field of loneliness research has tended to focus on certain groups - either the
mainstream population (L.C. Hawkley & Cacioppo, 2010) or the ageing population (J. de Jong
Gierveld et al., 2006; McHugh, Kenny, Lawlor, Steptoe, & Kee, 2016). However, there have also
been some (limited) studies conducted on the experience of loneliness among those with mental
illness (Perese & Wolf, 2005). Loneliness has also been studied in connection with the lived
experience of specific types of mental health issues, such as Borderline Personality Disorder
(Liebke et al., 2017), which preliminary research suggests could be prominent in the homeless population (Whitbeck, Armenta, & Welch-Lazoritz, 2015). Loneliness has also been linked with other mental health issues like schizophrenia (DeNiro, 1995) and suicide (Durkheim, Simpson, & Spaulding, 2002; Stravynski & Boyer, 2001), as well as some forms of disability such as intellectual disability (Petroutsou, Hassiotis, & Afia, 2018), all of which are highly prevalent amongst people experiencing homelessness.

Despite the predominant focus on mainstream populations, there is evidence that non-mainstream groups may experience loneliness differently. For example, recent qualitative research on how people with Borderline Personality Disorder found that they tend to experience loneliness as a deep-seated and constant sense of interpersonal distance and emptiness since childhood (Sagan, 2017). Because of its persistence, individuals had adopted different strategies to manage these emotions that were often risky and self-destructive, including by engaging in substance use. In contrast, elderly people have been found to experience loneliness as an ‘ache’ associated with the loss of meaningful social roles and sense of lived time as protracted and undifferentiated (Casey & Holmes, 1995).

In this vein, there is evidence that the experience of loneliness may be multidimensional in the way it is felt, understood and constructed, and this means the actual experience of loneliness can differ from person to person. When creating the de Jong Gierveld Loneliness Scale, de Jong Gierveld and Kamphuls (1985) used qualitative and quantitative methods to distinguish three dimensions of loneliness in a Dutch sample. The first dimension tapped into the feelings and emotions attached to deprivation and absence of intimate attachment, such as ‘abandonment’ or ‘emptiness’. Another dimension was the range of emotional experiences accompanying one’s loneliness, such as sadness or guilt. The third dimension referred to how persistent and impenetrable they perceived loneliness to be in their future. For example, whether
an individual experienced loneliness as being within their control and treatable, or out of their control and beyond hope or remedy. They may blame themselves or others for it.

de Jong Gierveld’s framework enables us to see the mechanism through which certain groups, including people who are homeless, may experience loneliness differently. For example, there is research to suggest that trauma is highly prevalent among those who are homeless (Buhrich, Hodder, & Teesson, 2000). Past trauma has been linked to loneliness (Shevlin, McElroy, & Murphy, 2015), and loneliness has been identified as moderating the relationship between childhood trauma and adulthood psychopathology (Palgi, Shrira, Ben-Ezra, Shiovitz-Ezra, & Ayalon, 2012). Consequently, the high prevalence of trauma and mental disorder amongst those experiencing homelessness (Teesson et al., 2004) become important in understanding the context of loneliness in people who have experienced homelessness.

Other theories have illustrated that loneliness is experienced differently according to the type and location of the social deficit experienced (Cramer & Barry, 1999). Two types of loneliness are generally considered and individuals may experience one or both of these. Individuals can experience ‘social loneliness’ which is defined as a perceived lack of friendships, in either quality or quantity. Separately, individuals may experience ‘emotional loneliness’, which is a deficit of intimate attachments such as familial or romantic relationships (DiTommaso, Brannen, & Best, 2004; DiTommaso & Spinner, 1997; Weiss, 1973).

Theory has also posited the likelihood that the experience of loneliness, and the nature of the loneliness an individual experiences, may be dependent on their adherence to a normative and mainstream social identity. Loneliness has been said to be affected by whether one’s current social relationships (and the lifestyle around them) match sociocultural norms of what constitutes normal and valuable relationships (de Jong Gierveld et al., 2006; Jong Gierveld, 1987). For example, a relationship that could be understood as socially ‘valuable’ is finding someone to marry who is employed and can help to provide for themselves and a family. For
those who are socially marginalised or lack financial resources, however – like those experiencing homelessness – their restrictive and insulated social environment inhibits them from forming such socially valuable relationships (Quane & Wilson, 2012; Stewart et al., 2009), and this underlines and perpetuates their sense of social isolation and loneliness.

**The homeless population is diverse, and loneliness may be experienced differently by those within it.** Not only may loneliness be experienced differently by those that have experienced homelessness, but loneliness is likely to be experienced differently within the homeless population. As I showed earlier, in each of the pathways to adult homelessness portrayed by Chamberlain and Johnson (2011) – including family breakdown, substance use, mental health and youth-to-adult pathways – relationship breakdown with family and intimate partners contributed to individuals becoming homeless (albeit through different means). Considering that the homeless population is so diverse – and that there are multiple, differing pathways in and out of homelessness, each of which is characterised by a variety of personal relationships – it is likely that individuals will experience their social networks, and loneliness, in different ways.

Just as individual pathways into homelessness vary, other aspects of identity and experience are similarly diverse. Traditionally, homelessness in Australian society has been considered to be confined to older, single men who are alcohol-dependent (Chamberlain et al., 2014; Minnery & Greenhalgh, 2007). Despite the persistence of this stereotype, Australian census data on homelessness in 2011 suggests a heterogeneous set of people experience homelessness. In terms of age, the majority (60%) of those who were classified as experiencing primary, secondary or tertiary homeless were under thirty-five years (ABS, 2011). As for gender identity – 56% identified as male and 44% identified as female. Although not measured in the Census/SHS Collection, it is known that individuals who identify as transgender, intersex or neither male or female are overrepresented within the homeless population (McNair, Andrews,
Parkinson, & Dempsey, 2017; Oakley & Bletsas, 2013). The census did find that, among those experiencing homelessness, those with non-heteronormative sexualities were also overrepresented: and people who identified as gay or lesbian (34%), or ‘other’ sexual identity (21%) (and not heterosexual) were more likely to report having experienced homelessness in their lifetime (34%) than those who identified as heterosexual (13%) (ABS, 2014). It was also found that Aboriginal Australians were more likely than non-Aboriginal to be homeless: one in four homeless people identified as Aboriginal (compared to 2.5% of the entire Australian population). Those who had a prison history, or poor mental health, have also been found to be overrepresented within the homeless population (Baldry, 2014; Kushel, Hahn, Evans, Bangsberg, & Moss, 2005; McNiel, Binder, & Robinson, 2005; Teesson et al., 2004).

In fact, there is increasing evidence that homelessness is becoming more common. For example, in an unprecedented shift in Australia, there is an increase in the number of single women over the age of fifty-five years who are experiencing their first episodes of homelessness (Petersen & Parsell, 2014). Many of these women had middle-class and conventional housing and work histories but became susceptible to homelessness through a variety of pathways. Among the factors that put them at high risk of homelessness were: being evicted from where they were living, being unable to continue living with family, having experienced a breakdown in a salient relationship, being unable to afford to rent in the private rental market, or find a rental property that meets their access and mobility or personal safety needs.

The various identities a person adopts can affect in myriad ways how individuals experience the social world: including whether they are susceptible to discrimination or stigma or exclusion, and what access they have to social relationships and spaces (Goffman, 1963; Quane & Wilson, 2012). It follows then that they will also very likely experience their social networks quite differently.
The research framework of intersectionality adopted in this thesis provides a scaffold through which a researcher can explore the different ways that a social phenomenon like loneliness may be experienced according to people’s histories of oppression and stigma. Intersectionality theory, first established by black feminists in the early 1990s, studies the multitude of ways that systems of discrimination, inequality or oppression interact to disempower and exclude some and not others (Crenshaw, 1991; Hankivsky & Cormier, 2009). Central to intersectionality is the idea that all people have a unique intersection on “multiple axes of difference” based on their identity within certain social categories, for example, their history, socioeconomic status, religious or cultural background, race, gender, sexual identity, or disability (Cho, Crenshaw, & McCall, 2013; Hankivsky & Cormier, 2009). Each of these factors are mutually constitutive: they intersect and shape each other and no one factor of one’s identity is necessarily any more important than any other (Warner, 2008). These factors are both characteristics of the individual, and properties of the social context occupied by these individuals, meaning that the categories and how they are perceived – that is, their salience and valence – and may change over time and context (Else-Quest & Hyde, 2016).

This perspective is particularly important in researching a diverse and highly marginalised group like those experiencing homelessness, where any person experiencing homelessness may also identify as belonging to other social categories including, for example, being a mother, Vietnamese, female, lesbian, opioid user and having a mental disorder. Each person’s unique set of identities intersects with their access to social resources such as employment, social support and care (including medical, aged and childcare). In another example, the type of homelessness one experiences (for example, whether rough sleeping or in boarding houses) may impact an individual’s social networks as the social conditions of each accommodation type will be diverse.
Intersectionality tells us that rather than understanding the social networks of those who have experienced homelessness purely through the lens of housing and financial disadvantage, it is important to also consider how individuals experience and make meaning out of simultaneously belonging to multiple interconnected social categories. This approach offers a more holistic understanding of the range of issues surrounding experiences of loneliness in the homeless population. Only by considering how a homeless individual’s identities intersect, can their experiences of and access to social networks be fully understood.

**How loneliness may be distinct from other similar concepts**

Loneliness can have particularly deleterious consequences for people who are homeless, and as such, further research and understanding in this area is vital. The definition of loneliness however, has been a point of contention. The conceptual overlap between loneliness and other related concepts like ‘social isolation’ and ‘social integration’ are still being debated (Brissette, Cohen, & Seeman, 2000; Rook, 1984; Valtorta, Kanaan, Gilbody, & Hanratty, 2016). It is particularly important to extricate the meanings and boundaries between these terms as each of these terms has been used in reference to the homeless population.

In recognition of the value of social integration, Australian and NSW policies on housing include it as a focus and outcome (FaCS, 2016, 2017; FaHCSIA, 2008). It is also a focus under “social and community” in the NSW Family and Community Services Social Housing Outcomes framework (See Figure 1 below). Moreover, each of these concepts – social isolation and social integration – has been strongly associated with changes in health and social wellbeing (Brissette et al., 2000; Zavaleta, Samuel, & Mills, 2014). Yet, it has not always been clear how to bridge these distinct but related concepts. The following section will provide an overview of the literature around social isolation, social integration and loneliness; explore how these concepts fit together to affect wellbeing, and decide on the best fit for a group who have experienced homelessness.
Figure 1 Outcome Framework for Social Housing, NSW Government Family & Community Services (FaCS, 2016). The outcomes related to “social and community” are presented in orange.

**Social isolation.** The theory behind social isolation research is that social ties in and of themselves provide certain benefits, such as companionship and support, as well as keeping individuals' behaviour “in check” with socially accepted norms and values (Rook, 1984). Like loneliness, social isolation (operationalessed as marital status, frequency of contact with other people and group activities) has been associated with negative effects on mortality rates (Pantell et al., 2013).

Social isolation has been defined in a variety of ways (Zavaleta et al., 2014). Most often, it is defined as an objective condition in which one has few social ties, or lacks contact with
existing ties for a prolonged period of time (Jong Gierveld, Van Tilburg, & Dykstra, 2006; Rook, 1984). More recently, research has recognised that what constitutes social isolation is driven by the sociocultural context in which such relationships are formed. Zavaleta et al. (2014, p. 7), for example, conceptualise social isolation very broadly as: “a deprivation of social connectedness … the inadequate quality and quantity of social relations with other people at the different levels where human interaction takes place (individual, group, community and the larger social environment).” This definition includes both subjective/qualitative factors (perceived ‘quality’), such as in the value and meaning of relationships and objective/quantitative factors (‘quantity’) relating to social networks, such as in the number of contacts a person has, and the frequency with which they are in contact. A strength of this particular definition is that it recognises the sociocultural context in which relationships are formed as well as the associated prevailing normative standards of what constitutes a “valuable” relationship. It also pays attention to their effect on how an individual will evaluate the relationships they have (cognitively), and select the relationships they wish to make (behaviourally). For example, in a society that values nuclear families, an individual may be prompted to evaluate their “singleness” negatively, whereas an individual without that social pressure may not feel isolated (de Jong Gierveld et al., 2006). As such, while social isolation can be a catalyst for loneliness, being socially isolated does not ipso facto imply that a person will be lonely.

Several studies which explore social isolation within marginalised and socially disadvantaged populations have applied this broader construction of social isolation. For example, Quane and Wilson (2012) argue that the way social isolation operates amongst the poor is multidimensional and inseparable from their sociospatial context. At a structural level, such social isolation includes prolonged exclusion from both the institutions and people that can facilitate financial development, alongside simultaneous and continuous contact with institutions and networks that highlight or exacerbate their marginalisation. Moreover, this ongoing disadvantage is often spatially located and concentrated, with individuals left to form networks
with those who are in a similar position. Such homogenous networks may leave individuals even more susceptible to social exclusion for “people are cut off from the dominant patterns of behaviour, lifestyle orientations and values of society, or [subject to] institutional exclusion, not having access to the facilities intended for them” (Machielse, 2006a, p. 26). When it persists, Machielse argues this exclusion can entrench inequality and block paths to re-inclusion:

[A]s their relationship with society becomes disrupted, their chances to participate decrease … [and] the consequence is a process of accumulation and reproduction of social inequality in which those who have better access to social resources can create better life conditions for themselves by using these resources, whereas the disadvantages for people without these resources correspondingly decrease.

(Machielse, 2006a, p. 26)

Mainstream community members learn to isolate and exclude the marginalised, making a marginalised individual’s social integration within the wider society an even greater challenge.

**Social integration.** Social integration is another lens through which to conceptualise the roles and functions of social networks, and their role in wellbeing and health (Brissette et al., 2000; House, Landis, & Umberson, 1988). Originally, Durkheim et al. (2002) defined social integration as prolific levels of social interaction, connections to a cohesive social group, and having a strong sense of shared and collective attitudes. More recently, the term is understood as the extent to which a person participates in a broad range of social relationships and is thus embedded in a social structure (Brissette et al., 2000). More nuanced definitions of social integration have been adopted that better recognise the role of social context in which such relationships are formed. Brissette et al. (2000) define social integration as multidimensional, including a *behavioural* component, such as participating and engaging in a broad range of social relationships and activities, and a *cognitive* component, which includes one’s perceived sense of community, belonging and connectedness to others, and perceived identification with social
roles. Thus, a more integrated network means a more diverse network, through which one has access to high quality ties, social support, social capital and social roles.

Research however shows that the positive effects of social integration are not uniform, for each individual’s cultural context constrains the roles or social opportunities available to them along with the benefits accorded by available relationships. In line with the intersectionality framework described earlier, access to roles and opportunities will differ according to an individual’s social class, age, economic situation, ethnicity or gender (Heller & Rook, 2001, pp. 125-126). Therefore, investigations into social integration (or ‘community integration’) for formerly homeless individuals who have entered supported housing have looked at their levels of participation in social activities and relationships (Bowpitt & Harding, 2009; Busch-Geertsema, 2005; Yanos et al., 2007). Individuals with psychiatric disabilities have described their lack of social integration more broadly as “social exclusion,” which may be experienced as a lack of income, personal relationships, citizenship, valued identities and activity (Ware, Hopper, Tugenberg, Dickey, & Fisher, 2007).

Comparing social isolation and social integration. There are clear overlaps between social isolation and social integration and, perhaps unsurprisingly, they both share similar research origins (Rook, 1984). Both terms refer to a similar phenomenon that affects social wellbeing and mental health. Both are multidimensional, and both incorporate a psychological aspect (‘cognitive’ in integration and ‘subjective’ in isolation) and an action-based aspect (‘behavioural’ in integration and ‘objective’ in isolation). This has been conceptualised elsewhere as structural aspects (the objective/quantitative aspects of social networks) and functional aspects (the qualitative/subjective aspects of social networks) (Valtorta et al., 2016). Where the two constructs differ is that one focuses or frames this duality in terms of deprivation and the other frames it in terms of participation. Brissette et al. (2000, p. 64) have queried the as yet unsettled distinction between the two concepts which remain almost complementary and ask:
…whether social integration should be viewed as merely the absence of isolation. The test of social isolation versus social integration is essentially a test of a threshold model versus a more linear model – that is, whether the difference in risk [for wellbeing] is between isolated and not isolated or whether there is a gradient of protection.

Similarly, other theorists (e.g. Berkman, Glass, Brissette, & Seeman, 2000) recognise that many terms, such as ‘social networks’ and ‘social ties’ (or a lack of, meaning ‘social isolation’) or ‘social integration’, are often used interchangeably in research and can actually be collapsed to a singular conceptual framework which they label ‘social integration.’ Taken together, it can be argued that there is some level of reciprocity between the concepts of social isolation and social integration, but that they can be understood broadly as the presence (integration) or absence (isolation) of cognitive and behavioural benefits of social relationships.

It is clear that certain characteristics of social networks – such as social isolation and an absence of integration — are central to the experience of loneliness. In the following section I will explore the relationship of loneliness to the concepts of social isolation and social integration.

**Loneliness.** While social isolation and social integration incorporate both cognitive/subjective and objective/behavioural aspects of social networks, loneliness focuses purely on the subjective/cognitive aspect. As previously described, loneliness is defined as a negative and distressing subjective experience, which is the result of a cognitive evaluation of the discrepancy between the nature of the relationships one has with the relationships one desires (or the match with normative social standards) (de Jong Gierveld et al., 2006; Peplau & Perlman, 1982).

Unlike social isolation and social integration, loneliness theory is based on the assertion that the presence of social relationships (in and of themselves) provides benefits for wellbeing, than this operating through the functions that a relationship provides (Rook, 1984). Loneliness is
just one of the potential outcomes when one experiences inadequate and unsatisfying social relationships (Rook, 1984). However, further research is needed to understand when and why loneliness is evoked as a response at some times, and not others.

Loneliness has also been theorised to be a response to social isolation (and perhaps, low levels of social integration). Cacioppo and colleagues (Cacioppo, Cacioppo, & Boomsma, 2014; Cacioppo et al., 2006) describe loneliness as having an important evolutionary function to help manage the negative aspects of social isolation. Being a member of a group or tribe provides an individual with certain benefits, such as access to shared resources and security. Those who become detached or alienated from their group lose these benefits, and face increased risk of attack or starvation. Loneliness, the aversive and distressing emotion stemming from feeling socially isolated, functions to resolve this risky position, by compelling those affected to form new relationships or reconnect with existing networks to promote social trust, collective action and a sense of cohesiveness. In other words, loneliness acts as a cognitive mechanism, ensuring an individual remains socially connected and therefore safe.

It is when loneliness leaks out of its normal and accepted confines and starts to become a constant or highly frequent state, that problems (and even pathologies) can start to emerge (Cacioppo et al., 2014). In contemporary times, it has been argued that extended periods of feeling lonely (often labelled ‘chronic’ loneliness) can prompt an individual to become hypervigilant towards social stimuli and possible social threats. This can lead to a confirmatory bias towards perceiving social dangers, and generate negative memory biases for social information. An individual can start to develop self-protective and defensive behaviours within social interactions that can (counterproductively) perpetuate their isolation from others.

Like the theories on social isolation and social integration, loneliness theory also posits that the sociocultural context affects if and how individuals experience loneliness. A person’s culture and socioeconomic context prescribe which relationships are normative and desirable.
Summary. Loneliness as a concept overlaps with social isolation and social integration. Each incorporates cognitive evaluations of how individuals experience their social world, and situates such experiences within their broader social context.

All three concepts provide useful information about how relationships occur amongst those who have experienced homelessness. However, by looking at the aversive emotional response that can stem from perceived isolation, and the detrimental effects this constitutes for mental health and wellbeing, the concept of loneliness is able to extend our understanding beyond the other two concepts. Nonetheless, unlike loneliness, social isolation and social integration also incorporate the objective and structural reality of social networks. This suggests that altogether these concepts provide a holistic framework of the functions and role of social networks that can be used to understand the relationships for marginalised groups like those experiencing homelessness.

Similarities in the implications for wellbeing for isolation, integration and loneliness

While the previous section has indicated that loneliness, social isolation and social integration have some similar consequences for personal health and wellbeing, this section offers more detail on their impacts and the possible mechanisms through which these occur. It will be argued that the overlap in how these concepts affect health and wellbeing is emblematic of the broader role that the cognitive and behavioural aspects of social networks, in general, play in developing and maintaining health and wellbeing. There will be further discussion on how the social context in which relationships are formed and maintained has an undeniable impact on the
networks individuals can access, form, and sustain, and consequently on their health. Implications will then be described for the homeless population.

Loneliness and the nature of people’s social relationships (including the degree of social isolation or social integration) have each been associated with changes in physical wellbeing. For example, research evidence suggests that the lonely are more likely to suffer from serious physical health problems like high blood pressure (Hawkley, Masi, Berry, & Cacioppo, 2006), increased risk of mortality post-cardiac surgery (Herlitz et al., 1998), inhibited immune responses (Cacioppo et al., 2002; Pressman et al., 2005) and sleep deficits (Cacioppo et al., 2002; Hawkley, Burleson, Berntson, & Cacioppo, 2003). These deficits appear to be independent of whether participants are engaging in higher levels of unhealthy or risky behaviours, such as smoking (Cacioppo et al., 2002). Similarly, research on social integration suggests that lower levels of emotional support and social contact may be risk factors in cardiac health (S. Cohen, 1988) and may be linked to other poor physical health outcomes even after controlling for known covariates like social status, baseline health levels and health behaviours (Berkman, 1995; Berkman, Leo-Summers, & Horwitz, 1992; House, Robbins, & Metzner, 1982).

Both loneliness and social isolation have been associated with increased risk of mortality. A meta-analysis of existing research on the role of ‘actual’ social isolation and ‘perceived’ social isolation (understood as loneliness) found that both measures had profound effects on mortality rates, which were comparable to other well-established clinical risk factors such as smoking and alcoholism (Holt-Lunstad et al., 2015).

Loneliness, social isolation and social integration have also been linked with changes in mental health. The lonely are at higher risk of psychological illness such as depression, anxiety and suicide than their non-lonely counterparts (Cacioppo et al., 2002; Cacioppo, Hawkley, & Thisted, 2010; Cacioppo, Hughes, Waite, Hawkley, & Thisted, 2006; Hawkley et al., 2003; Stravynski & Boyer, 2001). While loneliness has also been associated with cognitive decline
(Cacioppo & Hawkley, 2009; Wilson, Krueger, Arnold, & et al., 2007), social integration has been linked to the ability to cope with stressful situations and improvements in mental health (S. Cohen & T.A. Wills, 1985).

Several theorists have also posited that the different mechanisms through which an individual engages in social relationships can affect their physical and mental health (Berkman et al., 2000; Thoits, 2011). Some of this research has examined the mechanism of how the cognitive and structural aspects of social networks (that is, in social isolation and social integration) may combine to affect health; other research has reflected on how the cognitive aspects alone (that is, in loneliness) may affect health. According to Cohen and Wills’ (1985), a main effect model of loneliness holds that the structural aspects of social ties (such as networks and social integration) have a beneficial effect on a person’s health while a stress-buffering model posits that the support received from social networks for persons under stress also affects wellbeing. In contrast to the main effect model which suggests that integration in a social network contributes directly to wellbeing regardless of the presence of stressful circumstances, the “stress-buffering model” postulates that the benefits of social support only occur in times of stress (Kawachi & Berkman, 2001). Loneliness theory, on the other hand, posits that the effects associated with social relationships can also have a negative effect on health (Cacioppo et al., 2002).

Theories about the role of social support and social integration on health tend to focus on the benefits that social relationships provide, and the impact these have on a person’s behaviour and affect and, subsequently, their health. In contrast, theories about the impacts of loneliness on health centre on the how the negative emotional experience of loneliness shapes and changes an individual’s ability to form meaningful relationships.

In spite on the different perspectives that have been brought to bear on these three concepts in the literature (Berkman et al., 2000; Cacioppo et al., 2002; Hawkley & Cacioppo, 2010; Smith & Christakis, 2008), they are fairly consistent in describing the pathways to health
via changes in behaviour, changes in how individuals evaluate their networks, and changes in affect. Both loneliness theory and social network theory focus on the role of social relationships in generating behavioural change to effect health. The social integration pathway examines how social influence, including social norms for different relationships, can encourage individuals to engage in particular healthy or unhealthy behaviours (Thoits, 2011). This can be due to the use of direct and explicit social control over an individual's health behaviours (Berkman et al., 2000), or through indirect means, such as observing and then adopting the behaviour of connections. For example, research evidence for this theory has found that belonging to certain networks – such as where members use substances, drink alcohol and smoke tobacco – can hinder an individual from successfully quitting these habits (Smith & Christakis, 2008). In contrast, social influence to engage in regular exercise may assist with improving physical fitness as well as mental health (Kawachi & Berkman, 2001).

Loneliness theories may similarly posit behavioural pathways to poor health. For example, Hawkley and Cacioppo (2010) argue that the lonely tend to place less effort into regulating their behaviours and emotional responses. They suggest that an individual's ability to self-regulate and maintain positive emotion can assist them to engage in health-promoting behaviours such as physical activity, which in turn can act as a protective factor in physical, mental health and cognitive functioning. Evidence for this comes from findings that compromised emotional self-regulation and loneliness were associated with a reduced likelihood of engaging in physical activity over time (Hawkley, Thisted, & Cacioppo, 2009).

The second shared pathway through which social relationships are said to affect health outcomes is by affecting the way individuals evaluate their social relationships, either favourably (as will be shown in the stress-buffering model) or unfavourably (as will be illustrated in loneliness theory). The stress-buffering model posits that social support can buffer the effects of stress on wellbeing (Cohen & Wills, 1985). For example, the perceived availability of functional
support buffers the effects of stress by enhancing an individual’s ability to cope. In loneliness theory, negative evaluation of social relationships and one’s perceived inability to improve them, can affect health. Hawkley and Cacioppo (2010) have argued that when an individual feels lonely, they experience an increased vigilance for additional social threats in their environment, paired with amplified feelings of vulnerability and a strong desire to re-connect. This loneliness-driven hyper vigilance sets off cognitive biases that see the social sphere as more threatening, while expecting negative interactions with others. This creates a self-fulfilling prophecy whereby an individual’s negative expectations around social interactions elicits negative and rejecting behaviours from others, and this further reinforces their feelings of loneliness and isolation. As will be described shortly, this can lead to negative emotional concomitants and thus, poor health. Indeed, there is a host of research evidence, including behavioural empirical studies and brain studies, to support this theory of loneliness (See Cacioppo & Hawkley, 2009; Cacioppo et al., 2002; Cacioppo, Hawkley, et al., 2006).

Another shared feature of these theories is the role that social relationships play in changing affect (either positive or negative), and how these changes can prompt behavioural and physiological changes that impact health. Being socially integrated, it has been argued, fosters positive psychological/cognitive states such as a sense of purpose, security, value and meaning (Kawachi & Berkman, 2001; Thoits, 2011). Such positive states benefit mental health by increasing motivation for self-care through health-promoting behaviours like exercise, moderation of substance use, and an overall reduction in the neuroendocrine response to stress. Such health-promoting behaviours and accompanying neuroendocrine changes can have beneficial effects on mental and physical health (Kawachi & Berkman, 2001).

Conversely, loneliness theory describes how the state of individuals’ social networks can prompt negative and aversive emotions (loneliness) that can prompt other negative emotional concomitants and poor health outcomes. In loneliness theory, the self-fulfilling prophecy
between cognitive biases and poor social interactions (described above) triggers negative affect and disposition such as aggression, stress, negativity, anxiety, and low self-esteem that catalyses a range of neurobiological and behavioural mechanisms (such as sleep dysfunction) (Hawkley, Preacher, & Cacioppo, 2010). All of these contribute to adverse health outcomes (Cacioppo et al., 2002).

Both loneliness and social support research has also identified gene-level physiological effects on health (Hawkley & Cacioppo, 2010). Chronic loneliness has been found to have negative effects at a gene-level, such as glucocorticoid insensitivity, a state where the immune system’s capacity to respond to the hormonal signals that terminate inflammation are impaired. Similar results have been found between the stress-buffering role of social support and glucocorticoid insensitivity (Miller, Cohen, & Ritchey, 2002). That loneliness has also been found to have a significant heritable component (Boomsma, Cacioppo, Muthén, Asparouhov, & Clark, 2007; Boomsma, Willemsen, Dolan, Hawkley, & Cacioppo, 2005; Cacioppo et al., 2014), speaks to the seriousness of such gene effects and their potentially negative effects over generations.

The preceding discussion has shown how social integration, loneliness, social networks/isolation and social support theories converge to form the pathways through which social relationships affect mental and physical health. These theories have tended to rely on generalisations made within research conducted with mainstream populations. However, social relationships never occur in a vacuum and are affected by broader social structures (Kawachi & Berkman, 2001). We know that some marginalised groups, like those who have experienced homelessness, are more susceptible to experiences of social isolation and loneliness and are perhaps less likely to experience social integration. As such, there is a need to unpack how theories like these perform when matched against the experiences of a marginalised group, such as those with a lived experience of homelessness, for this could have major outcomes for how
services and interventions to improve health and wellbeing may be provided to this group (Kawachi & Berkman, 2001).

Indeed, past research also tells us that the social relationships of those who are marginalised tend not to function in the same ways as mainstream groups. For example, those who lack material resources are often constrained to socialise only with those in a similar social position, who are often equally resource-poor (DiMaggio & Garip, 2012). Similarly, those who are of a higher social standing can exclude outsiders, usually those who are impoverished and marginalised (Portes, 1998). Taken together, these findings suggest that the networks of these groups may lack the resources needed to provide ample social support. Furthermore, there are instances where, within socially marginalised and economically disadvantaged populations, social support can exacerbate rather than buffer stress (Belle, 1983).

A number of researchers have described the broader relationship between context and health outcomes as the ‘cascading’ and dynamic causal process through which social integration impacts health (Berkman et al., 2000). Upstream ‘macro’ factors – like one’s cultural, social, structural and political context – condition and impact the relationships formed and maintained, which in turn, impacts health (Berkman et al., 2000). These effects often occur in a dynamic interaction with some of the psychobiological processes described above (such as neuroendocrine changes).

It is clear that the theories of loneliness, social isolation and social integration may function differently for a group like the homeless population. This thesis aims to examine this explicitly by exploring how those experiencing homeless experience and construct their social relationships. In doing so, it will consider how concepts such as loneliness, social isolation, social support and social integration relate to each other. Following that, the implications for these theories, and possible consequences for service provision, will be discussed.
In this section, I have demonstrated that social networks play an important (if not integral) part in physical and mental health. Indeed, the importance of having positive social relationships has long been recognised as essential element of health and wellbeing, as the World Health Organisation Constitution demonstrates in its definition of health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1946, my emphasis). However, there is some indication that some individuals, potentially including those who are homeless, have less access to social wellbeing than others, and thus suffer from compromised health. The following section will look at this possibility in greater depth: firstly, it will explore the aspects of social networks that contribute to social wellbeing; and secondly, it will look at existing research on how these aspects function amongst those who have experienced homelessness.

**Aspects of social networks that contribute to social wellbeing**

The previous section illustrated that social wellbeing constitutes an important part of health. This section will examine the functions of social networks that contribute to social wellbeing in a social group like those experiencing homelessness. Previously, I described the theory devised by Berkman et al. (2000) on the upstream ‘macro’ factors (cultural, social, structural and political context) that affect relationships and the impacts this has on health. This theory also identifies ‘downstream’ factors in relation to the functioning of individuals’ social networks and their impact on behaviour in those social settings. Such behaviours may be either health promoting or detrimental to health. The following section will explore some of these functions of social networks – including social roles, social support and social capital – and look at existing research on how they may operate amongst the homeless population. In doing so, I will map out what we know about aspects of the social networks within homeless groups that could contribute to wellbeing.
Providing social roles. Each type of social relationship provides an individual with information on prescriptive and specific social ‘roles’ that guide them on how to behave within social situations (Thoits, 1983). An example of a social role a person may act out includes that of a wife, husband, friend, parent or manager. These social roles provide positive cognitive outcomes for an individual, including a sense of identity, meaning and purpose in their social world (Heller & Rook, 2001).

Researchers have theorised about the numerous ways social roles can improve mental health and social wellbeing. Despite the performance of social roles being largely behavioural, the effects on mental health and wellbeing tend to be cognitive in nature. By imbuing individuals with a sense of purpose and meaning, social roles can elevate their self-esteem, and potentially act as a mediator to good mental health (Thoits, 2011). For individuals who have a greater number of social roles (and are thus accountable and committed in multiple ways (and to multiple people) this can prompt them to regulate, stabilise and ‘normalise’ their behaviour. It can also lead to a reduction in risky activities, engagement in greater self-care, and this can have a salutary effect on their mental health (Heller & Rook, 2001). Having more diverse types of relationships in one’s social network is also associated with reduced loneliness (de Jong Gierveld et al., 2006).

The capacity of social roles to foster individual positive cognitive outcomes, such as self-esteem, depends on two factors. Firstly, on how others appraise their performance of this role; and secondly, on how they appraise their own performance. This process of internalising personal and interpersonal appraisals of role performance can be iterative and dynamic (Heller & Rook, 2001).

Existing research tells us that those experiencing homelessness have mixed experiences of social roles. On the one hand, previous research suggests that in their past lives and through the process of becoming homeless, individuals have often lost the social roles that previously
bestowed them with self-esteem, value, meaning and purpose in their lives. As previously mentioned, Australian research shows that the loss of a partner or relationship breakdown is one of the primary causes of homelessness (Chamberlain & Johnson, 2011). Relationship breakdown can be due to the breakup of a romantic relationship, domestic violence, rejection by family, or conflict around identity, as LGBTIQA youth. The lived experience of losing one’s social roles through becoming homeless has been described in qualitative interviews. In interviews with older UK male hostel residents, Holt et al (2012) found that becoming homeless was understood in terms of becoming ‘unsettled’ and was often felt in terms of perceived loss of connectedness, to family, partners and children, former work colleagues and the wider community or society. For some, the loss of social roles occurred in the process of becoming homeless, but for others it had been a longer-term feature of their lives. These findings suggest that those who are homeless are particularly susceptible to losing some of the sense of meaning and purpose they had previously derived from participating in socially sanctioned relationships.

On the other hand, there is some evidence to suggest that, on becoming homeless, some individuals manage to create new and meaningful social roles. They do this in the way they manage their relationships, over time, within and outside of the homeless population. Bell and Walsh (2015), for example, found that Canadian male shelter users formed identities that provided them with meaning and self-worth by strategically choosing to form some friendships (and not form others) within the shelter environment. For example, some participants joined social groups that were associated with a shared interest in activities, like substance use, which provided social meaning and identity. Some individuals chose not to form friendships with others experiencing homelessness, thus symbolically distancing themselves from a homeless identity.

Further research similarly shows how relational strategies are used to create an identity that individuals deem valuable. In their interviews with ten older men living in UK hostels, Holt,
Christian, and Larkin (2012) found that some participants avoided other residents’ destructive behaviour, and maintained their independence as a means of coping with their lack of connectedness. Conversely, several hostel residents described maintaining pre-homeless social roles by selectively choosing to connect only with individuals from mainstream society; and this helped foster their sense of purpose and self-esteem. Others garnered a positive sense of identity through imagining a positive and ideal social future for themselves by imagining reconciliation with their partner’s family or the building of new relationships. In an Australian women’s refuge, the residents similarly emphasised a focus on wanting to remedy their situation through social means. After periods of exclusion, isolation and loneliness their desire was for inclusive and supportive relationships (Parker & Fopp, 2004).

Taken together, this research suggests those who are homeless may use a variety of strategies, including relational and verbal methods to shore up identities during the period of homelessness. The scope of the research on social roles amongst those experiencing homelessness is limited, and has tended to be conducted with predominantly male samples, and homeless accommodation users. It is important to examine a more diverse range of homeless individuals, such as females and rough sleepers or couch surfers, to understand their experience of social roles during and after research.

In general, the available research has not investigated how social roles change once an individual exits homelessness. Given that we know loneliness and a lack of purpose can precede an individual’s sustained exit from housing (Bell & Walsh, 2015; Bowpitt & Harding, 2009), it is vital to know how individuals construct and understand their social roles through this transition into housing, and beyond. This thesis will address these gaps by exploring and comparing how current and former homeless people experience social relationships.

**Providing social identities.** Similar to social role theory, social identity theory posits that the benefit of social relationships stems from the personal meaning that group
membership provides them. However, social identity theory goes further than social role theory, by providing a more nuanced suggestion of how individuals choose to (or not to) enact a social identity and impact this has on their social and emotional wellbeing. Similar to the constructs of social isolation, integration and loneliness, social identity has also been linked with health and wellbeing outcomes, suggesting positive social identities are also an important aspect of the benefits of social relationships on wellbeing (Haslam et al., 2009).

Social identity is defined as

That part of the individual’s self-concept which derives from their knowledge of their membership of a social group (or groups) together with the value and emotional significance attached to that membership (Tajfel 1982, p2).

Social identity theory taps into the human quality of wanting to maintain or develop a positive self-concept, in order to avoid poor self-esteem. People tend to compare their in-group positively in relation to comparison groups, helping to maintain positive self-esteem and social identity. Positive intergroup comparisons may be difficult for extremely low status groups like the homeless, which can lead to negative social identity and therefore negative self-esteem for those belonging to it.

When the conditions around an individual’s social identity changes, they need to make personal adjustments (C. Haslam, Cruwys, Milne, Kan, & S.A. Haslam, 2016). For example, experiencing a threat or loss to one’s identity as a member in a valuable social group (for example, an employment-based group) can be aversive or even devastating and have deleterious effects on an individual’s health (S. A. Haslam et al., 2009).

Tajfel and Turner (1979) argued that individuals in these situations would be motivated to try to remedy their circumstance by undertaking one of three strategies. The first was ‘social mobility’ where one could leave the low-status group and join a higher-status group. The second strategy is ‘social change.’ It reflects efforts to alter the social structure of society to improve the
collective status of a group in social consciousness over time. The third option, ‘social creativity’ refers to finding a new basis or social group to compare their low-status group, in an effort to establish a more positive basis of comparison. Analysis of existing research suggests that ‘social mobility’ and ‘social creativity’ may be the strategies most accessible to people experiencing homelessness to preserve positive self-esteem.

A number of studies have explored how those who had been homeless for short periods of time use ‘social mobility’ strategies and tend to see the boundaries between a homeless and non-homeless identity as permeable. These individuals tend to identity more with a higher-status non-homeless identity to preserve a positive identity. In comparison, those who had experienced homelessness for extensive periods of time use ‘social creativity’ strategies: they show strong positive identification within their homeless social groups, and favourable intergroup comparisons in relation to non-homeless social groups. However, those who adopt a positive identification with their homeless social groups were described as less likely to be able to exit homelessness successfully (Boydell, Goering, & Morrell-Bellai, 2000; Farrington & Robinson, 1999; Snow & Anderson, 1987).

If a homeless social identity stems from a sense of belonging to a homeless ‘social group’, one could argue that a social ‘community’ of homeless people exists, with which its members value and self-identify. Others have critiqued the idea of a homeless community. Based on their ethnographic work with people experiencing homelessness in the USA, Snow and Anderson (1993, p76) noted that the homeless subculture is

‘not a subculture in the conventional sense, though, in that it is neither anchored in nor embodies a distinctive set of shared values. Rather… its distinctiveness resides in a patterned set of behaviours, routines and orientations that are adaptive responses to the predicament of homelessness itself and to the associated conditions of street life.’
This suggests that commonly homeless people team together out of a shared predicament and mutual lack of resources, rather than a shared sense of valued identity.

Similarly, Parsell (2011) has critiqued the idea of a ‘homeless’ social identity as a type of person, or a distinct characteristic that people who experience homelessness either embrace or avoid. Rather, Parsell (2011) argues that the stigmatising aspects of homelessness, coupled with the deviancy ascribed to the very public nature of the private lives of people experiencing homelessness, are often inferred to explain their ‘identities’. Based on his ethnographic work with people experiencing homelessness in Brisbane, Parsell argues that the ‘homeless’ identity does not resonate with or reflect the people it is meant to represent. Parsell found that people experiencing homelessness often performed and enacted multiple and different parts of themselves in strategic way in different situations in order to gain access to resources. The social identities employed by Parsell’s participants were used, almost fluidly, to fit in with the particular social and spatial environments. An example of this was the adoption of the ‘passive meek homeless person’ identity when in receipt of charity (food) to fit the social expectations that match this experience. Parsell notes that ‘people exercise agency and express aspects of themselves, but they do so because the moment calls for it, not because they have ownership of the identity.’ (p454).

**Providing social support.** An oft-described function of social networks is to provide an individual with social support. This is broadly defined as the emotional value, comfort, help and information that can be derived from one’s social network (Jones & Moore, 1987; Perese & Wolf, 2005). *Emotional support* is defined as feeling buttressed and understood by members of one’s social network. *Information support* is defined as having access to relevant information as part of your social network. *Tangible support* occurs when individuals have instrumental helping utilities in their social networks. *Affectionate support* includes loving and affectionate expressions. And finally, *positive social interaction support*, which is the availability of
other network members to engage with you in recreational or leisure activities (Sherbourne & Stewart, 1991).

The main pathway for social support to improve wellbeing is by buffering the potentially harmful effects of stress. Social support buffers the negative cognitive effects of distress and dampens the physiological response to stress, thus improving personal wellbeing and fostering positive affect (Thoits, 1983). Social support can also buffer the way individuals anticipate future stressful events. Individuals who perceive themselves as being socially supported may face stressful events as less threatening and more manageable than those who feel less supported. Individuals who lack social support therefore experience increased vulnerability to the effects of psychological stress (Rook, 1984), and this leads to compromised mental health. However, whether or not social supports provide such benefits depends on the extent to which the receiver of such support deems it to be of an adequate quality to meet their needs, or whether the support received was from a person they deem to be meaningful and valuable (Machielse, 2006a).

Cohen and Wills (1985) propose that the buffering effects of perceived social support on stress is only beneficial to wellbeing in times of stress. Kawachi and Berkman (2001) argue that although this context-dependent ‘stress-buffering’ model may seem at odds with the pre-mentioned and context-independent main effects model of social networks, the two are not mutually exclusive; each explains the influence of different parts of social relationships on mental health.

As relationship breakdown is often part of the experience of becoming homeless (Chamberlain & Johnson, 2011; G. Johnson & Tseng, 2014), it can be inferred that many homeless individuals have limited social support to draw upon during this time. Research has also found that ‘problematic’ or destructive behaviour stemming from substance use and mental health issues can put pressure on familial and friend relationships and reduce available
support (Mayock, O’Sullivan, & Corr, 2011; Padgett, Henwood, Abrams, & Drake, 2008). Rejection from family in the youth context can be particularly prominent for LGBTIQ young people (Oakley & Bletsas, 2013).

Other research suggests that even if those who are homeless did once have access to practical or material support within their familial and friendship networks, they may have exhausted a lot of it in the process of becoming homeless. A US study by Shinn, Knickman, and Weitzman (1991) compared the social networks of 677 mothers requesting homelessness services and 495 mothers who were domiciled (but picked from the New York City public assistance caseload.) They found that while those who were homeless were more likely to have been in recent contact with their families or friends, they felt less able to access housing support through their network because many had already stayed with these connections over the previous 12 months.

Others have argued that the support given to a financially deprived group, like those who are homeless, may not provide the same stress-buffering benefits that it does within mainstream populations. In her review of the literature on social networks and poverty, Belle (1983) demonstrates that rather than buffering stress, the relationships of those in poverty can be a source of stress themselves because of the necessity to share resources and support one other in order to survive. Such support networks, although crucial, may prove draining when they involve obligation and excess claims that exacerbate the distress and strain associated with feeling indebted to others (Portes, 1998). The mutual obligation to provide financial and material support to others in a similar situation can restrict a person’s freedom and sense of agency by limiting their opportunities for accumulation of wealth, entrepreneurial action and success (Portes, 1998). Furthermore, in these arrangements, those who are the most deserving of support often lose out on receiving support for themselves (Belle, 1983), thus creating an unequal distribution of support. In sum, these findings illustrate that, within their networks,
those in poverty may not have access to the nature or quality of support required to buffer stress.

Social support may also have implications for a person’s ability to exit homelessness. Warnes, Crane and Coward (2013) note that while social support is a crucial element in enabling people to exit homelessness, support within some networks can have the opposite effect. Where people’s networks encourage them to become increasingly entrenched within homeless networks, with strong bonds and shared sense of identity with other homeless people, these relationships may actually prevent or deter these individuals from leaving homelessness successfully (Snow & Anderson, 1993a). This assertion was also supported by Australian findings that the longer the duration that participants were homeless, the higher the proportion of their social network tended to be homeless (Johnson & Tseng, 2014). They were, therefore, increasingly less likely to have “mainstream” friends who worked fulltime and this meant there was a loss of access to contacts with those of a higher social standing to their own.

Within the available research on homelessness, there are particular groups that have been identified as especially at risk of becoming ‘entrenched’ in homeless communities. As described earlier in this chapter, individuals who entered homelessness through substance use or through a youth-to-adult pathway were more commonly entrenched within the homeless networks and finding it more and had difficulty reintegrating into mainstream society (Chamberlain & Johnson, 2011).

There is also evidence that receiving social support from members of the mainstream society may assist those who are formerly homeless to better sustain their tenancies. Calsyn and Winter (2002) found that having support from professionals (like caseworkers) was also positively associated with reporting more days in stable housing in the first three and twelve months after moving in. Receiving natural support (that is, from family, neighbours or friends) was also associated with more days spent in stable housing at baseline and all the way to twelve
months. However, because this study by Calsyn and Winter defined ‘stable housing’ as living in an apartment or house, it is unclear if it included experiences like couch surfing and staying with friends or family, which would still constitute homelessness in an Australian context.

The role of domiciled connections in maintaining housing have been mirrored in research within an Australian context. G. Johnson and Tseng (2014) found that the composition of participants’ social networks changed in the periods after exiting homelessness. The longer individuals were housed, the more their contact with family increased, and the greater the proportion who reported having zero homeless friends. This finding can be understood in several ways. On the one hand, it suggests that exiting homelessness can prompt individuals to reintegrate into mainstream society by reconnecting with family, and developing friendships with non-homeless individuals. On the other, it may also indicate that those who lack contact with non-homeless friends and family, or find it difficult to reform these relationships once they exit homelessness, may be less able to sustain housing than those who have such relationships in place. For the latter individuals, their feelings of isolation and disconnect to the domiciled neighbourhood around them may make it more likely that they will continue to visit and reconnect with their previous homeless networks. It has also been suggested that some formerly homeless individuals may experience ‘survivor guilt’ which eventually leads them back into full-time homelessness (Bell & Walsh, 2015; Bowpitt & Harding, 2009).

Providing social capital. These findings can also be understood through the framework of ‘social capital’, where formerly homeless individuals have access to relationships with those in a (now) similar situation to them; that is, they are domiciled and have access to the social resources necessary to maintain their health and housing. In contrast, those who have been unable to form these connections may feel cut off and isolated and therefore find they are unable to detach themselves from the social norms of their former homeless peers.
An often-contested concept, this thesis uses Bourdieu’s definition of ‘social capital’ to refer to the benefits and resources, acquired through participation in relationships and groups, that can be accessed to reach particular goals such as employment or social mobility (Bourdieu, 1986; Portes, 1998). Social capital is distinct from social support, in that it refers to the ability to gain benefits through relationships rather than the nature of the actual relationship between, say, an individual and those in their social networks. In fact, some researchers have reported that social support is actually a form of social capital (Irwin, LaGory, Ritchey, & Fitzpatrick, 2008).

The mechanism for wellbeing in social capital derives from the opportunities and benefits that can be derived from relationships, such as increased access to new social networks made through work and their participation in diverse social groups. There are several forms of social capital. There is ‘bridging capital’ which connects an individual with others who are at a different (usually higher) social standing than themselves. There is linking or ‘bounded’ capital which is capital derived from individuals of a similar social standing, or in the same group, and it is created through solidarity (Irwin et al., 2008; Portes, 1998). Unlike other understandings of social networks, social capital conceptualises ‘gaps’ of members across the web of social networks as potentially beneficial. Because overly dense networks can tend to share redundant information, weaker ties that exist outside one’s main circle can provide an individual with new information and resources (Granovetter, 1973; Portes, 1998), and thus an avenue for social mobility.

Past international research finds that having access to bridging social capital – through positive, helping relationships with others – can assist an individual to exit homelessness and access housing. Research has defined ‘independent’ and ‘dependent’ exits from homelessness, which determines the individuals level of financial independence (Piliavin, Entner Wright, Mare, & Westerfelt, 1996) or independence from formal service or welfare support networks (Mayock et al., 2011) that they utilised on leaving homelessness. These findings may have limited
transferral to an Australian context because what is considered to be an ‘exit’ from homelessness is contingent on the practice and legislation of the country in which the research is conducted. For example, while in some countries ‘independent’ exits from homelessness may include ‘staying with friends and family’ or ‘entering temporary accommodation’ (Mayock et al., 2011), in the Australian context they both constitute ‘homelessness’. Nevertheless, such ‘dependent’ exits may still have currency in an Australian context where the access and support of formal networks and family can enable individuals to transition out of homelessness.

With regard to bridging capital, however, research has shown that people who are homeless tend to have limited access to connections who might offer them support or advocacy in overcoming the barriers to a successful exit from homelessness. Arguably, this lack of bridging capital may be linked to entrenchment within homeless networks. In research with young people in Canada, Piat et al (2014) found that structural factors – like poverty, a lack of affordable housing, stigma, racism and discrimination – kept young people confined to poor neighbourhoods and social contexts, and prevented them from engaging with mainstream communities. Others also argue that individuals with small networks and limited access to social capital are more likely to become homeless in the first place (Neil & Fopp, 1994). Conversely, when comparing female-headed families that are homeless and female-headed families with a low income in the US, Ellen L Bassuk et al. (1997) found that involvement in larger social networks was a protective factor against becoming homeless in the first place.

Once individuals become homeless, however, it appears that their connections outside the homeless networks, like friends or relatives, are not always able to provide them with resources and assistance. In a study of formerly homeless individuals with co-occurring mental health and substance use disorders in New York City, Hawkins and Abrams (2007) found that while many had lost family and friends through death, those still with connections reported that they were often facing so many obstacles themselves – like health problems, poverty, substance
use and prison time – that they were unable or incapable of assisting them with either resources or social capital. In addition, such relationships where they existed could also be abusive or were mnemonic cues of past traumas (Savage & Russell, 2005). As La Gory, Ritchey, and Fitzpatrick (1991, p. 212) note “the homeless do not lack opportunity for social contact; rather the social structure in which they operate constrains access to a resource-rich network.”

Although the friendships made through homelessness can provide bonding capital, these may have both positive and negative effects (Oliver & Cheff, 2014). On the one hand, as some US based research has found, relationships formed with other homeless people may foster positive social capital such as a sense of belonging and opportunities for the sharing of resources and information crucial to their survival (Bell & Walsh, 2015). On the other, however, such relationships can also provide negative social capital through contagion – by introducing or encouraging potentially destructive behaviours of a criminal nature or linked to substance use (Grigsby, Baumann, Gregorich, & Roberts-Gray, 1990; Hawkins & Abrams, 2007; Rice, Milburn, Rotheram-Borus, Mallett, & Rosenthal, 2005). Some Australian research suggests that the level of social capital individuals have access to may also differ according to the type of homelessness they experience (G. Johnson & Tseng, 2014). For example, in cases of primary homelessness, individuals were more likely than those in the other groups to report that they had no friends who worked fulltime, and were more likely to have friends who were incarcerated or also homeless. In such cases, their network was more likely to consist primarily of people who were similarly homeless and marginalised. These deeply-entrenched individuals, who tended to socialise exclusively with others in a similar position to them, were found to be more likely to lack access to bridging capital, that is, to the social resources and opportunities on offer from socialising with those of a higher social standing.

In some cases, an individual’s relationship with service providers can provide them with bridging social capital. For example, in interviews with homeless participants who had a chronic
illness, Davis, Tamayo, and Fernandez (2012), found that many perceived their case managers as a link to the outside world. Nonetheless, different kinds of social capital do not always provide the same benefits for wellbeing for homeless individuals, as they do in mainstream populations. For example, in their US study with a group of homeless individuals, Irwin et al (2008) found that participation in formal groups (such as trade unions, support groups, or political groups) and access to bridging social capital (measured as relationships with people who different to them, for example, in terms of race, education level, financial situation and power in the community) were not sufficient to improve an individual’s mental health. In part, such relationships between service providers and clients may be fleeting, and this may limit the social capital provided. The temporary nature of such interactions is often a result of high staff turnover in these services, the transitional trajectories of substance use programs and the premature departure of participants from care (Padgett et al., 2008).

Summary. This section explored several aspects of social networks that have key roles in social wellbeing – including social roles, social support and social capital – and how they may function within the homeless population. It was evident that those who are homeless, who often lose contact with friends and family in the process of becoming homeless, have limited access to traditional social roles, social support and social capital. While the research suggests that those who are homeless can access connections with other individuals who are homeless, these relationships may have negative impacts on their material conditions. Arguably, the combination of a lack of access for homeless individuals to traditional enduring social networks – like family members and their pre-homeless friends – alongside their entrenchment in homeless social networks, can affect their capacity to successfully exit homelessness and maintain tenancies. However, there are gaps in this research base. In Australia it is common for people to experience episodic homelessness, that is, they cycle in and out of homelessness over time (Scutella & Wooden, 2014). Research is needed to explore how homeless individuals’ social experiences
change with their changing circumstances. Also, most of the research discussed was International. More research is needed that looks at how those experiencing homelessness in an Australian context experience their social networks. This thesis will fill these gaps.

As well as providing an overview of what social networks can offer and how these relate to health and wellbeing outcomes for homeless people, this chapter has hinted at the constraining influence of poverty on an individual’s social networks and access to the positive resources and benefits offered by interpersonal support. Another modifying or influential factor on such networks is substance use.

**Substance use as a moderator of social networks**

There is evidence to suggest that substance use may be an important consideration when investigating the social wellbeing of people who experience homelessness. Australian research found that substance use was often perceived to be a significant part of the social identity of people experiencing homelessness, because they are often seen to be taking substances, or be under the influence of substances, in public spaces. This is because, unlike the housed population, the homeless often has no private space (homes) in which to take substances (Parsell, 2011).

Moreover, substance use may be a prominent feature of the lives of people experiencing Multiple Exclusion Homelessness (Fitzpatrick et al., 2013), the particularly marginalised group which made up a substantial number of the sample in this thesis. However, there is a lack of research looking at the role of substance use on the social interactions of people who have experienced homelessness.

Much of the research conducted on the role of substance use in social networks has tended to focus on adolescents and the influence of peer social networks on initiation into substance use (Ennett et al., 2006; Mason, Cheung, & Walker, 2004). There has also been some research on parental substance use – particularly in terms of impeding their ability to parent and
provide a caring home environment for their children (Barnard & McKeganey, 2004). While Newcomb (1994) has looked at drug use and its role in intimate relationships between women and men, (Valente, Gallaher, & Mouttapa, 2004) have argued that patterns of substance use are so couched in relationships, that social network analysis presents a useful way to track, understand and prevent it.

Several factors show that substance use, such as alcohol and other drug use is deeply related to and intertwined with homelessness, and it is, moreover, highly prominent within the Sydney homeless population (Teesson, Hodder, & Buhrich, 2000, 2003). As one of the most prominent pathways into homelessness, it is often marked by the strain and breakdown of important relationships (Chamberlain & Johnson, 2011), and is also treated as a primary aspect of intervention for homelessness (Padgett, Gulcur, & Tsemberis, 2006; Padgett, Stanhope, Henwood, & Stefancic, 2011; Piat et al., 2015). As such, it is important to assess existing research on its impacts on social networks and wellbeing amongst the homeless population.

Much of the international research in this area has tended to explore the qualitative experiences of individuals who are homeless and use substances. Such qualitative research has revealed that substance use and addiction have often been triggered by negative past relationships and the trauma and loss associated with them (Piat et al., 2015; Ullman, Relyea, Peter-Hagene, & Vasquez, 2013). Individuals who have experienced homelessness and substance abuse often have negative or strained relationships with family, and report histories of disrupted family lives, abuse or neglect (Chamberlain & Johnson, 2011; Neale & Stevenson, 2015).

Another finding is that substance use can cause a homeless individual’s social networks to shrink. In the case of alcohol use in a homeless sample, for example, their networks tended to become smaller over time (Trumbetta, Mueser, Quimby, Bebout, & Teague, 1999). UK research similarly suggests that many homeless people who are substance users have small social networks (Neale and Stevenson, 2015). In interviews with 30 self-reported substance-using hostel residents
in the UK, Neale and Brown (2016) identified that as well as having friendship networks that were small – with between one and six friends, they were also transient, with the content of the friendship networks often changing by the next follow-up (4-6 weeks later).

Different researchers have tried to unpack why and how substance use prunes social networks. Hawkins and Abrams (2007) who investigated the social networks of formerly homeless individuals with co-occurring disorders attributed these small networks, at least in part, to the high prevalence of deaths within these social networks due to instances of drug overdose, violence, accidents and illness. Others have also found that substance use prunes the family networks of those who are homeless due to antisocial behaviour stemming from drug use and mental health issues – such as stealing from or assaulting or intimidating family members to get the money to pay for drugs (Hawkins & Abrams, 2007). This strains familial relationships and prompts family members to distance themselves from the individual (Hawkins & Abrams, 2007).

Drug use can also come between users and intimate partners. It can hinder an individual’s ability to develop and maintain intimate relationships, particularly where the need to acquire and use drugs is prioritised over other aspects of their lives (Blais, Côté, Manseau, Martel, & Provencher, 2012; Padgett et al., 2008). As reviewed above, being part of a shrinking or unstable smaller network can produce a corresponding absence of the social capital, social roles and social support that accrues in larger, more diverse social networks.

Indeed, existing international research on the social networks of substance users has shown that they often lack the social support and bridging social capital in their existing relationships to successfully exit homelessness. For example, even when individuals have strong relationships with family members, these relatives may have drug and alcohol problems of their own which means they are unable to provide either support and resources to improve their situation and exit homelessness (Hawkins & Abrams, 2007; Neale & Stevenson, 2015). For individuals who did not have a substance use disorder, their odds of exiting homelessness
increased when they had tangible support (staying with friends and family) and were able to make more frequent use of social services. But, when participants were dependent on substance use, the social support variables did not predict the likelihood of exiting homelessness (Zlotnick, Tam, & Robertson, 2003).

Even the service providers, who are often one of the primary sources of bridging social capital for people experiencing homelessness (Davis et al., 2012; Neale & Stevenson, 2015), may not be so useful for those with substance use problems. While UK research with substance-using hostel residents does show that some have long-term, supportive and meaningful relationships with their service providers (Neale & Stevenson, 2015; Stevenson, 2014), others report being treated poorly by service providers, for example, by infantilising and stigmatising them due to their substance use problems. In such cases, treatment can have led them to avoid interacting with staff, with some even seeking out compensatory supportive relationships elsewhere.

Apart from substance use leading to a reduction in users’ networks, in certain instances it can also help individuals to form new relationships and friendship networks while they are homeless. If they did not use substances prior to becoming homelessness, many adapt to homelessness by starting to use, thus becoming entrenched and find belonging in a ‘street culture’ where drug use is normative and common, and people share the experience of concentrated poverty and other problems (Guy Johnson & Chamberlain, 2008; Padgett et al., 2008; Snow & Anderson, 1987). While this suggests benefits, such relationships are often found to be complex – with both positive and negative attributes.

On the negative side, substance use can foster negative relationships between fellow homeless individuals, potentially forging enemies, with interactions leading to anxiety and a sense of danger. Some can isolate themselves due to a lack of trust for other drug users and the pain that previous losses in their network gave them. Often these individuals will seek friendships with non-users who may help them to stop using (Padgett et al., 2008).
The effect of having a small social network, consisting primarily of other users, and the loss of contact with family and non-using friends, can limit an individual’s ability to overcome their substance use. Neale and Stevenson (2015) found that friendships with other homeless people who did not use substances could provide greater support for participants and even help them in their efforts to stop using. Similarly, in interviews with 130 homeless people with substance use and co-existing disorders, Trumbetta et al. (1999) found that substance use reduced when participants had fewer other users in their network.

This overview of existing research on the social networks of those who are homeless and use substances suggests that, overall, substance users not only have histories of relationship breakdown, trauma and disadvantage, but they tend to have small social networks, and limited access to meaningful support from family. However, because the majority of research has been conducted internationally, there is a need for greater research into the Australian context, and into the Australian drug market.

The research into the experiences of substance users and their social networks within the homeless population has tended to focus mainly on those who are currently homeless, while omitting insight into how such networks may change after individuals exit homelessness. This suggests a need for a more granular level analysis that examines how different types of substances (such as alcohol versus cigarettes) may vary in their impacts on individual social relationships.

In this thesis, I will use both qualitative and quantitative methodologies to assess the ways in which substance use affects the social networks of an Australian sample of individuals who include those who are currently or formerly homeless. This will provide a broader and more holistic understanding of how substance use may affect the social lives of those who have experienced homelessness, and will be more relevant and nuanced towards the local Australian context.
The Thesis

In this chapter, I have outlined existing theory and research to make a case for the research conducted in this thesis. I have shown that those experiencing homelessness, who constitute a growing population in Australia, are likely to be particularly susceptible to loneliness, which can impact on their mental and physical health and ability to exit homelessness and maintain a tenancy. Despite these potential negative consequences, loneliness has rarely been studied outside mainstream populations, and current research suggests that it may be experienced very differently both by, and within, the homeless population. There is a need to understand the unique and nuanced ways that those who experience homelessness feel, and manage, their loneliness and this thesis aims to fill this gap.

There is also evidence that relationships are central to the experience of homelessness. We know some things about these relationships, for example that relationship breakdown can contribute to homelessness. However, we know less about the relationships that occur during and after homelessness. Moreover, the research that does exist fails to explore how relationships are considered differently according to whether an individual is currently homeless or no longer homeless. Further, such experiences may differ according to each individual’s prior experiences and longer-term history of homelessness (including Multiple Exclusion Homelessness) and housing. This thesis attempts to incorporate a broader understanding, by including qualitative and quantitative understandings of the social networks of individuals who are currently and formerly homeless and who differ in the extent of their histories of homelessness.

While other similar concepts such as social isolation and social integration have an important place in any holistic study of homeless social networks, they may differ in their perspectives on social networks, including the objective/behavioural aspects of networks (in the case of social integration and isolation), and the cognitive/subjective aspects of networks (in all three concepts). Each of these concepts overlaps – loneliness, social isolation and social
integration – in the mechanisms through which they affect physical and mental health, illustrating that social wellbeing is an intrinsic aspect of personal health. Included within the terms ‘social isolation’ and ‘integration’ are the numerous functions through which one can derive social wellbeing, including social support, social roles and social capital. This thesis will look explicitly at how social isolation, social integration and loneliness are related in a sample of people who are experiencing, or have exited, homelessness.

International research suggests that substance use, which is highly prevalent with the homeless population, can act as a moderator of social relationships for individuals who are homeless. However, no research to date has considered the relevance of these findings within an Australian context. By looking specifically at how substance use affects the social experiences of Australians who have experienced homelessness, this thesis will contribute to our understanding of how it impacts, either negatively or positively, on networks and relationships, and an individual’s capacity to exit homelessness.

In addition, while existing research outcomes on the social networks of people experiencing homelessness have tended to focus on a homogenous sample – such as homeless men, shelter users, hostel users or rough sleepers. There is a great need in Australia to consider more accurately the diversity of people experiencing homelessness. For each of these different groups, there may be equally diverse pathways that led them into homelessness. Additionally, the type of homelessness an individual experiences, such as whether they are sleeping rough or couch surfing, may impact their social networks and the levels of loneliness, social isolation, integration and/or support derived from them. Those who have experienced homelessness also differ in other sources of stigma and oppression they experience; these stem from their gender identity, sexuality, ethnicity, disability, physical and mental health, and their social and economic background prior to homelessness. This thesis will explore loneliness, social isolation and social support among a diverse sample of homeless people who differ in the type of homelessness they
experience, their pathways into homelessness, their social backgrounds, and their personal characteristics including, for example, gender identity, disability, sexuality and racial identity.

Through an intersectional framework, which will inform all stages of the thesis including recruitment, data collection, analysis and interpretation, I will examine how a person’s different life experiences impact how they understand and experience social isolation, social integration and loneliness. By understanding how different individuals who have experienced homelessness experience their social networks, we can enhance our capacity improve policy and service delivery to better cater for those who are homeless and contribute to improvements in their health and wellbeing.

**Research questions.** As such, this thesis asked several research questions:

1. What is the extent of loneliness and social isolation among people with a lived experience of homelessness? How does this change as people move between housing and homelessness?

2. What aspects of the social network contribute to experiences of loneliness and social isolation among people with a lived experience of homelessness? In particular, what role does substance use play in shaping the social experiences of people who have been homeless?

**Order of the thesis**

Chapter Two provides an overview of the theoretical framework and methodology of this thesis. The research questions will be answered in the following five results chapters. Chapter Three and Four draw on qualitative accounts from interviews. Chapter Three, ‘Inside an outsider: how stigma, purpose and meaning shape relational context’, draws on qualitative data to explore how participants experience and construct the marginalisation they experience as part of their homeless identity and how this shapes their social experiences. Chapter Four, ‘No-one
wants you in the world anymore’: making and maintaining ‘normal’ social connections while homeless’ includes participants accounts about the constrained quality of their social networks and how they balanced their desire for ‘normative’ relationships with the relationships they had available. Chapter Five, ‘Exploring the Social Networks of Homeless People’, recounts the process of creating a quantitative measure of social networks of individuals who have experienced homelessness and is informed by the qualitative findings. This chapter also includes a summary of the social network characteristics obtained through the measure.

The final two empirical/results chapters are about the relationship between social networks and other factors. Chapter Six, ‘The relationship between loneliness, social isolation and social integration amongst those experiencing homelessness’ presents a quantitative analysis of how the characteristics of homeless social networks, such as social support and loneliness, impact wellbeing. The final chapter, “A mixed-methods analysis of the role of substance use on social relationships”, focuses on the complex role of a key influence – substance use – on the social networks of those who have experienced homeless.

The final general discussion chapter provides a summary and synthesis of the entire thesis, compares findings, and explore implications for methodology, theory, service provision and policy for individuals who have experienced homelessness.
Chapter Two: Theoretical frameworks and method

This Chapter outlines the theoretical frameworks of my thesis and the procedures taken for both stages of the research. Those stages were: the qualitative component (stage 1) and the quantitative component (stage 2). For each stage, I will describe the following: the research design; the participants who were involved in the study and recruitment strategies used; and, the method and measures used. Finally, I will explicate how the data were analysed for each stage.

Research Approach

Intersectionality. The intersectional framework that I have already discussed in detail (see Chapter One) informed several aspects of my thesis methodology, including my mixed methods design, interview questions, survey items and recruitment methods.

Intersectionality specifically informed my recruitment methods by prompting me to draw individuals from a broad range of services and locations thereby attracting a sample with differing attributes. I concluded from my qualitative findings (stage one), and my observations of participant groups, that I would need to focus my recruitment methods to engage participants who were generally considered to be more ‘hidden’ in homeless settings and who may be less likely to attend conventional homelessness services. These included sub-groups of homeless women (e.g. sex workers, transwomen) who felt marginalised or bullied from homelessness services due to being ‘different’ in some way from their homeless peers.

Intersectionality theory also informed the way in which I phrased items within the quantitative survey (stage two) and altered the survey structure (based on the findings of past research). Intersectionality theory also informed my analysis and interpretation of collected data, which will become apparent in following Chapters that describe results and discuss all the relevant findings.
Mixed methods study design. Mixed methods research describes the use of qualitative and quantitative methods together within the research process and where they are combined in all or some stages of the research, including research questions, methods, recruitment, data collection, analysis and interpretation (Bazeley, 2015). My study employed a two-stage ‘exploratory sequential design’ including qualitative in-depth semi-structured interviews and then a quantitative survey. Both stages included diverse samples of people who have experienced homelessness (Creswell, 2011). My thesis adopted a mixed methods approach for four reasons, which I will now discuss in detail.

Firstly, the exploratory nature of my research required a qualitative methodology to investigate the nature and structure of social networks amongst those experiencing homelessness. It is well-established that qualitative methods can frequently be used to ‘discover’ aspects of a phenomenon (R. B. Johnson & Onwuegbuzie, 2004); often through ‘thick description’ (very detailed raw description of the phenomenon of interest). I was aware that existing measures of social networks and related concepts (for example loneliness) were not always relevant or useful in a homeless sample (S. Cohen, Doyle, Skoner, Rabin, & Gwaltney, 1997; Sumerlin, 1995). Accordingly, I needed to map out what was different about the way in which those experiencing homelessness experienced their social networks so that I could select and devise measures which would inform and create valid and clear and context-sensitive quantitative measures for this population and context (Else-Quest and Hyde, 2016). This can then be tested in a final quantitative phase. Given the above, it can be demonstrated that the qualitative findings informed the creation, design and selection of measurement tools that I wanted to use in a quantitative instrument.

Secondly, from an intersectional perspective, the initial qualitative stage also helped me to select which social identities influence how an individual experienced their social networks. This was crucial to allow me to know which identities should be measured within any
quantitative studies of the area. For example, people who identified as transgender could have been found to experience their social networks differently to other homeless individuals. This finding would have warranted a view that transgender status should be measured within future quantitative studies on social networks of those experiencing homelessness. The mixed methods approach helps researchers, including me, to avoid making potentially false assumptions about how social categories will operate in different contexts, such as assuming that transgender homeless individuals experience loneliness in the same way as others among those experiencing homelessness (Else-Quest & Hyde, 2016).

Thirdly, a mixed methods design provided the diversity of information required to answer my very broad and exploratory research questions about the role of social networks in wellbeing. Each method supplied a particular perspective; the qualitative interviews tapped into the social context and nuance behind each individual’s understanding of social networks. It is well understood that qualitative studies allow for an intersectional approach that can illustrate differences in how individuals construct the ‘same’ concept rather than using existing quantitative measures to look at a new population. For example, Riger (1992) has commented about the fallibilities of quantitative measures that attempt to examine gender differences, stating, ‘[a]lthough standardised scales might tell us what women have in common with men, they will not reveal the way women would define their own experiences if given the opportunity to do so’ (p 733). In contrast, my quantitative survey explored patterns and relationships between different concepts such as social networks and social support at a broader amalgamated group level. As such, it can provide more of the ‘bigger’ picture perspective such as the magnitude of an issue or relationship. This capacity for quantification is important in research areas that aim to provide direct implications for policy, like homelessness research, as policy-makers often prefer such data (Bazeley, 2015). Quantitative methods have the flexibility to take on an intersectional lens as quantitative tools can be used to examine how different social identities intersect in participants’ experience of a construct like social relationships (Else-Quest and Hyde, 2016).
Fourthly, mixed methods research can assess the commensurability of the findings derived from each method. The findings of one methodology can be compared by the findings of the other method. This is a process is known as ‘triangulation’. Depending on the research question that needs answering, and the extent of research that has already occurred on the area, using qualitative and quantitative methods together can provide a broader or more holistic depiction of an area than would be possible using either method in isolation (Creswell, 2011; Teddlie & Tashakkori, 2003). This is because mixed methods allow for ‘multiple standpoints’ to observe the same phenomenon. They splice the rich, specific and context-bound narratives of individuals shared in qualitative research with the generalisable and standardised data arrived at through quantitative measures. For this reason researchers (Else-Quest & Hyde, 2016, p. 161) have gone as far as recommending mixed methods research for intersectionality-informed studies. They state as follows (p. 161):

“[w]e recommend that both quantitative and qualitative methods be used throughout the research process, as in mixed methods, insofar as they have different strengths (and limitations), which can complement one another and provide a richer, fuller characterisation of psychological phenomena.’

In summary, my study utilises an exploratory sequential mixed method design, comprised of two stages. The first stage includes in-depth interviews with individuals who have experienced homelessness and is entirely qualitative. The second stage is a cross-sectional survey, conducted with individuals who have experienced homelessness, and includes three types of measures: some validated, some newly-designed and some open ended. The results of each stage form the basis of Chapters Five and six. Mixing of data and findings from the two methods formed the basis of Chapter Seven and Eight (stage 3, see below). A conceptual map of the research process can be observed below (Figure 1), with the procedures and products of each of the three stages.
Procedures (stage 1)
- Semi-structured interviews
- Thematic analysis

Products
- Background and context to relational context of homelessness, results chapters (Chapter Three)
- Thematic understanding of existing networks (Chapter Four)
- Qualitative data on social networks required for building quantitative measure of social networks (Chapter Five)

Procedures (stage 2)
- Surveys (including construction of social network measure)
- Thematic analysis of qualitative data in survey
- Statistical analysis (linear regression) of quantitative data

Products
- Reflection on creation and usefulness of measure for social networks of those experiencing homelessness (Chapter Five)
- The relationship between social support, social isolation and loneliness (Chapter Six)
- Qualitative themes around substance use in homeless social networks (Chapter Seven)

Procedures (stage 3)
- Comparing qualitative and quantitative results

Products
- Role of substance use in homeless social networks (Chapter Seven)
- Overview of study, use of mixed methods, implications for theory, research and policy (general discussion) (Chapter Eight).
epistemologies. In the past, combining qualitative and quantitative methods had been seen as inconceivable, due to their incommensurable epistemological paradigms (Maxwell & Mittapalli, 2010). Commonly qualitative research has been linked with ‘constructionism’, an epistemology which posits that the world is socially constructed by the individuals who inhabit it. Constructivism posits that there are no objective truths and knowledge about the world, and consequently, no emphasis on the causes of phenomena. In contrast, quantitative research is most often linked with post-positivist empiricism, which aims to discover generalised laws of causality in empirically regular statistical relationships between independent and dependent variables. Under post-positivism, qualitative research is an inadequate method to determine causation between concepts. To fuse the two methods together in this state is said to pose an ‘epistemological oxymoron’ (R. B. Johnson & Onwuegbuzie, 2004; Maxwell & Mittapalli, 2010).

Mixed methods theorists have sought rationales that allow them to mix methods in the face of seemingly contradictory paradigms. The pragmatist approach denies that methods are inextricably linked to any particular epistemological paradigm and recommends utilising and combining whatever methods are deemed necessary in order to obtain the best results, even if this means switching paradigms pathway through the research process (Bazeley, 2015). Yet, research is rarely paradigm free, even where epistemology is not explicitly stated by the researcher. By ignoring the epistemology inherent in different methods, trying to compile and interpret both datasets in tandem may prove contradictory or even futile (Maxwell & Mittapalli, 2010). Critical Realism has been presented as a compelling theoretical springboard for conducting mixed methods research. This is because it provides a single epistemological paradigm that is compatible with both quantitative and qualitative research, and explains the rationale for mixing the two (Maxwell & Mittapalli, 2010).
My thesis has been undertaken using a Critical Realist epistemological framework, which not only provided rationale for my mixed method design, but also framed how social networks and homelessness were conceptualised within this study. This section of my thesis will first explain what Critical Realism is and then detail how it informs social networks, homelessness and mixed method design.

Critical Realism is based on the premise that real aspects of this world exist independently of our perceptions of it, but our knowledge of the world is mediated by our engagement in cultural processes and social experiences (Bhaskar, 1989; Maxwell & Mittapalli, 2010). Critical realists identify three levels of reality:

1. The ‘empirical’: These are the aspects of reality that can be experienced by humans, through direct or indirect means.
2. The ‘actual’: These are aspects of reality that occur, but may not be experienced by mankind.
3. The ‘real’: These are the deep underlying mechanisms that cause phenomena, which cannot be directly observed by humans. It is understood that we can never know ‘the real’ objectively. Researchers, like me, can only get closer to knowing the real world through empirical feedback from the aspects of the world that are accessible to them (S. J. Williams, 2003).

In order to identify causes of phenomena, researchers must engage in a iterative process of theory building, identifying the abstracted aspects hidden in social reality (Maxwell & Mittapalli, 2010; Sayer, 2000).

Critical Realism has a unique stance on causality tending to position causation as complex and context-bound (Fitzpatrick, 2005; S. J. Williams, 2003). Critical Realism posits that phenomena in the world are caused by deep underlying causal mechanisms, which have a tendency to produce certain outcomes when activated (Maxwell & Mittapalli, 2010; S. J.
Williams, 2003). In Critical Realism, just because a mechanism does not precede an expected outcome in every circumstance does not mean that the mechanism does not cause that outcome. Rather, it could indicate that other contextual factors shifted the surrounding conditions, leaving them unsuitable for the mechanism to be activated and the causal effect to occur. A mechanism may also be activated but not observed. It is also possible that a causal mechanism is activated but counteracted by other mechanisms, resulting in unpredictable effects.

One of the great strengths of Critical Realism is its privileging of lay knowledge as worthy of attention, and through this, its critique of ‘expert’ knowledge as the only voice (Pilgrim, 2014). Yet, lay subjective narratives must be understood within their social context. Social structures, norms and dominant narratives can influence, constrain or enable participants and their perceptions in unconscious and inconceivable ways. Thus, researchers such as myself must identify and link back participants’ perceptions and understanding to the social structure that underlies them.

There are several reasons why Critical Realism provides a useful theoretical paradigm for mixed methods research. Firstly, it provides space for the findings of both methods to complement each other to provide a deeper understanding of a phenomenon. Secondly, it emphasises the role of quantitative methods for testing empirical regularities and the role of qualitative methods for describing the conditions and context under which these causal mechanisms occur. In Critical Realism, documenting the ‘qualitative’ context around the causal mechanism is part of understanding the process, rather than being just something to be ‘controlled for’. Comparing the findings of the two methods brings researchers closer to understanding the ‘reality’ of a phenomenon.

Having a Critical Realism framework also has implications for how I perceive and understand social relationships amongst those experiencing homelessness. Through Critical Realism, homelessness is seen as both a ‘real’ phenomenon, as well as a social construct. Critical
Realism recognises that some aspects of relationships are ‘real’ and material, such as the presence or absence of connections, but social constructions around homelessness and broader contextual factors will also influence how an individual appraises the state of these connections (Fitzpatrick, 2005). For example, an individual’s understanding about what constitutes a ‘normal’ or ‘worthy’ relationship may influence whether an experience of social isolation leads that individual to loneliness or not.

Critical Realism aligns well with an intersectional framework. As accepted in Intersectionality, Critical Realists acknowledge the diversity inherent in experience and subsequently avoid pandering to universalising tendencies. Researchers using a Critical Realist framework are urged to provide evidence and thick description of empirical diversity within their work (Maxwell & Mittapalli, 2010). Intersectionality also fits well with Critical Realist’s recognition of the multiple and complex causes of phenomena, and the emphasis on social conditions as causal mechanisms of social networks.

**Reflexivity.** Another important aspect of my research approach was engaging in reflexivity throughout. According to Finlay (2002) it is important for the researcher to position themselves reflexively to the reader around various stages of the research process, including the conception of the research, recruitment and analysis. By engaging in reflexivity at each research stage, the researcher acknowledges ‘the existence of researcher bias’ as well as ‘explicitly locating themselves’ within the research process’ (Finlay, 2002, p. 536). Engaging in reflexivity can therefore increase the robustness of the research (Engward & Davis, 2015). Both the Critical Realist and Intersectional frameworks described above highlight the centrality of context to the way in which a reality or information is produced, portrayed and interpreted. To add a sense of transparency and context for this thesis, I will now describe my ‘outsider’ position, worldview and perspective in conducting this research. I will cement this process by engaging in further reflexive pauses on the research process throughout the current and subsequent Chapters.
I am an outsider to the experience of homelessness. I have never experienced homelessness or housing precarity. I therefore have no first-hand understanding of how it would feel to experience it. Although I have mixed ethnicity, I present visibly as Anglo-Celtic. I am a young, middle-class female. My parents are tertiary-educated. I am also cisgender, meaning my biological and perceived gender identities align. I remain in a long-term heterosexual relationship. As such, I am unlikely to access some of the nuanced knowledge held by a researcher who has been an insider to homelessness. I am aware that I am also at increased risk of misrepresenting or misunderstanding the accounts of participants (Wigginton & Setchell, 2016).

However, there are advantages to being an outsider to a community being studied. On the one hand, an outsider researcher’s naiveté could prompt them to draw out more detailed and comprehensive accounts from participants to fully understand their experience. Due to their knowledge of the area an insider may not be so compelled to draw detail and the participants could reciprocally conclude they do not have to explain the taken-for-granted aspects of their experience. Indeed, outsider researchers conducting research with stigmatised groups have an ethical responsibility. As Wigginton and Setchell (2016, p. 250) state: ‘[i]t is not the sole onus of those who have received mistreatment, including those who have been stigmatised to address this harm. From an ethical perspective, it follows that outsiders, who benefit from not receiving ill-treatment, have some responsibility to help reduce the effects of stigma on others, especially if they may be part of a group of people who perpetuate or create such harm’ (p. 250).

**Recruitment strategies and procedure for interviews and surveys (stages 1 and 2)**

As described in Chapter One, the main aim of my thesis is to explore the relationships experienced by people who have had an experience of homelessness. It also aimed to examine the possible implications for related concepts, such as loneliness, social isolation and integration.
Due to the very similar guidelines around recruitment in both stages of my research, these are discussed together. The rest of the procedures will be described separately according to each stage below.

Ethics approval was obtained from Western Sydney University Human Research Ethics Committee (protocol H10853). Inclusion in the study was based on Chamberlain and Mackenzie’s (1992) cultural definition of homelessness being anything below the ‘minimum community standard’ of a small rental flat (with private amenities and security of tenure), while acknowledging cultural exceptions that occur such as seminaries or student accommodation. Participants had to be over 18 years to participate. Recruitment for the interviews (stage 1) took around seven months, starting in mid-January 2015 and ending in late July 2015. Recruitment for the surveys (stage 2) occurred over a 15-month period from early August 2015 to late December 2016. Data collection was expected to take nine months, at a recruitment rate of approximately four participants per week. However, there were delays with data collection because of changes in government funding of homelessness services. The changes lead to restructuring, merging down and closing of many local homelessness services. Recruitment within these services became difficult.

In line with the intersectional framework of this research, I aimed to recruit a broad range of participants. I sought out participants who differed in age, gender identity, sexuality, mental health, homeless type and history (including experience of Multiple Exclusion Homelessness), and level of social connections. My recruitments took place at a wide range of locations and used a wide range of recruitment methods. I chose services which catered to both currently and formerly homeless individuals so that I would access perspectives on how social experiences of support, isolation and loneliness change during participant’s homelessness, and once housed. Inclusion of a diverse sample of participants was ensured by recruitment at six different locations, each of which was known for having different sub-populations. I put several
strategies in place to ensure inclusion of various sub-groups of homeless participants who are more typically ‘hidden’ and less connected, such as single women (Robinson & Searby, 2005), transgender homeless persons and rough sleepers. For the interviews (stage 1), participants were purposively recruited from a broad range of services which were targeted to meet these needs. The services included a woman’s drop-in service and meal service, a sex worker and transgender drop-in support service, a supported housing program, a mixed-gender inner-city crisis accommodation service, a drop-in service and ‘café’ and a church-based drop-in meal service in Sydney’s inner-west.

For the survey (stage 2), every effort was made to ensure that recruitment was broad and conducted throughout the greater Sydney region as well as beyond the metropolitan area. However, in connection with the changes in homeless services and funding described above, it was not always possible to access or recruit from services in some regions. The sixteen services where recruitment occurred and the corresponding number of participants who were recruited from each service, are represented in the Figure 3 below
Figure 3 Pictorial representation of recruitment sites used in the current study, organised via geographical location.
I wanted to carry out recruitment in a way that was sensitive and appropriate for the needs of those experiencing homelessness. I was also cognisant that my recruitment methods meet the needs of the services through which I was recruiting. At each service, I met, presented and discussed the research plan with service staff. Together we drafted and co-signed protocols for conducting the study in that service, including safety protocols for any instances of client distress. From these discussions, my recruitment tended to occur along several pathways. In the first pathway, service staff provided each potentially interested participant with an information sheet (i.e. flyer) on the study. The flyer explained that my study was voluntary and independent of the homelessness service at which they were located. When distributing my flyers, staff gave participants my contact details so that they could call or email directly if they were interested. Those who lacked the personal means to call or email me were given access to a telephone or computer use.

In the second pathway, participants were also recruited through indirect methods, including advertising on service noticeboards; my flyers being handed out from food vans; online social media, and 'snowballing' (i.e. where participants handed out my flyers to potentially interested homeless peers). Designs and images of my flyers changed frequently according to which group of participants I wanted to target. When conducting research with stigmatised individuals, I adopted sensitive recruitment strategies that provided positive, inclusive and respectful representations of the group in question (Wigginton & Setchell, 2016). A copy of the original flyer (and its various iterations) can be viewed in Appendix 1.

In the third pathway, I spent extended periods at the service getting to know the different clients of the service and the way in which the service was run. Over time, clients became more comfortable communicating with me and expressed interest in my research project. One further unexpected recruitment source occurred when some service staff called me on behalf of their clients to discuss them participating and to plan appointment times. As
participants were often informed about my study project by their caseworker(s) it was important for me to ensure they did not feel that they had been coerced into participating. Therefore, before these service-referred participants provided consent, I confirmed that they understood that their involvement was voluntary, would be kept confidential and that they were free to withdraw their participation without risking their reputation at that service.

For all recruitment pathways, I identified potentially suitable participants using two criteria. Firstly, did they represent the diversity of the homeless population, differing in genders, sexualities and whether they have a mental illness? Secondly, I assessed whether they were cognitively capable of communicating about abstract concepts such as loneliness and social networks. Capacity to participate was initially gauged by chatting to the participant to assess their cognitive capacity to reflect and provide informed consent. When unsure about a participant’s cognitive capacity, I requested their designated caseworker’s professional opinion.

If an individual was interested in participating, interview surveys were scheduled to take place at a location suitable for them. This was usually at a nearby homelessness service that had an appropriate and private interview room. Some participants preferred to have interviews conducted away from the service’s premises as they wanted anonymity from the service, or because they did not feel comfortable spending time in that service environment. In these instances, participants were invited to choose a location of their choice, which was usually a park, café or a shopping centre. I considered these interview sites suitable, if they were public enough to satisfy safety concerns and private enough to ensure confidentiality of each participant’s involvement. Information about the study, provided through a participant information sheet and consent forms (see Appendix 2), was worded in a clear way. I read these out aloud to accommodate any participants with literacy issues. Recruitment for my qualitative interviews ceased when data saturation was reached. In other words, when there were no new understandings of social networks, integration, isolation and loneliness were being identified in
subsequent interviews. In contrast, I knew that I had recruited enough participants for my quantitative surveys when I reached 124. Using G*Power software, version 3.1.2, I determined this size could detect a small-medium effect size ($f^2=0.10$) with an alpha level of 5%, 80% power and 4 predictor variables (J. Cohen, 1988). I ended up recruiting 130 participants.

**Qualitative Methods (stage 1 interviews and stage 2 open-ended question)**

**Choice of qualitative methods.** In deciding on a method, researchers must consider which approach provides the kind of data that will adequately answer the research question (Bazeley, 2013) and best suits the researcher’s working sample. I had to consider which qualitative method would allow me to obtain the most comprehensive assessment of how different individuals construct and understand their social networks. Use of focus group methodology could have been a good way to investigate how participants negotiated and found meaning in relationships and interaction with each other and others. However, there are also drawbacks to this method. Focus groups can become ‘hijacked’ by those who speak louder and for longer and who dominate the meanings and ideas projected. This limits the voices of more reserved members and so narrows any understanding gained (Warner, 2008).

I decided that an interview format would be the best methodology for the current study. For one, it is well-recognised that those experiencing homelessness can have substantial rates of cognitive impairment (Buhrich, Hodder, & Teesson, 2000b). An interview format allowed me to provide participants with the extra prompting, time and space that they needed to collect and share their thoughts.

Additionally, interview methodology allowed for a more sensitive environment for data collection. Relationship breakdown is one of the primary precipitants of homelessness
(Chamberlain & Johnson, 2011). I was therefore aware as that my research sought information about participants’ personal relationships; it could have been a source of trauma or distress for some of the participants. I considered that the interview format in a private one-on-one setting would enable participants to feel more comfortable disclosing such personal information (instead of a group discussion in the company of their peers).

Further, under an intersectional lens, personal identity is a process that is often shifting and oscillating (Warner, 2008). In its focus on a singular individual, the interview method allows for an in-depth assessment of identity formation over time. For example, a participant could relay their experience of becoming homeless, and I could examine how these changes shifted their understandings of their social networks over time and contexts.

I chose a semi-structured, rather than a fully structured interview style for two reasons. First, as these were exploratory interviews and I wanted to start from baseline knowledge, it was important that participants understood that they had flexibility and openness in how they discussed their experiences. Secondly, a semi-structured interview allowed each participant to have some control over the content of interviews, and could feel more comfortable raising relevant topics (Braun & Clarke, 2013). Of course, some structure was required in the interview format to ensure that all participants had the opportunity to discuss specified topic areas (Kvale & Brinkmann, 2014).

**Participants.** Sixteen adults, aged between 22-70 years old, participated in my in-depth interviews. The participants identified as seven female, six male, two transgender female and one intersex. They were either currently homeless (n=11) or formerly homeless (within the past 5 years) and now living in public housing (n=5). History of homelessness ranged from several weeks to over 10 years. Of those who were currently homeless:

- three were currently in crisis accommodation
- one was shifting between temporary accommodation and rough sleeping
• four were rough sleepers
• two resided in a boarding house, and
• one was couch surfing.

Eleven participants identified themselves as Anglo-Australian, one identified as an Aboriginal Australian and the remaining four identified as being from ‘other nationalities’. After the interview was completed, participants were reimbursed for their time with a modest AUD$20 gift voucher.

**Pen portraits by type of homelessness.** The following section includes ‘pen portraits’ which detail the characteristics of each of the sixteen participants. They are initially categorised by the type of accommodation that they were living in at the time of the interview. Pseudonyms are used to de-identify them.

*Crisis accommodation.* Roy was aged in his early 40’s and resided at a refuge in inner-Sydney, where he lived for two months. He first became homeless following his marriage breakdown. There were two young daughters from the marriage. He considered that it was issues managing his schizophrenia and his gambling addiction that lead to the marriage breakdown. When first homeless Roy spent three months shifting nightly between four different inner-city temporary accommodation services and in the following six months he resided in a boarding house.

Miley was in her early 20’s and lived in an inner-Sydney homeless refuge. Her current episode of homelessness had lasted for two years. She had been kicked out of home aged 19 years following family violence at the hands of her stepfather. For a while she rented a flat with a friend, but that arrangement fell through when her friend became unwell. Following that Miley spent periods ‘couch surfing’ at friends’ homes before moving into the refuge. She has long-term issues with social anxiety and depression.

Susan was in her early 50’s and resided in an inner-Sydney refuge. She became homeless following drug addiction, which caused her loss of house, bankruptcy, and, the end of her
relationship with her partner and teenage son. Susan had spent time ‘couch surfing’ with her elderly father, but left due to the burden that she felt this placed on him. At the time of the interview, she had just exited a period of drug and alcohol rehabilitation and was looking to find a new home near her family.

*Primarily rough sleepers.* Linda was in her mid-50’s and was currently sleeping rough in parks in inner-Sydney. She said that she had been doing this for ‘many years’. She first became homeless when she lost her job, had been unable to find another, and had fallen into depression. Linda described herself as having few friends, little contact with family and no formal support.

Craig was in his late 30’s and was currently sleeping rough in an urban hub in inner-Sydney with other rough sleepers. He said that he had already spent a long period in jail. Craig saw his homelessness as transitory and said that he was waiting to be ‘found’ and returned to jail again. Over his adult life, it appeared that he had oscillated between jail and homelessness. He described being addicted to the drug, ‘ice’. He has a child with a former partner. He said that he had recently left another relationship following his partner’s infidelity. He had limited contact with his family due to their excessive drug use.

Starlight was aged in the early 30’s and currently a long term rough sleeper in the inner-Sydney. Starlight was born intersex and identified as gender-neutral. Starlight experienced tumultuous family relationships from a young age and grew up away from the biological parents. Starlight experienced drug addiction, severe mental health issues, autism and chronic pain resulting from childhood surgeries associated with ‘correcting’ their intersex status.

Maggy was in her mid-30’s, and of Maori descent born in New Zealand. She had been sleeping rough in an urban hub in inner-Sydney for the past five years. Maggy first became homeless after losing her job, and no longer able to afford the rent at her inner-city flat. When first homeless, she spent time in hotels and then ‘couch surfing’ with friends. However, she soon felt that she ‘wore out her welcome’. She had limited intimate and familial relationships. She said
that she experienced rejection from her own family as well as from the family of a previous partner due to her transgender identity. She had an addiction to the drug, ‘ice’.

Sarah was in her mid-50’s and shifted between sleeping rough in parks or accessing nightly temporary accommodation when that was available to her. She had experienced several periods of homelessness during her lifetime. She had been abandoned by her mother during childhood which precipitated her first experience of homelessness in New Zealand. The most recent occurrence of homelessness was when she came to Australia from New Zealand for a job opportunity which fell through after she arrived. Periodically Sarah had been able to obtain casual work contracts but she had never generated enough income to save for a bond or permanent tenancy. She had few social supports. Sarah said that she had lost contact with friends made through work when she became unemployed. She has an intellectual disability.

Boarding house. Athena was in her late 30’s and lived in a boarding house in south-western Sydney. She first became homeless after becoming unemployed. She first spent time ‘couch surfing’ with a friend in inner-Sydney, but was psychologically abused by this friend who had mental health issues. Athena described herself as quite socially isolated. She had been rejected by her sister on becoming homeless. She had broken-up from a physically abusive male partner. She also described a relationship breakdown with a close female friend she had made whilst homeless, who had also been abusive to her. She was currently in a ‘casual’ relationship with another resident at her boarding house. Athena said that she experienced mental health issues.

Sahara was in her early 40’s and currently residing at a boarding house in eastern Sydney where she had lived for over a decade. Prior to this she had a shared rental tenancy with a friend until it became too expensive to maintain. Sahara had been unemployed for several years but was seeking work. She had limited contact with her family due to family breakdown around past events.
Primarily ‘couch surfers’. Narelle was in her mid-50’s and currently ‘couch surfing’ with extended family members in inner-Sydney. She identified as an Aboriginal Australian transgender woman who was from the Stolen Generation. Narelle first became homeless after losing her housing commission flat when she had travelled away from it for an extended period and it had been deemed ‘abandoned.’ Since then, she had been homeless for eight years. She reported that she had intermittently engaged in sex work to make money. This work provided her with several friendships with women with similar backgrounds. She had a male romantic partner with whom she had been with for several years. Narelle uses drugs socially and suffers from emphysema.

Formerly homeless. Walker was in his early 30’s and lived in public housing in inner-Sydney. He first experienced homelessness when he was kicked out of his rural family home in his early 20’s. After a period in jail, he moved to the city to live with his mother. Walker has experienced learning difficulties and mental health issues, schizophrenia and depression. He has limited contact with most of his family.

Pieter was in his 50’s and currently living in public housing in inner-Sydney with his pet dog. He had previously been homeless for two years following the loss of his job, marriage breakdown and long-term depression. During this homeless period he had slept rough or squatted in his car in private garages.

Trevor was in his 50’s and currently living in community housing in western Sydney, which he acquired through a supported-housing program. He first became homeless when he was kicked out a home which he shared with a friend and the friend’s grandmother, when the grandmother became unwell and other family members decided to move in to care for her. He was homeless for several years, spending time rough sleeping and living in a hostel.

William was in his early 70’s and resided in community housing in western Sydney, which he had acquired through a supported-housing program. He had been homeless for several years following a mental health breakdown that he said had caused him to walk out on his professional
job and family. While homeless William had resided in a caravan in a farm field holding cattle. After being hospitalised for his mental illness he was discharged into a hostel.

Amy was in her 30’s and resided in public housing in western Sydney. She had experienced homelessness for several years prior to entering this property, spending some time rough sleeping but most of the time in women’s refuges. She has one child, who lives with his grandmother. Despite living at her flat, Amy often returned to sleep rough and take drugs with previous homeless connections. At the time of the interview, Amy’s female partner had just moved in with her in her public housing.

Interview procedure. If a participant was interested in participating, I carefully explained the interview process to each potential participant, also noting that the interviews would be audio recorded. I informed them that everything that they said in the interview would be completely confidential and would not be shared with participating homeless services. Participants were told that they could take a break at any time, and that could skip questions that they did not wish to answer. They were also told that they could pause the interview or withdraw from it at any time without threat to their reputation.

I conducted the interviews using a casual, conversational tone. Questions were open-ended. I avoided using ‘leading’ questions so that participants felt that they had the space to freely describe their experiences (Kvale & Brinkmann, 2009). I used prompts to encourage participants to elaborate and reflect on descriptions of their experiences. (See Figure 4, below for examples of prompts that were used.)

Interview Schedule. Interviews started with the question: ‘can you tell me about your social life at the moment?’ Prompts were given to elicit more information about social networks, especially about changes occurring during homelessness. Questions were kept deliberately broad, open and flexible to ensure that participants did not feel constrained about how they talked about or reported their social networks. Depending on the answer given in response, several
questions were then asked to prompt participants about different aspects of their social experiences, as can be observed in Figure 4.

- Tell me about your experiences being homeless?
- Have different relationships changed since becoming homeless? For example, your relationships with family and friends, with your intimate partners or service providers?
  - Prompt: How do you feel about any changes that may have occurred?
- When you are feeling sad, what are some if the things that you do?
  - Prompt: Tell me about a time when you were last sad?
- Can you tell me about some of the best and happy times you’ve had whilst homeless?
  - Prompt: What was it about these times that made them so good?
  - Prompt: Did they change how you felt about being homeless or whether you considered yourself part of the homeless community?
- What about some of the worst experiences you’ve had whilst homeless?
  - Prompt: How did they make you feel?
  - Prompt: What made these experiences difficult?
  - Prompt: How were they differed to your happy times whilst homeless that you mentioned above?
- Are you satisfied with your social life at the moment?
- [If whole interview is about homeless friends ask…] Do you have any non-homeless friends?
- Do you think that your experience, and the ones that you have been describing here, are typical of what other homeless people experience?
- Prompt on future [where do you see your social relationships with your friends/family going in the future? Will it change? For example, if you were to find housing?]

Figure 4 Topic areas, questions and prompts for my qualitative interviews.

Although loneliness was one of the key concepts that I wanted to explore in the research, I avoided using the actual terms ‘lonely’ or ‘loneliness’ throughout most of the interview. This decision was made because these terms are considered to hold stigma and taboo for many individuals (Marangoni & Ickes, 1989). If participants had not mentioned being lonely or experiencing loneliness by the end of the interview, I asked direct questions about these
experiences and what these terms meant to them. For example, I stated: ‘[o]ther people have told me that it can be quite a lonely experience being homeless. What do you think about that?’ Following on from this, I asked some: ‘[w]hat does loneliness mean to you?’ If participants indicated that they had experienced loneliness I asked them to elaborate. For example I asked: ‘[h]ow do you manage your loneliness? What do you do to reduce it? Are there specific people you see, and things you do?’ Finally, at the end of the interview, I asked participants whether there were any other relevant matters that they wanted to discuss to draw out potentially important information about their social life not previously raised.

Analysis. The following section focuses solely on the analysis of the stage 1 qualitative interviews.

Transcription. After each interview concluded, I transcribed each qualitative data set verbatim and then integrity checked it to ensure correct transcription. I avoided discussing any potentially public identifying information about participants. If this did occur incidentally, the identifying information was censored in further transcripts using identification numbers and pseudonyms so that participants would not be identifiable in any public presentations or publications coming out of my research. When transcribing responses, I noticed that many participants used slang in their speech. I tried to write these terms phonetically (if they did not have accepted or common spellings). Participants also used truncated terms, which I wrote out as they were said, with an apostrophe marking the missing sounds, for example ‘talkin’. Otherwise, I used conventional transcription practices throughout the transcripts. Words that were written italicised referred to phrases that had been given greater emphasis in the interview, usually by the interviewee but sometimes by me. Three periods (i.e. …) referred to occasions when parts of accounts had been removed due to their irrelevance. Commas (‘), indicated the participant had taken a short pause in dialogue. Square brackets were included for readability to import words that had been missing from a participant’s dialogue. In personal account extracts
included in my thesis, filler words that were frequently used but superfluous to a participant’s response were removed (for example ‘umm’, ‘like’, ‘you know’ and ‘ahh’).

**Thematic analysis.** I used a descriptive form of thematic analysis that focused on participants meaning-making and experiences, following the approach taken by Braun and Clarke (2006). The dataset was familiarised, through iterative reading of the interview transcripts. Initial codes were drafted using an inductive process, based on patterns identified whilst reading the data. These first codes were very specific, referring to processes rather than ideas or concepts. For example, I originally named a code ‘personal qualities that influence social satisfaction’, with sub-codes labelled things like ‘forgiveness’, ‘letting go of anger’ and ‘ageing’. Another code was named ‘loneliness as loss’. However, these codes being more latent-style ‘themes’ that were specific did not allow for a holistic perspective of the participants’ experiences. Meetings with my supervisory panel prompted me to move to a broader coding framework. Accordingly, my codes were refined, and in some cases separated or amalgamated, to produce a more meaningful and informative framework. The result was that data could then be coded based on the social network it referred to (for example those experiencing homelessness, family or pre-homeless friends) and also whether there were positive or negative interactions. Data that did not pertain to a specific social network group was divided into other broader categories. This provided a more inclusive framework for dealing with a broad dataset. The coding-framework took several iterations to develop, with frequent re-reading of the data, as well as discussions with my supervisory panel. I used NVivo, a qualitative data management program, to facilitate coding. The final framework can be viewed in Appendix 3.

Within the analysis process I collated, organised, analysed and presented the participants’ accounts. During this process, I tried to remain open-minded to avoid subscribing or reverting to essentialising or pathologising stereotypes around homelessness. For example, I had to learn to be reflexive about how I talked to the participants about various aspects of their lives (such as
the role of substance use on past relationships). I was very careful not to, or appear to, take on a judgmental or critical stance. I knew that if I failed to stay open minded or maintain reflexivity my work could perpetuate (or even contribute to) the marginalised image of homelessness (Wigginton & Setchell, 2016). Maintaining this awareness required considerable reflection on my written analysis, guided by my supervisors who gave me insights into some possible shortfalls in this area. This process reinforced the importance of engaging in reflexivity. Although objective analysis is never possible using a Critical Realist epistemology, reflexivity provides a means through which a researcher can learn to ‘bracket off’ their perceptions and positioning, and try to consider how they may affect or colour their analysis.

Analysis involved iterative reading of this coded data. From this coded data, several broader interpretations and themes were identified that answered my research questions. Analyses of the qualitative interviews formed the basis of the first two results chapters.

**Ethical Considerations.** Due to the personal content of the interviews, I took steps to pre-empt possible psychological distress or discomfort that could occur to participants during the interviews. All participants were provided with written information about free telephone helplines to call for psychological advice if they felt that they required it at any stage after the interview. In the beginning stages of recruitment at each service, I discussed and negotiated a default ‘distress’ protocol with service staff, which was to be followed in any instance of client distress during the interview process. Most services accepted the protocol as it stood, but some requested revisions based on staff recommendations or on resources that were available at that service. When the staff and I agreed on a protocol, we both signed the revised version. The step-by-step draft distress protocol was drafted. The main features were as follows:

1. I was to monitor participants for any changes in behaviour or distress levels.
2. If changes did occur I was to address them immediately to reduce the chance of them escalating.
(The next steps of the protocol involved several possible responses, depending on
the location of the interview and the level of distress experienced.)

3. I was to inquire about the participant’s mental health and remind them that that
could pause or leave the interview.

4. If their distress was severe or prolonged, I was to keep talking with them until their
distress had subsided or I could contact assistance.

5. Where the interview was taking place in a service, if participant consented, the service
staff were to be contacted. (They usually knew participants well and were trained to
deal with client distress.)

6. A distressed participant would be encouraged to visit their GP or mental health
professional.

7. Whenever possible, a designated mental health trained staff member was to be
identified who could talk to participants experiencing distress, in the occurrence
where telephone support was inappropriate.

8. With the participant’s consent, follow ups were made by the staff member to check
on the participant’s wellbeing.

On the rare occasion when distress did occur during an interview, I enquired about the
participant’s mental health and reminded them that they were free to take a break from or
terminate the interview at any time without repercussion or loss of their financial compensation.
Fortunately, this protocol never had to progress beyond this point.

Several precautions were taken to ensure that each interview was undertaken in a safe
way. My supervisor monitored the location and duration of each interview. Together, my
supervisor and I reviewed the safety of each interview location. All risks were identified by
discussing the safety issues with service staff when I first arrived at each homelessness service,
prior to the research being undertaken at the venue. My supervisors and I decided that it was
necessary to provide participant with some type of remuneration as the interviews could extend up to 60 minutes and often required significant outlay of emotional sharing of personal histories. Participants were reminded during the recruitment process that they could withdraw at any time and still receive their voucher. Each interview took between 45-60 minutes to complete.

Reflections: shaping and constructing a positive research environment. Previous researchers (Kvale & Brinkmann, 2014) have positioned the interview process as a phenomenon that is co-constructed between the interviewer and interviewee. Just as in any social situation, interviews occur in a specific context. Both the interviewer and interviewee draw on existing knowledge and experiences, as well as accepted and ubiquitous understandings, about what it means to be homeless or marginalised, and to have or lack certain social experiences and relationships.

Participants in my study knew that their interviews were being undertaken as part of my PhD research. If they considered that I was a highly-educated person, this could have contributed to a potential power differential between me and my research participants. I understood that I benefited socially from my identity and that I was naïve about and dislocated from many of the experiences that the participants described. I was aware that these factors, perceived or actual, had the potential to foster a sense of distance from or discomfort between me and the participants during the interview process.

Truthfully, in some instances I did feel that this power differential affected my capacity and decision-making as an interviewer. There were times, particularly early in the interviews, when participants talked about past traumatic or potentially upsetting experiences, that I started to feel some discomfort. I also felt concern that I may have been coercing participants to disclose these very personal facts to me. I felt guilty that I may be causing them extreme distress. I responded to my concerns by emphasising that participants did not have to tell me anything.
that they did not want to. Sometimes, I also diverted the conversation to a more positive, happier topic to reduce the likelihood that they would become upset.

However, later in private reflection and in conversation with my primary supervisor, I came to realise that my responses may have been ‘protecting’ me but they were not protecting participants from distress. By employing the responses set out above when I was uncomfortable, resulted in limiting or silencing the participants, or not respecting their ability to make their own decisions about what they wanted to share and how they wished to talk about their experiences. I realised that as these participants had brought up these experiences in the first place, it was likely that they wanted to talk about them and felt comfortable doing so within the interview context. As a result, I learnt to refrain from intervening. I listened to participants when they brought up sad or emotional stories. I gave them the space to talk about the experiences which they deemed relevant to the topic area. I always responded in a respectful and sensitive way to a distressed participant.

I am sure that to some extent my presence as someone who was relatively privileged and non-homeless, affected the way in which participants initially perceived me and therefore talked to me. Participants may have also been concerned that I would judge them or make assumptions about their marginalised status or life choices, such as addiction. To minimise these perceptions, I used language that was open and positive. I was mindful to never respond to a participant’s account in a judgmental or overemotional way. I emphasised that I wanted to hear their perspective and their words about how they had experienced homelessness. I think that this approach was very effective. I came to know that participants felt comfortable telling me about themselves and their experiences. I noticed that participants who had been hesitant, guarded or defensive at the beginning of interviews softened or became increasingly communicative and affable as the interview progressed.
In some ways, my naiveté and ignorance around homelessness helped me to establish rapport with participants. I was not the expert in homelessness. I made it clear that it was the participant who would able to educate me about the topic. As a young woman with a calm and quiet demeanour, interested attitude and somewhat ‘dorky’ personality, I was not threatening to participants. To the contrary, I was often taken ‘under the wing’ of different clients, who gave me tutelage in how a particular service worked and the workings of the participant’s networks which resided there. My ‘non-identity’ in the realm, meant that I could flit between different social groups in services, and also feel comfortable spending time with those that had few social connections who were noticeably isolated from others in the homelessness services I visited.

Yet it is clear that an individual may be an outsider in some ways, and an insider in other ways (Wigginton & Setchell, 2016). I bring this understanding to my own experience. I have experienced some of the negative aspects of social networks, such as loneliness, the emotional distress this brings and different coping styles that one brings into play. Previous research findings (Cacioppo & Hawkley, 2005) suggest that an individual can sense loneliness in other people, and I often wondered whether participants sensed this feeling in my own history and therefore felt more comfortable talking about it with me. At least, I could provide an empathetic ear and understanding to the participant’s accounts. Even so, it was important for me to create strong boundaries between myself and the participants that were honest, ethical and respectful. Many of these participants lacked social contact. Several told me that the interview with me was the longest period that they had talked to a person for quite some time. It was therefore important that I gave participants adequate time and did not rush interviews, so that they would feel a genuine connection. (This often meant spending extra time chatting with the participants before and after the interview.) At the same time, I was aware that it was important that I did not give the impression that I was a counsellor. I needed to make it clear that our relationship was restricted to a researcher-participant connection. Some participants indicated that they would like a friendship with me and would call for a chat after the research. At these times, I had to
emphasise that I could talk to them about the research and that they could have my work email
address and desk phone number for this purpose. However, I also explained that it would be
unethical for me to retain a connection outside the research, or to provide them with my
personal contact information.

Part 2: Cross-sectional Survey (Quantitative)

This section outlines the research design, participants and analysis for the survey
component of my research.

Choice of methods. Ideally, a longitudinal survey that investigates changes in social
networks over several data points would have been a useful tool for measuring social networks
amongst people who had experienced homelessness. Previous research suggests that a
participant’s social networks are likely to change over the period of homelessness and after
exiting homelessness (G. Johnson & Tseng, 2014). Similarly, loneliness can either be a state or
more chronic cyclical condition (Scutella & Wooden, 2014). A longitudinal measure could have
facilitated my use of complex modelling analysis procedures to precisely track which factors
predict changes in social networks over time.

However, the time constraints for data collection over a three-year PhD meant that a
longitudinal survey of sufficient sample size was not feasible. It is not easy to reach people who
have experienced homelessness; the transitory nature of those experiencing homelessness
experience makes re-contact and follow-up of the group very difficult for research (Conroy et al.,
2014). Cross-sectional research provides scope to test relationships among different constructs
as a prior, exploratory step before a more time-intensive and expensive longitudinal study is
undertaken. As such, my chosen methodology of a cross-sectional survey was beneficial for
researching marginalised groups. It also allowed me to maximise the available time to recruit a
diverse sample of people with lived experience of homelessness. I also considered that
incorporating a diverse range of participants fitted comfortably with the intersectional framework of my thesis.

My interview findings (see Chapters Three and Four, below) indicated that a participant’s substance use affected their social networks and relationships. To explore this relationship further, I decided to include a qualitative question on the topic on the survey (stage 2). The relevant question devised about substance abuse requested specific information but was open-ended enough to allow participants to describe the role of substance use on their social interactions. The question was placed with other questions about substance use to focus the participants’ response regarding the role of substance use on different aspects of their lives.

Participants. There were 133 participants in my survey. Of these, four were excluded from the dataset because of:

- cognitive impairment impeding comprehension to answer questions (n=1)
- delusions associated with mental health (n=2), and
- Could not (after answering most of the survey questions) be properly classified as having experienced ‘homelessness’ (n=1).

Where service clients had participated but were not ultimately included in the survey, service staff requested that they be allowed to complete a mini mock-style survey and receive a gift voucher, so that they did not feel excluded from the research process. This was done in several cases.

After the exclusions outlined above, 129 participants could be included in the dataset for analysis, which was more than sufficient for my research purposes. I had aimed for a minimum of 124 participants.

Of included participants, 65% (n=84) were currently homeless, and 35% (n=45) were formerly homeless. Further demographics for the survey sample can be seen in Table 1, below,
stratified by current and formerly homeless status. These demographics include: gender identity, sexuality, relationship status, birth region, Aboriginal status, age, work history in the past week (including paid work and volunteer work) and jail history.

As can be observed, my sample was similar to the broader characteristics of all Australians experiencing homelessness. Excluding those who identified as non-cisgender, 54% identified as male and 46% identified as female. This is very similar to national estimates of 56% and 44%, respectively (ABS, 2011). (Non-cisgender individuals are not measured in census information so I am unable to compare statistics.)

While the majority of the sample (77%) was heterosexual, nearly a quarter (23%) identified as LGBTIQA+. This group comprised 30 individuals, 20 of whom identified as non-heterosexual and 10 as non-cisgender. The little research that has been conducted on rates of LGBTIQA+ populations refers to homeless youth (McNair et al., 2017), whereas my study focuses only on adults. Cochran, Stewart, Ginzler, and Cauce (2002) found that up to 35% of homeless youth at any one time may identify as LGBTIQA.

However, 96% of my sample was born in Australia, compared to 64% of the Australian census data on homelessness (ABS, 2011). Within this 69%, just over 13% identified as Aboriginal. This proportion was substantially higher than the 7.8% found in the NSW homeless population (ABS, 2011). The majority of participants (67.4%, n=89) in my study were not in a relationship (either casual or committed in nature) at the time of survey. The ABS employs a narrow definition of relationship status. The ABS recorded only 21% of all homeless adults (over age 15) as currently married.

My sample was predominantly middle-aged, with almost 65% of participants falling between the ages of 35 – 55 years old. The majority of participants did not participate in paid or volunteer work, compared to 57% of Australians experiencing homelessness over age 15 nationally (ABS, 2011). Approximately a third of my participants had spent some time in jail. This
unsurprising considering the high co-occurrence between prison history and homelessness (Baldry, 2014; M. B. Kushel et al., 2005).

Table 1: Demographic characteristics of currently homeless participants, formerly homeless participants and total combined participants in my study.

<table>
<thead>
<tr>
<th></th>
<th>Currently Homeless (n=82)</th>
<th>Formerly Homeless (n=46)</th>
<th>Total (n=129)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender Identity (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>51.2</td>
<td>48.2</td>
<td>49.6</td>
</tr>
<tr>
<td>Female</td>
<td>42.0</td>
<td>43.5</td>
<td>42.6</td>
</tr>
<tr>
<td>Transwoman</td>
<td>7.3</td>
<td>4.3</td>
<td>6.2</td>
</tr>
<tr>
<td>Intersex</td>
<td>0</td>
<td>2.2</td>
<td>.8</td>
</tr>
<tr>
<td>Gender Fluid</td>
<td>0</td>
<td>2.2</td>
<td>.8</td>
</tr>
<tr>
<td><strong>Sexuality (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>69</td>
<td>37</td>
<td>106</td>
</tr>
<tr>
<td>Gay</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Lesbian</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Bisexual</td>
<td>9</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Asexual</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Relationship status (n)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committed relationship</td>
<td>14</td>
<td>11</td>
<td>25</td>
</tr>
<tr>
<td>Casual relationship</td>
<td>6</td>
<td>9</td>
<td>15</td>
</tr>
<tr>
<td>Not in a relationship</td>
<td>62</td>
<td>25</td>
<td>87</td>
</tr>
<tr>
<td>Unsure</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Birth Region (n)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australian</td>
<td>54</td>
<td>35</td>
<td>89</td>
</tr>
<tr>
<td>New Zealand</td>
<td>11</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Currently Homeless</td>
<td>Formerly Homeless</td>
<td>Total</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------</td>
<td>-------------------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td>(n=82)</td>
<td>(n=46)</td>
<td>(n=129)</td>
</tr>
<tr>
<td>USA</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Middle East</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Europe</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Asian</td>
<td>6</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Pacific Islands</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>South Africa</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Caribbean</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Aboriginal status (%)</td>
<td>13.3</td>
<td>13.0</td>
<td>13.2</td>
</tr>
<tr>
<td>Age range (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–25</td>
<td>6.02</td>
<td>4.4</td>
<td>5.4</td>
</tr>
<tr>
<td>26–35</td>
<td>9.6</td>
<td>9.3</td>
<td>9.3</td>
</tr>
<tr>
<td>36–45</td>
<td>28.9</td>
<td>47.8</td>
<td>35.7</td>
</tr>
<tr>
<td>46–55</td>
<td>28.9</td>
<td>29.7</td>
<td>28.7</td>
</tr>
<tr>
<td>56–65</td>
<td>16.9</td>
<td>8.7</td>
<td>14.0</td>
</tr>
<tr>
<td>66–75</td>
<td>6.03</td>
<td>3.2</td>
<td>4.7</td>
</tr>
<tr>
<td>76–85</td>
<td>3.6</td>
<td>0</td>
<td>3.3</td>
</tr>
<tr>
<td>Weekly Work (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid work</td>
<td>15.7</td>
<td>26.2</td>
<td>19.4</td>
</tr>
<tr>
<td>Volunteer work</td>
<td>21.7</td>
<td>32.6</td>
<td>25.5</td>
</tr>
<tr>
<td>Prison history (%)</td>
<td>34.9</td>
<td>28.3</td>
<td>32.6</td>
</tr>
</tbody>
</table>

Participants in my sample had been homeless for a median of 4.2 years (SD: 9.46). For those who were currently homeless, the median period of homelessness was 3 years (SD: 9.9). For formerly homeless participants, the median time homeless was 6.75 years. These findings, along with inferences that can be made from the Figure 5 (below) suggest that currently homeless
participants tended to have had shorter periods of homelessness over their lifetime than the formerly homeless. This indicates that those who were currently homeless could have been earlier in their ‘homeless careers’. This particular sample of formerly homeless participants could also reflect recent efforts by the Australian Commonwealth government to house the chronically homeless (FaHCSIA, 2008).

Figure 5 Frequency of years spent homeless by homeless status. Although there were many more currently homeless than formerly homeless participants in my study, it is clear that a higher proportion of formerly homeless participants had experienced a greater period of their lives homeless than currently homeless participants.

The following two tables document the number and proportion of participants experiencing each
type of homelessness at the time of the survey, for the currently homeless (Table 3), and the formerly homeless.

Table 3 makes comparisons with rates amongst the entire NSW population. The proportions in my study were different to NSW rates. In the NSW homeless population, 34.2% resided in severely overcrowded dwellings. None of the participants in my study resided in a severely overcrowded dwelling.

<table>
<thead>
<tr>
<th>Residence</th>
<th>Formerly homeless Participants (n=46)</th>
<th>Proportion of total sample (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Housing</td>
<td>9</td>
<td>19.6</td>
</tr>
<tr>
<td>Social Housing</td>
<td>3</td>
<td>6.5</td>
</tr>
<tr>
<td>Private Rental</td>
<td>11</td>
<td>23.4</td>
</tr>
<tr>
<td>Housing Commission unit</td>
<td>14</td>
<td>30.4</td>
</tr>
<tr>
<td>Group Home</td>
<td>2</td>
<td>4.3</td>
</tr>
<tr>
<td>Housing First project</td>
<td>6</td>
<td>13.0</td>
</tr>
<tr>
<td>Share Housing</td>
<td>1</td>
<td>0.02</td>
</tr>
<tr>
<td>Ex-air force accommodation</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
Table 2: Type of homelessness experienced by currently homeless participants

<table>
<thead>
<tr>
<th>Residence</th>
<th>Currently Homeless Participants (n=82)</th>
<th>Proportion of total sample (%)</th>
<th>NSW rates(%) (n=28 190)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Homelessness</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rough sleeping</td>
<td>26</td>
<td>31.7</td>
<td></td>
</tr>
<tr>
<td>In car</td>
<td>2</td>
<td>2.4</td>
<td></td>
</tr>
<tr>
<td><strong>Secondary Homelessness</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis accommodation</td>
<td>18</td>
<td>22.1</td>
<td>17.5</td>
</tr>
<tr>
<td>Hotels/hostels/backpackers</td>
<td>5.0</td>
<td>6.1</td>
<td></td>
</tr>
<tr>
<td>Couch surfing</td>
<td>6.0</td>
<td>7.1</td>
<td>17.5</td>
</tr>
<tr>
<td><strong>Tertiary Homelessness</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boarding House</td>
<td>22</td>
<td>26.8</td>
<td>23.0</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>2.0</td>
<td>2.4</td>
<td>.87</td>
</tr>
</tbody>
</table>

Table 3: Type of homelessness experienced by formerly homeless participants

<table>
<thead>
<tr>
<th>Residence</th>
<th>Formerly homeless Participants (n=46)</th>
<th>Proportion of total sample (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Housing</td>
<td>9</td>
<td>19.6</td>
</tr>
<tr>
<td>Social Housing</td>
<td>3</td>
<td>6.5</td>
</tr>
<tr>
<td>Private Rental</td>
<td>11</td>
<td>23.4</td>
</tr>
<tr>
<td>Housing Commission unit</td>
<td>14</td>
<td>30.4</td>
</tr>
<tr>
<td>Group Home</td>
<td>2</td>
<td>4.3</td>
</tr>
<tr>
<td>Housing First project</td>
<td>6</td>
<td>13.0</td>
</tr>
<tr>
<td>Share Housing</td>
<td>1</td>
<td>.02</td>
</tr>
<tr>
<td>Ex-air force accommodation</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
Procedure. Much of the procedure in conducting my surveys was the same as conducting the interviews (see above, Recruitment Strategies and Procedure for interviews and surveys - stages 1 and 2). The Protocol for managing potential participant distress was the same as described earlier (see above). Some aspects were unique to the survey procedure. For example, when I first met survey participants, I described the ‘question-answer’ format to them. I also described the interactive method of surveys: I explained that I would ask the questions, the participant would respond and I would simultaneously record their answers on a paper survey hardcopy. In the case of open-ended question, participants could write their own response, or they could dictate it for to me to transcribe. When I transcribed, I read their response back to them to confirm that I had recorded their response correctly. Each survey was conducted face-to-face and took approximately 30-60 minutes to complete.

To assist them to answer survey questions, participants were given a set of visual analogue show cards to help them understand the questions and (often multiple choice) response categories. These show cards included large visual representations of response categories on a coloured cardboard flip-book. They were designed to assist participants who had cognitive deficits, literacy issues, neurological issues or dyslexia. The visual analogue cards are set out in Appendix 4.

The first day of surveying was understood by my supervisors and me to be a ‘piloting’ of the survey. I paid careful attention to whether the participants could comprehend my questions, and how they answered them. In response to my observations, I made some changes, particularly in regard to the Social Network measure, which I created specifically for this survey.

Measures. The survey included several questions about the participants’ social networks and demographics. These questions included pre-existing validated instruments, newly-designed instruments for this population and open questions. A full version of my survey can be observed in Appendix 8.
**Demographics.** The survey included questions about the participants’ demographic and accommodation circumstances. I identified an available pool of questions based on past research as well as my own qualitative findings from stage 1. Each question used was selected based on its relevance to homelessness and capacity to draw out differing experiences of social networks. The demographic questions that I used avoided eliciting identifying information. For example, participants were asked for their age in years rather than their date of birth. Participants were asked whether they were born in Australia or not, and if not, given a choice whether they wanted to disclose their country of birth. Caution in regard to information that could identify a participant is particularly important within research with the homeless population. Apart from the obvious privacy issues, there are other risks that follow when individuals have been identified. For example, women who are homeless following escape from violent ex-partners should not be identified (DVRCV, 2018; Freed et al., 2018). I included demographic measures including age, country of birth, Aboriginal identity, gender identity, sexuality, incarceration history and employment.

**Social measures.** The following section describes measures of social networks, social support and loneliness. Questions were also asked about relationship status, having pets and socialising within their living space. Whilst not explained here in detail, they can be observed in Appendix 8.

*Social network measure.* Based on a review of the literature, and the lack of suitable social network screening instruments, a new measure of social networks was devised for the study. I undertook a pilot of test questions in regard to social networks, and the level of integration and isolation that those experiencing homelessness experience. The full details of the development of this instrument can be found in Chapter Five.

*MOS Social Support Scale.* A measure of recent social support was also included in the survey. Functional social support is the support that an individual perceives to be available to
them rather than the actual support received. I considered this to be a useful indicator for my study because social support may have been available but not needed by a participant within a given period of time. Otherwise, a low social support score could be interpreted as indicating that participants did not need help or assistance within the period, rather than an absence of available support.

Given the above concerns, I used the MOS Social Support Scale to assess functional social support. This Scale has been used successfully with high internal reliability ($\alpha = .97$) in a homeless sample who used substances (Stein, Dixon, & Nyamathi, 2008). The MOS Social Support Scale creates an overall index of functional social support, as well as social support subscales, (Sherbourne & Stewart, 1991), including:

- emotional support (for example care, understanding and encouragement)
- information support (for example the offering of advice or guidance)
- tangible support (i.e. providing material assistance)
- affectionate’ support (i.e. providing love and care, and
- Positive social interaction support (i.e. connections to do fun things).

In the Scale, emotional and informational supports are measured as a single variable - ‘emotional/informational’ support.

Although not specified in the original measure, I added a timeframe of ‘the previous two weeks’ to guide and limit the participants’ responses. This timeframe also meant the results of the measure could be directly compared to timeframes used in other included scales, such as the loneliness scale (described next). To obtain a sense of participants’ social supports outside service providers, participants were asked to answer the scale by considering only non-formal connections, that is, all connections apart from service providers such as doctors, homeless service staff and counsellors.
The social and emotional loneliness scale for adults (short version) (SELSA-S). As I will discuss further in Chapter Six, previous research using mainstream loneliness scales in samples who had experienced homelessness has had limited success (Sumerlin, 1995). Accordingly, I focused my efforts to understand what kind of measure would be best suited for this population. My qualitative findings from stage 1 (see Chapter Four) suggested that some participants had tended to experience loneliness as stratified by the loss of (or lack of) particular relationships. The Social and Emotional Loneliness Scale for Adults (SELSA) is one of the few loneliness scales that is multidimensional. In other words SELSA acknowledges that people experience different kinds of loneliness (DiTommaso et al., 2004; DiTommaso & Spinner, 1993).

The SELSA is recommended for use over other scales (such as the de Jong Gierveld Loneliness Scale and the University of California Los Angeles (UCLA) Revised Loneliness Scale) because of its high internal consistency and it large factor loadings on three of four possible loneliness dimensions (Cramer & Barry, 1999). However, when I piloted the original 37-item version of SELSA, I found it was too long and repetitive for the homeless population. Accordingly, I chose to use the short version of SELSA.

Most loneliness scales, including the SELSA, do not include the term ‘loneliness’. Shaver and Brennan (1991) contend that scales that do not explicitly mention ‘loneliness’, but aim to measure loneliness, may lack content validity. They argue that these scales do not discriminate between measuring ‘relationship satisfaction’ or ‘loneliness’. Other researchers have dismissed Shaver and Brennan’s claims, noting that: ‘[m]any instruments are validated by showing they correlate with self-reports of loneliness’ (de Jong Gierveld et al., 2006, p. 487).

Mental health and wellbeing questions.

K10 psychological distress scale. The standardised and validated K10 Psychological Distress Scale (Andrews & Slade, 2001; Furukawa, Kessler, Slade, & Andrews, 2003) was included as a general measure of psychological distress and included as a covariate for loneliness. This scale
has already been used successfully in Australian homeless populations (Flatau, Thielking, MacKenzie, & Steen, 2015; Spicer, Smith, Conroy, Flatau, & Burns, 2015). It has also been validated in other marginalised groups, such as injecting drug users (Hides et al., 2007). Normative Australian community data is available, which is useful for potential comparisons (Slade, Grove, & Burgess, 2011).

National health and wellbeing mental health screener. A subset of mental health ‘screener’ questions was extracted from the National Health and Wellbeing Survey, (2007). This subset included diagnostic screening questions about feelings or experiences, including different mental health problems such as:

- bipolar disorder,
- anxiety (including social anxiety),
- panic disorder,
- depression,
- anger issues, and
- Agoraphobia.

The subset also included questions about general physical and mental health during the past year. Also included were questions evaluating current wellbeing, and mental health service utilisation (for example overnight hospitalisation for problems with mental health). This subset was chosen because it was short, simple, used internationally and in Australia with over 8000 nationwide participants (ABS, 2007).

Homeless history. Participants were asked about several aspects of their homelessness history, including the following:

- The age they were when they first experienced homelessness,
- The type of homelessness they had experienced when first homeless, and
• The percentage of time that they had been homeless since the first time they were homeless.

There responses were used to calculate a ‘years spent homeless’ variable. This was created by subtracting the participant’s age when first homeless from their age at the time of completing the survey, multiplied by the proportion of time they had been homeless during this period.

The participants’ accommodation history during the past six months was assessed using one of (the few) available validated measures, the Residential Time-Line Follow-Back (TLFB) Inventory (Tsemberis, McHugo, Williams, Hanrahan, & Stefancic, 2007). This technique proved useful as it bypassed the difficulty often found with homeless participants being unable to recall or record exact dates around accommodation experiences. The TLFB method has been used successfully with injecting drug users and other substance users, which is another marginalised population who can find it difficult to remember exact dates.

In the TLFB participants are prompted to use personal landmark events (for example birthdays or wild weather events) to map out their accommodation history during the relevant time. Using the TLFB, I could guide the responses of the participant and can ask clarifying questions. Mapping is designed to occur on a single line, representing a linear time trajectory for the previous six months. Space is allocated to note the current date at the right-hand side of the Time-Line and the date six-month previously at the left end of the Time-Line. All the participant’s accommodation transitions should be mapped, even if they occurred within the same type of homelessness (for example, rough sleeping at one location and then moving to another). When finished, I double-checked the validity of the inventory by running through the participant’s residential history in logical sequence.

The TLFB has been rated in terms of validity and reliability. Tsemberis et al. (2007) compared the use of the TLFB in individuals experiencing homelessness or at risk of homelessness in eight sites across the USA (n=1381). Tsemberis et al found the TLFB to have
high test-retest validity over a two-week period with Intra-class Correlation Coefficient (ICC) ranging from 0.08 to 0.93 in all residential outcome measures, except for ‘days in temporary setting’, where ICC=0.59. Tsemberis et al rationalised that the participants’ instability made it harder for the participants to remember their temporary accommodation. The TLFB also demonstrated convergent validity when the participant’s TLFB self-report data from one agency was compared with that agency’s occupancy and residential data from the same study period. It was found that mean scores were similar across residential categories between the two data sources, where Pearson’s $r$ ranged from 0.84 - 0.92 for each of the categories. Finally, Tsemberis et al found that the TLFB was sensitive to significant differences in changes over time for the entire cross-site sample and between two distinct study groups: those at risk of homelessness (prevention sites) and those experiencing homelessness (reduction sites).

**Substance use measures.** The qualitative findings from stage 1 (see Chapter Four) suggested that substance use had an impact on the participants’ social networks whilst homeless. Therefore, I included the World Health Organisation Alcohol, Smoking and Substance Involvement screening test (WHO-ASSIST) to measure alcohol and drug severity, as a covariate to include within the survey (Group, 2002). The WHO-ASSIST is often used in primary care and general medical care settings by health professionals to detect and manage substance use issues for all categories of substances. It has been validated in an Australian setting with individuals with differing levels of drug involvement (Newcombe, Humeniuk, & Ali, 2005). It has also been used successfully in previous homeless studies (Chrystal et al., 2015).

For my study, the WHO-ASSIST was amended slightly from its original version. Answering was restricted to the following three categories:

- those associated with alcohol use
- those associated with nicotine use, and
• An amalgamated category of ‘other substances’ (including cannabis, cocaine, amphetamine type stimulants, hallucinogens, opioids, inhalants and sedatives).

It was decided that amalgamating ‘other substances’ would be more workable and less time-consuming than asking about each substance separately. Additionally, in my qualitative findings, I had found that the way that participants talked about illicit substance use and social networks did not differ according to the illicit substance used. This indicated that it may be more meaningful and efficient to collapse it into one variable.

Participants’ responses determined the extent to which their current problematic nicotine, alcohol or other drug use put them at risk of health, social, financial, legal or relationships issues. For nicotine and other drugs - a score of 0-3 indicated a low involvement, a score of 4-26 indicated a moderate involvement and a score of 27 and higher indicated a high involvement. The low and moderate threshold scores were slightly different for alcohol, where 0-10 indicated a ‘low’ involvement and 11-26 indicated a ‘moderate’ involvement. For the purposes of this thesis, a moderate to high involvement with substances will be defined as a ‘problematic’ consumption of alcohol, nicotine or other (illicit) drugs.

In the survey (stage 2) participants were asked: ‘what role does substance use play in your social interactions?’ Participants were told that they could write out their response themselves, or they could recount their response to me to transcribe. Around half an A4 page was available for the written response. Participants were prompted for both positive and negative effects of substance use on their social relationships. If participants responded that they did not take substances, they were prompted for the role that other people’s substance use had on their social interactions. After the survey was completed, participants were reimbursed for their time with a modest AUD$20 gift voucher.
Data analysis. Numerous statistical analyses were conducted using the quantitative survey data using STATA 14 (StataCorp, 2015). The specific tests used have been detailed in each results chapter.

Data Storage for Stage 1 and 2

The survey data was entered into an electronic database for analysis. The hard copies of consent forms and surveys were kept in separate locked cabinets. Audio recordings of qualitative interviews and electronic survey data were stored on a secure file on a password-locked computer, to which only I had access. All data was and will continue to be held at the Centre for Health Research Room 3.G. P3. Ground Floor, Campbelltown Campus.

Interview data was collected in a way that prevented personally identifying information from being collected. This was ensured through censoring any data that could be personally identifying in interview data prior to data analysis. This pre-censored information was not being stored.

Any personal information, such as consent and participant information forms was stored separately locked cabinets to prevent possible identification between the two systems. Western Sydney University has 24-hour security and access to the Centre for Health Research is restricted by swipe card and PIN. Access to computers and electronic files on the network is password protected. Access to both paper and electronic files was and remains restricted to myself, who collected, entered and analysed the data.
Chapter Three: Inside an outsider: how stigma, purpose and meaning shape relational context

This Chapter presents participants’ accounts of how they understood and constructed their social position as individuals who have experienced homelessness, and how this framed their view of their place within the social world. Specifically, the participants’ experiences of marginalisation, stigma and discrimination loomed large throughout their accounts of interactions with others. The themes in this and the next Chapter derive from the participants’ accounts given in their qualitative interviews of experiencing homelessness within the Greater Sydney region. Both chapters formed the basis of a published journal article, which can be found in Appendix 5.

The first theme, “I have the feeling that I failed: losing one’s place and value through unemployment and homelessness” traces participants’ experience of becoming homeless, including the process of shifting from being housed and employed into losing their housing and employment. These participants positioned these losses as an individual failing and loss of personal value. The second theme, ‘There’s no (dis)place(ment) like home(lessness)’, illustrates how participants’ understanding of their interactions within the social world were framed through their perceived visibility and invisibility to the non-homeless. Participants’ sense of visibility was intertwined with the stigma they felt from their identity as homeless, as well as other stigmatised identities that they held, such as being transgender or Aboriginal. In the final theme of this Chapter, ‘Reframing exclusion: developing new social roles and meaning whilst homeless’ I will illustrate that because of this stigma they experienced associated with being homeless, participants were excluded from participating in social institutions and practices that had previously given them personal meaning and value, and which had at times functioned to allow them to overcome their sense of invisibility.
‘I have the feeling that I failed’: losing one’s place and value through unemployment and homelessness

This theme presents participants’ experiences of losing employment and lacking housing, and the negative effect this had on their social satisfaction and self-worth. Many participants were already excluded from the labour force when they became homeless, and the majority were unemployed at the time of interview. Participants appeared to value having employment, with many positioning the experience of losing employment, income and housing and their inability to re-gain these resources as rendering them incompetent and lacking value. They described themselves as ‘a failure’, ‘slack’ and ‘worthless’. As such, these experiences represented a sense of mourning over the loss of their place and standing in broader society.

Participants who had lost employment prior to becoming homelessness, including those who were no longer homeless and now housed, tended to devalue the meaning and worth of their current life in comparison to prior to homelessness. For example, William, currently in community housing explained it in the following terms: ‘I’m not like what I used to be. I haven’t got the money or anything like that…I have the feeling that I failed’. Similarly, Roy noted that he ‘was quite intelligent ’cause I’ve worked at [airline] and the Navy before and it’s a big step down to be homeless’. Maggy described ‘telling [her family] lies. I just can’t let them know [that I’m homeless]’ because being homeless did not match the standards she set up for herself. As she explained: ‘I think it’s because I expect so much of myself’. Sahara also described the social and personal ‘loss’ she felt being unemployed:

I think what this conversation is geared at is confidence. ‘Cause unemployed people don’t have much confidence [Sahara started to cry]. ‘Cause you’ve lost full-time work! You’re fighting to get back what you’ve lost. You feel as though you’ve lost, you’re still the same person but you’ve lost that feeling that you’re worth something.
Participants talked about their loss of work in terms of the emotional chasm it created between themselves and mainstream society. The idea of working again constituted a bridge for them, linking them to their prior communities, and to a feeling of belonging to something bigger than themselves. For example, Narelle described it in the following terms: ‘I just wanna work and be part of the community, you know, put back in what you take’. Being unemployed also meant losing social contacts usually made through work. Sahara described how without employment ‘you just miss that contact with people that you had’. Sarah also articulated this process in the following way:

When people leave their place of work normally they go to another place of work and they form new ties … and there might be maybe one or two people from their old place of work they still stay in touch with. But, you’ll be in a similar industry, you’ll have something new in your life that’s worth talking about. But when you’re unemployed and then you’re homeless you haven’t made those new linkages, and you haven’t maintained those other linkages because you’re fucking homeless. What do you want to do? Tell people? Announce it? Put up a flag?

Sarah’s account highlights that more than just losing contact with new and old connections, losing employment also signalled a loss of personal value and an identity that is socially relatable or ‘worth talking about’.

Participants also understood their lack of housing to be inextricably linked with their social isolation. The experience of having a home was described as integral to having a good social life. Participants understood a house to be the structural, emotional and spatial base in which they had the autonomy to facilitate and control with whom and how they socialised. Maggy noted that ideally her ‘social life would be like what it used to be, like when I had my place’. She found it hard to pinpoint what it was about the housing that facilitated a better social life, noting that having a house meant she could ‘always have visitors’. However, she also acknowledged that ‘you
could have that [i.e. having visitors] down here’, referring to the place where she sleeps rough. She described the different nature of socialising in housing compared to that in a homeless space. She said that ‘it’s not [the same now]. You can’t just go into the kitchen and you know, put the jug on’. She reminisced how ‘in the time when I had a house back when I did. I was more, you know, I was just more, you know, I just had more people. I had more friends, more, I just had more’. Maggy’s account reflects the symbolic and ontological meaning that having a home plays in one’s perceived and capacity to socialise (Mallett, 2004). Socialising at home is not just about having visitors, which could be done anywhere, but about the control, hospitality and care you can provide and experience within that private space. Similarly another participant in my study, Craig, described that his ‘perfect social life’ would be ‘honestly, a one bedroom flat, with a one-way swinging door. I’ll let you in, you just can’t come in’. Craig wanted a space where he could control who entered into his social environment - a house where he felt that he was ‘running the place’. These accounts demonstrate feelings of homelessness social interactions as occurring within a precarious space, in which the participant felt little autonomy and no power of exclusion. In contrast, a house would have provided these participants the structure with which they could navigate and curate their social experiences, potentially dismantling the very public and visible world that those experiencing homelessness inhabit.

In line with these theories, many participants equated entering housing and gaining employment with improving their social status, value and identity in the eyes of mainstream society, which would bolster their social ‘confidence’ and thus their sense of ‘social life’. For example, Narelle considered that she would have a better ‘social life’ if she could gain ‘more self-respect and independence’ through not ‘being so slack …pulling my finger out and getting myself together.’ If this happened, she considered that she would be able follow her desire to ’get a home first and settled’ and then pursue her work as a fashion designer. Amy felt that her ‘social life’ would improve if she ‘just got [her] life on track…finally, eventually get a job [got] off the drugs, and [got] rid of [her] attitude’. Miley thought that ‘once [she got] a place’ she would start
going ‘to TAFE and start workin’ maybe be a bit more and …goin’ out more’. Having a house would mean she would no longer ‘be ashamed of going, “oh, I live in a refuge”… there will be more confidence in yourself… ‘cause you’d be pretty ashamed that you’re living in a refuge, but if [you]… have your own place, you’re not really ashamed’. Sahara felt her ‘social life could be better’ if she gained the ‘confidence’ that came with being employed. Given these responses and others voiced, it is clear that the participants wanted the upswing in identity and social ‘value’ associated with being employed and housed, which would give them the social currency that they felt was necessary to feel satisfied with their social lives.

In a few accounts, the degree to which participants felt they were progressing towards becoming employed and housed appeared to shape how they perceived their loneliness. Susan associated her loneliness with not being able to progress out of homelessness. She had felt ‘lonely’ whilst living with her father because she ‘wouldn’t get the help [she] wanted’. But currently, whilst at a refuge she did not ‘feel lonely’ because she was ‘on track to do what [she] was trying to do’. She explained: ‘Dad can’t get me a place up north, but they can [help me] here’.

Roy positioned his loneliness to be associated with his level of progress towards employment. He defined ‘loneliness [as his] own inner self, and [his] problems and issues always coming to the surface, [which he was] trying to fight against’. He saw these ‘mental health issues’ preventing him from seeking employment, as they ‘make [it] hard to concentrate’. Roy noted that when he deals with his mental health he ‘can achieve anything. [He] proved it in the past [when he] worked at the navy and [big airline carrier, oil industry] and all these different places’.

The above accounts illustrate that participants largely understood their ‘social lives’ to be related to their perceived level of progress towards success or improved social status and value, rather than to aspects of their social network. Social theories can provide the background as to why the participants positioned unemployment as a personal loss of their social standing, and regaining these resources to be integral to their wellbeing. Link and Phelan’s (2001:371) describe
the concept of ‘status loss’ where individuals who join a stigmatised category, such as homelessness or unemployment, experience a ‘general downward placement’ within the broader social hierarchy. These experiences constitute such a severe ‘status loss’ because of society’s neoliberal context, which preferences capitalism and free markets. In such a context, there is an imperative to work to be valued as a legitimate and intelligible neoliberal citizen (Ayo, 2012; Tyler, 2013). According to Tyler (2013, p. 161) work is the sole way that those who are positioned as marginal or outside the social mainstream, like those experiencing homelessness ‘can find a route back to citizenship and into the bosom of the body politic’. Under this neoliberalist lens, a person’s access to permanent housing is positioned as an individual privilege, rather than a right (Cronley, 2010). Individuals are accordingly positioned as culpable for their homelessness due to personal failings, such as poor decision-making, risky behaviour, substance use, irresponsibility, mental health or other vulnerabilities (Somerville, 2013). It follows from this theory that not having, or not being able to retain housing, results from some sort of personal deficiency or their personal choice. In other words, ‘those without homeless are either deviant or dysfunctional’ (Cronley, 2010, p. 324) in the eyes of mainstream society. Within this theoretical context, it is understandable that participants appeared to be internalising their status loss into negative beliefs about themselves and their personal value.

The framework of neoliberalism can also provide context to explain why some participants understood structural conditions, such as employment and housing, as their responsibility to attain. They saw that becoming unemployed and homeless was their personal burden and evidence of ‘failure’ that they could not live up to socially sanctioned ideals. In perceiving his homelessness as his ‘failure’ William described ‘blam[ing himself] a lot, going oh, “if only I had done this!”’. Similarly, Roy described his homelessness as his ‘own stupid fault’ because he ‘hadn’t got off [his] butt and looked for a job’.

**There’s no (dis)place(ment) like home(lessness)**
This theme explores how participants’ interactions with others were framed with stigma and discrimination. The participants experienced this as rejection based on their homelessness, or other stigmatised identities that they held, such as their gender identity or ethnicity. These experiences of rejection and stigma constrained their own perceptions of their capacity to connect socially, positioning themselves as outside or even incongruent with the realms of ‘valuable’ society. This current theme includes two subthemes: ‘watched but not seen: the visibility and invisibility of stigma’ and ‘diverting the gaze: comportment, concealment and connection’.

**Watched but not seen: the visibility and invisibility of stigma.** Many participants described their homelessness in terms of how it affected visibility of them to the non-homeless. On the one hand, they described facing increased visibility and attention from others due to their marginal status and often very public existence (especially so for the rough sleepers). Living this way left them vulnerable to abuse and reduced their privacy and dignity. However, paradoxically, the stigma that they experienced from others in the outside world, also meant they were largely invisible to this broader social sphere. Their sense of personhood was often unconsidered or even erased. Sarah described this dichotomy powerfully in the following terms:

You’re forced to live out in the open on display in front of everyone. But at the same time, you’re invisible because no one’s willing to acknowledge you as a person… So, you’ve got this, where you’re so visible, it hurts! But where you’re so invisible it hurts all at the same time.

This stigma also occurs on an institutional level. Some participants described that when they were made visible to public institutions as ‘homeless’, they experienced poor treatment and exclusion. For example, Mylie experienced stigma from the staff at a government health service
who were ‘rude’ to her when she disclosed her homelessness. Sarah described being singled-out by a ‘very mean’ priest who was ‘always shaming her in [her church’s] Mass’ and who complained about the clothes that she wore describing them as ‘obscene’. Sarah expressed her shame and confusion as follows:

He told me that I blasphemed the Virgin Mary because I drew attention to myself in the mass… but I didn’t have a mirror, so I couldn’t see what I looked like … I thought I was dressed pretty - I always wear the best that I have.

Sarah’s experience illustrates that being labelled homeless because of the way she looked by the person conducting the Mass affected her deeply. She said that she felt ‘like I was a walking ball of sin!’, without ‘even doing anything’. In this way, Sarah’s visibility as homeless, in effect rendered her invisible and an unvalued and unwanted member of her church congregation.

Sometimes this invisibility of those experiencing homelessness became apparent where individuals felt inhibited from participating, or even attending social institutions, that they had once found valuable and enjoyed. Sarah gave an account of her expulsion as a volunteer worker as an experience that she ‘never really got over’. She described it in the following way:

[The organisation] had this anonymous survey of their volunteers and I answered it honestly... Well, they figured out from that that the answer was from me, and they told me they didn’t want me volunteering anymore because I was homeless.

Sarah’s account suggests that because of her interactions with the non-homeless, she equated having a homeless identity with being invisible, ignored and silenced. She noted that it ‘proved to her that nobody wants to hear about [homelessness]!’ The experience of being excluded because of her homelessness ‘hurt [her] so bad’ because the organisation took away a social role that she valued. She summarised her position in the following way, ‘because I was living my values, regardless of my circumstances. That was [my] core value, I’d been volunteering since I was 13’.

She also gave an account of being prohibited from reading sermons during Mass at her Church,
‘because the priest said I don’t read properly… he wants someone educated to read’. This exclusion affected Sarah’s experience at church and she expressed her hurt and humiliation in the following way:

There’s nothing else that I can do to participate [she became upset] I don’t have money to give, obviously, and I can’t participate in the Holy Communion because I’m allergic to so many things.

For Sarah, these experiences of rejection and erasure highlighted the oppressive nature of stigma of homelessness.

The apparent paradoxical experience of feeling at once both highly visible but also invisible, is reminiscent of Gailey’s theory of ‘hyper(in)visibility.’ In her work studying the experiences of ‘fat’ women, Gailey describes the visual tightrope these women traverse, being both socially visible, as they are often publically scrutinised and judged, and also invisible, as they are also erased and stigmatised. Gailey labels this phenomenon of ‘hyper(in)visibility’ occurring when ‘a person is sometimes paid exceptional attention [and critical judgment] and is sometimes exceptionally overlooked, and it can happen simultaneously’ (Gailey, 2014, p. 7). In fact, the hyper(in)visible are often seen and intentionally ignored or dismissed by the rest of society, a phenomenon that occurs explicitly “within institutions” and implicitly “in our interpersonal and imagined worlds” (Gailey, 2014, p. 7). She argues that one’s situation becomes ‘hyper’ when their (in)visibility becomes socially oppressive, constraining their ability to participate meaningfully and be treated as equal in society. ‘Hyper(in)visibility’ provides an appropriate theoretical springboard for understanding participants’ experiences, as it shows how participants’ experience of their multiple and mixed levels of visibility was directly linked to structural oppression and stigma from mainstream society, which was often paired with negative emotional consequences.

The oppressive effects of participants’ visibility were manifold. Participants that were rough sleepers, described how the visibility associated with living conspicuously ‘in the public
view’ (Sarah) compromised their privacy and wellbeing. Sarah who described herself as a ‘very private person’ found the experience of rough sleeping to be ‘damag[ing]’. Pieter also referred to the very ‘exposed’ nature of rough sleeping. He said: ‘it’s just [through] everything, you’re exposed. And rain, shine, hot, cold, winds, doesn’t matter, reading a book, sitting on the phone and reading by lamplight’. Pieter’s account reveals how part of being ‘exposed’ meant participants lacked private space needed to do every day or mundane things like reading a book out in the open.

Participants also described that being highly visible to the public could be damaging and put them at risk of ‘all sorts of discrimination and abuse’ from the non-homeless (Pieter). Some interactions could be direct and physically confronting. Sarah described the vulnerability that came with being homeless and navigating the social world. She said ‘it’s like we give a scent off or something, … Your persona or your way of being, or the way you carry yourself, announces to the planet that you’re in a weakened state’. Several participants discussed the threat of rape noting that ‘anything can happen!’ (Maggy). Sarah stated: ‘it doesn’t matter how old or ugly or haggard you are; you are always going to have that risk’. Pieter described how rough sleeping meant he was physically exposed and thus subject to ‘all sorts of discrimination’ from outside. For example he ‘had a young girl on [the] street say to [him] “hello old man”’, and because of his race ‘some Aussie guy said to [him] “I hate you fucking [ethnic group]” and walked over … and spat on [him]’. Using the framework of intersectionality, Pieter’s account illustrates how identities like race can intersect with homelessness to influence how someone experiences exclusion through visibility.

Other participants also raised examples of how other identities they held, such as their gender identity, intersected with their homelessness to contribute to an increased experience of hyper(in)visibility. In one example, Maggy, a female transgender sex worker, described the risk of assault that came with her visibility in her role as a street sex worker. She stated:
It’s a total different ball game [when working]. There’s danger everywhere so you’ve gotta trust your gut. Some of them are just guys that are walking past and had a bit too much to drink and just don’t like what they see…. one tried to strangle me.

Starlight also described experiences of visibility as an intersex person which was associated with a sense of feeling victimised in public, saying: ‘everyone looks at me like a freak and so I look back at them freaking out thinking “what’s wrong with me?”’. This experience lead to a diminished sense of control over identity, and which parts to kept public or private. Starlight described how this experience had been on-going since childhood, stating that NSW Health had ‘played god’, by ‘sewing up [my] vagina’ as a baby. Starlight related pain about gender status, being made invisible to themselves, and not knowing the reality about what had happened, while feeling that everyone else did (i.e. the health professionals and general public). Starlight noted: ‘no one was honest with me about being a hermaphrodite, like people knew about the situation because it was a high-profile case’. Starlight struggled with the boundaries between public and private identities and with the lack of control over identity. Starlight stated:

I feel like people know everything about me before I do! And it’s like, do I have to prove this whole point of who I personally am? Just to prove your point, so youse get all what you want. I’m sacrificed for the life of all of you!

Each of these experiences reveal that the experience of hyper(in)visibility is complex, and while often connected homelessness, can also be driven or compounded by their other stigmatised identities.

Further, the experience of hyper(in)visibility also appears to extend, at least for some participants, beyond homelessness. Despite no longer being homeless, Walker still described being marginalised and ‘judged’ due to how he looked when spending time in his inner-city locale. He described it in the following terms: ‘because you don’t have a fancy suit, or you don’t have a lot of money, they’ll be snobs to ya…. even if you’ve have to sit down for a couple of
minutes they’ll tell you to piss off or something’. This account suggests that some individuals will retain some of the visual signifiers of disadvantage and thus still experienced the oppressive aspects of stigma after homelessness.

As described in Gailey’s theory of hyper(in)visibility, participants’ experience of stigma from others was oppressive in that it shifted their ‘imagined worlds’, that is, how they thought of their social place in relation to others (Gailey, 2014, p. 7). For example, Miley ‘wasn’t ashamed [about her homelessness] at the beginnin’, but when [she] used to tell people at the bank to change [her] address, they looked down on [her].’ Eventually, these stigmatising experiences made Miley ‘feel really down and…worthless’. In her similar account, Linda described feeling sad and ‘really bad’ about herself, feeling that society sees those experiencing homelessness as ‘criminals’. Sarah, who had a life-long food allergy, described how homeless services did not provide suitable food and as she had no access to kitchens, she could not make the food she needed. She provided an eloquent description of how experiences of rejection around her homeless identity trickled into other aspects of her life, including her food allergy, amassing to a profound sense of rejection. She stated:

I never felt rejected by food until I was homeless. I never made a drama out of it, I just felt like there was food that was made for me to eat, and then there was food that belonged to other people. Simple! But then when I became homeless, after a while I felt rejected by food, and that hurt me because I was rejected by everything. I was rejected by church, I was rejected by work, I was rejected by the government, I’m rejected by my friends, I’m rejected by other homeless people for god sakes, and then now I’m rejected by food – hurt me so much [she started to cry] and it changed my point of view…it never felt like rejection…and now it felt like rejection.

A few participants gave accounts in which they actively marginalised themselves from the non-homeless. From this, I infer that the negative effect of stigma on their sense of self,
encroached onto their social behaviour. Sarah described her view that the presence of a homeless person made ‘people uncomfortable’. This prompted her decision not to ‘impose’ herself on the non-homeless, as, ‘part of loving people is accepting that they’re not comfortable with you and they don’t want you’. Trevor also noted that this experience ‘makes you feel completely alone’.

In another part of the interview, Sarah described how past experiences of assault and poor treatment from the non-homeless left her with a low-standard for interactions with the non-homeless. She stated: ‘you know what, if people don’t shit on me, I’m happy… [But] if they can’t love me, then leave me alone…I’d be grateful to not be stepped on and not be shamed… [or] attacked’. Due to the risk of abuse, she felt she’d rather disconnect entirely than risk being with others.

Even after exiting homelessness, there was evidence that some participants still positioned the remnants of stigma from their past identity as ‘homeless’ as a barrier to feeling comfortable participating in mainstream society. William described the experiences of his friends who were fellow clients of his homeless housing program. He said that had a ‘fear of living in a place, they feel that they would be happier on the street’ because they ‘feel they don’t belong to society’ which they felt being housed was ‘a part of’. William said that this feeling of not belonging meant ‘they wouldn’t go [out]. They’d become withdrawn in themselves’.

It was apparent that the stigma internalised by some participants also prompted them to view their current social worlds more negatively. This was evident in the way they devalued their current networks by positioning them as not constituting a ‘social life’. For example, Susan explained that her ‘social life doesn’t exist’ whilst homeless. She noted: ‘I don’t have a social life, like, my social life is up in [Northern NSW]’ which was where she lived prior to homelessness. Maggy stated that, ‘I don’t think I have [a social life]’ despite naming many different connections with whom she was in frequent contact. These accounts illustrate how the concept of lacking a
‘social life’ served to ‘other’ themselves from mainstream society: ‘Social lives’ were positioned as something of value, reserved for the non-homeless.

In further evidence of participants’ internalising stigma around their own homelessness, a number of them categorised those experiencing homelessness as ‘deficient’, and thus the stigma that they experienced, as warranted. He adopted an external perspective of homeless networks, stating: ‘these people do not do themselves any favours. They leave a path of death and destruction - litter, drugs, alcohol, stealing, peeing [and] crapping all over the show’. Pieter felt these attributes justified the stigma that those experiencing homelessness receive, adding ‘no wonder people don’t want them around’. Similarly, Craig positioned the people experiencing homelessness around him, as ‘lack[ing] common sense. If they all had common sense here, they’d probably be off the street’. Like Pieter, he took an external and stigmatised perspective of other homeless people, positioning them as ignorant, and lacking the knowledge that ‘living on the street’s not a normal thing to do’. He added they are ‘not confident people. They don’t know how to deal with people. They can’t even deal with social workers to get a house. That’s my way I look at it.’

Gailey’s theory of ‘hyper(in)visibility’ also provides a framework for understanding how and why some participants internalised the stigma of homelessness. Gailey argues that the hyper(in)visibility of certain stigmatised identities is so socially engrained and accepted, that participants themselves describe consciously taking on the marginalised identity from the moment they perceive it as applying to them. In the case of the present study, participants started to ‘do homelessness’ and became a homeless subject. It is interesting to consider to what extent this adoption of a ‘homeless identity’ exists outside the research experience and in talking to myself, an outsider to those experiencing homelessness experience. However, theory tells me that performance of a social identity is almost always done in relation to outsiders, or to mainstream society. To better describe this internalisation process, Gailey draws on Foucault’s
analogy of the Panopticon, a prison design where clearly-visible prisoners encircle a central guard’s unit which is obscured from prisoner’s view. This means that - not knowing when they are being watched by guards or not - prisoners start to police themselves, just in case. Applying the Panopticon analogy to the experience of the marginalised in mainstream society highlights the way that marginalised people imagine their perceived visibility to others. This visibility becomes a form of ‘othering’, where people imagine and anticipate the disapproving gaze they receive. According to Foucault, this surveillance becomes a form of punishment and a way of creating entrenched inequality between the watched and the watchers. Foucault also argues that those who have a marginalised identity, take on a ‘duty’ to police themselves under the normalising, regulatory gaze, becoming what he calls “docile bodies” (Foucault, 1979). In the case of the current study, participants like Pieter and Craig engaged in forms of self-surveillance, observing themselves to fit the socially sanctioned role of ‘homelessness’ and what they understand to be socially understood as a homeless identity. Gailey argues that when a person takes on the mantle of homelessness it is problematic, as it perpetuates their hyper(in)visibility. In other words, taking up a homeless identity could force participants to conform to how they felt society expected those experiencing homelessness to behave, in order to find belonging within the social hegemony that actually works to dispossess them.

There was however, some evidence of resistance to the constraints presented by hyper(in)visibility. Several participants described wanting to reverse the negative lens through which they were viewed by others, by creating more positive imagery and visibility around homelessness. They thought that by tempering (or even subverting) the gaze of others, they could increase their personal value to others in society, and therefore also to themselves. Being viewed negatively whilst homeless appeared to affect Sarah’s sense of loneliness.
The quality of the experience of being alone and lonely has meaning infused in it when you have [had a] connection on a compassionate level with someone who looks at you, and sees you, and makes you visible in a way that doesn’t feel ugly.

Using the metaphor of being ‘seen’, Sarah’s loneliness was connected to wanting to become visible in a positive, less stigmatised or less ‘ugly’ way. Susan described wanting more diverse, inclusive and normative popular imagery around homelessness to remove stigma. She likened this to the impact that the gay rights movement had once people with social power, such as the white middle-class, started to get involved in the movement and normalise acceptance:

There needs to be more faces to homelessness… to stop the stigmatism [and] take away the shame. Like gay rights, you know, everyone was whinging about Dykes on Bikes and stuff like that, until there’s representation of white middle-class people [involved].

The following theme extends this resistance, showing the strategies that participants used to subvert the stigmatising gaze of others.

**Diverting the gaze: comportment, concealment and connection.**

Despite the stigmatised positioning by participants, they sometimes found ways to bypass the constraints posed by the stigma associated with homeless identity. Several participants gave accounts of different strategies that they used to manage this stigma. These participants demonstrated social agency by actively manipulating and negotiating how they were visible to others. They achieved this in the way they managed their interactions. In some instances they concealed part of their lives to their pre-homeless friends and family connections. In other cases, they comported themselves in public in ways that would avoid stigma or judgment by dressing and behaving in certain ways. These acts functioned to render the potentially stigmatising aspects of their identity less visible or invisible to others.

During interviews, a few participants described carefully managing their interactions with their pre-homeless connections to prevent them feeling judged or negatively evaluated through
being visibly perceived as homeless. Mylie voiced her belief that her friends and family would ‘judge’ her for being homeless. So she limited her contact with them to ‘a couple of people’ to whom she ‘lied’ about where she was living. She told them: ‘Oh, I have my own place now’, when she in fact ‘live[d] in a refuge’. Susan also gave an account of ‘avoiding’ her old friends as she was ‘embarrassed [and] ashamed about the way [she] look[ed]… because [she] used to be very attractive’. Susan described her concern that her homelessness may ‘fuck up the relationship’ with them noting that: “I just don’t want [friends] to see me, homeless and looking like this, you know’. Instead, she negotiated when and how she would interact with them, choosing to see them when she felt that she would appear to be making progress out of being homelessness. She explained it in the following terms:

I just want to be more settled when I see them…It’s called shame… I felt okay speaking to them in rehab, but once I’m out of rehab, I don’t want [them to see me] being homeless…. I want to see them when I’m in recovery.”

Trevor also described avoiding existing networks from which he anticipated stigma and rejection:

I just had no conversation to have with them. They would have asked me where I was living and I would have said ‘I’m homeless’ and they may have shot away from that. They may have wondered why [I] was homeless.

Trevor conceded that although his strategy of avoidance had helped him preserve his pre-homeless identity, this strategy had associated social costs. He explained that he ‘didn’t have anybody to talk to that knew [him] so it was quite lonely at times [be started to cry].’ Trevor’s statement illustrated that he perceived the need to retain a non-homeless identity as so imperative that he would tolerate isolation to achieve it.

Participants also described choosing to dress and present themselves in ways that mitigated their visibility as ‘homeless’ to outsiders. Sarah noted, ‘I try my hardest to dress nice…
I don’t go around making a show of my poverty; at least I try not to’. Sarah’s use of words ‘show of my poverty’ emphasises the performative aspects of the way participants took on or resisted their identities. Narelle described presenting herself in a certain way while traversing ‘the world’ around her. She stated:

Because I’ve been vain enough to not let myself go [she laughed]. In [an inner-city suburb] my friends go ‘you always dress so beautifully, you look fabulous’ and I go ‘[be]cause I’m out here in the world’ you know, I says ‘while I’m here I might have to pop by to Oxford Street or to the City. I don’t wanna look like I’ve just come out of Doonside in fluffy tracksuit pants looking like a bogan!’.

Her effort had tangible effects on the way she experienced their interactions with the outside world:

‘Cause people do treat you differently [based on] how you dress. If you dress neat and tidy and respectable, people do treat you differently, but if you look like you’re on the streets and homeless, people get a bit scared of ya.

Many participants gave accounts of behaving or talking in ways that gave them an increased sense of control over how they were visible to the rest of society. Sarah, who earlier described how living under the public eye constrained her privacy, described how engaging in behaviour that served to increase her privacy and reduce her sense of being visibly, exposed to the outside world while homeless. She stated:

You become odd about your privacy in ways that don’t make sense to other people. So, on the one hand, you’ll pick your nose in front of someone, because there’s nowhere for you to go to pick your nose. But the other hand you get very fixated on maintaining your privacy over something really trivial! You don’t want anyone to see what you’re buying in the supermarket ‘cause you don’t want anyone to know what you’re eating, [even though] you’re going to be forced to go out and eat it in front of anyone anyway.
Participants also talked about themselves in ways that distanced themselves from traditional or stereotypical homeless identities. Craig, who had been rough sleeping for several months, explained that he was ‘not homeless’ but ‘on the run’, noting that he was ‘looking at a long jail whack, so [he was] just looking at this like a fun holiday before it happens’. He felt that ‘if [he was] still doing this 20 years down the track, then [he’d think of himself as] homeless’. Sahara was surprised to learn that by living in a boarding house, she could be classified as ‘homeless’. She responded: ‘[r]eally? Oh…. I work for half of my rent as well. I forgot to tell you about that bit’. I consider that through this response she was seeking to distance herself from stereotypical understandings of homelessness. She also compared her living situation favourably to other homeless individuals by saying that her boarding house ‘was better’ than others that she had seen. She added: ‘I’ve got a friend who lives in a boarding house down the road [where] the bathroom smells! [she laughed] so [my place] it’s’ a bit better, a bit cleaner’.

Participants’ manipulation of their ‘visibility’ from a homeless identity can be used to frame both how they will be perceived by others, and also how they can perceive themselves. In one example, Sarah described sidestepping some of the ‘ugliness' that can be associated with homelessness. She described what happened when she found a pear on the footpath at time when she was experiencing extremely hunger:

I picked it up. I was so hungry I started munching on it…and then all of a sudden it occurred to me – I actually don’t know who’s pissed on this pear? … [It’s] on the side of the road. I don’t know how long it’s been there. I don’t know what disease it has, I actually feel quite ugly picking this up off the road and eating it.

Sarah described how ‘after eating two bites of it, [she] threw it out’ noting she wanted food ‘that doesn’t make me feel ugly!’
Sarah also described managing her visibility by forming ‘meaningful connections’ with other homeless people to overcome the feeling ‘where you’re so invisible it hurts’, which at times caused her to feel ‘lonely’. She stated:

There’s this little chappie who sits outside of [a department store] …He doesn’t know I’m at risk. I never told him. So, I always stop and I talk to him, and I let him know that I see him, and I let him know that I accept him, and I let him know that I’m glad to see he survived the night, and I do this almost every day. And then one day when I was walking by, he kinda said under his breath, and I don’t think he realised that I heard him, he said ‘oh my god she is so sweet, no one loves me like she does’. And it shocked me! Because I never thought of that.

Sarah noted that while she and this ‘chappie’ don’t have a ‘relationship’, they do have a ‘meaningful connection, so there’s this pocket of connection… that means something to him!’ It is clear that this interpersonal relationship rendered Sarah more visible in a positive sense, by giving her a sense of social purpose and agency. She described this connection as making her feel visible in a non-‘ugly’ way. Together, her accounts highlight how participants can resist identifying with the stigma, through micro-interactions or moments of private actions or reflection.

Positioning theory provides a framework for understanding the different ways participants manage how they experienced stigma through the way they described, dressed and comported themselves and the effect that this had on the way that they were perceived by others, as well as by themselves. Positioning theory hypothesises that a person’s identity is created and negotiated as a joint function of the subject positions they take up and how they are positioned by others (Harré & Van Langenhove, 1998; Van Langenhove & Harré, 1999). Davies and Harré (1990) posit although most of an individual’s self-positioning occurs on a preconscious level and tends to align with what they feel is expected of them in a situation,
individuals can also actively position themselves to have more social agency in a context. Davies and Harré (1990, p. 25) state that: ‘the stories people tell about themselves will differ according to how they want to present themselves’ in that situation. By presenting themselves in ways that render their homelessness invisible in certain contexts, they are producing new ‘social and psychological realities’ about themselves that have personal value, allowing themselves a more positive identity outside the stigma of their homelessness (Davies & Harré, 1990, p. 48).

Reframing exclusion: developing new social roles and meaning whilst homeless

As evident from the previous sections of this Chapter, participants often lacked the means to participate in or contribute to broader society in ways that are traditionally valued by mainstream society, such as by working or volunteering. As such, participants described lacking a sense of belonging to something larger than themselves in the broader community. In this section, I will demonstrate how some participants were able to bridge this disconnection by forming new ways to access a sense of meaning, personal value and purpose in their lives. They found new ways to spend time and contribute to society, such as by being kind and good, caring for others within homeless networks, or finding new communities where they felt that they could belong. This process often involved constructing new personal identities through using homelessness as a space to find a positive social identity. In this process they inverted some of the negative stigma around being homeless.

Many participants described preserving and maintaining the ‘good’ aspects of their identities during their time of homelessness. This indicates that homelessness had not negated or subsumed the positive parts of their identities. In taking this position, participants illustrated their distance from the general negative stereotypes around people who experience homelessness, such as being perceived as ‘rough’. For example, Pieter described how during the
'three years’ of homelessness, he ‘never lost who [he] was, [he] never lost [his] sense of humour’. In another example, Narelle discussed having to become ‘a bit more staunch and maybe even a bit more callous’ on becoming homelessness, but she was also able to negotiate this with her existing pre-homeless identity. She stated:

I try not to [become too staunch], I always forgive everybody. My friends go, ‘you always forgive, even the people that hurt you the most!’ And I go ‘[be]cause if you keep building up hate, you’re just going to turn bitter and nasty and cold!’ Nah, I like me, the way I am. Still with that softness, but still a bite.

Similarly, Sarah described concocting ‘mind-made stories’, as a method of re-interpreting and rationalising her feelings of discrimination or experiences of violence and generally ‘being stepped on a lot’ by others. These internalised stories allowed her to continue to be ‘still loving and gentle, true to my nature... [and to] feel less bad and more charitable, more forgiving, more tolerant, more compassionate’ towards others. Examples of Sarah’s stories include the following:

‘Oh, that person is hurting in some way and they’re taking their brokenness out in this expression, which happens to hurt me.’ Or ‘that person is ignorant and you know, their life experience hasn’t given them the opportunity to understand this type of situation and they’re uncomfortable, so they’re expressing their discomfort in this way, which happens to hurt me.’ ...It’s probably all a crock of crap!

Other homeless participants gave accounts of engaging in charitable behaviour towards others in the homeless communities, which provided them with meaning and purpose. Miley described helping a fellow refuge user, who she tried to assist. She said that she:

… help[ed him] stay away from the pokies machines…I’m so proud of him this week, he didn’t even touch one…’Cause usually he goes and gets his pay and just blows it all on the pokies. I’m like, ‘you idiot! There’s more to life than pokies!’
Assisting others led her to ‘realise what I really want to do in life. I wanna help people [get] off the streets. I wanna help people get off drugs…. [Or] be a youth worker or somethin’. Sarah also gave accounts of talking to and supporting other homeless people in ‘moments of shared vulnerability’, which helped her ‘live according to her [personal] values’. She said:

I go right up to people, but I’m not always able to kneel down because I’m not very strong. But if I’m at all capable of bending down, I will. And I always say, ‘good morning sweetheart, have a better day today!’ or ‘hello, is anybody showing you any love today?’ or I’ll say, ‘I’m sorry I don’t have anything to give you, I know I look like I do, but I don’t, hopefully the next person will’.

Given her exclusion from volunteering with a charitable organisation (discussed earlier in this Chapter) Sarah’s account reveals her agency to overcome stigma-fuelled rejection to be to live according to her ‘values regardless of her circumstances’. In fact, it was Sarah’s status as a vulnerable person that made this possible. She used her own disadvantage to assist and help others. Drawing back to an earlier theme in this Chapter that discussed ‘visibility’, Sarah described her acts of altruism as rendering her ‘visible’ in a positive way. They became a foil to the hyper(in)visibility that she and other participants alluded to experiencing.

Some participants’ accounts positioned homelessness to be associated with an opportunity for personal growth and meaning. They could understand the experience as a potential site of personal development and betterment. Pieter described homelessness as ‘rough’ but ‘good in a way’. He said that it ‘sounds altruistic, but you learn a lot about yourself and others’. Susan also described the process of homelessness making her into a ‘different person, a better person’. She noted that:

I’ve learnt so much about what I’ve done wrong down here… But still, having a lot of the same qualities I have now. I’m seeing this as a time to work on myself.
The period of homelessness prompted Susan to look on her circumstances differently. She said: ‘I’ll just be financially different from before. ‘Cause I’m not going to go doing drugs and alcohol anymore’.

In the instances discussed above, homelessness is described as a potentially positive force; a chance to mould the participant to re-enter mainstream society in an improved state.

Some participants perhaps unexpectedly positioned the social world within homelessness as a positive experience, as being an improvement in some way or more enjoyable than they had previously. For example, William positioned his time being homeless as ‘enjoyable’ and ‘free’ compared to his previous experiences. He explained how better he felt when he ‘walk[ed] out’ out of his previous life that he could not ‘handle’:

I found by living [homeless] I didn’t have [those] problems and I felt free from… you know, problems [of] having to run a business and everything else, having interaction with people… I just felt free.

Similarly, Athena compared her social experiences whilst homeless to her experiences prior to homelessness, when she had been employed. She said that: ‘[before] was more “normal” in a way ‘cause [she was] working and … doing the proper ‘society thing’… but then [she] wasn’t happy because it wasn’t the right job for [her]’. In contrast, she described her homeless social experiences more positively. She stated:

You’re struggling if you’re not getting the proper income. But then, [when you’re homeless] you’[ve] got other people and stuff. You feel like you’ve got a better social life, you’re going out to dinner and stuff. Does that make sense? Yeah, so it wasn’t boring. I did actually enjoy it. I did find it satisfying in some way. It sounds strange, but I did like it.

Athena then reflected ‘it’s exciting at the time, but then when you’re looking back, well, I could have been doing other things’, such as ‘improving’ her situation. From this, it can be inferred
that while Athena enjoyed socialising whilst homeless, she still conceptualised this enjoyment to be negative or inadequate within the broader normative context around socially acceptable relationships and behaviour.

Several times during interviews she said words to the effect of: ‘does that make sense?’ Athena’s ambiguous feelings about her homeless social experiences came from her struggle to articulate her the apparently disparate subject positions of simultaneously enjoying and devaluing homeless social experiences. Her experience resonates with the McKenzie-Mohr and Lafrance (2011, 2014) concept of ‘tightrope talk.’ In tightrope talk individuals give complex accounts setting up conflicting positions, creating ‘both/and’ instead of ‘either/or’, thereby illustrating the depth inherent in their experiences, and the inadequacy of language to explain it within the dominant stereotypes and narratives of homelessness. By taking up these complex identities, participants sidestep binary definitions of themselves and establish a more nuanced and agentic identity. Athena’s account demonstrates that a person can be homeless and unemployed yet socially content.

In light of their experiences of rejection and exclusion from social institutions, one participant gave an account of finding a new and private way to belong and feel included within the broader social institutions that they valued. Sarah recounts finding a new way to participate in church services, given, as discussed earlier in this Chapter, that, she was ‘not allowed’ to engage in traditional methods of participation, like reading sermons. She stated:

I always wear the colours of the Mass – like I know that today is a green day ‘cause it’s ordinary time. I know that tomorrow is a white day ‘cause [it’s a day of a Saint]. So I’ll have one thing over me that’s white. And that’s my way of giving myself wholly over to the Mass and showing respect because there’s nothing else that I can do to participate

[Sarah became upset].
Each of the above accounts demonstrate a new, determined and complex narrative about what it means to be homeless. A valuable potential for developing social meaning and purpose emerges. In this way, just as in the theme ‘Watched but not seen: the visibility and invisibility of stigma’, participants re-script their subject positions through the way they talked about themselves and behaved (Davies & Harré, 1990). They found new and constructive ways to have a valued sense of social participation whilst homelessness.

**Discussion**

The current Chapter aimed to provide the social and relational context of participants’ experiences of homelessness. It demonstrates the way that the participants’ micro social experiences were patterned by broader macro social structures. These included neoliberalism (through its emphasis on work and housing) and profound and widespread marginalisation and stigma around their visible difference due to their homelessness and other identities. It can be seen that participants experienced and conceptualised the interface between themselves and the non-homeless as a paradoxical sense of hyper(in)visibility (Gailey, 2014). They described feeling invisible to others due to the stigma around their homelessness, but also highly visible and exposed, as they often engaged in day-to-day life in public, under the judging gaze of the public. Participants described how being visibly homeless contaminated their social experiences through increased risk of rejection, abuse and discrimination that they experienced from the non-homeless. Accounts of formerly homeless participants inferred that experiences of hyper(in)visibility extended beyond homelessness, suggesting that the stigma and isolation of homelessness had become tethered to their long-term identity. This experience was largely encompassing and oppressive. It was associated with negative changes in their sense of self-worth and capacity to make new connections (and re-make old connections).

Yet, within this context of marginalisation and exclusion, participants responded in a variety of different ways. Sometimes they embraced the homeless identity and sometimes they
distanced themselves from it, sometimes both happened in the same breath. Participants also presented themselves as both marginalised and excluded and as social agents who participate in socially meaningful ways. While such plurality can be confusing, positioning theory casts contrasting positions like these, not as a linear narrative of the self, but as constitutive of ‘the cumulative fragments of a lived biography’ (Davies & Harré, 1990, p. 49). By taking up these complex identities, participants sidestep simple or binary understandings of themselves to allow a more nuanced, agentic identity that is not necessarily bound by the labels and expectations that others place on them. As such, homelessness can no longer be perceived a primary or monolithic identity that is either positive or negative, transient or engrained (Parsell, 2010, 2011; Somerville, 2013). According to Parsell (2011), this ability to purposively engage in different identities may lessen the significance of their homelessness to the way they understand themselves and their place in the world. The following few paragraphs analyse each of the different strategies used by participants to respond to stigma. They explore these responses in context and more detail, including their possible effects on dominant stigmatising narratives.

Several participants’ accounts indicated that the participant took personal responsibility for their homelessness and unemployment. They positioned their circumstances to be the result of personal issues, such as laziness. However, obviously, classification of the relevant behaviour depends on one’s perspective. It could be evidence of participants falling susceptible to dominant neoliberalist narratives, or it could be evidence of participants posing a counter narrative. Under ‘positioning theory’ (Van Langenhove & Harré, 1999), it could be surmised that by taking responsibility for their situation, participants were internalising and mirroring the social stigma of homelessness and unemployment into a devalued sense of themselves and their ability. Yet, paradoxically these participants could be perceived to be taking ownership over their own volition and illustrating their agency within and beyond their homeless identity. This is reminiscent of the interpretation made by Parsell and Parsell (2012, p. 429) in their research with the Australian homeless. In that study, they found that when participants positioned their
homelessness as their personal choice (even if externally this did not appear the case) they were doing so to shape a ‘sense of agency and sense of self [and] their very identity’ in a broader context of powerlessness. Parsell and Parsell argued that by emphasising descriptions of their agency and decision-making, their participants were subverting popular assumptions that as homeless people they were passive or deficient. In doing this, they were emphasising their normality within a mainstream society that preferences neoliberalism and individualism, even if the consequences (i.e. poverty and homelessness) were negative or problematic.

Some participants who ‘took up’ a ‘homeless’ identity engaged in self-surveillance (Gailey, 2014). In doing this they mirrored normative social expectations around homelessness, such as being passive, incompetent and defective, into their own views and behaviour (Davies & Harré, 1990). Accordingly, they gave accounts describing themselves as not having a ‘social life’. They saw that their current social context was incongruent with the social situation they (and mainstream population) idealised, i.e. being housed and employed. Some participants managed the stigma around their homelessness by avoiding others or concealing their homelessness during interactions with the non-homeless. Others went to the extent of isolating themselves from networks that they valued, such as non-homeless family and friends, to avoid judgement and shame. There are two possible reasons to explain the role of isolation. Perhaps participants prioritised their need to preserve a socially-valuable ‘non-homeless’ identity to their connections above their need to maintain actual contact with these valued connections. Alternatively, participants may found the risk of socially isolating themselves more acceptable than the risk of rejection and discrimination in trying to socialise with their non-homeless connections. In other words, isolation was an easier risk to manage compared to poor treatment and social rejection. Either way, managing stigma appears to have constricted the social networks and social participation of those experiencing homelessness.
Participants attempted to manage/minimise stigma through the ways that they dressed and the ways that they defined and described themselves. This behaviour may be understood as either resistant or resilient. On the one hand, dressing and talking about themselves in a way that minimised their 'homeless' appearance could be understood as an act of resilience. They could demonstrate that despite their marginalised and stigmatised identity, they could use the tools available to navigate the world safely, and without receiving negative attention. Alternatively, participants may have been expressing a more resistant, nuanced and complex view of their own homeless identity. Individuals who ‘distanced’ themselves from a homeless identity often did so while located and often very socially integrated within a very ‘homeless’ setting, such as homeless shelters and services. These participants may have been trying to show me that the definition of homelessness is less binary than I had previously understood. In other words there was no simple dichotomy of a person either being homeless or not homeless. The situation is for more opaque and nuanced than traditionally thought.

Other participants altered their behaviour to avoid being recognised as homeless. Changing language or behaviour to appear less homeless may be interpreted as acts of resistance (at least in some circumstances), but they fall short of challenging stigma and hyper(in)visibility. Gailey (2014) argues that those who hide their stigmatised identity to improve their reception by others are perpetuating their own hyper(in)visibility by ‘fitting in’ within the social hegemony that works to dispossess them. Indeed, as McKenzie-Mohr and Lafrance (2014) both note, as members of society are so acclimatised to dominant narratives, ‘when elements of counter-stories do emerge, they can be easily co-opted, [and] instead heard and understood within the terms of reference of the master [narrative]’ (McKenzie-Mohr & Lafrance, 2014, p. 9). This co-opting process means that we may fail to detect counter narratives when we hear or see them, thereby preventing their transmission. For example, we may fail see that someone who is presenting as non-homeless is actually homeless, and thus we fail to read their experience as subversive. As such, counter narratives delivered by people or through mediums that are
recognisably homeless (meaning their subversion does not rely on an individual concealing their ‘homelessness’) may prove more disruptive to hyper(in)visibility.

Indeed, some participants gave accounts of increasing their ‘positive’ visibility, without making their homelessness invisible. Several obtained a sense of social validation by using their homeless experiences as an avenue for charity and kindness, or by finding innovative ways to participate in social institutions like a church service. Others could find a sense of meaning and purpose internally, by retaining a ‘good’ identity while homeless and by positioning homelessness as a site for self-improvement and development. These accounts are also acts of resistance and resilience, illustrating that although participants existed at society’s margins, they were still able to generate the resources necessary to find spaces to participate and create purpose. By doing this, participants dismantled their hyper(in)visibility, subverting and reinscribing their homeless identities to be more complex, positive and nuanced.

**Implications of marginalisation and stigma.** My research has several implications for research, theory and service delivery. While stigmatising sentiments around homelessness persist, those experiencing homelessness will likely continue to experience further mistreatment and discrimination. Link and Phelan (2001, p. 381) suggest that one way to reverse stigma is to ‘change the deeply held attitudes and beliefs of powerful groups that lead to labelling, stereotyping, setting apart, devaluing or discriminating’. As stigma occurs at both a structural and individual level, interventions must try to target these multiple levels (Link & Phelan, 2001). In Chapter Eight, I will describe possible interventions and strategies to help reduce stigma around homelessness.

**Expanding networks.** Apart from the effects of stigma and attitudinal aspects of homelessness on the social experiences of participants, the material and spatial aspects of being unemployed and homeless also served to constrain their social lives and their networks. Some participants described how their lack of work meant that they had less access to the valuable
social connections that workplaces can sometimes provide. They also described the feelings of isolation stemming from lack of the social role and purpose that employment provides. In a review of research on social isolation Machielse (2006a, p. 16) argued that role relationships ‘that are embedded in the network and which give a feeling of personal and group identity’ are integral to an adequate social network.

Existing research on mainstream populations has found that having a sense of purpose can be critical for social and physical wellbeing, as it can reverse the negative effects of loneliness on gene expression (Cole et al., 2015). Other research in marginalised populations has also found that feelings of worth connected to meaningful activities are related to sense of social inclusion (Davidson et al., 2001). As already discussed earlier in this Chapter, it is unfortunately often difficult for those experiencing homelessness to find and keep employment. Where employment is not possible, I consider that it would be enormously valuable if roles could be created for clients within homeless services to provide them with a sense of purpose and belonging. While the relationships and friendships formed in these ‘created roles’ may not necessarily prevent feelings of isolation, they may assist social integration. (This idea is discussed further in the next Chapter and in Chapter Eight.)

There is an active interplay between structural and individual determinants of participants’ homelessness, isolation and marginalisation. Programs that focus on only one level (for example homelessness but not gender identity) may be too narrow to be effective because they will be undermined by the broader contextual factors of stigma or isolation (Link & Phelan, 2001). Accordingly, it is arguable that programs that tackle both determinants will have a more holistic and thorough effect on the stigma that those experiencing homelessness experience. For example, interventions that focus in tandem on housing, social participation and paid or unpaid work, are likely to be more successful than those that do not.
**Conclusion.** I found that homeless social experiences are driven by the multifaceted and dynamic influences of rejection and erasure from mainstream society. Each of the participants’ experiences was associated with marginalisation based on their different identities. However, whatever their differences, I found despite their social powerlessness, many participants were able to negotiate their marginalisation and isolation by finding purpose, meaning and connection. These participants presented complex understandings of their social selves that defied narrow ways that society categorises those experiencing homelessness. If these more nuanced and positive understandings of homeless identities, such as the potential to connect and to be altruistic are explained to and recognised by mainstream society they will eventually usurp the one-dimensional stigmatised understandings.

The current Chapter outlined the relational context through which those experiencing homelessness must position themselves socially. It is one where they must adapt and respond to being judged, ignored and excluded from socially sanctioned ways of participating in society. The following Chapter shows how individuals perceive, understand and construct their social relationships within the relational context that I have identified in this Chapter.
Chapter Four: ‘No-one wants you in the world anymore’: making and maintaining ‘normal’ social connections while homeless

This Chapter discusses the way in which participants construct, understand, and navigate their social networks within the broader relational context of stigma and exclusion. I found that participants’ accounts emphasised the importance of having high quality relationships with those they valued. However their access to valued relationships and the quality of the relationships was constrained by the following experiences:

- how their background had shaped which relationships they deemed normative and valuable, and
- the stigma that they had experienced as homeless persons in an affluent society.

These experiences frequently interplayed with other stigmatised identities that they held, such as having an intellectual disability.

This Chapter explores the following three themes:

1. ‘Missing links: the absence of valued network members’
2. ‘But they’re not friends, I know that now’: low quality and precarious relationships within homeless networks’
3. ‘Beyond those experiencing homelessness: making connections outside the homeless networks.’

Missing links: the absence of valued network members

Many participants framed discussions about their social networks by talking about the absence or loss of valued member(s) from them, including family, friends or intimate partners. The way in which participants described this absence (or loss) depended on which particular network was affected. Participants described their familial relationships in terms of their
experiences of rejection by family network members. In contrast, participants described their relationships with intimate partners and pre-homeless and homeless friends in terms of a lack of companionship. These aspects of absence and loss are discussed in this Chapter in two sub-themes, ‘Rejection by family’ and ‘Finding companionship within the homeless networks’.

**Rejection by family.** Half of participants in my study had experienced rejection by their family. For some, this relationship breakdown precipitated their homelessness. When participants lost the approval and support of their family members, they also frequently had to exit their current housing and the material resources they had shared with these family members. This departure in some cases meant that they now had to support themselves, and so some became more vulnerable to homelessness. This departure was also often associated with a sense of isolation and loneliness. Maggy lost contact with her family due to her father’s disapproval of her transgender identity. She explained that she felt ‘lonely when [she was] missing my family… when [she was] alone, not when with friends’. Miley became homeless after being ‘kicked out of her parents’ house’ following family violence. This experience, compounded with homelessness, shaped her understanding of family rejection as an all-encompassing and universal rejection. She expressed it as: ‘just like feelin’ that no-one wants you in the world anymore, like you’re homeless like, your parents don’t want you, you know and you just feel alone’. Miley positioned ‘aloneness’ as an almost inalienable consequence of becoming homeless. She associated it with rejection by those people who are traditionally expected to provide support, such as parents. Maggy’s and Miley’s accounts illustrate how familial rejection can have a profound impact on a person’s sense of belonging.

A few participants described experiencing rejection from family occurring later in their lives. This experience was also associated with negative feelings. Pieter described being ‘shut off’ from his sister’s family. He said that: ‘they just said “haven’t got time… don’t call us, we won’t call you”’. Pieter also positioned as a transgression of family values that this rejection had been
from his ‘own sister!’ [Pieter’s emphasis]. Athena described her sister’s behaviour towards her changing, leaving her feeling like she had ‘lost a sister’. Athena presented the funeral of their mother as an example of her sister’s rejection. She said: ‘I felt like I was left out, like when you put a rose on the coffin and everyone got one except me, and I’m her daughter’ [Athena’s emphasis]. Athena described the rejection by her sister as a source of rumination and distress, noting that: ‘I just think about her... I don’t know why. Maybe I’ve got too much time? She changed. And my brain doesn’t want to accept it or something’. In emphasising the discrepancy between their family’s behaviour and what they feel that they should expect from their roles as ‘sister’ (Pieter) and ‘daughter’ (Athena), Pieter and Athena highlight the distress that can be associated with transgressing social norms around family relationships. Their accounts demonstrate that the loss of familial relationships can be particularly upsetting.

Even when a participant continued to engage with their family, their extra needs and the stress associated with their homelessness frequently resulted in them feeling that they were a burden to their family. In one instance, this was associated with feelings of isolation and loneliness. For example, Susan described feeling ‘lonely’ when she returned to live with her father because of the burden she felt that she placed on him. She explained as follows: ‘he’s 82 years’ age [and] he doesn’t deserve [the bother of me]. He’s got a nice little flat, a new little house’. In this account, Susan positions the idea of her father offering accommodation support as somehow punitive or burdensome to his wellbeing and his home. Similarly, Roy expressed how he felt he was the ‘black sheep’ of his ‘respectable family’ and that he had taken advantage of them. He stated:

My parents have bent over backwards to try and help me but I just threw it back in their faces, sorta took advantage of the situation. They don’t really want to talk to me or associate with me… I kept on making the same silly mistakes; they don’t wanna know me until I sort myself out.
Susan and Roy’s accounts position their homelessness as having a negative effect on family members and their wellbeing. This suggests that participants may feel that they need to exit homelessness and shed the negative associated social traits, to re-establish a positive social relationship with their family. These accounts suggest that the non-normative aspects of participants’ relationships are associated with a profound sense of rejection and a lack of belonging. As such, remedying this feeling of ‘aloneness’ was sometimes contingent on the participant’s ability to exit homelessness and reconnect with their families.

**Finding companionship among those experiencing homelessness.**

Most participants described lacking close connections when they entered homelessness. Whether participants were able to create or recreate meaningful relationships within homeless networks was often contingent on a multitude of different (and sometimes interconnecting) factors. These included:

- their history of relationships prior to entering homelessness
- their social background and class, and
- the presence of stigmatising identities and past experiences (such as having a disability or having been in prison)

Participants’ complex social histories directly informed their expectations and norms about the kind of relationships that they desired and valued. These different backgrounds made participants wonder whether they could find like-minded friends and ‘fit in’ within homeless networks. Unfortunately, some participants, who were stigmatised or who were deemed too ‘different’ and ‘abnormal’ by other homeless people, had less choice in the relationships they formed as they were ostracised by others in homeless networks.

Some participants described losing valued social relationships in the process of becoming homeless, such as those with intimate partners and friends. The loss of these relationships
created a large gap in their networks which they were unable to fill within those experiencing homelessness community. This experience sometimes intersected with social class. For example, participants from professional, middle-class backgrounds positioned themselves as socially superior to others, and resisted and devalued relationships within homeless networks. In one example, Pieter, who came from a well-paid profession, described his pre-homeless self as being entwined with relationships with female partners. He said: ‘I’ve lived an interesting life, [and had] forty, fifty girlfriends [in my youth]; … it’s all been great fun’. Pieter gave an account of his wife falling ‘out of love’ with him when he became unemployed. He expressed his loneliness in the following account of sadness, loss and yearning for female company:

Female company and a girlfriend … it’s a big gap in my life and I almost ache for that… It’s like a foundational brick is just out. My life is going along fine [and the] sun comes up each day. I’ve got a positive attitude and outlook. Life is good. But the cornerstone is gone and the whole house is wonky. I just know I’m not where I should be.

Pieter recognised female company existed amongst his homeless networks, but he was critical of them describing them as, ‘just pigs… uneducated and very classless.’ This hierarchical approach also prevented Pieter from developing friendships. He described feeling repelled by the ‘low-life’ people around him. He said: ‘I don’t wanna interact [with them], you know, I think it might rub off… I just choose not to sort of associate with these guys’. In another example, Susan, who came from an ‘upper-middle class Catholic family’ did not identify as ‘lonely’, because she felt that she was never alone in her refuge. She said that: ‘there’s always someone to talk to for 24 hours. I’m just limited because I don’t get along with many people [in the refuge]’. She did feel that being with other homeless individuals was ‘difficult’ for her due to her socioeconomic background:
… You have to be around people and survive with them and live with them day in, day out, that you wouldn’t [otherwise] even look at. You have to really hold your tongue…They come from different social and economic background. They think I’m a snob. They think I’m this, they think I’m that, they swear at me. That’s what it’s like.

Susan and Pieter’s accounts highlight an implicit belief held by some participants: that forming relationships with other homeless individuals was tantamount to being subsumed into a socially undesirable homeless social identity, that is, to other themselves from the mainstream society from which they wanted to align themselves. In the context of the interview, participants used their descriptions of their relationships to distance themselves from a stigmatised homeless identity.

In contrast, some participants gave accounts of isolation and social marginality as being a long-term feature of their lives. Consequently, they did not describe having strict expectations or ‘standards’ for the type of relationships that they desired. They tended to describe feelings of belonging with the homeless population. For example, Walker said that he ‘never had [many] friends when [he] was a kid’ that he had experienced isolation from family. He said that his ‘father wouldn’t talk to [him and his] sisters wouldn’t [either]’. Yet, he described having ‘good friends now’ and that he felt ‘respected’ in homeless networks where: ‘no one judges ya… no one tells ya you’re a loser’. Trevor, who also lacked friends prior to homelessness, described his social life as ‘much better’ since becoming homeless. He said that: ‘just everything’s just the way it should be, not the way it was’. The accounts of Walker and Trevor reflect a sense of fulfilment and satisfaction with how their social networks had changed over the process of becoming homeless.

Another participant, Craig, had experience of incarceration. This experience acted as a further marginalising experience, affecting what he considered constituted a meaningful and
valuable relationship, and a feeling of belonging in the homeless networks. He described how his time in jail had compromised his ability to feel comfortable socialising in the mainstream social sphere. He said that after serving ‘eight years straight …[he] just didn’t know how to deal with people that weren’t crim[inal]’. He described feeling ‘scared’ in interactions with people outside of the jail system:

Like, I can’t walk up to someone in the street and just smash them in the face ‘cause they’ve done something wrong. You can do that in jail. You can’t do that out here.

You can’t act like you do in jail.

Craig described feeling that he ‘didn’t want to get out’ of jail. When he was released, he avoided coming into contact with others as he ‘didn’t know how to react if they pissed [him] off or [did] something wrong by [him. He] knew how to deal with it in jail. [He’d] been doing it for so long’. Craig found himself in a situation where he did not understand ‘normative’ behaviour in the mainstream social sphere. Instead, he sought connections within the homeless population whom he felt were ‘like’ him because they had been to jail and understood him. Through connecting with these individuals, Craig found belonging through relationships in which he could socialise in line with the social norms that he understood, which helped him to feel more comfortable. He described his two friends as being ‘on the same page’ because ‘they [had] the same background’. They had been to jail too and recognised that in each other. Craig described how one friend had ‘pegged it … straight away’. These shared experiences of jail time meant he got ‘along with them good’.

There is evidence that a participant’s social backgrounds will also affect if and how well they will be able to integrate into housing and mainstream society after exiting homelessness. Participants from a marginalised and isolated background, who identified easily with a sense of belonging to homeless networks, had trouble exiting homelessness and maintaining a tenancy. Several of these participants described continuing to return to homeless connections once
housed. Amy noted that ‘even though [she had] a place [she] still [went and slept] out on the streets, just for comfort and using drugs’. Participants described time alone at home as ‘lonely and boring’ (Amy) or ‘depressing and sad’ (Walker). Walker preferred time at a homeless drop-in service ‘instead of being alone in the house talking to no one. Sitting there, looking at four walls, smokin’’. He valued those experiencing homelessness as being more ‘real’ than those in the outside world. Walker commented:

> Down at [named service] they’ve got more respect for other people and well, general respect - respect for what your actions are, how you are, how you treat other people. Not like respect like because you have more money, or you’ve got a nice car or a nice job or something.

Amy and Walker’s accounts indicate that they continued to feel more ‘comfortable’ socialising with those experiencing homelessness, and that they identified with their past homeless connections due to the continued sense of being an outsider.

In contrast, those who came from middle-class or professional backgrounds tended to continue to prioritise non-homeless connections. This distinction was hyper apparent in comparison between the interviews of two friends, Trevor and William. Prior to homelessness Trevor had a marginalised and isolated background, and William had a professional background. They met during homelessness, but were now housed. They interpreted their friendship very differently. Trevor labelled William ‘a really good mate’ whom he met ‘every day’. In contrast, William did not mention Trevor throughout his interview. Instead William selectively discussed his connections with people who had not experienced homelessness, and whom he considered had a higher social standing. He described how, once exiting homelessness he had ‘been able to throw a couple of dinner parties’. He invited:

> …[my] good friend [friend’s name]… He was the pastor that came to the hostel, but he’s a brilliant academic. And ah, he just became a doctor, got his doctorate in philosophy
and I had him and his wife come and I had [wealthy friend] and his girlfriend, and I had [neighbours] come for the dinner party and it went well.

William valued these occasions as he considered that they were a return to the things that he had engaged in ‘pre-being homeless’. It is clear that William verbally aligned himself with the kind of connections he valued and which fit in with his ‘normative’ view of himself

Some participants did not have as much choice about how they socialised within homeless networks. These participants had certain physical, social or personal characteristics that left them susceptible to discrimination and rejection by other homeless people. Sarah described having characteristics that relegated her to the ‘bottom of the [homeless] pecking order’. She stated:

[Other homeless people] look down on people like me...[They] look for someone else to step on and I’m easy to do that because I have a learning disability. I’m a gentle person. I’m weak physically and emotionally and mentally and I have no support.

Other participants described how their ability to find companionship was constrained by stigma that they had experienced due to their gender identity. Maggy described how stigma around being a transgender woman constrained the pool of people with whom she could have intimate relationships or friendships. She described her difficulty finding partners, compared to the ease experienced by ‘[biological] females’. Maggy described how social stigma around dating a transgender woman meant that ‘it’s a lot harder for a tranny to find a boyfriend’. Also, if she was able to ‘find one’, it could have negative implications for her friendships with other transgender females. Maggy noted how those who had boyfriends, often started to isolate themselves from their transgender friends, due to insecurity that their boyfriend may fall in love with her friends. She said if a transgender woman is with her, it means ‘she knows that her boyfriends into trannies so [when] other trannies come around, they just get very insecure…. 
[and] paranoid’. These dynamics could create tension with existing friends. Consequently, Maggy acknowledged that spending time with her ‘tranny’ friends who were single was ‘a lot easier’ than spending time with friends in relationship who ‘live around their partners’. Maggy’s account illustrates how stigma around dating transgender women can have complex and interacting effects on numerous domains of their social networks. The stigma impacts their capacity to obtain romantic partners and also potentially limits their friendships. Sarah and Maggy’s accounts emphasise that often-intersecting sources of stigma experienced by those who are homeless, such as their gender identity or learning disability, can constrain and complicate social worlds. This means there can be fewer social relationships to choose from within homeless networks.

This section has highlighted how an individual’s personal history, class, experiences and identities tend to determine how comfortable they feel making friends within the homeless population, and to what extent they feel a sense of belonging within homeless social contexts. The following theme delves further, describing how connections formed within the homeless population are experienced and whether they meet participants’ social needs.

‘But they’re not friends, I know that now’: homeless social environments foster low-quality and precarious relationships

Most participants were in frequent contact with other homeless people, regardless of whether they valued or desired these connections. In fact, these relationships were often central to their social lives. The current theme describes participants’ accounts that demonstrate the complexity of these relationships. Participants’ accounts highlighted that the material and structural conditions of homelessness constrained the development and maintenance of relationships formed amongst those experiencing homelessness. Consequently, while participants frequently relied on other homeless people for resources, knowledge and company, many also
described these connections negatively. They considered them to be not ‘normal’, not ‘true friends’ or people that they could trust. For some, the inadequacy of these friendships was associated with loneliness.

In the harsh context of homelessness, some participants reported it necessary to enter into mutually-beneficial relationships with other homeless people for their own well-being. By doing this, these participants received protection, support and access to shared resources. These relationships were framed by a mutual sense of solidarity and a shared lack of social support. In this context, Maggy observed that:

You have to have people who you know you can rely on. That’s important. It just makes life hard if you’re just living on your own!

Looking out for each other meant sharing limited resources between group members. Craig described this in terms of a duty of care in regard to each other’s welfare. He described the mutual benefits of caring and sharing as follows:

You all looking out for each other, making sure everyone’s alright, your friends are alright. That they don’t go without. It’s called, ‘what goes around comes around’.

The accounts of Maggy and Craig align with theoretical understandings of social capital as the material, social and emotional resources made available by relationships (Portes, 1998). In the context of homelessness (itself defined by a lack of financial resources, support and accommodation) these accounts reinforce how those experiencing homelessness forge relationships based on the access they provide to social and material capital.

Relationships provided a more nuanced source of social capital for some participants who also experienced additional stigmatised identities. For example, participants who also experienced stigma from other homeless individuals due to their transgender identity, ethnicity or occupation as sex workers described making social groups based on their shared experience. In the context of this isolation, these participants supported each other. Two of them, Narelle
and Maggy, described forming a friendship group with other Australian Aboriginal or Maori transgender females whom they ‘clicked with’. Maggy stated: ‘we all have [cisgender] female friends and guy friends, but most of our friends are trannies’. Many members of their group were also homeless and had similar backgrounds. As Maggy noted: ‘we’re [experiencing] the same thing. We all know what each other’s going through’. According to Narelle’s account, the group was drawn together through their shared history of discrimination from numerous stigmatised identities, including being members of other marginalised groups:

We got a friendship and we kinda support each other in other ways, even if we don’t say nothing. ... Like most of us girls know – [although] some of the girls may not like each other - but when it comes down to the crunch, I say to the girls, ‘yeah, but when it comes down to the gay community and the heterosexual community’, I says ‘we trannies have only got each other’. The gay community is different [to the transgender community] and they can be quite racist and prejudiced too. Not just on skin colour, on gender as well. ‘Cause a lot of gay men think you’ve betrayed the male species, and a lot of gay women think you’re putting down the female species by dressing risqué or sexy. You know, and I’m thinking, well, ‘look there’s real girls... look you can see tonnes of them there, on the street, dressing the same [as we do]’ but you know, you can’t tell them.

Despite the clear benefits of forming connections with others who are experiencing homelessness, some participants described these relationships as falling short of providing the depth of connection, support and meaning that they desired. In Sunshine’s account of socialising as an intersex person who experienced homelessness and mental illness, these connections were positioned as ‘people … who feel sorry for my situation’. Sunshine described them as not reaching the benchmark of being a ‘friend’ resulting instead in feelings of ‘total’ rejection. Athena recounted joining a ‘girly’ group, but likened her friendships in this group to ‘social friends or
something, or like friends from a friend’. She found communicating with them unlike with ‘normal friends’ and being ‘uncomfortable’. She queried whether such friendships were worth her trouble in seeking out and that she would rather be by herself as would otherwise feel ‘even more lonelier’. She decided that: ‘they’re not friends. I know that now, so I’m not going back to them’. Sunshine and Athena’s accounts suggest that even when participants valued and even prioritised friendships made within the homeless social sphere, sometimes they did not consider that these friendships were of a high enough quality to satisfy their social needs.

Participants also described the temporary nature of homeless relationships and the negative effect that this had on the quality of the relationship. Roy encapsulated this idea, describing homelessness as ‘a lonely experience’. He added:

You try and make friends where you can and it gets you through the situations…

You form friendships but no one’s your true friend… [The relationships] don’t last.

You’re mates for a while and you may catch up with someone on a later date…but it will never be the same.

It is interesting to examine why these homeless relationships seem so transient and shallow. Participants often positioned homeless relationships as a response to and shaped by the transient and unpredictable nature of homelessness. In the homeless environment there is limited supported accommodation available and restricted choice in housing placements. This means homeless people tend to move around making on-going communication and relationships difficult. This difficulty was evidenced in Roy’s description of making a ‘good friend’ in one temporary accommodation service. However, he did not get this friend’s phone number on leaving the service, so the friendship ‘broke apart’. Similarly, Linda described ending her romance with another rough-sleeper because there was no option of permanence. Both of them were waiting for public housing and could be housed far away from each other with little notice.
Other accounts highlighted how other aspects of homelessness usurped the importance of socialising, and could compromise the quality of friendships made. For example, the pressing need to find food and accommodation was more important than positioning oneself for social interactions. As Walker noted:

[I] wasn’t thinking about socialising... I was …on my own all the time and worrying about where I’m going to get my next meal from and where I’m going to get my next bed from… you don’t think about loneliness.

Walker, Roy and Linda’s accounts demonstrate the precariousness of a homeless life. This life requires navigating a very transient service system to meet basic needs like housing and food and often means that participants are simply not able to form and maintain meaningful relationships. Their accounts are reminiscent of past research, which promotes ‘housing’ as providing the primary foundation for ontological security. That is, the sense of confidence, trust and security in ‘being’ (Dupuis & Thorns, 1998). According to Dupuis and Thorns (1998) housed does this by giving individuals the following framework:

- a site of personal and environmental constancy
- a spatial context in which to perform their daily routines,
- a space where they can access privacy free of surveillance and control, and
- a secure place to construct their identities.

In lacking the above framework, it is clear why many homeless people lack the sense of environmental, social and emotional stability to make meaningful connections. Indeed, Padgett (2007) explored how New York-based formerly homeless individuals with severe mental illness, experienced ontological security during the move into housing. Using the framework devised by Dupuis and Thorns (1998), many of Padgett’s findings explored how housing provided participants with an increased ability to navigate and control their own social relationships. For example, they reported feeling more control and self-determination. They now felt the freedom
to reject abusive relationships, or resist an offer to engage in sex, or other compromising behaviour and practices previously made in exchange for accommodation. The participants in Padgett’s study described increased comfort greeting ‘normal’ people in social contexts and establishing daily routines. They gave accounts of how living in their own place gave them an increased sense of privacy. They felt that they no longer needed to share accommodation with others, and so had privacy from surveillance. They were able to re-establish their social identities and personalities. In other words, they felt a sense of personal construction or repair. Finally, they described having the newfound ‘luxury’ of contemplating a future. This future includes the possibilities of reconnecting with estranged family, forming new relationships, having children and a ‘normal’ social life (Padgett, 2007).

There are other markers of homeless communities that create barriers to forming close relationships through fostering mistrust. Examples of these markers are widespread financial and material deprivation. Several participants in my study described feeling mistrustful of others due the possibility of theft of belongings, thereby hampering the ability to foster close networks or a sense of community. Amy stated that ‘sometimes it’s good to be lonely’ rather than to be vulnerable by placing trust in others. She said that: ‘sometimes it’s good to stick to yourself. ‘Cause if you meet someone and you don’t know ‘em, you can’t trust them!’ Miley, who had formed friendships with other residents at her refuge, felt her sense of community was undermined after some residents stole her belonging. She stated: ‘I hope that we all look out for each other, but sometimes you can’t trust anyone here because I’ve had a wallet stolen with all my money. I’ve had a phone stole. I’ve had tobacco stolen....’ Amy and Miley’s accounts reinforce the way that deprivation can hamper the development of strong connections.

Participants’ accounts reveal the complex nature of relationships that occur between members of the homeless population. Friends can provide social capital, through increased security, material resources and information, but do not necessarily provide adequate social
support or the emotional depth that can meet a participant’s social needs. Participants attributed this complexity to the nature of the homeless service system, and also (more vaguely) to some mistrustfulness implicit in homeless relationships. An explanation for this view can be gleaned from a shared lack of ontological security in collective groupings of people experiencing homelessness. For example Padgett (2007) viewed a lack of ontological security as preventing individuals from fostering relationships for any other reason than meeting their basic needs for safety, shelter and resources. As such, these individuals may lack the sense of personal stability or security required to foster and value trust, care and emotional connection.

Other research has found that experiencing financial deprivation can make social relationships function more poorly than for those who have greater resources. Mitchell and LaGory (2002) found that social capital, developed through relationships between those who experienced high levels of poverty (rather than with dissimilar others, like those at a higher social level) can actually increase mental distress. Belle (1983) shed light on why this occurs. She described how shared poverty and lack of resources can create very strained relationships, which often become a source of stress. This runs counter to the stress-buffering effects found within normative mainstream relationships (S. Cohen & T.A. Wills, 1985). Those in poverty are required to support each other and share resources to survive. Whilst crucial, these support networks can be draining because holding obligations and excess claims to others, can create distress associated with feeling indebted (and often, inferior) to those to whom they owe (Portes, 1998). Taken together, the above research demonstrates that when relationships occur within a context of poverty and desperation, they can lack quality and be associated with a poorer sense of reciprocity, trust and emotional support.

Creating valuable relationships through service providers, hobby groups and community groups
The previous parts of this Chapter describe participants’ rejection by family and their lack of belonging to or rejection by other homeless individuals. This Chapter has also examined how the homeless social environment constrains development of real and meaningful relationships. The current section of this Chapter will show that in the broader context of social isolation, several participants were able to form connections through service providers, hobby groups and community that went some way towards bridging the absence of meaningful relationships. It became clear to me that connections with service providers or that are facilitated through formal community groups were important to participants as they helped to shape the way that they understood their social identity, and created a point of contact and identification with mainstream society. As such, the relationship made from these connections often had positive effects on participants and their perceptions of their social world.

Participants who joined hobby groups, described how it gave them a sense of group membership and community. Sahara gave an account of her ‘friends at the [lawn] bowling club’. She described the feeling of the club as being ‘a bit like a small country town’ because ‘everybody knows everybody [and] knows what everybody does’. Trevor and William joined a theatre group for marginalised people. Trevor noted that he ‘just like[s] going there and meeting new people and that, and interacting with people…[He] got quite a few friends through it’. Trevor developed friendships with the ‘male ensemble and female ensemble’ as well as the producers and the projects managers. He said that ‘we’re friends with them as well. We’ve all [be]come pretty close over the years’. The theatre group helped Trevor and William participate in and spend time in the group in a way that they found meaningful. Trevor labelled it ‘a great way of killing time’. William noted that ‘[his] social life consists of going to [theatre group] more than anything else’. He also noted that when the theatre group was not in session he felt ‘lost because it takes up so much of [their] time… and sort of let down a bit… cause [they] haven’t… [they’ve] been going there and [they] haven’t got anything to replace it, so it’s a problem’. Trevor and William’s
accounts indicate that membership in this group provided them with a sense of community, purpose and a meaningful way to spend their time.

Due to stigma and personal issues, other participants experienced different obstacles to participating in mainstream social groups. Sarah was prevented from attending Mass at her church at Christmas time because of her allergies and at Easter due to the stigma she felt against her. She stated that for ‘three weeks for Christmas, when they flood the church with pine trees which [she’s] allergic to’ she was unable to attend Mass. During ‘the three weeks of Easter when all the important holy people are sitting in the front [she didn’t attend because] they don’t want [her] there’. Instead, Sarah created a new place to pray by establishing an ‘alternate Mass’ at a rose garden. She stated:

If I am at all strong enough to get there, even this time of year when there aren’t any roses … I go and visit them because that’s my little sacred spot where I go to God when there’s times in the mass when people make me leave and I can’t stay.

Gardner, Pickett, Jefferis, and Knowles (2005) refer to this type of relationship created by Sarah as a ‘parasocial attachment’. This is a non-human relationship that can stand in as a surrogate for actual connection, thereby reducing isolation. Using her rose garden, Sarah was able to retain her group membership with her church and her relationship with God, despite her ‘exclusion’ from the church premises. Her account shows how a homeless person can be resourceful and resilient in the face of discrimination and rejection.

I found that the most common and arguably the most critical connections that participants made outside the homeless networks, were with their service providers. For a few participants, service providers made up a large part of their otherwise small networks and provided much of their social support. Participants valued the way that service providers offered them consistent care, affection and support. This was often more than they were experiencing in their other relationships. These connections to service provider(s) runs counter to the negative
descriptions of homeless connections as not lasting, not ‘true’, unreliable and untrustworthy. For example, when discussing her case manager, Susan exclaimed that he was ‘saving [her] life. This man is doing more for [her] than anyone’s ever done for [her].’ It was clear to me that service providers were giving emotional and material support, which the participants frequently lacked in their other social spheres.

Participants described the ‘care’ and ‘love’ that service providers gave them and the positive impact that this had on the way that they perceived themselves. When spending time with the ‘lovely’ staff at the woman’s service she attended, Athena stated that it ‘really feels like they care, actually’. These interactions with the caring staff had a markedly positive effect on Athena. She stated that when she was with them she felt ‘like a proper person’ and that she felt ‘just get a little bit more better’ about herself. Similarly, Sarah’s sessions with a volunteer chiropractor made her feel cared for, beautiful and loved. She said that:

[The chiropractor] teaches me and … she loves me. I really feel it…she’s knows I’m freezing cold so she always gets extra blankets and wraps me up in them… she listens really well and she never treats me in a way that makes me feel anything other than beautiful… and when you feel beautiful you feel loved.

Apart from the practical care and support that they provided, relationships with service providers acted as motivators for the participants to re-evaluate their social world. Athena recounted her interaction with service staff, which made her realise that ‘it’s nice to get back to realising there are good people, sometimes’. Sarah also described realising she would be ‘happier if [she] had more positive social interaction, more people like [her chiropractor].’ Her account indicates that just one positive relationship with a service provider may help a homeless person foster a more positive view of their own capacity to socialise.

Service providers were also described as supporting and motivating the participants to improve their social interactions by making new friends, or by re-connecting with previous
networks. Service providers tended to support participants in a way that met their specific needs. They focussed on the relationships that participants valued for catering for their special needs, such as mental health issues. For example, Miley’s account set out how her caseworker supported her to connect with others through the process of ‘checking in’. Miley stated:

When I have my medication at night [the case worker’s] like: ‘so what have we done today?’ And I tell her everything I do today, [and then she asks] ‘and what are we doing tomorrow?’ to keep me motivated and active. So that kinda helps me with my being more active and sociable.

In another account, Susan’s caseworker was helping her reconnect with her family. Susan stated:

[He] promised me that we’re going to work together and he’s going to get me some accommodation where I used to live, so I can be with all my family… I’m finally getting the right help that I need.

Susan’s caseworker assured Susan that it was possible to improve her social life, and he also set out the practical support that was required to navigate Susan to that position. Susan stated that ‘it [had been] so overwhelming before [the caseworker did that for her]. There was so much that [she] needed to change, [she] didn’t know where to start.’ Susan’s account reflects how some participants used service providers as a bridge to access the mainstream social world, and re-access the normative social relationships that they desired.

For some participants, service providers (as non-homeless entities) provided a source of social validation, identification and potential connection with the mainstream social sphere. These participants gave accounts that aligned themselves with the service providers while distancing themselves from other homeless people. Pieter described his connections with the service provider at a local drop-in centre. He stated:
There’s not many interesting people to talk about. [Provider’s name], I get along with well… [He] is sort of a manager here I think, he’s very much client facing. Yeah, he’s [one] good guy.

Similarly, Susan described her social life at her refuge as being ‘nothing to report, it’s just depressing’ but noted that she had ‘found someone, a case manager… [She had] the support of this man and this [staff] group’. Susan described the service provider ‘workers’ as the ‘best thing’ about being homeless. As noted earlier in this Chapter, both Susan and Pieter came from upper-middle class backgrounds. In this context their relationships with the service providers they esteemed can be understood in terms of maintaining their normative middle-class identities, while navigating the social stigma of homelessness.

More broadly, it is apparent that service providers are potentially very important to homeless people. They can help to shape the way that a homeless person understands their social identity. They create a point of contact. They may be able to assist a homeless person identify with mainstream society and attain a more positive sense of social future.

**Discussion**

This study explored how participants experienced and constructed their social networks in the context of broader stigma and rejection. The first theme of this Chapter identified the participants’ experience of rejection from their family networks. Some of these experiences occurred before homelessness and some occurred after (or even sometimes as a result of homelessness). Because family relationships are so highly valued, their loss was associated with negative emotions like loneliness and worry. The second theme of this Chapter illustrated how participants’ desire or ability to form connections within the homeless social sphere was contingent on their social background and personal characteristics. The third theme recounted participants’ accounts of the complexity of the relationships that they formed within the
homeless population. In summary, whilst homeless connections provided social capital, they lacked longevity, support, trust and emotional depth. This complexity was framed as an inevitable consequence of the shared experience of poverty and deprivation between homeless individuals constrained in time, resources and sense of security that are required to develop deep relationships. This negative relationship experience often fostered distrust between community members. These findings are not unique, as international research has also investigated the way living in poverty can foster transient, fragile and unstable social ties, such as Desmond’s work on Disposable Ties in North America (Desmond, 2012). There were also some material factors. For the currently homeless these included the transient nature of homeless service systems. For the formerly homeless, these included feelings of isolation and boredom when housed alone. The final theme investigated the relationships that participants formed through hobby groups or with service providers, or other measures taken. These relationships often went some way to providing participants with a sense of community and belonging, an improved social capacity and a link to the outside world. One participant also gave an account of creating a proxy, non-human, social group through an ‘alternate church’ for Mass to assuage their isolation.

**Normative relationships.** One of the major threads that ran through this Chapter was the participants’ emphasis on normative relationships. Participants’ accounts often alluded to their desire for culturally normative relationships with their family, parents, intimate partners or their wanting to participate in formalised communities, like a church or a hobby group. Some participants positioned family relationships to have a very clear social role, such as what it means to be a ‘sister’ within a family. When these relationships did not meet normative standards, participants described the negative effect, such as feelings of isolation and profound (even universal) feelings of rejection. Often these lost familial relationships were positioned as more important to participants than their current relationships. Further, participants sometimes positioned their homelessness as a burden on their family members. These participants described
their homelessness as an abject and alien force, contaminating any hope for a normal familial relationship.

The quite deep sense of disconnection, loss and isolation associated with loss of normative family roles can be understood through Thoits’ theory of social roles (Thoits, 1983). Thoits argued that different types of social relationships are associated with specific social roles. For example, being a ‘sister’ or ‘mother’ provides those in that particular relationship with a specific sense of identity and social guidance about how to behave in relevant social situations. Normative social roles also bestow homeless persons with an increased sense of purpose and self-esteem (Heller & Rook, 2001). The effect of losing social roles can be damaging to a participant’s mental and physical health and can be understood as ‘social isolation’ (Thoits, 1983). Thoits considered this tantamount to losing one’s sense of purpose, belonging and intelligibility within one’s social world. These findings have been mirrored by two UK studies. Neale & Brown (2016) found that hostel residents desired culturally normative relationships. Sanders & Brown (2015) found that those experiencing homelessness spend less time with those they want to contact (usually non-homeless friends/family) and more time with those they were not close to (usually homeless networks).

Whether participants considered relationships made within the homeless population to be what theorists deem ‘normative’ was contingent on the participants’ social background prior to homelessness. Those who came from backgrounds of isolation and marginality, tended to be more likely to value relationships made within homeless networks. Some of these participants described their connections as providing them with a sense of belonging and shared experience. In contrast, those participants who came from middle class or professional backgrounds devalued homeless connections, distancing themselves from them. These participants saw the relationships that they had prior to homelessness (usually with those who came from similar backgrounds) as being what the theorists would describe as normative. Instead, these individuals
tended to value service providers as an important part of their network for securing distance from a homeless identity and for providing links to their desired social world. Other participants formed different types of relationships by joining hobby groups. These groups provided a sense of belonging within a broader community context, and likely new social roles from which they could glean validation and a sense of purpose.

It follows from the above, that the shared experience of being homeless is insufficient to build meaningful connections within homeless groups. If they are not already, service providers should be alerted that their clients’ isolation is only likely to be overcome by forming connections they truly value, often aligning with broader relationship norms. This means service providers should engage homeless individuals to seek relationships that they value and provide meaning to improve their client’s wellbeing, than just forming indiscriminate relationships. Participants also received benefits from joining community and hobby groups, often facilitated by service providers, that could provide them with a structure and shared social identity, which they valued.

These results were interesting, because they showed that for the most part, participants showed agency over whom they connected with, making decisions based on their own understanding and set of values around ‘normative’ relationships. My participants’ accounts are reminiscent of stigma-management strategies described by Snow and Anderson (1987, 1993a). Using these strategies, homeless participants engaged in selective relationships designed to construct valuable identities.

However, not every participant in my study had access to relationships in line with their social ‘norms’. Some participants were marginalised within the homeless population, particularly those who were transgender or those who had a disability. These participants may have wanted connections with other homeless people but it was difficult for them. They experienced discrimination, stigma or rejection from other homeless individuals. Maggy felt alienated but was
able to turn to her fellow transgender group for support. Sarah’s profound experience of marginalisation because of her severe allergies meant that she had to rely on non-human forms of contact (i.e. praying at a rose garden) for consolation. These participants’ experiences can be best understood using an intersectional approach that recognises that all participants had a unique constellation of identities, which fostered experiences of inequality. Examples of variations are class, ethnicity, disability and gender identity, which in combination shaped the participant’s social experiences, resulting in who they connected to and which connections they found meaningful. While people generally do tend to connect with those with whom they relate, the stigma associated with homelessness had exclusionary effects on their social networks. Tailored service provision could assist those experiencing homelessness to meet their social needs: service providers should consider the unique sources of stigma a client experiences, which can constrain the relationships they have access to.

**Homelessness and discrimination constrained the quality of relationships.** I found that participants were constrained by the transitional and precarious nature of the homeless experience and service provision. Frequently, those experiencing homelessness must seek out resources to meet their basic needs for survival. This resulted in participants’ relationships usually functioning to share meagre resources and to ensure safety. However, these relationships usually failed to develop emotional depth. This environment of mutual desperation also fostered a lack of trust between homeless individuals, in an environment there was already an increased risk of theft or attack. Maslow and Lewis’ Hierarchy of Needs theory reveals why those experiencing homelessness tend to make relationships that assist them to survive rather than provide them with intimacy and closeness. In this theory, basic and essential human needs, such as physiological safety, take precedence over less essential needs, like love and belonging (Maslow & Lewis, 1987). Thus, when individuals lack resources needed for survival, as is often the case with those experiencing homelessness, they must work to meet
these needs before they are motivated to address inadequate social relationships. This has implications for service providers: if those experiencing homelessness are provided with adequate accommodation, resources, and services to meet their survival needs, they may no longer be motivated to form social relationships that meet these needs. Instead, they can focus on establishing relationships to meet higher-order needs, like respect, trust, love and belonging.

Further, the homeless service system offered accommodation to participants in short timeframes, which effectively adds extra constraints to the longevity of their friendships. The unpredictable housing waitlist system means that long-term relationships are largely untenable, as the location of future residences are largely at the whim of the Housing NSW. As a result those experiencing homelessness lack ‘ontological security’ – that is, a stable emotional and cognitive state that comes when a person experiences continuity and stability (Padgett, 2007). Taken together, the lack of security and constancy during homelessness function to constrain the development of long term, supportive friendships. With this in mind, service providers could plan and design services to be more long-term, which could assist clients to have more time and stability to foster closer relationships.

The stigma associated with having (or having had) a homeless identity also constrained participants’ relationships. This constraint influenced the relationships participants had already lost in the process of becoming homeless, current relationships and potential relationships. Some participants positioned their experience of rejection from family members as the consequence of stigma associated with their homeless identity. Participants, particularly those from higher socioeconomic backgrounds, internalised stigma around homelessness, choosing not to socialise or associate themselves with other homeless people. I have already discussed other relationship constraints associated with stigma in Chapter Three. Some participants purposefully avoided their pre-homeless friends and family because they feared being judged when they found out about the participant’s new stigmatised identity (i.e. homeless). This avoidance lead to the
participant’s isolation. It is clear from the participants’ accounts and research in the area that stigma around homelessness leads to discriminating treatment by the non-homeless, sometimes even from service providers.

**Implications for loneliness.** Interestingly, I found that participants were more likely to report feelings of loneliness when they had been unable to make connections that they perceived to be valuable and which could be described as normative. This was apparent in Maggy’s sense of loneliness when she reported missing her family and in Pieter describing his loneliness on missing an intimate partner. It was also apparent in Susan reporting her loneliness because she felt her homelessness was burdening or tainting her relationship with her father. Participants who came from marginalised or isolated backgrounds prior to homelessness described feeling lonely when friendships that they had made during homelessness were not supportive enough to meet their needs for companionship (refer to the accounts of Athena and Roy). Loneliness regarding homeless connections was not an issue for those who did not value these connections (refer to the accounts of Susan and Pieter).

Interestingly, some participants in my study positioned loneliness as an adaptive strategy to obtain the social networks that they desired and disconnect from those that they did not. An example of this is in Amy’s description of how she considered loneliness to sometimes be a good thing. She thought that awareness of it allowed her to prevent the distrusting and unsafe relationships that sometimes developed during homelessness. Amy’s account suggests that for some, loneliness is experienced as tolerable and manageable when it suites social need. De Jong Gierveld (1998) has labelled this an important dimension of the loneliness experience

Unfortunately, formerly homeless participants described difficulty forming meaningful and valued connections in their neighbourhoods. Many did not rekindle relationships with their pre-homeless networks or develop new connections. Instead they continued to rely on their homeless networks for companionship, often out of feelings of social isolation. Research has
couched some formerly homeless individual’s inability to integrate into mainstream society in stigma they experience around their past homelessness. Coltman et al (2015) highlight that the formerly homeless’ inability or reluctance to integrate is flows from their experience of mainstream as hostile, stigmatising and discriminatory, leading them to eschew opportunities for connection.

Implications for service providers. Another clear finding of this Chapter is that service providers play a critical role within participants’ social networks. When homeless participants had felt isolated and struggled to find trustworthy, meaningful and stable relationships, service providers were indispensable. They acted as substitutes for participants’ valued networks and supported the participants to forge new networks. Unlike some other network members, service providers were able to provide participants with emotional and tangible support. For example, they offered help through making therapeutic services available and facilitating access to resources and housing. For several participants, service providers provided the bridge to mainstream societies thereby giving the participants hope and support to develop other relationships. International research has also identified the role of service providers in providing personalised social support for homeless service users and breaking through their social isolation (Davis et al., 2012). Together, my own research and these international studies indicates that although the provision of resources and accommodation should be a primary focus of service provision for people experiencing homelessness, the provision of social support may also be important.

Conclusion. The findings of this Chapter identify key insights for future research and practice. Homelessness, framed by marginalisation and stigma, makes it difficult for individuals to make and maintain close relationships. This can remain the case even after an individual enters housing. My research indicates that even when socialising with others, those experiencing homelessness can still feel lonely and socially dissatisfied. Participants have clear knowledge
about the type of relationships that they value. They certainly have an understanding of their relationship ‘norms’. However, most are willing, if they consider it necessary, to forgo existing connections, to compromise and make social decisions based on their needs. I hope that I have made it clear that interventions with those experiencing homelessness are most effective when they are tailored to each client, catering to their particular experience of inequalities and their individual capacity, social values and needs. Future policies, drawn with this intersectional framework, must provide service providers with the necessary funding and allow them time to provide and maintain these interventions.
Chapter Five: Exploring the Social Networks of Homeless People

As now established, to fully understand the role and function of social networks for those who have experienced homelessness, I must understand how participants conceptualise their relationships with other network members, and the different roles each network plays in their lives. For example, which networks do participants draw on for support and which help them to combat loneliness? While literature positions social networks, support and loneliness as three theoretically distinct concepts (Rook, 1984), participant’s discussions of these concepts were often interconnected and nuanced making it difficult to separate them. The entangled and nebulous relationship of these three concepts is reflected in existing measurement tools. For example, several measures that look at the structure of social networks also tap into social support received from these networks. This is seen in the oft-used Lubben Social Network Scale (Lubben, 1988; Lubben et al., 2006). A measure of social networks applicable for a homeless population is required before any examination of homelessness, social networks, isolation and social support can be made. This Chapter aims to produce a distinct measure of social networks that is orthogonal to these other, sometimes similar concepts, like social support and loneliness. The following sections will provide an overview of relevant literature used in forming a measure.

Measurement should tap into both qualitative and quantitative aspects of networks.

Recently developed measures of social networks explore the external characteristics of individual’s social networks, such as the number of connections and frequency of contact. They also explore the internal (or subjective) characteristics of their social networks, such as participant’s perceived ‘closeness’ with their network members or how much value they place on a network (Zavaleta et al., 2014). Previous research measuring and assessing social networks has tended to focus on the quantitative structure, dynamics and characteristics of different types of
network structures. However, other researchers have taken a more holistic approach and examined how the qualitative and quantitative aspects of an individual’s social network are integrated (Knox, Savage, & Harvey, 2006). For example, Mische and White (1998) have theorised ways in which primarily quantitative conceptualisations of social networks can also incorporate discursive understandings of social networks. For example, they have theorised how normative conventions and practices surrounding language can change the way an individual constructs their social networks and sees their role within each relationship. Also, how the context and culture in which a social interaction occurs will prescribe the nature of relationships formed, including the roles of each actor. This holistic approach emphasises the importance of looking broadly at social networks, investigating each relationship, examining how they are socially constructed and how this relates to the quantitative aspects of their networks, like network structure.

These more holistic researchers have argued that any understanding of different characteristics of social networks, like social isolation or social integration, needs to incorporate both objective (structural) and subjective (or meaning-making) aspects of social relationships (Hortulanus, Machielse & Meeuwesen, 2006 (Brissette et al., 2000; Machielse, 2006a; Zavaleta et al., 2014)).

Rather than measures that incorporate both subjective and objective components of social networks, existing research on homeless social networks have tended to use methodologies that pick up either one or the other. They have tended to use qualitative interviews (Hawkins & Abrams, 2007; Neale & Brown, 2015) or ethnography and participant observation (Reitzes, Crimmins, Yarbrough, & Parker, 2011) to identify networks. A few other studies have used a survey tool to measure the composition of a social network (Green, Tucker, Golinelli, & Wenzel, 2013; G. Johnson & Tseng, 2014; Trumbetta et al., 1999). However, findings from the previous Chapter indicate that subjective evaluations of a participant’s network
(for example whether a relationship is deemed ‘normative’) tend to be of equal or greater importance than quantitative factors (for example the number of friends one has) in shaping how satisfied homeless individuals felt with their network.

Any meaningful measure of the social networks of those experiencing homelessness should include both subjective and objective indicators. The measure should be selectively chosen, driven by what we know is relevant and appropriate for a homeless sample. This could be very different to what is relevant for mainstream populations. To my knowledge, no existing studies have used qualitative accounts of those experiencing homelessness’ understanding and construction of their social networks to inform the design of a specialised social network measure for this population.

**Making network characteristics appropriate for a homeless sample.**

Existing survey-based measures of social networks may be inappropriate for the homeless population. Some measures are based on normative conceptualisations of social network groups. For example, the Social Network Inventory (SNI) asks about friends made through current employment or education. These items are not relevant for most individuals who experience homelessness (S. Cohen et al., 1997). Other measures used within a homeless sample have required participants to have either a minimum number of social contacts (Green et al., 2013), or a maximum number that can be named (Gray, Shaffer, Nelson, & Shaffer, 2015). Some have even limited inclusion of social contacts by time frames, such as including only those seen in the previous year (Gray et al., 2015) or the last few months (Savage & Russell, 2005). Given that the previous Chapter indicates that an individual’s loneliness can be caused through lack of connection with people not seen in years, such as family, these other methodologies allow only partial understanding of a homeless person’s social network.
Other factors must be taken into account when measuring the social networks of those experiencing homelessness. Chapters Three and Four establish the presence of two types of relationships that occur for those experiencing homelessness. First there are those associated with ‘past lives’ such as family, friends from prior to homeless or colleagues. Secondly are those associated with current homeless (or post-homeless) existence, such as homeless peers or service providers (Snow & Anderson, 1993a). It is generally accepted that participants position themselves between these two types of relationships, according to how integrated they are within the homeless ‘subculture’ (Snow & Anderson, 1993a).

As discussed in Chapter One, little is known about how the social networks of those experiencing homelessness change when they enter housing as limited research has been done in this area. The extent to which an individual’s network may change and shift away from their homeless social networks may affect their interest in and perceived ability to re-integrate into mainstream society (Bell & Walsh, 2015; Snow & Anderson, 1993a). One local study has explored this aspect. The ‘Journeys Home’ study sampled 1682 low-income Australians (from the Centrelink database) on a longitudinal (2.5 years) time frame, examining social networks over periods of homelessness and housing. However, while this study measured the composition of participants’ networks (i.e. the proportion who were homeless or not), it did not explicitly differentiate between pre-homeless friends, homeless friends and housed friends (G. Johnson & Tseng, 2014).

There is clearly a need to create a new, multifaceted measure of social networks that is tailored for the homeless population, based on the way they perceive their networks.

I have undertaken three steps to develop this measure:

1. Examined methods of measuring social networks, including identifying features and key characteristics of homeless networks.
2. Developed a measure that documents the subjective and objective social network of participants in a way that is accessible and appropriate to a sample that have experienced homelessness.

3. Tested the measure by comparing the two sub-groups of participants – those who were currently homeless and those formerly homeless at the time of survey.

**Contemporary Methods of Measuring Social Networks**

Researchers have long-debated best practice on how to measure social isolation (Zavaleta et al., 2014). Social Network Analysis (SNA) refers to a collection of different methodologies used to measure the structure of social networks. One of the main aims of SNA is to make generalisations and predict the way that particular network structures can lead to particular outcomes, for example health-related behaviours, beliefs, thoughts or illness. To this end, SNA considers the functions of the different relationships in one’s network. For example, SNA looks to who provides support, shares information and which network members are most important to the central network member (or ‘ego’).

One type of SNA, Sociometric analysis, requires that data is collected from every member (or ‘alter’) of a distinct but bounded network, such as a workplace or a homeless shelter. All connections in a network must be interviewed and asked about every other member of the network. In this way reciprocal connections can be identified in the network-mapping process (Kelly, Patel, Narayan, Prabhakaran, & Cunningham, 2014). This process provides great detail but is clearly time and labour-intensive. Sociometric data generates a host of social network indicators that describe the complexity, size, reciprocity, gaps or ‘structural holes’ in an area of the network. It can also measure and how many relationships an individual has in their network, compared to the number they could have (i.e. network density) (Rivera, Soderstrom, & Uzzi, 2010). A number of these social network indicators have been used previously in previous research using homeless samples (Green et al., 2013).
Another form of social network analysis is egocentric analysis. It focuses on the one individual (the ‘ego’) and their perspective on their social network. Unlike sociometric analysis, egocentric analysis does not require the input of every member of a bounded network. By reducing the amount of recruitment needed, the egocentric approach allows researchers to gain information about the social networks of ‘large unrestricted populations’ (Kelly et al., 2014). But, like sociometric analysis, egocentric analysis can measure characteristics like network size. In traditional SNA, this ‘network size’ is usually capped at a certain number to reduce the length of the survey. This has the effect of restricting the network to an individual’s closest social ties (rather than reflecting all social ties, regardless of the degree of closeness). Another measure, Network Exposure refers to the attributes the participant is exposed to within their network, for example quantifying those in a network who are not currently homeless. The level of exposure to an attribute, such as homelessness, represents the influence and possible diffusion of this attribute within a participant’s network. Network diversity is a measure of different types of relationships that exist within a network. The characteristics measured here are usually determined by the research item where more diverse networks are associated with better social and health outcomes. There are also measures that focus on specific attributes of certain relationships, such as tie strength, an indicator of the perceived closeness of the relationship between the participant and different network members.

Egocentric network measurement is often favoured within psychological and social sciences research and suits research into a population like those experiencing homelessness. The egocentric approach takes less time as it requires only input and data collection from one ‘index’ individual. It thus avoids the logistical difficulties of finding, recruiting and interviewing all members within a network. Also, participants shoulder less burden in an egocentric compared to sociometric analysis, as they can name their own network members without needing to give information and contact details for a large group of people. This also means participants are free from social, structural or geographical limitations on whom they nominate, allowing for less
restricted measurement. Finally, and most importantly, egocentric-style measurement allows for easy measurement of the subjective attributes of the focal participant’s social networks. This is crucial for understanding and conceptualising a very subjective experience, like loneliness. Egocentric analysis is particularly suited to the homeless population where the boundaries of a network can be difficult to define and where important members of a network may no longer be in regular (or even irregular) contact and so difficult to track down and interview.

Is egocentric SNA suitable for use in a homeless sample? Buch-Hansen (2014) shows us that SNA is useful with some limitations. One issue is with its common use of making future predictions and generalisations based on current interactions between existing members of a social network (Buch-Hansen, 2014). Trying to make generalisations or predictions in the homeless population is problematic. The diverse and heterogeneous nature of those experiencing homelessness reduces the legitimacy of claiming transferability of findings to other contexts. This may be especially the case for research conducted internationally where diverse social, cultural, legal and structural precipitants of homelessness are likely to be substantially different to Australian settings.

There are ways to measure social networks without resorting to prediction, reductionism or generalisations. Aside from SNA’s usual use, it can also be used to make the effects of social networks tangible and measurable. This allows us to observe how participant’s social networks relate to others constructs, statistically.

The measure of social networks amongst those who have experienced homelessness does not need to be constrained by a strict social network analysis. Rather, a looser measure of social networks that is informed by social network theory may be a better fit. The following section explores aspects of social network measurement that are appropriate for a homeless sample. These include:

1. The social context in which the network exists.
2. Members of the network
3. What roles these networks play and how personal characteristics
4. Identities and experiences (apart from homelessness) may impact the structure of one’s social network.

‘Social integration’ and ‘social network’ measurement. In understanding and measuring social networks it is critical to consider the social, cultural, political, economic and material context in which these networks are situated. In particular, how these may have enabled or constrained individuals in developing and maintaining social connections? (Berkman et al., 2000). In Chapter Three, it was argued that the networks formed within homeless communities were heavily constrained by associated experiences of marginalisation, stigma, rejection and discrimination. They were also constrained by material factors such as lack of housing, privacy and the transient nature of homeless accommodation services. Participants often described being unable to form connections with those they wanted to connect with, such as family and pre-homeless friends.

Thoits (1983) argued that different types of social relationships, such as spousal relationships or friendships, provide individuals with specific social roles. These social roles bestow individuals with a sense of identity and meaning. Roles also allocate responsibility, guiding an individual in how to behave socially within each relationship and associated social situations. As described within Chapter One, loneliness or having a low level of social integration is associated with a host of physical and psychological health risks (Brissette et al., 2000). Social integration in this context is the extent to which a person partakes in a broad and diverse range of social relationships (and thus has social roles).

As those experiencing homelessness have limited access to diverse relationships, any measure of social networks catering to a homeless sample benefits from including indicators of ‘social integration.’ However, social integration is a multifaceted, complex concept and thus hard
to measure. Other network indicators may provide proxy measures of social integration. For example, a lack of a certain type of relationship may signal the absence of a social role that an individual could play. Examples are a being a family member like a father, daughter or sister, or being a romantic partner through being a wife, girlfriend or de-facto partner. The variable ‘structural holes’ acted as a proxy measure for a lack of social integration, by demonstrating that a participant lacks a particular type of relationship in their social networks, for example family, or intimate relationships. Participants may increase the diversity of their networks by forming additional and diverse types of connections, through employment, volunteering or even getting a pet.

A homeless person may also experience social integration through being involved with individuals outside of homeless networks. An oft-used social network principle ‘homophily’ explores how individuals tend to gravitate towards others who have the same socioeconomic status (SES) and demographic characteristics as themselves (DiMaggio & Garip, 2012; Rivera et al., 2010) leading to a reduced diversity in their social networks. This principle of homophily can also be applied to those experiencing homelessness. Research shows that those who remain homeless in the long-term tend to become entrenched in homeless networks, culture and identity (Chamberlain & Johnson, 2011). Homophily can be particularly problematic amongst low SES or marginalised groups like those experiencing homelessness, where the homogeneity of their network renders them susceptible to cultural exclusion. This means that they become ‘cut off from the dominant patterns of behaviour, lifestyle orientation and values of society’ (Machielse, 2006b, p. 26). Indeed, research findings show friendships between those experiencing homelessness can limit a participant’s access to resources and introduce behaviours like substance use (Chamberlain & Johnson, 2011; Hawkins & Abrams, 2007). Those experiencing homelessness may also lack relationships that provide ‘social capital’ which are the benefits people get from relationships with those who have access to social and material resources (Bourdieu, 1986). Social capital can help an individual to access social opportunities like
employment (DiMaggio & Garip, 2012). The presence of even one or a few heterogeneous (or non-homeless) contacts ‘can facilitate the flow of information between otherwise isolated network neighbours’ (DiMaggio & Garip, 2012, p. 22). As such, the variable ‘network homogeneity’ provides a useful proxy for social integration by measuring the diversity in participant’s networks, i.e. the proportion of one’s network that not homeless and the different types of social capital these relationships may bring.

Participation in community or social groups, like church groups has been used an indicator of social integration (de Jong Gierveld & Van Tilburg, 1995). Joining social and community groups may provide individuals with social roles and thus a sense of purpose and meaning. This may be particularly important for homeless individuals who lack close and intimate relationships like a family. Joining groups may compensate for this lack of relationship, as individuals may foster a sense of ‘intimacy’ through being part of community groups and organisations (Berkman et al, 2000). Brissette, Cohen and Seaman (2000) suggest that care and planning should be taken to ensure measures of social roles are relevant and appropriate to the sample targeted. In the homeless population measurement tools need to be flexible to allow for identifying and measuring the roles, groups and institutions with which participants engage.

As mentioned in Chapter One and Two, intersectionality is an important theoretical framework for understanding the diversity inherent the homeless population. Intersectionality provides a framework from which to understand how each participant’s experiences of disadvantage, discrimination and social exclusion gives them reduced access to social networks, and consequently, lower levels of social integration. There are several identities that in combination may constrain participant’s social networks. Mental illness, substance use, identifying as Aboriginal or LGBTIQA all impact on the social networks of participants (McNair et al., 2017; Oakley & Bletsas, 2013; Teesson et al., 2000; Teesson et al., 2004; Zufferey & Chung, 2015). Research investigating the social networks of those experiencing homelessness
should include measures of each these identities to evaluate how these different identities affect participants’ social integration.

Development of the Measure

Item Generation. To complete this project, I decided that to measure participant’s social networks, I needed to see how those who have experienced homelessness define and understand their social networks. First, I examined qualitative data, coding for how participants talked about loneliness, social isolation and their social networks. This process was difficult because the definition of ‘social networks’ was often nebulous. Social networks are considered as the actual characteristics of one’s social connections. This includes the objective attributes of one’s network (for example network size and frequency of contact) as well as the subjective attributes of the network referred to aspects of social functioning (for example perceived closeness or importance). These concepts were transformed and quantified into survey items.

Several iterations of potential survey items were explored in consultation with supervisors to improve the clarity of expression and the clarity of concepts before deciding on the final version. For example, in earlier iterations, several items asked about the quality of participant’s relationships with a network group, including the following:

1. To what extent do you feel like this group understands you?
2. How much can you rely on members of this group for help if you have a serious problem?
3. How much can you confide in members of this group if you have a serious problem?

However, on reflection these items were almost identical to those asked in measures of social support and so needed refining. Other items were aimed to detect participant’s experience of marginalisation within a network group. These included the following:
1. Do you feel like you are on the 'inner' or 'outer' of this group? (From 1 (inner) to 10 (outer).)

2. Do you experience any discrimination from this group?

It became clear that these items could lead to unclear results and interpretation. For example, those who reported experiencing discrimination from a group may have associated with factors other than their homelessness and related experiences, like their political views. It would be hard to make inferences from these findings about marginalisation because perceived marginalisation was too difficult and nebulous to measure.

Additionally, an earlier draft iteration of the measure used items about a pre-set list of network groups based on the types of relationships that participants tended to talk about during qualitative interviews. These relationship-types included family, intimate partners, friends made through services, friends with similar interests (for example drug taking), pets, friends from prior to homelessness, service providers, neighbours/sleep companions and friends who were not homeless, but made whilst participant was experiencing homelessness. It became apparent that this set of groups was too large and would likely lead to many overlaps. For example, the ‘friends made through services’ could also be categorised as ‘friends with similar interests’. Accordingly, the list of networks was further refined to be broader and to reduce overlapping.

Participants in the interview sample for this thesis reported understanding their network groups, on a group basis, such as their ‘family’ group or ‘friends’ group, rather than as individual connections. Accordingly, network items were formed for the whole network group level. This meant that items were framed about ‘family’ rather than an individual network member level such as ‘sister.’ In accordance with the groups that participants tended to describe in qualitative interviews (Chapter Three and Four), several network groups were pre-defined for inclusion in the survey, including family, current friends, old friends (those made prior homelessness),
intimate partners and service providers (including case workers, mental and physical healthcare workers, etc.)

**Use of visual methods.** Previous research has used visual methods during the data collection process, such as drawing out social networks or using props to represent network information and characteristics. These visual methods have been found to be a useful tool for researchers as well as research participants. Using visual methods helps participants to perceive the complexities of their social world concrete in a more tangible manner. As Schiffer and Hauck (2010, p. 240) note after using visual methods in their data-gathering process, ‘drawing the maps helped them structure their own thoughts [about their networks] and served as a tool to prioritise their extensive but implicit network knowledge’. Hogan, Carrasco, and Wellman (2007, p. 117) have also pointed out that using visual depictions of participant’s social networks while gathering data, means that both the researcher and respondent ‘can see concrete representation of what they are discussing’. Visual methods may be particularly useful for participants who experience cognitive deficits or issues with concentration to make the task less arduous. Using visual methods to collect data on social networks may also be enjoyable or even pleasing for participants. Hogan et al (2007) found that participants often enjoyed the process of mapping social networks visually. Some participants gave accounts of being interested and intrigued at how their network looked while they organised and constructed them. It was often the first time they had visualised their social world. Given these positive attributes, I decided that visual methods would be a useful way to measure social networks amongst homeless populations.

I considered several types of visual methods to collect social network data. Initially, I considered using butcher’s paper and coloured marker pens to map out each participant’s social network. I thought this could be part of an interactive process between me and the participant which could assist eliciting fuller responses.
One advantage of this method is that it would have allowed participants to nominate their social networks and cluster them in a way that was meaningful to them. They would not be seen as being forced to conform to a standardised structure. The paper-form of this method may also have been less intimidating to the participants than more complex technology like tablets or computers (Hogan et al., 2007). However, a disadvantage of this visual method was the length of time involved in nominating all members of one’s network, even with fixed prompts (Hogan et al., 2007). Other research using a similar mapping processes took between 20 and 60+ minutes to complete (Hogan et al., 2007; Kelly et al., 2014). In my current study, I considered it vital to obtain the most accurate results by keeping measures and tools as short as possible to maintain participant’s attention span and to prevent increasing fatigue or disinterest during the survey.

Other problems with this type paper-based method used as a measure were linked to its reliance on participant’s ability to recall network members. Hogan et al (2007) found that when requesting participants to generate names of their social network members, they tended to only remember network members with whom they were in constant contact. They forgot about those they saw less frequently. Further, this mapping method did not allow for the measurement of ‘structural holes’ in one’s network. That is the absence of a total network group, like family. Using a paper-based mapping strategy also meant not being able to measure participant’s subjective feelings about these gaps, in a quantifiable way. Omitting such information may mean missing the very network features that prompt loneliness. Considering these factors it was decided that using a visual network mapping tool was too unstructured and time-consuming. Accordingly, a more structured measuring tool was designed.

A visual method informed by the Injecting Drug Users Quality of Life tool (IDUQOL) (Brogly, Mercier, Bruneau, Palepu, & Franco, 2003; Hubley & Palepu, 2007) was selected. The IDUQOL was created with the aim of being accessible and easy for drug users to use. It utilised graphic cards to represent different key constructs making it easier to be comprehend by
participants with cognitive difficulties, low literacy skills or English as a second language. The current study similarly used graphic cards, each representing a different social group that participants may have in their networks. All cards were all simultaneously visible to participants. This gave the participants a visual sense of how they negotiate and assess the perceived importance of each network group in relation to each other (Hogan et al., 2007). For each network group several specific items were asked. Visual analogue cards were used to assist answering processes. Each card gave pictorial representations of possible responses that participants could give, as in the IDUQOL tool. Some items required the participant engage in interactive behaviours with these cards, such as distributing chips onto the cards to indicate the perceived importance of a group.

**Method**

**Participants.** This Chapter draws on measures and data from the primarily cross-sectional quantitative survey of n=129 persons undertaken with individuals who were currently or formerly homeless, in the greater Sydney region. The method for whole study can be found in Chapter Two.

**Procedure.** Participants were given five A4 cards each representing a different network group including, family, current friends, old friends (described as those made a long time ago, even prior to homelessness), intimate partners and service providers. Each card included the name and a description of the group. The cards were also explained to the participants. The cards also included an image representing the group, taken from characters from the popular television show, ‘The Simpsons.’ The Simpsons characters were chosen as they were thought to be recognisable to most people. The shared recognition of the characters could create rapport between researcher and participant, potentially even lightening the mood when describing relationships and isolation, which can be difficult topics to talk about. The images on each of the cards were diverse, so that participants would feel comfortable talking about their
social situations. For example, the cards for ‘family’ and ‘intimate partners’ included images of same-sex couples, grandparents and families with and without children. The cards can be viewed below in Figure 6. The description of each group that is written on the cards is set out in Figure 2.

Each participant was asked the same set of items for each network group. Participants were given visual analogue show-cards on which the response options were pictorially displayed. The items that I asked are listed below. They are divided into subjective network measures and objective network measures. I made a hard-copy record of each participant’s verbal and non-verbal responses.

**Subjective Network Measures.** Three items referred to the participant’s subjective evaluation of a network group. These included importance ratings, satisfaction with the group and perceived closeness to the group.

*Importance rating:* Participants were asked to rate how important each network group was to them. They were each given 25 round plastic chips and told to distribute them according the importance they attached to each group (i.e. more chips for groups that were more important to them). There was no minimum or maximum number of chips that could be placed on any of the groups. Participants did not have to use all the chips allocated to them.

When scoring the importance rating for a group, the number of chips for that network group was divided by the total number of chips (out of the total 25 provided) distributed by that participant across all network groups. So, if a participant placed five chips on ‘family’ network groups, then the relative importance of family was 5/25 = .20. My method diverted slightly from the similar methodology adopted by Hubley and Palepu (2007) where a pre-set maximum number (up to 3 tokens) could be used to show relative perceived importance on a particular domain. I considered that by removing an upper limit, the participant’s importance rating was
less constrained and better indicated how relatively important a particular network group was to each participant.

In early versions of the IDUQOL tool, importance ratings were used to ‘weigh’ a participant’s level of satisfaction with each of their life domains. In later manifestations of the IDUQOL tool, the importance ‘weighting’ was removed as it was not seen to improve on the more simple approach of using unweighted satisfaction scores (Hubley, Russell, & Palepu, 2005). My earlier qualitative findings demonstrated that the more important a participant rated a network group, the more it tended to impact how they perceived their social life. I therefore decided that more useful results would emerge if perceived importance scores were measured independently to perceived satisfaction (rather than as a compound variable).

**Perceived satisfaction**: For each network group, participants were asked how satisfied they felt with the current state of that group on a Likert scale. They were asked to choose between 1 (very dissatisfied), 2 (dissatisfied), 3 (slightly dissatisfied), 4 (slightly satisfied), 5 (satisfied) and 6 (very dissatisfied). These categories were matched with six visual analogue cards showing images of smiley faces ranging from frowning to very happy faces.

**Perceived closeness to group**: For each network group, participants were asked ‘[H]ow close are you to this network?’ Their response was anchored on a Likert scale between 1 (very close) to 7 (very distant). This was reverse coded to be consistent with other items.

**Network group items: objective network measures.** Several items determined participant’s objective evaluation of a network group.

**Network Size**: Participants were asked how many connections they had in each network group (regardless of actual amount of contact with them). Responses were filled out as a numerical open response. If the answer was zero (i.e. no members in that group), I skipped further items for that network group and went straight to the importance and satisfaction ratings.
for the next network group. If the answer was greater than zero, indicating they had at least one network member in that group, I proceeded with the rest of the items for that group.

Some SNA measures cap the number of network members participating in research based on network size, time since recent contact recently, or perceived importance compared to other networks (Green et al., 2013). Due to the exploratory nature of my research, I was able to take an unrestrained measure of participant’s full social network. In predicting loneliness in this sample, it was important for me not to make assumptions about on the size, types or features of homeless social networks. The size of homeless social networks can vary widely. American research has found that the size of a network can vary depending on location (Savage & Russell, 2005). It is important not to put time boundaries on items about homeless social networks. My qualitative findings (see Chapter Four) demonstrate that although many participants had not been in recent contact with family, family was still perceived as an important part of their social world. Additionally, I discovered that while some participants did not label their homeless friends as being ‘important’ to them, these connections still played important roles like providing material support.

**Frequency of Contact:** For each network group, participants were asked ‘[H]ow much contact do you have with this network on a typical fortnight?’ Participant’s answered using the following response categories: 1 (not at all), 2 (once a fortnight), 3 (2-4 times per fortnight), 4 (5-7 times a fortnight) 5 (nearly every day).

**Measures associated with social integration.**

**Proportion Homeless:** For all network groups (excluding service providers), participants were asked ‘[H]ow many [in this network] are homeless? In most cases, the response categories were 1 (almost none), 2 (some) 3 (about half of them), 4 (most of them) and 5 (almost all of them). For the intimate partner’s network group, the participant’s response categories were ‘yes’ or ‘no’. This was thought to be appropriate as I had expected that individuals would have
only one intimate partner. Interestingly, this was not always the case. If participants did have
than one intimate partner, they were asked about the homeless status of the majority their
partners. While it was unusual for a participant to have more than one intimate partner, if they
did have more than one, they usually had several more. Participants were not asked about the
homeless status of their service provider networks, as it was assumed that this group would not
be homeless.

**Group membership:** Participants were asked “[D]o you belong to any groups in which
you talk to one or more network members of the group about group-related issues at least once
every 2 weeks?’ Examples given to the participant to consider in answering this item included
social clubs, trade unions, as well as recreational, educational, church, professional and hobby
groups. Also included were groups involved with community service or volunteering. I
appropriated this particular item from the Social Network Inventory by S. Cohen et al. (1997).
Participants listed their types of groups in an open response area provided for response.

This item about group membership was piloted part-way into the data collection process
because of my concurrent qualitative findings about the benefits of joining community groups.
Participants who were recruited as part of this pilot were retained in the final sample. Every
effort was made to contact participants who had already completed the survey prior to the pilot,
to answer this particular item. Unfortunately, I was not able to locate all of them as they had
subsequently moved location, or for other reasons no longer contactable. In total, 20 participants
did not complete this item. Statistical testing was undertaken to ensure there was no sampling
bias between those who were asked this item and those who were not. Mann Whitney U testing
identified no statistically significant differences ($p > .05$). Relevant aspects of the two groups
considered were levels of social characteristics like social, romantic or family and loneliness.
Total network size was also considered as were homeless characteristics like total years homeless
over lifetime, type of current homelessness experienced and total time homeless over lifetime.
Personal characteristics like age, gender or sexuality, whether they were born in Australia or overseas, and any history of incarceration were also considered.

**Pets:** There were also other items which measured aspects of participant’s social networks. One item asked whether participants had a pet. The possible responses were ‘yes’ or ‘no’.
Figure 6 Shows cards used to prompt participants in regard to the five network groups. Each card included a title (name of group), description of the group and pictures of characters.
from The Simpsons as examples of possible group members.

**Family**: parents, children, siblings, foster families, grandparents, cousins, aunts and uncles (does not include friends).

**Intimate partners**: spouse, partner, same-sex partner, girlfriend, boyfriend, or causal partner.

**Old friends**: friends you’ve had before you were homeless for example, neighbours, childhood friends, work colleagues (not including family members).

**Friends**: people that you would consider a friend, but is not a member of your family or service staff, like a case manager.

Figure 7 Descriptions of each of the five network groups, as was displayed on each of the show cards and read out to participants.

On average, the total measure took between 5-10 minutes to complete.

**Network Indicators**. Although this study did not measure social network analysis indicators in a ‘traditional’ way, I included several proxy measures. The traditional SNA indicators and the proxy measures included in the developed measure can be seen in Table 4.
Table 4 Selected indicators of Social Network Analysis (left column), a description of how they were applied in the current sample (centre column) and the measures through which the indicator was operationalised in the current study (right column).

<table>
<thead>
<tr>
<th>Traditional Social Network Measure</th>
<th>Application in current sample</th>
<th>Operationalised Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Network Measures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Network Size</td>
<td>A measure counting the total number of network members in each network group. All groups summed to create a total network size.</td>
<td>Network size</td>
</tr>
<tr>
<td>Tie Strength (to group)</td>
<td>The perceived closeness between the participant and their network members. Because the item on ‘closeness’ was asked at a group-level, this measure asked about how close participants felt to entire group, in general.</td>
<td>Closeness to group</td>
</tr>
<tr>
<td>Social Integration Measures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Network Homogeneity</td>
<td>Exploring the exposure to ‘sameness’ within an individual’s network groups. In this case, exposure to homelessness (for homeless participants) and the non-homeless (for formerly homeless participants) in their networks.</td>
<td>Proportion Homeless</td>
</tr>
<tr>
<td>Structural holes</td>
<td>Number of different network groups that a participant has 0 network members in (a.k.a. holes) out of the total 5 groups they could have had network members in.</td>
<td>Network Size</td>
</tr>
<tr>
<td>Social Roles/Membership</td>
<td>Count of participant’s membership in different communities or groups and the type of groups engaged in.</td>
<td>Group membership</td>
</tr>
</tbody>
</table>

**Analysis**

Statistical analysis was carried out using STATA 14 comparing the network characteristics between independent groups within the sample (StataCorp, 2015). Often this involved a comparison between participants who were currently homeless at the time of survey and those who were formerly homeless (and now housed). I selected the Mann-Whitney U Test because it did not require normally distributed variables—unlike the t-test which is often used in
measuring two independent samples. I also used the Mann-Whitney U Test to compare whether my two populations – the currently and formerly homeless - have similar or different central tendencies (or median) scores (Acock, 2014). I conducted linear regression to assess which network group characteristics impacted on how satisfied participants felt with that group. Network variables included perceived importance, frequency of contact, network size, perceived closeness and proportion of homeless. To calculate the roles of marginalising factors like employment on social integration, I carried out linear regression analyses. Finally, for any analysis that had binary outcomes, such as whether a participant had joined a community group, I used logistic regression.

**Missing data, outliers and interviewer effects.** Participants who did not respond to certain items were coded as ‘missing’. However, they were only removed from the analyses of measures for which the data was missing. There were several high outliers in the items about network group size. Consequently, I decided that median scores were a better primary indicator of number of network members in each group, as the number of outliers rendered mean scores non-meaningful and skewed.

Previous research has found that the more experience a researcher has had on a project measuring egocentric social network size, the smaller the social network they tended to generate (Van Tilburg, 1998). It was therefore possible that as I continued to conduct surveys, I would start to generate smaller social networks with participants. Accordingly, I conducted regression analysis with a natural log of total network size to ensure that I did not create a bias in network size (F (1,114) = .01, p>.05).

**Acceptability and Feasibility.** My journal notes taken during data collection indicated that the measure was accepted and comprehended by the participants. Some even described enjoying their experience participating in the measure. In one journal note I described one participant who appeared sad and quiet. I asked her if she was coping with the survey. She
replied that she: ‘hadn’t done surveys like this before, only one on drug use that was very intense. But this one was much nicer and uplifting’.

Participants also appeared to appreciate the pre-set categories of networks groups within the measure. One participant revealed that doing the survey prompted her to contemplate her relationships and the gaps she had in different relationships. She told me that she had not ‘had a chance’ to think about these while ‘constantly living in survival mode’. Another participant gave a similar account after the survey measure had been completed, describing it as ‘good’. She added that the ‘family stuff was very good, very interesting’. As this particular participant had a family network consisting of only one network member, the measure may have alerted her to a new aspect of her network or perhaps one that she had not reflected on for a while.

There was one issue with the structure of the social network scale. Two participants considered their ‘old’ and ‘current’ friends to be the same network. For all other participants, ‘old’ and ‘current’ friends were different groups, indicating that the categories of networks fit the sample well. For the two differing participants, I repeated the same data in both network categories but did not add the number of participants in each group together when calculating total network size. I considered it best to include these participants once as either their ‘current’ or ‘old’ friends. To do otherwise would record a structural hole in their network in either current or old friend’s networks, which they evidently did not feel they had.

The open nature of allowable responses had other benefits. I had not anticipated that participants would have more than one intimate partner. However, as already noted earlier in this Chapter, several participants had several intimate partners. In these cases, I recorded the relevant responses in the open space under network size. A survey item that only allowed for dichotomous responses about the presence or absence of an intimate partner would not have elicited this interesting information.
Participants also gave feedback that they enjoyed the interactive aspects of the survey, including the use of chips and show-cards. These participants, who often had histories of social rejection and isolation from valued connections, reported enjoying the measure on social networks. This indicates that the interactive visual methodology used was an effective way to address and measure sensitive topics in this group. Additionally, the images of The Simpsons cheered the participants and created a sense of rapport between myself and participants around shared humour, cultural knowledge and understanding.

Most participants completed this specifically designed measure for those experiencing homelessness without issue. However, some journal entries described difficulties in collecting all nuances of the participants’ relationships. The following extracts from my journal entries demonstrate examples of the complex ways social networks, loneliness and isolation can interact. The following two examples involved coding and recording social network members who were not alive, or did not physically exist:

‘Interesting thing came up last week when one client described his family as very important, but that they had all died so he couldn’t see them. When asked what the size of his family network was, he felt that to say ‘0’ meant he has no family, but he still feels like he has them around, so he counted them even though they were dead. I think I will make a rule out of this, as people should answer in a way that gives the picture of their networks as they perceive them. His family are obviously very important to him, despite a lack of contact, but they are still THERE and CLOSE to them, warding off experiences like loneliness.’…

‘Had a tricky part of the interview today, when the deeply religious participant described God as her intimate partner (in a romantic, but platonic way) and thus answered the social network items positioning God as her intimate partner.
Considering this participant had very few connections in her social network, I thought it seemed cruel and disrespectful to tell her that I was limiting responses to human network members only. After consultation with my supervisor I coded her responses to signal that she did not have an intimate partner.

Some participants made very deliberate decisions to distance and deprioritize some networks compared to others. I thought that it was important to document and measure this decision-making as it likely influenced how loneliness was experienced, and what constituted an adequate relationship. Other participants appeared to answer items in an aspirational way, for example by using their answers to make a statement about themselves or assert agency, or by choosing incongruent answers compared to other answers they had given. The following extracts from my journal demonstrate the complexity in quantitative responses that may not be apparent at a superficial level:

‘Had a participant today who described choosing to answer the perceived “importance” items in the social network measure not based on how he felt, but rather how he wanted to feel. This meant choosing to distance himself from his friends and family, even though he really cared about them. He was choosing not to think about these groups, and thus saying they are not important to him, even though he had said otherwise. He appeared to do this as a conscious effort to care less about his family, protect this family from him, or prevent feeling shame about your homelessness. Hard to know how to deal with this, because this is how he chose to answer, so I must respect it, even though it did not seem to reflect his actual experience.’…
‘One participant had a complicated family relationship which made it hard for him to figure how to answer the social network measure. He also had a mixed relationship with family. He had two families—an adoptive family and a biological family, and neither seemed to be adequate or caring enough for his needs. This was hard to gauge in the “social network” survey because although he seemed obsessed with family, talking about them non-stop, he placed or evaluated their importance as very low purely because he had given up on them. He had decided to cut them out of his life, and was trying to rely and build up other groups. It was hard to fight the temptation to comment that family did seem very important to him.’

Some participant’s understanding of what constituted friendship was very flexible, loose or undiscerning. When asked about the number of their friends, two participants replied gesturing to me saying ‘well, you're my friend!’. This raised questions about what friendship can mean to this population. Can friendships be generated quickly with a relatively short interaction? Their understanding was different to how I had originally defined and operationalised current and old ‘friends’ in my survey. Could a participant’s understanding of ‘friends' be more like what I would consider to be an ‘acquaintance’? If so, it could have implications for studying loneliness and social isolation in this group. It could illustrate that some participant’s expectations around their social interactions and what constitutes a ‘friend’ are different from the ideas projected by mainstream society. In another journal entry, I recounted a similar experience:

‘One participant allocated their entire church group into their friendship network (n=40) despite seeming highly isolated and unsupported in their other responses in the survey. It is possible that the participant was ‘friends’ with all 40 people at their church, but it seems unlikely and I wonder if their definition of ‘friends’ was broad and more like ‘acquaintances’.
Results

The results are presented in three parts. The first section provides an overview of the broader characteristics of participant’s entire network groups, such as total network size and perceived closeness to each group relative to other groups. The second section looks at network characteristics within each network group, paying specific attention to which network factors were associated with changes in satisfaction with that network group. The final section provides an overview of social integration indicators, such as homogeneity of networks, structural holes, group membership, pets and the impact of employment status, mental health and substance use on participant’s networks. In all sections comparisons were made between currently and formerly homeless participants.

Across network characteristics.

Total network size. As mentioned above, due to the substantial number of outliers in the number of contacts participants reported, it was decided that median would be a better indicator of network size than mean scores. The median size of participant’s entire networks was 26 members (SD: 117.94), which was calculated by adding the number of members across each of a participant’s network groups.

Why were there anomalies and outliers in the number of contacts participants cited in their networks? Some participants may have just had much larger networks on average than other participants. Alternatively, some participants may have had a broad definition of what constituted a member of a certain network, such as who would classify as a ‘friend.’ These broad definitions may be an artefact of the nature of the homeless social experience. Participants often described coming into contact with many people through their daily use of homeless services. In the absence of closer networks, like family or intimate partners, some may have attributed a closer connection to people who may have in other circumstances been understood to be just casual acquaintances. This hypothesis is supported by the responses of several participants who
named and counted me as one of their ‘friend’ network members in the survey, even though we had just recently met. (I explained to these participants that the item was asking about more ‘longer-term’ connections.)

When comparing the size of network by homeless status no significant difference was found between the network size of those who were currently homeless (27, SD: 121.78) and those who were formerly homeless (median: 23, SD: 109.78) \( (p=.59) \).

**Perceived closeness to network groups.** Across the total sample, participants tended to report a similar level of perceived closeness to all network groups of approximately ‘4-5’. This indicates that on average participants felt relatively close to each of their networks. Table 6 (below) shows the relative perceived closeness of different network groups by mean scores and standard deviation scores for each network group. Ranking was made according to perceived closeness by grouping the currently homeless, the formerly homeless and the full sample.

Table 5 Perceived closeness mean scores and standard deviations for each network group, ranked in order from most close to most distant, compared between the currently and formerly homeless (left and middle) and the total sample (right).

<table>
<thead>
<tr>
<th>Currently Homeless</th>
<th>Formerly Homeless</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Service Providers</td>
<td>Intimate Partners</td>
<td>Service Providers</td>
</tr>
<tr>
<td>(5.10; SD: 1.67)</td>
<td>(5.67; SD: 1.77)</td>
<td>(5.14; SD: 1.66)</td>
</tr>
<tr>
<td>2. Friends (current)</td>
<td>Friends (current)</td>
<td>Friends (current)</td>
</tr>
<tr>
<td>(4.68; SD: 1.67)</td>
<td>(5.34; SD: 1.62)</td>
<td>(4.91; SD: 1.68)</td>
</tr>
<tr>
<td>3. Friends (old)</td>
<td>Service Providers</td>
<td>Intimate Partners</td>
</tr>
<tr>
<td>(4.2; SD: 2.41)</td>
<td>(5.21; SD: 1.66)</td>
<td>(4.79; SD: 2.25)</td>
</tr>
<tr>
<td>4. Intimate Partners</td>
<td>Family</td>
<td>Friends (old)</td>
</tr>
<tr>
<td>(4.14; SD: 2.37)</td>
<td>(4.93; SD: 2.22)</td>
<td>(4.33; SD: 2.29)</td>
</tr>
<tr>
<td>5. Family</td>
<td>Friends (old)</td>
<td>Family</td>
</tr>
<tr>
<td>(3.77; SD: 2.32)</td>
<td>(4.58; SD: 2.09)</td>
<td>(4.18; SD: 2.35)</td>
</tr>
</tbody>
</table>
Participants rated their perceived closeness to each network groups differently depending on whether they were currently or formerly homeless. Compared to the currently homeless, the formerly homeless tended to report feeling slightly closer to each group on average. Figure 8 (below) illustrates this pattern.

Statistical testing found that only some of these differences reached statistical significance. The formerly homeless were significantly closer to family \((p=.01)\), current friends \((p=.04)\) and intimate partners \((p=.03)\) than the currently homeless. But, there was no significant difference between the two groups on perceived closeness to old friends \((p=.54)\) and service providers \((p=.74)\).

**Network group characteristics.** This section looked at the characteristics of each network: family, friends (current), friends (old), intimate partners and service providers. For
each group, the following attributes were considered: network size, perceived satisfaction and frequency of contact. Emphasis was placed on which network characteristics were most closely linked to satisfaction with a network group.

Table 7 (below) provides an overview of the main findings for each network.

**Table 6 Summary of network characteristics, presented as proportions (%) of the total sample, across the five network groups: family, friends, old friends, intimate partner/s and service providers.**

<table>
<thead>
<tr>
<th></th>
<th>Family</th>
<th>Friends</th>
<th>Old friends</th>
<th>Intimate partner</th>
<th>Service providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion that deemed the network as unimportant</td>
<td>17.2</td>
<td>13.3</td>
<td>27.3</td>
<td>28.9</td>
<td>4.7</td>
</tr>
<tr>
<td>Proportion satisfied/very satisfied with the network</td>
<td>34.1%</td>
<td>52.3%</td>
<td>48.8%</td>
<td>40.6%</td>
<td>60.8%</td>
</tr>
<tr>
<td>Median size of network</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Proportion daily contact with network¹</td>
<td>14.9</td>
<td>45.4</td>
<td>10.2</td>
<td>56.3</td>
<td>32.8</td>
</tr>
<tr>
<td>Proportion no regular contact with network²</td>
<td>47.9</td>
<td>5.9</td>
<td>63.0</td>
<td>12.5</td>
<td>11.5</td>
</tr>
<tr>
<td>Proportion close or very close to network³</td>
<td>39.7</td>
<td>38.6</td>
<td>40.74</td>
<td>46.91</td>
<td>45.0</td>
</tr>
</tbody>
</table>

¹This indicator only included participants who had at least one member in that network group.  
² ‘Regular contact’ was set was at least one contact per fortnight.

**Family.** Ninety four percent of both currently and formerly homeless participants had at least one family member in their network. A regression analysis was conducted to assess which family network variables were associated with increased satisfaction with that network. Only those who had at least one member in their family network group were included in this analysis. The regression showed that of all family network variables, only the variables measuring subjective aspects of the relationships (and not objective aspects) significantly contributed to perceived satisfaction. For every unit increase in perceived importance of family, there was an
associated .12-point increase in satisfaction with family \((p<.0001)\). Every unit increase in perceived closeness was associated with a .38 increase in perceived satisfaction \((p<.0001)\). No objective network characteristics such as frequency of contact or network size were associated with increased satisfaction with family network \((p>.05)\).

Those who were formerly homeless tended to see their family members more frequently (about 2-4 times a fortnight on average), than those who were currently homeless (about once a fortnight on average). Typically, over 60% \((n=46\) of 78) of currently homeless participants with family members were not in contact their families at least once a fortnight. However, only 28% \((n=12\) of 43) of the formerly homeless who reported having family members were not in contact their families at least once a fortnight.

**Friends (current).** A similar proportion of both currently and formerly homeless participants reported having zero current friend network members: 8% \((n=7)\) of the currently homeless and 7% \((n=3)\) of the formerly homeless. Both groups had a median network size of 5. Participants who reported having at least one current friend reported seeing this friend (or friends) approximately 5-7 times per fortnight, regardless of whether the participant was currently or formerly homeless.

I conducted a regression analysis to assess which characteristics of participant’s current friend networks were associated with increased satisfaction with that group. Only those who had at least one member in their current friends group were included within this analysis. Controlling for other network variables, every increase in perceived closeness to current friends was significantly associated with an increase of .27-unit’s satisfaction with current friends \((p=.00)\). Every increase in how important participants perceived their friends was to be associated with a .11-point increase in satisfaction with them \((p=.0)\). Objective characteristics of current friend networks, such as the size of the participant’s friends network, frequency of contact with current
friends and proportion of current friends that were homeless, were not significantly associated with changes in satisfaction with members of their current friend network ($p>.05$).

**Old friends.** There was no significant difference between currently or formerly homeless in regard to the size of their old friends network, frequency of contact with old friends or the proportion of their old friends network that was homeless ($p>.05$). Of those who were currently homeless, 16% ($n=13$) had 0 old friend network members. Of those who were formerly homeless, 18% ($n=8$) had 0 old friend network members. Participants who described having at least one old friend network member, tended to see these network members around once per fortnight regardless of whether they were currently or formerly homeless ($p=.69$).

Only those who had at least one member in their old friends group were included within the following analysis. Keeping other variables constant, increases in the perceived importance and closeness to old friends group were associated with a significant increase of .12 and .41-units satisfaction with that group ($p=.00$ and $p<.001$, respectively). In contrast, for every extra old friend reported to be in a participant’s network there was a significant decrease of .02 units of perceived satisfaction with their old friends network ($p=.001$). As the proportion of old friends that were homeless increased, satisfaction with old friends group tended to decrease by .3 units on average ($p=.017$). There was no significant effect of participant’s frequency of contact with old friends on their satisfaction with that network group.

**Intimate Partners.** Of the formerly homeless participants, 47% had at least one intimate partner. Only 35% of currently homeless participants had at least one intimate partner. Yet, these differences did not reach statistical significance, regardless of participant’s homeless status ($p=.22$). Participants who had intimate partners tended to contact them approximately 5-7 times a fortnight, regardless of whether they were currently or formerly homeless ($p=.46$).

A regression model was conducted to assess which characteristics of a participant’s intimate partner network group were associated with changes in satisfaction with their
relationship with their intimate partner (or partners). Only those who had at least one member in their intimate partner group were included within this analysis. Overall, when considered together, none of the network characteristics was significantly associated with satisfaction (\(p>.05\)). This absence of difference may be attributed to the small number of participants (\(n=45\)) who were eligible to be included within the regression. If considering effect size, the frequency of contact was the variable associated with the largest incremental change in satisfaction, with every increase in the frequency of contact associated with a .31 increase in perceived satisfaction with one’s intimate partner (\(p=.15\)). The second highest effect was perceived closeness, where every increase in rated closeness was associated with a .239-point increase in satisfaction with one’s intimate partner (\(p=.07\)).

**Service Providers.** Of the participants who were currently homeless, 6\% (\(n=5\)) had zero service provider network members. Of those who were formerly homeless, 4\% (\(n=2\)) had zero service providers in their network. The currently homeless had a median number of 4 and the formerly homeless had a median number of 3 service providers in their networks. This difference was not statistically significant (\(p=.61\)). Of participants who reported having at least one service provider in their network, the status of being currently or formerly homeless significantly influenced how frequently they contacted service providers (\(p=.02\)). The currently homeless contacted service providers approximately 5-7 times per fortnight, whereas those who were formerly homeless contacted them approximately 2-4 times per fortnight.

Only those who had at least one service provider in their network group were included in this analysis. Accounting for all other network variables, participant’s ratings of their perceived closeness to service providers was significantly associated with how satisfied they felt with them (\(p<.00\)). Every unit increase in perceived closeness was associated with a .36-point increase in rated satisfaction. Participant’s ratings of the perceived importance of service providers, the
number of service provider members in their networks and frequency of contact with service
providers were not significantly associated with satisfaction with them ($p>.05$).

**Social Integration.**

**Structural Holes.** Over two thirds of participants (70%, $n=90$) had at least one
structural hole across their network groups. In other words, at least one of their network groups
had zero members. Almost one third of participants (30%, $n=39$) had no holes across their
networks, meaning they had at least one network member in each of their five network groups.
Other observations are listed below:

- Almost half (48%, $n=62$) had only one gap across their networks
- 17% ($n=22$) had 2 holes across their network
- 3% ($n=4$) had 3 holes in their network, and
- 2% ($n=2$) had 4 holes in their network.

This means that every participant had at least one member across their total network and thus no
participant was completely socially isolated. Figure 9 (below) shows the proportion of participants
(out of the total 129) who had structural holes (0 network members) in each network group.

![Figure 9 Proportion of all participants who had structural holes (meaning had zero network members) in each network group.](image)

224
Of the 62 who had only one structural gap across their networks, the majority (89%, n=55) described this gap as occurring in their intimate partner networks. Less than 10% (n=6) had a gap in their old friend’s network and 2% (n=1) had a gap in their current friend’s network. None of these participants reported structural gaps in their family or service providers network groups. These findings demonstrate that almost half of the total sample had relatively full networks including both family, friend and service provider network members, with many only lacking an intimate partner(s).

Of those who had two or more structural holes in their network (22% of total sample, n=28):

- 86% (n=24) had a gap in intimate partners
- 54% (n=15) had a gap in their old friend’s network
- 32% (n=9) had a gap in the current friends
- 32% (n=9) had a gap in their family network, and
- 25% (n=7) had gaps in service providers network.

These results showed that for those who had more than one structural hole across their network groups, these tended to occur as intimate partners, as well as another network group. When comparing those with and without intimate partners, there was no difference between the two groups in the median number of gaps they had per network (excluding intimate partner gaps) \((p = .34)\). This suggests that whether (or not) participants had an intimate partner had little influence on the distribution of the rest of their social network. Being in an intimate relationship did not prevent or absolve individuals from needing additional different types of connections. From another perspective, having a partner may have given participants access to different types of relationships.
Figure 10 (below) sets out the proportion of participants that had structural holes in each of the five network groups, compared between currently homeless and formerly homeless participants. Statistical testing showed that there was no significant difference between the median total number of structural holes across the networks of those who were currently and formerly homeless (median scores both 1; \( p = .45 \)). Figure 10 demonstrates that the distribution of structural holes across different networks was very similar for the currently and formerly homeless participants, except for intimate partners where 11% more of the currently homeless had holes in their intimate networks than within the formerly homeless. This result suggests that participants did not tend to develop more diverse types of connections after exiting homelessness which could serve to fill these structural network holes.

![Proportion of participant reporting holes in each network group, by homeless status](image)

---

**Proportion homeless.**

Table 7 Proportion (%) of participants who reported that ‘most’ or ‘almost all’ of each network group comprised of homeless people.

<table>
<thead>
<tr>
<th></th>
<th>Family</th>
<th>Current friends</th>
<th>Old friends</th>
<th>Intimate Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Percent</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently Homeless</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formerly Homeless</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Did the formerly homeless have more diverse relationships (i.e. connecting more non-homeless individuals) than those who were currently homeless? The proportion of each subgroup for whom ‘most’ or ‘almost all’ of their network comprised of homeless people can be viewed above in Table 7. There was no significant difference between currently and formerly homeless participants in the proportion of their family networks that were homeless (p=.95):

- current friends networks that were homeless (p=.52),
- old friends that were homeless (p=.10), and
- intimate partners that were homeless (p=.23).

These findings indicate that formerly homeless participants did not develop more non-homeless connections than the currently homeless.

Interestingly, a large proportion of participants in both sub-groups reported ‘almost none’, ‘some’ or ‘almost half’ of their current friends were homeless. This indicates that most friendship groups were non-homeless for a substantial set of the participants. It also indicates that most participants, regardless of their homeless status, had a substantial level of integration with the social world outside of homelessness.

For each network group, such as family, the proportion of a participant’s network that was homeless had no effect on how satisfied they reported being with that network. One exception to this was participant’s old friend networks, where the greater the proportion that were homeless, the less satisfied participants tended to feel with their network. These findings indicate that having connections outside homeless networks and thus being more integrated into
mainstream society will not necessarily make an individual more likely to feel satisfied with a particular network.

**Group membership.** More than half of the 109 participants who answered the item on group membership (59%; n=64) reported being involved in community or social groups outside the networks described above. Of these 59%:

- 47% (n=30) were involved in one group
- 28 (n=18) in two different groups
- 11% (n=7) in 3 groups
- 9% (n=6) in 4 groups, and
- 3% (n=2) in 5 groups.

The most common type of group that participants described joining was a homeless service group. Participant's spent time with homeless service groups when visiting specialists, getting support or accommodation, a drop-in meal or recreation homeless services (n=35). Interestingly, the participants tended to join the same types of groups regardless of housing status. Of all groups joined, homeless service groups tended to be the most commonly joined (62% of the currently homeless and 46% of the formerly homeless). Church-based groups the second most common (27% of the currently homeless and 46% of the formerly homeless). The total list of groups participants joined, and the proportion of participants who joined them, can be observed below in Table 8.

<table>
<thead>
<tr>
<th>Group type</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless service social group</td>
<td>32</td>
</tr>
<tr>
<td>Religious/spiritual</td>
<td>20</td>
</tr>
</tbody>
</table>

Table 8 Proportion of participants who reported membership in different types of social groups, out of all those asked about group membership (n=109). Groups are presented in descending order from most-common to least common.
I compared the number of social groups reported by participants who were currently or formerly homeless. Of those who were currently homeless, 46% (n=32) were not involved in any social groups (compared to 25% of formerly homeless participants). Thirty five percent (35%) of the formerly homeless (n=14) reported being involved in at least one social group. A logistic regression showed that there was no significant difference between the odds of being a member of a group according to whether one was currently or formerly homeless (p=.25).

Formerly homeless participants, who were members of social groups tended to be a member of two groups. In contrast, currently homeless participants who reported membership in social or community groups, only tended to be a member of one group. When comparing these statistically, the two groups were not found to differ significantly in their median level of group membership (p = 0.63).

Which personal characteristics were associated with joining groups? I conducted multiple regression analysis with demographic and experiential characteristics. There was no significant differences found in participant’s tendency to join different types of groups according to whether a participant identified as Aboriginal, employed, relationship status, gender (males
compared to other genders), birth country (Australian-born or elsewhere-born) and jail history
($p>0.05$).

Testing was also carried out assessing whether membership of a group increased the
likelihood of having friends. I found that participants who joined groups were significantly less
likely to have a structural gap in their ‘current friends’ network ($p=0.02$). Of those who had joined
groups ($n=64$), only two participants (3%) had no current friends. In contrast, of those who had
not joined groups ($n=45$), seven participants (16%) had no friends.

**Pets.** Pets could provide companionship for participants in the absence of other
connections. Of the total sample, 24% ($n=31$) reported having a pet. When stratified by
homeless status, 13 of these were currently homeless (16% of currently homeless sample) and 18
were formerly homeless (39.1% of the formerly homeless sample). This difference was
statistically significant ($p < 0.01$).

**Employment.** The workplace (incorporating both paid or unpaid/volunteer work) is
often a site of social connection and may provide a bridge to the world outside homelessness.
The survey did not specifically measure social networks gained from employment or
volunteering. However, statistical testing of employment status and the proportion of friends’
network that are homeless can provide some insight into whether employment provided access
to new networks. At the time of survey 24 participants (19%) had participated in paid work over
the last month and 34 participants (26%) had participated in unpaid (or volunteer) work. I
conducted statistical testing to assess whether participating in paid employment or volunteer
work was significantly associated with having a larger total social network. I found that being in
paid employment did not significantly affect the total size of participant’s social network ($p=.21$);
paid work median size 27, not in paid work median size 26). However, being in
unpaid/volunteer work was significantly associated with increased size of current friends group
($p=.03$). Those who were involved in unpaid/volunteer work had a median network size of 28.5
network members, whereas those who were not involved in this work had a median network size of 22.

**Mental health issues.** Previous research has suggested that homeless individuals who suffer from mental health issues have degraded networks (Chamberlain & Johnson, 2011; Hawkins & Abrams, 2007). Accordingly, the size of each the five total network groups and the total network size was compared between those who had been hospitalised for a mental health problem over their lifetime and those who had not. There were no significant differences between the groups ($p>.05$). Those who had been hospitalised with mental health problems were no more likely to have structural holes in any of their network groups ($p>.05$) than those without mental health problems.

Did having had a mental health issue (operationalised through previous hospitalisation with mental health problems) affect how satisfied a person felt with their existing relationships within each network group? No significant differences existed between the median satisfaction scores between those who had been hospitalised for mental health issues and those who had not been hospitalised in regard to participants’ satisfaction with family, current friends, old friends and intimate partner network groups. However, those who had been hospitalised for mental health issues had marginally higher satisfaction with their service provider relationships (median $= 5.5$) than those who had not been hospitalised for mental health problems (median $= 5.0$) ($p<.01$).

**Aboriginal status.** Statistical testing showed that there was no significant difference between participants that identified as Aboriginal and those that did not in regard to the proportion of their family members and old friends who were homeless. However, the two groups did differ in the proportion of their current friends who were homeless ($p=.04$). Those who identified as Aboriginal Australian reported a higher proportion of friends that homeless compared to those who did not. Of those identified as Aboriginal Australians, 38% reported that
‘most’ or ‘almost all’ their friends were homeless compared to 20% of those who did not so identify. There was no difference between Aboriginal Australian participants and non-Aboriginal participants in regard to joining community or social groups.

**LGBTIQA Status.** Univariate testing showed that whether a participant identified as LGBTIQA had no significant bearing on the proportion of their network that was homeless \((p>.05)\). Identifying as LGBTIQA also had no significant effect on whether a participant was a member of a social or community group \((p>.05)\), or whether they had a structural hole in their family, old or current friends or service provider network groups \((p>.05)\). Interestingly, LGBTIQA participants were less likely to have a structural hole in their intimate partner networks than those who did not identify as LGBTIQA \((p=.016)\).

**Social integration and satisfaction with network groups.** Were any indicators of social integration, such as joining social or community groups, a structural hole in a network, or the proportion of the network who were homeless affect participants’ perceived satisfaction with each network group? As the role of homogeneity on satisfaction with networks had already been tested (see above) in the per-group analyses, multiple regression analyses were conducted assessing the remaining social network indicators. Joining social and community groups and having structural holes in a network was regressed onto how satisfied participants felt in that network.

Controlling for group membership, having a structural hole was found to impact perceived satisfaction with some network groups. On average, having a structural hole in an old friend network was associated with a .97-unit increase in perceived satisfaction with old friends \((p=.05)\). In contrast, having a structural hole in current friends or service provider networks was associated with decreased satisfaction with that group. On average this was a 1.11-point decrease with current friend’s network \((p=.03)\), or a 2.84-unit decrease with service provider networks.
When considering group membership structural holes did not impact satisfaction with intimate partner or family network groups.

Controlling for the effects of structural gaps and joining groups also had a differential effect on perceived satisfaction on different network groups. Joining groups did not predict changes in satisfaction for family, service provider, old friends or intimate partner network groups \((p>.05)\), but was associated with a .54-point increase of perceived satisfaction with current friends networks \((p=.05)\).

**Discussion**

This Chapter had several aims. First it explored existing methods of measuring social networks. Secondly it developed a measure of social network characteristics, which was accessible and relevant to a sample who have experienced homelessness and which could be used for future research in the homelessness space. This Chapter also aimed to provide an overview of the social network characteristics of the current sample, making comparisons between participants who were currently and formerly homeless.

After reviewing existing methods of measurement, I developed a tool that was informed by egocentric social network analysis, using visual methods to assist the data-collection process. The first part of the discussion will reflect on how the measure operated in the current sample, describing what worked and what could be improved. Next comes a reflection on the social network characteristics of the participants, including how the sample scored on social integration indicators. These findings are then compared to existing homelessness research.

**Instrument use and feasibility.** Overall, my instrument was feasible for use amongst individuals who have experienced homelessness. Participants had no difficulty comprehending or answering items. All participants completed the measure and none skipped
parts of the measure due distress or discomfort around the questions asked. Participants commented favourably about the assistance of visual methods (i.e. the show cards).

I had some difficulties using a quantitative tool to measure the subjective and objective aspects of social networks. The standardised and uniform nature of quantitative measurement leaves room for different interpretations, understandings and error. I went to great lengths to phrase items as carefully and as simply as possible. I conducted 10 pilot surveys to assess whether participants would be able to comprehend and complete the measure with ease. Despite this effort, there were a few unforeseen interpretive issues. A few participants had unexpected understandings about what constituted a friendship, compared to an acquaintance, or what makes one network more ‘important’ than others. Although many participants verbally articulated this decision-making process while completing the measure, the nature of quantitative data means these discrepancies were sometimes hard to detect. My measure did not detect some of the non-human or metaphysical attachments that participants described in the qualitative interviews, such as reporting God as one’s primary interlocutor, or parasocial attachments like flowers and plants. These types of relationships sometimes held great importance and companionship for participants but were difficult to measure quantitatively.

Regardless of these possible limitations, my quantitative measure successfully captured the unique aspects of homeless social networks. It differentiated between the social networks associated with life prior to homelessness (for example old friends and family) and the connections associated to life during and after homelessness (for example current friends or service providers). Very few participants reported feeling an incongruity between how network groups were represented in the measure and their own perception of their social networks. Most tended to answer items about their pre- and post-homeless network groups very differently, suggesting they understood them to be distinct from each other. For example, very few perceived their ‘old (pre-homeless) friends’ as being the same group as their ‘current friends.’ As
already described in my research journal entries, when participants answered questions about the importance of different network groups, they did so by negotiating their (often negative) pre-homeless social experiences and their ‘ideal’ of how they wanted these relationships to be in the future. As Holt et al. (2012, p. 496) noted in their work on older homeless males in hostels: ‘[t]he importance of having a sense of connectedness to others could be observed not just in people’s narrative of their past lives or descriptions of loss prior to becoming homeless, but also in their visions of desired futures involving re-establishing links with partners or family or developing this sense of connectedness through other relationships’.

Future iterations of my measure could benefit from segregating ‘family-of-origin’ (usually one’s biological or adoptive family) from ‘family-of-choice’ (including one’s intimate partner, their family, and children). In some instances, participants had difficulty conceptualising these categories as belonging to the same network group and wanted to talk about their relationship to their children as different to their relationship with their parents. Regardless, it makes sense to keep intimate partners as a separate network group to ‘family-of-choice’ as participants may not conceptualise certain types of intimate relationships, such as casual partners (or multiple partners), as part of their ‘family’ network. Pilot items could be devised by future researchers to assess whether a different configuration works better with a similar sample.

My measure had some other minor structural limitations. I decided to measure group-level network (rather than individual-level data) as this more ‘collective’ understanding of networks was in keeping with how participants had described their networks in the qualitative interviews. In only measuring group-level network data (like relationships with ‘family’), I may have missed out on more detailed individual tie-level information, such as relationships with one’s ‘sister’. It can be difficult to generalise about ‘family’ relationships at a group-level, as relationships with a participant’s network groups can be complex and diverse. For example, some participants may have good relationships with some members of their family network,
such as siblings, but not with others like parents. However, there were benefits in using network-level measures, particularly regarding time constraints. I could ask a number of items about each network group, eliciting detailed information without imposing time burdens on the participants.

My measurement tool required participants to estimate the number of members in each network group. Unless participants had especially small networks, estimating network size was a difficult exercise to do quickly and accurately. This potentially imprecise measure may be the reason why network size did not significantly predict a participant’s satisfaction with any network group. I suggest that researchers using my measure in the future ask participants to name each member of each network and then count them. Although this takes more time it could lead to a more precise measure of network size.

Finally, in the current study some participants described their friends, intimate partners and community groups as being made and maintained online. However, I did not record the online origin or maintenance of these relationships. Previous research identified that homeless participants can make connections online through internet chatrooms or forums (Neale & Brown, 2015). Future research using my measurement tool could explore how online and ‘in-person’ connections differ. It would be interesting to examine whether there are differential effects on perceived satisfaction or closeness with the individual, the frequency of contact with the two different types of connections, and the social capital that the relationships provided. Importantly, if online relationships can be shown to be satisfying and meaningful, service providers may be able to assist those experiencing homelessness gain access to a pool of online networks.

**Network size and characteristics.** The objective measures in my survey showed that participants often had quite large social networks, with a median network total size of 26 members. This size is markedly bigger than previous studies on homeless social networks (from six, see Trumbetta et al. (1999) to nine, see Gray et al. (2015). In my study, all participants had at
least one member in their total network. This contrasts with existing studies which found up to 10% of homeless participants have zero network members (E. L. Bassuk & Rosenberg, 1988; Gray et al., 2015). There are multiple reasons why such substantial differences occurred in the network sizes identified in the current, versus previous research. First, my instrument did not limit the list of network members which participants could name based on how recently they had been in contact. This allowed the inclusion of those who may have be important to participants, despite no current contact. Secondly, I recruited participants on a different definition of ‘homelessness’ to that used in the American studies. They tended to recruit only those who slept rough, or those who slept in shelters. I adopted a broader definition of homelessness in line with the cultural definition of homelessness used in Australian policy (ABS, 2012). Thirdly, it is possible that the network size was an artefact of my instrument design. Perhaps my use of visual props and cues used to identify different network groups prompted participants to name connections in network groups they may not have otherwise considered. Finally, the larger network sizes may have resulted from the recruitment locations selected in this study. I usually recruited at homeless services, where participants had usually come for accommodation or to engage in activities or socialise. Consequently, it is possible that I oversampled those who have social networks and enjoy engaging socially. Although I endeavoured to recruit individuals who were more isolated, (through posting on internet social media pages or by leaving flyers on health service noticeboards) these recruitment methods were less successful.

Regardless of causation issues, most participants in my survey had multiple social connections. However, subjective assessment indicated that frequently these relationships lacked quality in the eyes of the participant. Most reported feeling ‘dissatisfied’ to only ‘slightly satisfied’ with their network groups, including family, old friends and intimate partners. Overall, participants’ ties were not strong. Many rated their perceived closeness with each network group as mid-way between ‘very distant’ and ‘very close’. This suggests that they felt neither especially distant nor close. Generally, formerly homeless participants tended to have stronger ties than the
currently homeless. Distinguishable from this generalisation were service providers and old friends, where there was no significant difference between the two groups. Other research comparing the currently and formerly homeless has also found the currently homeless have weaker social ties than the formerly homeless, particularly in terms of their frequency of contact and the actual nature of their connection (E. L. Bassuk & Rosenberg, 1988). One reason for this difference may be that housing provides the formerly homeless with the stability, time and space to strengthen their relationships after the chaotic and transitory experiences of homelessness (G. Johnson & Tseng, 2014).

Social network characteristics. The extent to which participants felt satisfied with each network group differed according to the network characteristics of each group. The subjective aspects of relationships within network groups tended to be a more significant predictor of relationship satisfaction than more objective characteristics. The characteristics of each network group also differed according to whether someone was currently or formerly homeless. The following sections summarise my findings.

Role of subjective versus objective aspects of relationships on relationship satisfaction. The subjective aspects of relationships within network groups were a more significant predictor of relationship satisfaction than objective characteristics. For example, subjective characteristics of familial relationships and current friends, such as perceived importance and closeness to one’s family network group were significantly associated with increased satisfaction with family. Objective characteristics of family networks, like network size, did not have a significant impact. This salience of subjective factors is unsurprising, given we know that subjective evaluation of relationships, particularly in a negative sense (like ‘loneliness’) can have manifold detrimental effects on an individual’s perceived wellbeing, and their physical and mental health (Hawkley & Cacioppo, 2010). Objective aspects of a participant’s relationship with some network groups (for example old friends and service providers) also predicted
satisfaction with these networks. However, in these cases it is likely that subjective evaluations of these objective characteristics mediated their effect on satisfaction.

As with family and current friend networks, participants’ subjective evaluation of their relationships with their old friends predicted how satisfied they felt with that network. Objective features of old fried networks also predicted relationship satisfaction. The more ‘old friends’ a participant had, the less satisfied they tended to be with their old friend’s network. This is understandable, as those with more ‘old friends’ had more to lose when they became homeless, than those that had few ‘old friends’. The frequency of contact with old friends did not predict relationship satisfaction. This suggests that with this group, it was more about who these friends were and how they perceived them, rather than actual contact or interactions with them. As the percentage of a participant’s old friends who were homeless increased, participant’s satisfaction with this group decreased. Perhaps if a participant’s old friends are also homeless (and therefore likely to be also disadvantaged) they may offer less social and material capital to participants, making these relationships less satisfying.

None of the network characteristics measured had a significant impact on how satisfied participants felt with their intimate partner network. There were several possible reasons for this. First, only a small number of participants had an intimate partner. This resulted in only a small number of participants being included within the analysis, and so the model may have lacked statistical power to detect a relationship. Another possibility is that how satisfied a person feels with their intimate partner may be reliant on different, unmeasured network characteristics like companionship, reciprocity and love. This could be an interesting aspect for future research to examine.

As with other networks, a participant’s level of satisfaction with service providers was associated with both subjective and objective aspects of these relationships. Subjectively, it was relevant how close (but not how important) the participant felt to the service provider.
Objectively, how often participants contacted service providers, or how many service providers they were in contact with influenced satisfaction with service provider relationships. Other research has confirmed that those experiencing homelessness value close, caring relationships with service providers (Davis et al., 2012). Participants’ ‘importance’ ratings did not predict increased satisfaction with service providers. This echoed that pattern for most network groups. It indicates that participants may not privilege their relationships with service providers as being as central to their social identity as with other groups, like family. Instead, existing research suggests that participants value relationships with service providers because they provide ‘bridging capital’ to the outside world (Hawkins & Abrams, 2007).

**Role of homeless status on relationship satisfaction.** The nature and structure of participants’ network groups and the way that they evaluated relationships within them, tended to differ according to whether they were currently or formerly homeless at the time of the survey. This section explores this finding, drawing inferences about how relationships may shift when participants exit homelessness and move into housing. Generally, it was found that the role and nature of relationships with friends, inmate partners and service providers were different for currently and formerly homeless participants, whereas the role of old friends was largely the same for both groups.

The most striking of the differences between currently and formerly homeless individuals occurred in familial relationships. Over 90% of all participants (regardless of housing status) had at least one family member in their network. Of these, formerly homeless participants were twice as likely to be in contact with these family members than currently homeless participants and tended to contact them more often. The formerly homeless also felt closer to their family groups than the currently homeless. Taken together, these findings indicate that those who exit homelessness tend to have more to do with their families than they may have had whilst they were homeless. This pattern is mirrored by existing Australian research (G. Johnson & Tseng,
2014). These authors rationalised their results in several ways that are applicable to my survey. First, they attributed housing as providing better opportunities for now-housed participants to engage with family members than they had whilst homeless. Secondly they postulated that participants whose families provided them with on-going support needed to sustain accommodation were likely to stay housed. They therefore were overrepresented in samples of the formerly homeless.

In my study most participants, regardless of their housing status, lacked an intimate partner(s). However, a higher proportion of the formerly homeless had intimate partners compared to the currently homeless. Regardless of housing status, participants with intimate partners tended to see these partners equally as often. However, housing status did seem to have a bearing on how central participants perceived their intimate partners to be in relation to their other network groups. The formerly homeless tended to rate their intimate partners as network that was the closest to them, whereas the currently homeless rated their intimate partners as the second least close to them of all five network groups. My qualitative findings (see Chapter Four) demonstrate that formerly homeless participants described feeling lonely and isolated after being housed alone. Given this, I consider that having previously experienced homelessness, the now-housed participant may feel isolated and be prompted to ‘settle down’ and find companionship in their domiciled life with an intimate partner.

In my study, currently and formerly homeless participants showed fewer differences in their old friend networks. The two groups did not differ in the number of old friends they had, their frequency of contact with them, or the proportion of them that were homeless. I infer that this means participants were no more likely to reconnect with their pre-homeless connections once they had obtained housing.

Currently and formerly homeless participants also had a similar profile of current friends. Both had a median of five current friends and a similarly low proportion (under 10%) had zero
friend network members. However, on average, the formerly homeless were significantly closer to their friends than the currently homeless. As previously postulated, now having a home may provide the formerly homeless with the time and physical space in which to host and foster closer relationships, like friendships. As identified earlier in Chapter Four, the homeless service system was experienced as too transient and chaotic to allow close and in-depth friendships to form between the currently homeless.

Finally, while the currently and formerly homeless had a similar number of service providers in their network, the currently homeless participants tended to be more frequently in contact with these service providers than formerly homeless participants. I consider that differences in frequency of service provision between the two groups could be attributed to different types of service provision that each group may require. The currently homeless are often in constant contact with service providers who provide resources necessary for survival, such as accommodation or meals. Once they are housed, these intensive services may now longer be required. There may be gravitation to other less intensive forms of service provision, like therapeutic, social or medical services. Thus, more proximal relationships like friends and intimate relationships may fill the gap left by reduced frequency of service provision.

Interestingly, currently and formerly homeless participants differed in how close they felt to service providers compared to their other network groups. Participants who were currently homeless identified service providers as the network to which they were the closest. In contrast, the formerly homeless identified service providers as being the third closest to them, after their intimate partners and current friends. Perceived closeness to service providers did not differ significantly between the currently and formerly homeless. I infer that after individuals exit homelessness, their relationships with other groups like friends and intimate partners becomes closer than during homelessness. These other groups overtake their relationships with service providers (who appear to stay at a steady level of closeness over the transition).
Social Integration. This Chapter explored several indicators of participants’ ‘social integration’, measuring the different and diverse types of relationships participants had in their networks. In a structural sense, many participants showed high levels of social integration in their network. Almost a third had ‘full’ networks, meaning they had network members in all five of the network groups. I discussed several sources of social integration. Integration is understood as the access that participants had to networks outside the homeless sphere, potentially through social or community groups, volunteering or employment. It also refers to the diversity of relationships participants had access to (including family relationships, friendships current and old), formal service providers and intimate relationships and non-human connections with pets. The second part of this section will reflect on whether social integration provides benefits for those experiencing homelessness, as it seems to in mainstream groups (Brissette et al., 2000).

Nearly half of all currently homeless participants in my study reported that almost none of their friends was homeless. Less than 20% reported all (or almost all) of their friends were homeless. These results indicate that very few participants were fully subsumed in a homeless ‘subculture’ completely disconnected from the rest of society. Similarly, G. Johnson and Tseng (2014) found that over 50% of the primary homeless and almost 75% of tertiary and secondary homeless participants reported that none of their friends was homeless.

Over 50% of participants reported joining social and community groups (with around half joining two or more groups) and just over 25% of participants were involved in volunteer work. Many of these groups (perhaps apart from those associated with homelessness services) gave participants access to possible connections outside their homeless networks. Indeed, those who were part of a social or community group or volunteering tended to report a higher percentage of their friends were not homeless. This indicates that these experiences may contribute to increased social integration. Those who volunteered tended to have a larger total network. On the one hand, these findings suggest that joining social groups or volunteering
provided participants access to connections outside homeless networks. On the other hand, it is also possible that those who have more may have a stronger interest, skill or predisposition in being sociable leading them to join more groups. Joining a group was associated with increased satisfaction with one’s current friend networks, likely because the group context may have provided the space to foster stronger connections, potentially based on shared interests and experiences.

The benefits of volunteer work and membership in community groups on the diversity of participant’s networks are clear. However, the relatively small percentage of those involved in these activities reveals that a large subsection of participants had compromised access to non-homeless connections and did not receive the social benefits these groups could bring. Service providers could help currently or formerly homeless clients to access suitable groups or roles volunteering or in employment to improve their social integration.

I thought that non-human relationships may have provided more diverse access to social connections for participants. Existing research has illustrated that pets can provide companionship to homeless individuals, countering loneliness and providing unconditional love (Irvine, 2013; Kidd & Kidd, 1994; Rew, 2000). Due to this, I explored the potential role of pets within participants social networks. Interestingly, around 25% of participants had a pet. My findings suggest that a significantly higher proportion of the formerly homeless had pets (and the support and companionship they provide) than the currently homeless. The reason for this may be because having housing provided more capacity and resource to cater for a pet’s needs.

Interestingly, the formerly homeless did not have any more non-homeless connections than the currently homeless. There are several possible reasons for this lack of difference in non-homeless connections. Firstly, the formerly homeless may have maintained their non-homeless connections during homelessness, and continued their connection in their transition into housing. Secondly, some participants may have felt disinterested in connecting with members of
mainstream society who had cast them off when they were homeless (Neil & Fopp, 1994).

Thirdly, formerly homeless participants may continue socialising with their homeless connections even when they are housed. Australian research found that participants enjoyed the culture of homeless services and continue to return to services regularly to socialise (Neil and Fopp, 1994). Finally, Participants may also felt more comfortable socialising with people who were more like themselves or their previous connections. Other research has found formerly homeless participants with substance use and mental health issues tend to find and rebuild a social network with people like themselves: connections who experienced mental illness, substance use, or lived in poverty (Hawkins & Abrams, 2007).

In this study I found that not every participant had the same access to non-homeless connections. Regardless of the participant’s current homeless status, those who identified as Aboriginal were less likely to have non-homeless friends than those who did not. The elevated likelihood of Aboriginal homelessness is further compounded by the ‘discrimination, racism and exploitation of Aboriginal people by private landlords’ (Zufferey & Chung, 2015, p. 13). As those who are Aboriginal may have less access to connect socially with mainstream society, connections with other Aboriginal people is likely to mean an increase in the proportion of their network who are homeless. These studies illustrate that those experiencing homelessness are not a homogenous group. Certain individuals, including those who identify as Aboriginal may require extra or specialised support to assist them to create more diverse networks.

Interestingly, some participant minority subgroups had more diverse networks than other participants. For example, those who identified as LGBTIQA were less likely lack an intimate partner (or partners) network than those who did not identify as LGBTIQA. Given the different profiles of social networks of those who were Aboriginal or LGBTIQA, those experiencing homelessness must be understood as a heterogeneous group. Service providers and policy-makers must recognise that different homeless individuals may have markedly differing
access to social networks. Consequently, social support and social capital that could help them to cope and obtain resources in times of need will vary.

**Is higher social integration beneficial for those experiencing homelessness?**

Theory posits that an increase in diversity of social relationships, or social integration, is beneficial for social wellbeing and satisfaction (Brissette et al., 2000). Results in my study suggest that a lack of social integration (understood as lacking particular networks) was not always experienced as negative. For example, participants tended to evaluate a lack of connections differently according to the identity of those missing. When participants lost or lacked current friends and service provider network groups, they tended to feel more dissatisfied with the state of these relationships than those who had these relationships. In contrast, those who lacked old (pre-homeless) friends tended to feel more satisfied than those who did not lack old friends. I can infer that that an increase in different types of relationships does not necessary render one happier and more satisfied with their relationships.

It is unclear why the absence of old friends could make a participant more satisfied with the (absent) state of these relationships than if they had old friends present. It could reflect the poor quality of social relationships which participants had with their old-friend networks. My earlier qualitative findings establish that when a participant becomes homeless, their relationships with pre-homeless friends can be strained by feelings of shame, relationship breakdown or social rejection. Another possibility is that those who lack old friends had less to lose or miss when they became homeless than those who had old friends, and this led them to feel more satisfied.

Other research indicates that the more non-marginalised connections one has, the more connected and belonging they feel with mainstream society and the more satisfied they feel with their relationships (Machielse, 2006b). Apart from old friends, where the opposite occurred, in most cases and for most network groups, having a higher number of family, current friends or intimate partners who were homeless did not lead to participants being more satisfied with these
groups. Unfortunately, because of paucity individual-level data, I was unable to explore whether participant’s non-homeless friends provided them with social provisions and support that their non-homeless connections did not. Further research with more detailed data is needed on this issue.

All my findings discussed above suggest that the role between social integration and relationship satisfaction is not straightforward amongst those experiencing homelessness. It appears that social integration may not always be a central factor in how participants evaluate their social relationships.

**Conclusion.** The measure I created provided an effective and efficient gauge of social networks amongst people who have experienced homelessness. It catered to the specific experiences and social network patterns of those experiencing homelessness, such as the differences between pre-homeless and post-homeless social network, and how networks can change once individuals enter housing. While objective measures of social networks showed that participants tended to have large and full networks, subjective measures showed these relationships often lacked quality and intimacy. Some participants could form more diverse relationships by engaging in other types of networks, like pets or joining community or social groups. However, specific subgroups such as those who were Aboriginal were less able to achieve this. My results strongly speak to the need to treat those experiencing homelessness as a heterogeneous group. A person’s social background, characteristics and experiences must be considered when helping them to manage and improve their social networks. Other research suggests that social integration may well improve the wellbeing of those who are socially disadvantaged. However, my findings demonstrate that having a more integrated network did not always make individuals more satisfied with their social network. That indicates that having a more integrated network was not always a major factor in determining how a participant evaluated their social world.
Chapter Six: The relationship between loneliness, social isolation and social integration amongst those experiencing homelessness

There has been little research to date about loneliness in those who have experienced homelessness. However, in order to understand loneliness in this population, I will investigate how loneliness in the homeless population can be measured using a standardised scale, something which has rarely been completed in the past. It is clear from my qualitative findings (see Chapter Four) that participants’ loneliness was differentiated by social network group. Accordingly, I used a network-specific (multidimensional) measure of loneliness.

Multidimensional theories (DiTommaso et al., 2004; DiTommaso & Spinner, 1993, 1997) indicate that a person may experience three different types of loneliness. These are:

- a lack an intimate or close attachment to a person, such as a family relationship (family loneliness)
- a lack an intimate relationship (romantic loneliness), or
- feeling excluded or ostracised from a group of similar friends (social loneliness).

My previous Chapters have demonstrated qualitative differences in social networks and social experiences of those experiencing homelessness compared to mainstream populations. As such, I felt it important to check whether any mainstream loneliness measure that I selected fit a homeless sample.

This Chapter will explore the answers to both my research questions, including ‘What is the extent of loneliness and social isolation among people with a lived experience of homelessness? How does this change as people move between housing and homelessness?’ and ‘What aspects of the social network contribute to experiences of loneliness and social isolation among people with a lived experience of homelessness?’ One relevant issue is to consider what factors make
someone who has experienced homelessness susceptible to loneliness? The qualitative findings from Chapter Three and Chapter Four indicate which personal and demographic characteristics and experiences may be associated with each of the three identified domains of loneliness: social loneliness, romantic loneliness and family loneliness. Drawing on my qualitative findings, I considered several factors to be associated with social loneliness, such as employment, having a history of incarceration, Aboriginal status, rough sleeping and gender identity. Being employed was described by my study participants as a means of developing a sense of meaning and purpose in society, and thus a broader sense of social belonging. Participants in my study who had a history of incarceration described their experiences operating and adjusting to the social norms of prison rendered them unable to socialise comfortably with those who had not spent time in prison. This perceived discomfort affected their feelings of belonging (and potentially social loneliness). However, these individuals often found a sense of belonging within the homeless population, who reminded them of the people they met whilst in prison. Consequently, they felt more comfortable with them than they did socialising in mainstream society. It could be expected that a participant’s gender identity may also be likely to impact social loneliness. In my qualitative findings, participants who did not identify as cisgender felt further isolated from others due to stigma around these identities. Participant’s identifying as Aboriginal experienced a compromised sense of belonging due to stigma and discrimination that these individuals often experience in mainstream society. Sleeping and residing in public (sleeping rough or experiencing ‘primary homelessness’) also had an impact on a participant’s belonging. In these circumstances they felt more susceptible to hyper(in)visibility. In other words, they felt visible under the watchful eye of the non-homeless, but also degraded through their perceived invisibility to others, perhaps more than others who experienced other types of homelessness or were now housed. Those who had exited homelessness started to feel increased belonging within friendship circles as they shed some of the stigma around their homeless pasts.
My qualitative findings also identified characteristics that affected the likelihood of a participant experiencing romantic loneliness. Some of these were personal characteristics. A participant’s gender identity impacted romantic loneliness. Male participants tended to describe desiring intimate companionship (usually in the form of female partners) more than female participants did. This may have been because females can draw on other, non-intimate forms of support. Females frequently told me that they had closer and more supportive and emotional relationships with their female friends than males described having with their friends. Those participants who were transgender described increased difficulty finding intimate partners due to non-acceptance of and stigma around their gender identity. Problems with mental health, like social anxiety or depression contributed to romantic loneliness as several participants described these problems leading to the breakup of their relationships.

My qualitative data also allowed me to infer possible characteristics associated with family loneliness. Participants who identified as having a non-cisgender gender identity were more likely to have experienced identity-fuelled rejection from family members, contributing to family loneliness. Those who were born in countries other than Australia seemed to experience familial loneliness from their separation from overseas family members. Finally, several participants told me that their family breakdown had been based on their mental health or addiction problems, suggesting mental health or substance use issue contributed to family loneliness.

The currently homeless appeared more likely to experience family loneliness than those who were formerly homeless. Through their housing, the formerly homeless now had a place to which they could invite family members to visit or stay and perhaps had been able to let go of the shame associated with their previous homelessness.

Finally, this chapter aims to answer one of the primary research questions of my thesis, by investigating ‘What is the relationship between social integration, social isolation and loneliness’
for individuals who have experienced homelessness? Research has shown how several aspects of a person’s social networks render them increasingly susceptible to loneliness. As noted in Chapter One, previous research has identified that social isolation and a lack of social support contribute to experiences of loneliness in mainstream populations (Jones & Moore, 1987; Rook, 1984). Existing research has yet to explore how homeless individuals’ social networks, and the support these networks provide, impact the loneliness they experience. My findings indicated that only subjective indicators of social isolation, and not objective indicators, were important for satisfaction with each network (see Chapter Five).

Previous research has established the following:

- those experiencing homelessness have been identified as having compromised wellbeing (Fischer, Shapiro, Breakey, Anthony, & Kramer, 1986; Hwang, 2001).
- Social networks are an important part of improving personal wellbeing in mainstream and homeless populations (Chew Ng, Muth, & Auerswald, 2013; S. Cohen & T. A. Wills, 1985; Kawachi & Berkman, 2001; Trumbetta et al., 1999).

Given the above, I considered that exploring how social networks contribute to homeless individual’s loneliness would provide valuable insight and better understanding homeless peoples’ welfare.

Specifically, the aims of my study were to:

1. Examine the factor structure of the loneliness scale in a homeless sample.
2. Examine personal characteristics associated with loneliness in a homeless sample.
3. Examine associations between social isolation (including importance and satisfaction with relationships), social support and loneliness.

**Method**

**Design.** My study utilised a within-group design that investigated the association between personal characteristics, extent of social support, and social network attributes. It also
examined the likelihood of experiencing the three types of loneliness already identified: social loneliness, romantic loneliness and family loneliness.

Participants. The participants in my study derived from the n=129 sample who had completed the survey component of my research (described in Chapter Two). For the current analyses, one participant was removed from cases including family and romantic loneliness because they did not complete these measures. Two participants were omitted from all analyses, including social support, as they did not complete the social support measure. Out of the social network measures, one participant was omitted for each of the importance scores (family, current friends, old friends, intimate partners and service providers), due to missing or invalid responses. One participant’s responses were excluded from the analysis of intimate partners and current friend’s satisfaction scores also due to missing or invalid responses. These omissions resulted in a total sample size of n=124 for the analyses presented in this Chapter.

Measures. Several measures were used within this section, each which were described in greater detail in Chapter Two. The following section summarises the important and relevant points of each measure used.

- Loneliness was measured with the Short version of the Social and Emotional Loneliness Scale for Adults (SELSA-S) (DiTommaso et al., 2004). Three domain scores were computed (i.e. family loneliness, romantic loneliness and social loneliness) by summing the items for each domain and taking their average.

- Functional social support was measured with the MOS Social Support Scale (Sherbourne & Stewart, 1991). Four domain scores were computed by summing the items for each domain and taking their average. The domains were:
  - tangible support,
  - positive social interaction support,
  - emotional/informational support, and
  - affectionate support.
The 19-item scale produced an overall social support score. A higher score for either the overall support scale or individual subscales signalled more support. Participants were told to consider only non-formal support networks, excluding formal support networks such as service providers and mental or physical health professionals.

- Subjective measures of social isolation were operationalised through two variables derived from the social network measure described in Chapter Five. These included an importance score and a satisfaction score rated for each network group. The network groups were: family, current friends, old friends, intimate partners and service providers. Importance scores were indicative of how important participants perceived a particular network group, in relation to the rest of their network groups. A score of ‘0’ indicated that a network group was not at all important to them and a score of ‘1’ that network was the only group important to them, relative to all other network groups. Satisfaction scores ranged from ‘1’ to ‘6’, where ‘1’ indicated the participant was very dissatisfied with a network and 6 indicated they were very satisfied with that network. These variables were selected as they closely aligned with participant’s constructions of social isolation (or deprived social networks) in my qualitative interviews. Further, as already mentioned I had found them to be significantly associated with relationship satisfaction (see Chapter Five) Participants described how to them, social isolation constituted the lack of adequate or deep connections with the networks that they deemed important. Comparatively, I considered that an objective indicator of social isolation like ‘frequency of contact’ with networks would not have provided as meaningful a proxy for social isolation because it did not consider how salient that network was to the person. For example, a low frequency of contact between a participant and their intimate partner(s) would not constitute social isolation if they did not consider that their intimate partner was important to them.
Several personal variables were included within the analyses. I selected these variables based on my (above) qualitative findings and previous research about the predictors of loneliness.
Table 9 presents the variables that I chose and describes the ways in which they were measured. The variables that were selected for inclusion in multivariate models for each type of loneliness were based on a consideration of their univariate association with loneliness and the findings from the qualitative studies presented earlier.
Table 9 Descriptions of the variables that measure demographic/personal/experiential characteristics of participants

<table>
<thead>
<tr>
<th>Variable name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal status</td>
<td>Measured using a single-item, ‘Are you an Aboriginal person or Torres Strait Islander?’ where participants could answer either ‘yes’ or ‘no’ using check boxes.</td>
</tr>
<tr>
<td>Lesbian, Gay, Bisexual, Transgender, Queer, Asexual (LGBTIQA)</td>
<td>Measured if participants reported identifying as having a gender other than male or female or if identified as having a sexuality other than heterosexuality.</td>
</tr>
<tr>
<td>Non-cisgender identity</td>
<td>Identifying as having a gender other than biologically male or female.</td>
</tr>
<tr>
<td>Prison history</td>
<td>Having been in jail or incarcerated in the participant’s lifetime.</td>
</tr>
<tr>
<td>Employment status</td>
<td>Having engaged in paid work for at least one hour in an average week.</td>
</tr>
<tr>
<td>Birth country</td>
<td>Participants who were born in a country other than Australia (o/s born) compared to participants who were born in Australia.</td>
</tr>
<tr>
<td>Volunteer work</td>
<td>Having engaged in unpaid work for at least one hour in the previous week.</td>
</tr>
<tr>
<td>Hospitalisation for mental health (MH) issues</td>
<td>Having been hospitalised for MH issues at least once in the participant’s lifetime</td>
</tr>
<tr>
<td>Social anxiety</td>
<td>Meeting a component of the DSM IV criteria for social anxiety. Evidence suggests there is a correlation between social anxiety and loneliness, but they are distinct (Jones, Rose, &amp; Russell, 1990)</td>
</tr>
<tr>
<td>Depression</td>
<td>Meeting a component of the DSM IV criteria for depression. Evidence suggests that loneliness often co-occurs with depression, but the two are distinct concepts (Weeks, Michela, Peplau, &amp; Bragg, 1980)</td>
</tr>
<tr>
<td>Variable name</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Recent nicotine use</td>
<td>Categorical variable of whether the participant had used nicotine during the 3 months prior to survey. Response categories are ‘never’, ‘once or twice’ during that period, ‘monthly’, ‘weekly’ and ‘daily or almost daily’.</td>
</tr>
<tr>
<td>Nicotine dependency</td>
<td>A continuous score reflecting the extent to which participants depend on nicotine with a higher score signaling problematic use. It was derived from the WHO-ASSIST scale. This scale was added into the survey part-way into recruitment period and so there is missing data for quite a few participants for this indicator.</td>
</tr>
<tr>
<td>Recent alcohol use</td>
<td>Categorical variable of whether the participant had used alcohol during the 3 months prior to survey. Response categories were ‘never’, ‘once or twice’ during that period, ‘monthly’, ‘weekly’ and ‘daily or almost daily’.</td>
</tr>
<tr>
<td>Alcohol dependency</td>
<td>A continuous score reflecting the extent to which participants depended on alcohol with a higher score signaling ‘problematic’ use. It was derived from the WHO-ASSIST scale. This scale was added into the survey part-way into recruitment period there is missing data for quite a few participants for this indicator</td>
</tr>
<tr>
<td>Recent nicotine use</td>
<td>Categorical variable of whether participants had used drugs other than alcohol and nicotine during the three-month period prior to the survey. Response categories were ‘never’, ‘once or twice’ during that period, ‘monthly’, ‘weekly’ and ‘daily or almost daily’.</td>
</tr>
<tr>
<td>Other drug dependency</td>
<td>A continuous score that reflected the extent to which participants depended on drugs other than alcohol or nicotine, with a higher score signalling ‘problematic’ use. It was derived from the WHO-ASSIST scale. This scale was added into the survey part-way into recruitment period there is missing data for quite a few participants for this indicator.</td>
</tr>
<tr>
<td>Homeless Status</td>
<td>Whether participants were currently homeless or had exited homelessness into housing (formerly homeless).</td>
</tr>
<tr>
<td>Total years homeless</td>
<td>Total number of years homeless over the participant's lifetime, calculated by subtracting the participant's age when first homeless from their current age and multiplying by the percentage of this period the participant estimated they were homeless.</td>
</tr>
</tbody>
</table>
**Analysis.** Several analyses were undertaken to answer the study aims, all conducted using STATA statistical management and analysis program, Version 14 (StataCorp, 2015).

First, Exploratory Factor Analysis (EFA) was conducted on both the social support and loneliness instruments to test how they functioned in this population. (The results of the EFA on social support can be found in Appendix 6.) Although a Confirmatory Factor Analysis would have been more appropriate (given the known factor structure of both instruments) it was not feasible with the current sample size. Usually 10 participants per parameter/item are recommended for Confirmatory Factor Analysis, which means that I would have required a sample of 150 for the loneliness scale and 190 for the social support scale (Keith, 2006). EFA requires 5 participants per item, meaning I required a minimum of 75 participants for the loneliness subscale, and 95 participants for the social support scale (Tabachnick, 2013). My sample size was therefore more than adequate to conduct EFA. I used a comparative means one-sample t-tests to compare the loneliness means of the current sample to previous means of mainstream US community samples derived from DiTommaso et al. (2004).

Second, I conducted univariate tests to help inform which variables to include in the multivariate models. I used linear regression for each of the univariate tests, with a generous significance level of $\alpha=0.1$ in univariate testing to select which predictors should be included in multivariate regression (Bendel & Afifi, 1977; Hosmer Jr, Lemeshow, & Sturdivant, 2013).

Finally, I undertook a series of regression analyses. The first three models tested the association between the personal characteristics of participants with each loneliness domain. These were linear regression models using an alpha level of 0.5 to determine significance. These three models were designed to identify who among those experiencing homelessness and formerly homeless had elevated loneliness scores.

I then carried out three hierarchical multiple regression analyses to test the relationship of social isolation and social support with each loneliness domain. In the first step, homelessness
status was added into the model. In the second step, the four social support domain variables were added into the model. The addition of social isolation variables was divided into two steps: in step three, I added social isolation variables to the model that were linked to the networks specific to that type of loneliness i.e., current and old friends for social loneliness, family for family loneliness and intimate partners for romantic loneliness. In the fourth step, the social isolation variables for the remaining network groups were added to the model, for example, the impact of relationships with service providers on romantic loneliness. I decided to add separate the addition of these social isolation variables so that I could more clearly delineate what proportion of variance in loneliness could be explained by the specific relationships associated with the loneliness, and what proportion were buffered or exacerbated by relationships with other network groups.

**What is the factor structure of loneliness in a sample that have experienced homelessness?**

Using the SELSA-S, the following mean scores were computed for the sample:

- for social loneliness: 4.00 (SD: 1.68)
- for family loneliness: 4.56 (SD: 1.95), and
- for romantic loneliness: 4.74 (1.78).

These scores were not normally distributed, with significant tests of non-normal kurtosis for social loneliness ($p<.0001$), non-normal negative skew for romantic loneliness ($p=.0048$) and non-normal negative skewness ($p=.03$) and kurtosis ($p<.0001$). These means were compared to a U.S. community sample with mean scores of 2.96 for social loneliness, 2.6 for family loneliness and 3.2 for romantic loneliness (DiTommaso et al., 2004). Using a one-sample t-test to compare these means, the current sample had significantly higher levels of loneliness than community samples ($p<.0001$) using a 95% confidence level.
To test the efficacy of the SELSA-S within my sample, I conducted an Exploratory Factor Analysis was conducted on the original items from the SELSA-S. The number of factors was constrained to a maximum of 3, following the three-factor solution designated by the SELSA-S scale (DiTommaso et al., 2004). The results of this factor analysis were hard to interpret. It is generally accepted that an item loading of over .4 should be included within a factor (Acock, 2014). Ten items loaded successfully onto the first factor. Two items loaded substantially onto the second factor and four items loaded onto a third factor (all which were also cross-loaded with the first factor). Two items did not load successfully onto any of the three factors. The full output of this analysis is set out in Appendix 7.

I carried out a rotation to develop more easily interpretable results and orthogonal factors. I chose orthogonal rotation as multidimensional theory (DiTommaso & Spinner, 1997) posits that the three types of loneliness are independent and different from each other. As can be observed in the Table below, rotation made results more easily interpretable. When loadings less than 0.40 were excluded, the analysis yielded a three-factor solution with a simple structure.

All predesignated family loneliness items were loaded onto factor 1. All social loneliness variables loaded onto factor 2, as well as into one romantic loneliness item. That item was: ‘In the last year I wished I had a more satisfying romantic relationship’. Three of the five designated romantic loneliness items were loaded successfully onto factor 3. The final item (ROM5) did not load successfully onto any of the three items. Thus, there are some issues about how comprehensively romantic loneliness was measured in this sample.
Table 10. This table sets out orthogonally rotated component loadings for 15 survey items* Items from the family loneliness subscale were labelled with the prefix ‘FAM’, items from the social loneliness subscale were labelled with the prefix ‘SOC’ and items from the romantic loneliness subscale were labelled with the prefix ‘ROM’. The shaded items illustrate which items loaded significantly onto each of the three factors.

<table>
<thead>
<tr>
<th></th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAM1</td>
<td>-0.6267</td>
<td>-0.1272</td>
<td>0.1580</td>
</tr>
<tr>
<td>FAM2</td>
<td>-0.7028</td>
<td>-0.1243</td>
<td></td>
</tr>
<tr>
<td>FAM3</td>
<td>0.8457</td>
<td>0.1848</td>
<td></td>
</tr>
<tr>
<td>FAM4</td>
<td>0.8536</td>
<td>0.1305</td>
<td></td>
</tr>
<tr>
<td>FAM5</td>
<td>0.8520</td>
<td></td>
<td>0.1184</td>
</tr>
<tr>
<td>SOC1</td>
<td>0.1850</td>
<td>0.5848</td>
<td>0.2522</td>
</tr>
<tr>
<td>SOC2</td>
<td></td>
<td>0.7247</td>
<td></td>
</tr>
<tr>
<td>SOC3</td>
<td>-0.3040</td>
<td>-0.6658</td>
<td></td>
</tr>
<tr>
<td>SOC4</td>
<td>0.1261</td>
<td>0.7070</td>
<td>0.1899</td>
</tr>
<tr>
<td>SOC5</td>
<td>-0.2477</td>
<td>-0.7145</td>
<td>0.1375</td>
</tr>
<tr>
<td>ROM3</td>
<td>-0.4804</td>
<td></td>
<td>-0.1010</td>
</tr>
<tr>
<td>ROM1</td>
<td></td>
<td></td>
<td>0.9053</td>
</tr>
<tr>
<td>ROM2</td>
<td></td>
<td></td>
<td>0.9137</td>
</tr>
<tr>
<td>ROM4</td>
<td></td>
<td></td>
<td>0.8944</td>
</tr>
<tr>
<td>ROM5</td>
<td>-0.1193</td>
<td>-0.3795</td>
<td>-0.1997</td>
</tr>
</tbody>
</table>

Eigenvalues 4.36 2.63 1.78
% of total variance 21.92 18.63 17.93
No. of test measures 5 6 3
Reliability coefficient .85 .79 .74

*loadings => .1
During data collection, participants appeared to find two items difficult to comprehend and answer. These two items were:

- FAM1: ‘In the last year I felt alone when I was with my family,’ and
- ROM5: ‘In the last year I had an unmet need for a close romantic relationship.

Many participants were unable to answer FAM1 because they had no experiences in the past year in which they were ‘with’ their families to draw from. For example, they either did not have any family members, or if they did, were not in contact with them. In regard to ROM5, the term ‘unmet needs’ was confusing to participants. Many reported being unfamiliar with the concept and how it applied to their experience. Even when I explained the concept to participants, they were often still unclear on how to answer the item. The term is not in common parlance in Australia, its use often constrained to healthcare, disability or policy settings (Hodgkinson et al., 2007; Ohlin, 1999). I conducted another Exploratory Factor Analysis with these two items removed. The un-rotated solution was similar to the first analysis. Most items loaded onto the first factor, with a few on the second factor and some on the third which cross-loaded with the first factor. This output is set out in Appendix 7.

For more interpretable results I conducted an orthogonal rotation. The results of these can be observed below in
Table 11. When loadings less than 0.40 were excluded, the analysis yielded a three-factor solution with a simple structure. In this version, the four remaining items for family loneliness loaded onto the first factor. All five social loneliness items loaded onto the second factor. Three romantic loneliness items loaded onto the third factor. The romantic loneliness item (ROM3) that had loaded onto the social loneliness factor in the previous EFA, no longer reached the .4 threshold. This strongly indicated that removing the confusing items improved the fit of the scale for this sample. The final set of these scales were family loneliness (4 items), social loneliness (5 items) and romantic loneliness (3 items).
Table 11: This table sets out orthogonally rotated component loadings for 13 items* Items from the family loneliness subscale were labelled with the prefix ‘FAM’, items from the social loneliness subscale were labelled with the prefix ‘SOC’ and items from the romantic loneliness subscale were labelled with the prefix ‘ROM’. The shaded items illustrate which items loaded significantly onto each of the three factors.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAM2</td>
<td>-0.6947</td>
<td></td>
<td>0.1032</td>
</tr>
<tr>
<td>FAM3</td>
<td>0.8630</td>
<td>0.1949</td>
<td>0.0388</td>
</tr>
<tr>
<td>FAM4</td>
<td>0.8702</td>
<td>0.1377</td>
<td>0.0735</td>
</tr>
<tr>
<td>FAM5</td>
<td>0.8716</td>
<td>0.1012</td>
<td>0.1043</td>
</tr>
<tr>
<td>SOC1</td>
<td>0.177</td>
<td>0.6415</td>
<td>0.2579</td>
</tr>
<tr>
<td>SOC2</td>
<td>0.0858</td>
<td>0.7627</td>
<td>0.0267</td>
</tr>
<tr>
<td>SOC3</td>
<td>-0.3151</td>
<td>-0.669</td>
<td>0.0944</td>
</tr>
<tr>
<td>SOC4</td>
<td>0.1052</td>
<td>0.7476</td>
<td>0.1968</td>
</tr>
<tr>
<td>SOC5</td>
<td>-0.2534</td>
<td>-0.7032</td>
<td>0.1469</td>
</tr>
<tr>
<td>ROM1</td>
<td>0.059</td>
<td>-0.0177</td>
<td>0.9042</td>
</tr>
<tr>
<td>ROM2</td>
<td>0.041</td>
<td>0.0863</td>
<td>0.9123</td>
</tr>
<tr>
<td>ROM3</td>
<td>-0.0611</td>
<td>-0.3487</td>
<td>-0.0643</td>
</tr>
<tr>
<td>ROM4</td>
<td>0.0275</td>
<td>0.0256</td>
<td>0.9015</td>
</tr>
</tbody>
</table>

| Eigenvalues | 4.04 | 2.54 | 1.72 |
| % of total variance | 22.8 | 20.75 | 20.24 |
| Number of test measures | 4 | 5 | 3 |
| Reliability coefficients | .8568 | .7896 | .9068 |

*loadings => .1
Why did the item, ‘ROM3’ (i.e. ‘in the last year I wished I had a more satisfying romantic relationship?’) fail to load with the other romantic loneliness items? One possibility is that item was assumed applicable to those participants with an intimate partner. This may explain the unusual findings given that only 38.76% of the participants reported having an intimate partner in their network.

The reliability coefficients of the three subscales was acceptable with the following indicated:

- 0.86 for family loneliness
- 0.79 for social loneliness and
- 0.9068 for romantic loneliness.

As can be observed in
Table 11 (above) these reliability coefficients of the amended version of the scale were similar or better than the prior version (i.e. without the omission of Items 1 and 15). Checks of intra-correlation between the subscales show that the constructs were relatively independent (see Appendix 8, Table 9). This result was also found within the original measurement of the SELSA-S (DiTommaso et al., 2004). As the new amended scale of 12 items provided the best fit for the data, I used it for the rest of the analysis.

Loneliness among homeless and formerly homeless participants.

Table 12 below sets out the summary characteristics of family, social and romantic loneliness for the total sample compared between formerly and currently homeless participants. Use of this new scale meant that the mean scores of each loneliness domain were slightly lower than if using the scale in its original unmodified form.

Univariate testing using linear regression analysis (see Table 12, below) illustrated that the differences between these two subgroups were not significant for romantic or social loneliness ($p=.3$). However, the formerly homeless had significantly higher family loneliness scores than the currently homeless (mean difference of $.67$, $p=.015$).

Table 12. This table summarises the number of participants, mean, standard deviation (S.D.) skewness and kurtosis of family, social and romantic loneliness scores for the total sample and then compares between formerly homeless and currently homeless participants. The number of cases differs from the overall sample due to missing data (explained above).

<table>
<thead>
<tr>
<th></th>
<th>Total Sample</th>
<th>Formerly Homeless</th>
<th>Currently Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Loneliness</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of participants</td>
<td>128</td>
<td>45</td>
<td>83</td>
</tr>
<tr>
<td>Mean</td>
<td>3.55</td>
<td>3.99</td>
<td>3.32</td>
</tr>
<tr>
<td>Median</td>
<td>3.0</td>
<td>4.0</td>
<td>2.5</td>
</tr>
<tr>
<td>Std. Dev.</td>
<td>1.50</td>
<td>1.64</td>
<td>1.37</td>
</tr>
</tbody>
</table>
As demonstrated in the skewness and kurtosis scores in Table 12 and the Figures in Appendix 7, the distribution of family and romantic loneliness subscales in the total sample were not normally distributed. The romantic subscale exhibited significant levels of positive skew and kurtosis and the family subscale exhibited significant levels of kurtosis. Social loneliness approximated normal distribution. Creating the natural log versions of romantic and family loneliness did not improve the normality in distribution of the subscales. (The relevant figures and testing are set out in Appendix 7.) One reason for the non-normal distribution of romantic and family subscales is that these were the network groups in which participants were more likely to have gaps (i.e. no network members), as already described in Chapter Five. This results may
well differ from mainstream populations, who are generally less likely to have gaps in their networks. The disparity between median and mean scores indicates that the median scores are a more appropriate measure of central tendency.

**What personal/demographic characteristics are associated with loneliness in this sample?**

Table 16 documents the univariate associations between family, romantic and social loneliness subscales for each of personal/demographic characteristics, homelessness characteristics and mental health and substance use characteristics. Similar associations with several personal characteristics were observed for each type of loneliness.

**Univariate analyses.**

*Personal/demographic characteristics.* Univariate testing showed that gender identity significantly predicted differences in loneliness. Males tended to have significantly higher levels of social loneliness compared to female participants, whereas females tended to have significantly higher romantic loneliness scores than males. Participants who did not identity as either male or female (i.e. non-cisgender participants) also reported higher romantic loneliness scores than male participants. Contrary to expectations, there were no significant difference between males and females or between males and non-cisgender participants on family loneliness scores. As such, gender-identity was included as a predictor in the multivariate models of social and romantic loneliness but not family loneliness.

Participants who identified as LGBTIQA did not differ significantly from those who did not identify as LGBTIQA in their scores in any of the subdomains of loneliness. Accordingly, LGBTIQA status was not included in the multivariate models of loneliness. The distribution of age was not normally distributed and consequently, I categorised the variable into a binary
variable (below the median age of 48 and above the median age of 48) for analysis. Age was significantly associated with romantic loneliness scores, where those below the median age of 48 years had higher romantic loneliness scores than those aged 49 and above. There were no significant differences in social or family loneliness associated with age. As such, age was included as a predictor within the multivariate model of romantic loneliness.

Racial differences between participants, measured through birth in Australia or elsewhere, or Aboriginal or not, were not significantly associated with differences in any domain of loneliness. Consequently, these variables were not included within further multivariate analyses.
Table 13 Results of regression analysis assessing how the effects of family loneliness, social loneliness and romantic loneliness differ according to the differing personal characteristics of participants. These included gender identity, LGBTIQA status, age, country of birth and Aboriginal status.

<table>
<thead>
<tr>
<th>Personal Characteristic</th>
<th>Family Loneliness</th>
<th>Social Loneliness</th>
<th>Romantic Loneliness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Median (SD)</td>
<td>Median (SD)</td>
<td>Median (SD)</td>
</tr>
<tr>
<td>Gender identity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>64</td>
<td>3.0 (1.53)</td>
<td>4.2 (1.04)</td>
</tr>
<tr>
<td>Female</td>
<td>55</td>
<td>2.6 (1.45)</td>
<td>4.0 (1.06)</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>3.9 (1.67)</td>
<td>3.8 (1.33)</td>
</tr>
<tr>
<td></td>
<td>F (2,125) = .45</td>
<td>F (2,126) = 2.10</td>
<td>F (2,125) = 4.75</td>
</tr>
<tr>
<td></td>
<td>p = .64</td>
<td>p = .13</td>
<td>p = .01</td>
</tr>
<tr>
<td>Male/female</td>
<td>p = .71</td>
<td>.052</td>
<td>.023</td>
</tr>
<tr>
<td>Male/Other</td>
<td>p = .46</td>
<td>.283</td>
<td>.012</td>
</tr>
<tr>
<td>LGBTIQA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>27</td>
<td>2.75 (1.36)</td>
<td>4.0 (1.33)</td>
</tr>
<tr>
<td>No</td>
<td>102</td>
<td>3.0 (1.54)</td>
<td>4.0 (1.01)</td>
</tr>
<tr>
<td></td>
<td>F (1,126) = .04</td>
<td>F (1,127) = .22</td>
<td>F (1,126) = .06</td>
</tr>
<tr>
<td></td>
<td>p = .8377</td>
<td>p = .6393</td>
<td>p = .8022</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to 48</td>
<td>77</td>
<td>2.8 (1.4)</td>
<td>4.2 (.96)</td>
</tr>
<tr>
<td>49 +</td>
<td>52</td>
<td>3.0 (1.6)</td>
<td>4.0 (1.25)</td>
</tr>
<tr>
<td></td>
<td>F (1,126) = .16</td>
<td>F (1,127) = .12</td>
<td>F (1,126) = 6.92</td>
</tr>
<tr>
<td></td>
<td>p = .69</td>
<td>p = .73</td>
<td>p = .01</td>
</tr>
<tr>
<td>Birth Country</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUS born</td>
<td>89</td>
<td>2.8 (1.46)</td>
<td>4.0 (1.04)</td>
</tr>
<tr>
<td>Born O/S</td>
<td>40</td>
<td>4.0 (1.56)</td>
<td>4.0 (1.16)</td>
</tr>
<tr>
<td></td>
<td>F (1,126) = 1.21</td>
<td>F (1,127) = 1.96</td>
<td>F (1,126) = .11</td>
</tr>
<tr>
<td></td>
<td>p = .27</td>
<td>p = .16</td>
<td>p = .74</td>
</tr>
</tbody>
</table>
Homelessness characteristics. Univariate analysis suggested that loneliness levels did not change over a longer period that participants were homeless. This variable was excluded from multivariate analyses. Whether participants were currently or formerly homeless significantly predicted family loneliness but not social and romantic loneliness. Homeless status was therefore included as a predictor in the multivariate model of family loneliness. These can be viewed within Table 14 below.

Table 14 Results of regression analysis assessing how the effects of family loneliness, social loneliness and romantic loneliness differ according to the differing homelessness history characteristics of participants

<table>
<thead>
<tr>
<th>Personal Characteristic Variables</th>
<th>Family Loneliness</th>
<th>Social Loneliness</th>
<th>Romantic Loneliness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>17</td>
<td>2.5 (1.61)</td>
<td>4.4 (1.06)</td>
</tr>
<tr>
<td>No</td>
<td>112</td>
<td>3.0 (1.48)</td>
<td>4.0 (1.09)</td>
</tr>
<tr>
<td>F (1,126) = .40</td>
<td>F (1,127) = .09</td>
<td>F (1,126) = .26</td>
<td></td>
</tr>
<tr>
<td>p = .53</td>
<td>p = .77</td>
<td>p = .61</td>
<td></td>
</tr>
</tbody>
</table>
### Subscales Regression Results

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>Family Loneliness Median (SD)</th>
<th>Social Loneliness Median (SD)</th>
<th>Romantic Loneliness Median (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic</td>
<td>100</td>
<td>2.8 (1.55)</td>
<td>4.0 (1.09)</td>
<td>1.0 (2.21)</td>
</tr>
<tr>
<td>Non-chronic</td>
<td>29</td>
<td>4.0 (1.32)</td>
<td>4.0 (1.08)</td>
<td>2.0 (2.52)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(F (1,126) = .10 )</td>
<td>(F (1,127) = .18 )</td>
<td>(F (1,126) = 1.17 )</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(p = .76 )</td>
<td>(p = .68 )</td>
<td>(p = .28 )</td>
</tr>
<tr>
<td>Homeless Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently</td>
<td>83</td>
<td>2.5 (1.37)</td>
<td>4.0 (1.18)</td>
<td>1.0 (2.30)</td>
</tr>
<tr>
<td>Formerly</td>
<td>46</td>
<td>4.0 (1.64)</td>
<td>4.2 (.89)</td>
<td>2.3 (2.27)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(F (1,126) = 6.13 )</td>
<td>(F (1,127) = .99 )</td>
<td>(F (1,126) = 1.05 )</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(p = .015 )</td>
<td>(p = .32 )</td>
<td>(p = .31 )</td>
</tr>
<tr>
<td>Total Years Spent Homeless Over Lifetime</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(F (1,125) = .35 )</td>
<td>(F (1,126) = .70 )</td>
<td>(F (1,125) = .03 )</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(p = .55 )</td>
<td>(p = .40 )</td>
<td>(p = .87 )</td>
</tr>
</tbody>
</table>

**Social integration indices.** Neither employment nor volunteering status was significantly associated with any of the loneliness domains. Prison history was not associated with either romantic or family loneliness, but was significantly associated social loneliness. This was consistent with my qualitative findings. Prison history was therefore included as a predictor in the multivariate model of social loneliness. This is displayed below in Table 15.

Table 15 Results of regression analysis assessing how the effects of family loneliness, social loneliness and romantic loneliness differ according to the differing social integration indices of participants, including prison history and participation in paid work and volunteer work.
### Subscales Regression Results

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>Family Loneliness Median (SD)</th>
<th>Social Loneliness Median (SD)</th>
<th>Romantic Loneliness Median (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prison History</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>42</td>
<td>2.5 (1.46)</td>
<td>3.5 (1.08)</td>
<td>1.0 (2.30)</td>
</tr>
<tr>
<td>No</td>
<td>87</td>
<td>3.1 (1.5)</td>
<td>4.2 (1.04)</td>
<td>1.7 (2.29)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F (1,126) =2.29</td>
<td>F (1,127) =7.23</td>
<td>F (1,126) =.02</td>
</tr>
<tr>
<td></td>
<td></td>
<td>p=.13</td>
<td>p=.01</td>
<td>p=.90</td>
</tr>
<tr>
<td>Paid Work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>24</td>
<td>4.0 (1.5)</td>
<td>4.2 (.84)</td>
<td>2.0 (2.6)</td>
</tr>
<tr>
<td>No</td>
<td>105</td>
<td>2.75 (1.49)</td>
<td>4.0 (1.13)</td>
<td>1.0 (2.2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F (1,126) =1.35</td>
<td>F (1,127) =.09</td>
<td>F (1,126) =1.98</td>
</tr>
<tr>
<td></td>
<td></td>
<td>p=.2</td>
<td>p=.77</td>
<td>p=.16</td>
</tr>
<tr>
<td>Volunteer Work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>34</td>
<td>3.4 (1.38)</td>
<td>4.4 (.980)</td>
<td>2.0 (2.36)</td>
</tr>
<tr>
<td>No</td>
<td>95</td>
<td>2.8 (1.53)</td>
<td>4.0 (1.12)</td>
<td>1.2 (2.27)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F (1,126) =1.28</td>
<td>F (1,127) =.40</td>
<td>F (1,126) =.37</td>
</tr>
<tr>
<td></td>
<td></td>
<td>p=.26</td>
<td>p=.53</td>
<td>p=.54</td>
</tr>
</tbody>
</table>

**Mental health and substance use characteristics.** There was no significant relationship between any of the mental health characteristics measured and any loneliness domain. However, in my qualitative findings, some participants described mental illness as the nexus from which their intimate relationship breakdown and disconnection from family originated. Thus, I decided to include mental illness variables within the multivariate analysis. Social anxiety was included within multivariate models of romantic loneliness, as it had the largest effect size of each of the mental health variables. Having been hospitalised for a mental
health issue was included within the multivariate model of family loneliness as this had the strongest effective size of all mental health variables.

Having problematic use of nicotine was marginally associated with increases in social loneliness and was thus included in the multivariate model of social loneliness.

Increases in level of problematic use of drugs other than alcohol or cigarettes were significantly associated with decreased family loneliness scores. Thus, problematic drug use was included as a predictor within multivariate models of family loneliness. These can be observed below in Table 16.

Table 16 Univariate associations between mental health and substance use variables with family, social and romantic loneliness

<table>
<thead>
<tr>
<th>Subscales Regression Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Family Loneliness</td>
</tr>
<tr>
<td>Social Loneliness</td>
</tr>
<tr>
<td>Romantic Loneliness</td>
</tr>
<tr>
<td>[Median (SD)]</td>
</tr>
<tr>
<td>[Median (SD)]</td>
</tr>
<tr>
<td>[Median (SD)]</td>
</tr>
<tr>
<td>Variable</td>
</tr>
<tr>
<td>Hospitalisation for MH issues</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>F (1,124) = 1.93</td>
</tr>
<tr>
<td>F (1,123) = 1.93</td>
</tr>
<tr>
<td>F (1,123) = .27</td>
</tr>
<tr>
<td>Social Anxiety</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>F (1,127) = .26</td>
</tr>
<tr>
<td>F (1,127) = .26</td>
</tr>
<tr>
<td>F (1,127) = .27</td>
</tr>
<tr>
<td>Depression</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>F (1,127) = .70</td>
</tr>
<tr>
<td>F (1,126) = .70</td>
</tr>
<tr>
<td>F (1,127) = .58</td>
</tr>
<tr>
<td>Variable</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Subscales Regression Results</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Family Loneliness</td>
</tr>
<tr>
<td>Social Loneliness</td>
</tr>
<tr>
<td>Romantic Loneliness</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Problematic nicotine use</strong></td>
</tr>
<tr>
<td>Low</td>
</tr>
<tr>
<td>Moderate</td>
</tr>
<tr>
<td>High</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Problematic alcohol use</strong></td>
</tr>
<tr>
<td>Low</td>
</tr>
<tr>
<td>Moderate</td>
</tr>
<tr>
<td>High</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Problematic illicit drug use</strong></td>
</tr>
<tr>
<td>Low</td>
</tr>
<tr>
<td>Moderate</td>
</tr>
<tr>
<td>High</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>
Multiple regression models. Multiple regression models were carried out on each loneliness domain, using predictors derived from a combination of inferences from my qualitative findings (see Chapters Three and Four) and the univariate results that are set out above.

The model for family loneliness was statistically significant: $F(4,104) = 3.15, p = .04$ and accounted for 7.37% of the variance in family loneliness (adjusted $R^2$). Holding all other variables equal, homeless status was the only significant predictor of family loneliness ($p = .020$), where being formerly homeless was associated with between .12 to 1.30-point increase in family loneliness with 95% confidence level (unstandardised coefficient = .705) compared with those who were currently homeless. Having been hospitalised for a mental health problem was associated with a .28-point decrease in family loneliness, but this difference was not statistically significant ($p > .05$). There were also no significant differences based on problematic drug use on family loneliness ($p > .05$).

The model for social loneliness was also significant: $F(6,122) = 4.06, p = .00$ and accounted for 12.54% of the variance in social loneliness (adjusted $R^2$). Controlling for all other variables, having been in prison was associated with a .75-point decrease in social loneliness compared to those who had not been in prison ($p < .001$). Being female was associated with a significant .4-point decrease in social loneliness compared to males ($p = .039$). However, there was no significant difference in males and non-cisgender participants ($p > .05$). Every unit increase in problematic alcohol use was associated with a .304 increase in social loneliness ($p = .02$). However, increases in problematic nicotine use or gaining employment did not predict changes in social loneliness ($p > .05$).

As with the previous loneliness domains discussed above, the model for romantic loneliness was significant: $F(4, 123) = 4.60, p = .00$ and accounted for 10.18% of the variability in romantic loneliness (adjusted $R^2$). Gender identity was a significant predictor of romantic
loneliness. Being female was associated with a .97 increase in romantic loneliness, compared to being male \((p=.02)\). Being non-cisgender was associated with a 1.82 increase in romantic loneliness, compared to being male \((p=.021)\). Having an age over 48 years was associated with a decrease of .84 units of romantic loneliness \((p=.04)\) compared to those who were younger than 48. Finally, having symptoms of social anxiety was associated with a .85 decrease in romantic loneliness \((p=.041)\) compared to those who did not have symptoms of social anxiety.

### What are the associations between social isolation, social support and loneliness

#### Social Support and Loneliness. A Factor Analysis of social support confirmed a single factor structure in my study sample. This can be observed through the factor loadings shown in Table 2 in Appendix 6. These results illustrate that an overall ‘social support’ score was feasible in this sample (as prescribed by the authors of the MOS Social Support scale). Table 3 set out in Appendix 6 documents the correlations between the different social support measures. It is obvious there is considerable overlap between the overall support score and the four subscales. There were moderate correlations between each of the subscales. The authors of the MOS Social Support scale suggested this pattern in their scale existed because of the multiplexity in a person’s networks. In other words, one network member was likely to perform multiple types of support, so the perceived availability of one form of support likely co-occurred with the perceived availability of other types of support. Each of the subscales had good reliability in my sample. The reliability coefficient for emotional and informational support was \(\alpha=.93\), for tangible support was \(\alpha=.92\). affectionate support was \(\alpha=.88\) and positive social interaction support was \(\alpha=.91\). The reliability co-efficient for the overall (amalgamated) social support score was .95.
The skewness and kurtosis scores and significance testing (using Shapiro-Francia W test for normal data) of each social support sub-domain and the overall support score is set out in Appendix 6. All the variables met the criteria for normal distribution apart from tangible support. A natural log was taken of tangible support, showing it was closer to a lognormal distribution than the original tangible support score shown below (Skewness: .221, Kurtosis: 1.55, p=.048).

Table 17 (below) provides a univariate analysis of each type of the three domains of loneliness with the four domain scores and overall score of social support. At the .05 significance level, type of social support was significantly associated with each loneliness domain except for social loneliness and affectionate support.

Table 17. This table sets out univariate analysis of family, social or romantic loneliness with each of the four types of social support and the overall social support score.

<table>
<thead>
<tr>
<th>Support type</th>
<th>Family</th>
<th>Social</th>
<th>Romantic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Informational</td>
<td>F (1,125) =16.75 p=.0001</td>
<td>F (1,125) =4.70 p=.032</td>
<td>F (1,125) =13.41 p=.004</td>
</tr>
<tr>
<td>Affectionate</td>
<td>F (1,126) =15.29 p=.0001</td>
<td>F (1,127) =2.77 p=.098</td>
<td>F (1,126) =34.34 p&lt;.0001</td>
</tr>
<tr>
<td>Positive social interaction</td>
<td>F (1,126) =10.16 p=.002</td>
<td>F (1,127) =18.22 p&lt;.0001</td>
<td>F (1,126) =9.37 p=.0027</td>
</tr>
<tr>
<td>Tangible (natural log)</td>
<td>F (1,126) =5.72 p=.018</td>
<td>F (1,127) =7.63 p=.0066</td>
<td>F (1,126) =13.49 p=.004</td>
</tr>
<tr>
<td>Overall support</td>
<td>F (1,125) =16.85 p=.0001</td>
<td>F (1,125) =9.61 p=.0024</td>
<td>F (1,125) =23.27 p&lt;.0001</td>
</tr>
</tbody>
</table>
Social isolation and loneliness. Table 18 (below) displays the associations between each of the loneliness domains and the social isolation indicators for each network. I had anticipated that specific types of loneliness were likely to be linked to isolation within specific networks (i.e. family loneliness and relationships with family members), I had also expected that isolation or connection with other networks could compensate for missing networks, thus countering isolation and buffering against loneliness. I also anticipated having at least one pet (included as relationships with pets) could work to overcome isolation.

Using a $p=.1$ significance level, I found that importance and satisfaction ratings with family, and importance and satisfaction ratings with intimate partners were significantly associated with family loneliness. Importance ratings for service providers, but not satisfaction with service providers, was associated with family loneliness. Finally, satisfaction with current friends and old friends were both significantly associated with family loneliness, whereas the importance of these groups was not.

I also found that importance and satisfaction ratings for current friends were significantly associated with social loneliness. Importance ratings with old friends and service providers were associated with social loneliness, whereas satisfaction scores with both these groups, did not. Ratings of satisfaction with intimate partners, but not importance ratings with intimate partners, were also associated with social loneliness.

I found that importance ratings and satisfaction with intimate partners were both significantly associated with romantic loneliness. Importance ratings and satisfaction with service providers were also significantly associated with romantic loneliness. Finally, importance scores with current friends and old friends were also associated with romantic loneliness, whereas the satisfaction scores of these groups were not.
Having a pet(s) was associated with family loneliness and romantic loneliness ($p=.1$), but not with social loneliness ($p=.90$).

Table 18. This table sets out univariate analysis of each loneliness domain with perceived met needs with each social network.

<table>
<thead>
<tr>
<th>Importance</th>
<th>Family Loneliness</th>
<th>Social Loneliness</th>
<th>Romantic Loneliness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current friends</td>
<td>$F(1,125) = .26$</td>
<td>$F(1,126) = .10$</td>
<td>$F(1,125) = 2.86$</td>
</tr>
<tr>
<td></td>
<td>$p = .61$</td>
<td>$p = .00$</td>
<td>$p = .09$</td>
</tr>
<tr>
<td>Family</td>
<td>$F(1,125) = 23.88$</td>
<td>$F(1,126) = .79$</td>
<td>$F(1,125) = .01$</td>
</tr>
<tr>
<td></td>
<td>$p = .00$</td>
<td>$p = .37$</td>
<td>$p = .93$</td>
</tr>
<tr>
<td>Old Friends</td>
<td>$F(1,125) = .00$</td>
<td>$F(1,126) = 7.55$</td>
<td>$F(1,125) = 2.84$</td>
</tr>
<tr>
<td></td>
<td>$p = 1.00$</td>
<td>$p = .01$</td>
<td>$p = .09$</td>
</tr>
<tr>
<td>Intimate Partner</td>
<td>$F(1,125) = 2.79$</td>
<td>$F(1,126) = .22$</td>
<td>$F(1,125) = 47.68$</td>
</tr>
<tr>
<td></td>
<td>$p = .10$</td>
<td>$p = .64$</td>
<td>$p = .00$</td>
</tr>
<tr>
<td>Service Providers</td>
<td>$F(1,125) = 9.71$</td>
<td>$F(1,126) = 8.37$</td>
<td>$F(1,125) = 8.87$</td>
</tr>
<tr>
<td></td>
<td>$p = .00$</td>
<td>$p = .00$</td>
<td>$p = .00$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Satisfaction</th>
<th>Family Loneliness</th>
<th>Social Loneliness</th>
<th>Romantic Loneliness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current friends</td>
<td>$F(1,125) = 3.33$</td>
<td>$F(1,126) = 8.97$</td>
<td>$F(1,125) = 0.6$</td>
</tr>
<tr>
<td></td>
<td>$p = .07$</td>
<td>$p = .00$</td>
<td>$p = .81$</td>
</tr>
<tr>
<td>Family</td>
<td>$F(1,126) = 59.07$</td>
<td>$F(1,127) = .01$</td>
<td>$F(1,126) = 0.0$</td>
</tr>
<tr>
<td></td>
<td>$p = .00$</td>
<td>$p = .94$</td>
<td>$p = .97$</td>
</tr>
<tr>
<td>Old friends</td>
<td>$F(1,126) = 3.93$</td>
<td>$F(1,127) = 1.54$</td>
<td>$F(1,126) = 2.25$</td>
</tr>
<tr>
<td></td>
<td>$p = .05$</td>
<td>$p = .22$</td>
<td>$p = 14$</td>
</tr>
<tr>
<td>Intimate Partners</td>
<td>$F(1,125) = 21.3$</td>
<td>$F(1,126) = 3.20$</td>
<td>$F(1,125) = 19.14$</td>
</tr>
<tr>
<td></td>
<td>$p = .00$</td>
<td>$p = .08$</td>
<td>$p = .00$</td>
</tr>
<tr>
<td>Service Providers</td>
<td>$F(1,125) = .01$</td>
<td>$F(1,127) = .02$</td>
<td>$F(1,126) = 2.94$</td>
</tr>
<tr>
<td></td>
<td>$p = .94$</td>
<td>$p = .88$</td>
<td>$p = .09$</td>
</tr>
</tbody>
</table>
Variables that significantly predicted a loneliness domain at the univariate level were included in the multivariate model for that type of loneliness.

**Multivariate Models of Loneliness.** I undertook three multivariate models for each loneliness domain, using the social support that participants received and social isolation within their networks as predictors.

**Family Loneliness.** Table 19 displays the results of a hierarchical regression of several predictors that were regressed onto family loneliness. These included

- homeless status,
- the four social support indicators
- rated importance of family
- family satisfaction score
- intimate partner satisfaction score
- rated importance of service provider(s)
- rated satisfaction with current friends
- rated satisfaction with old friend networks, and
- having a pet(s).

When added alone at step 1, being formerly homeless was significantly associated with a .64 increase in family loneliness when compared to the currently homeless \( (p=.02) \). This single model accounted for 3% of the variance (Adj. \( R^2 \)) in family loneliness \( (1,123) =5.30 \ p=.023 \).

In the second step, I included four social support variables into the model. Controlling for exiting homelessness, every unit increase in emotional/informational support was associated with a .27 increase in family loneliness, but this difference was not significant \( (p=.096) \). No other
social support variable came close to significantly predicting family loneliness at the $p=.05$ level. In this step being formerly homeless no longer significantly predicted family loneliness. This indicates that the differences between currently and formerly homeless participants may have been due to differential levels in social support. Adding social support meant that this model now accounted for 10% of the total variance in family loneliness (Adj. $R^2$). The entire model significantly predicted family loneliness, $F(5, 119) =3.85$, $p=.003$.

In the third step, I included network variables related to the family network group into the model. Keeping all other variables constant, an increase in one unit of importance ratings was associated with a 1.37 increase in family loneliness, but this difference was not significant ($p=.15$). Every increase in satisfaction with family relationships was associated with a corresponding significant .33-unit increase in family loneliness ($p<.0001$). Adding these social isolation predictors increased the variance explained to 35% (Adj. $R^2$). The entire model significantly predicted family loneliness: $F(7, 117) =10.4$, $p<.0001$.

In the fourth step, I added network scores for intimate partners, old friends and current friends and having a pet(s) into the model. Every increase in the importance ratio associated with intimate partners was associated with a corresponding .52 decrease in family loneliness. However, this difference was not statistically significant ($p>.05$). Every point increase in satisfaction with intimate partners was associated with a significant .144 increase in family loneliness ($p=.030$). Satisfaction with old and current friends and having a pet(s) each had a negligible and non-significant effect on family loneliness ($p>.05$). This final model significantly predicted family loneliness: $F(12, 112) =6.57$, $p<.0001$.

Overall, the total variance in family loneliness explained by the full model was 35% (adjusted $R^2$). Adding family network variables provided the largest increment of $R^2$, accounting for 24% of the variance of family loneliness ($p<.0001$). Skewness/Kurtosis tests for normality illustrated that the residuals in this regression model were normally distributed ($p>.05$).
Table 19 Hierarchical Regression analyses of homelessness status, social support and social network variables that were regressed onto family loneliness.

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
<th>Model 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intercept</strong></td>
<td>3.32</td>
<td>2.16</td>
<td>1.20</td>
<td>.65</td>
</tr>
<tr>
<td><strong>Homeless status</strong></td>
<td>.64 [0.089 – 1.84]*</td>
<td>.27 [-.29, .84]</td>
<td>.11 [-.70, .60]</td>
<td>.16 [-.34, .67]</td>
</tr>
<tr>
<td><strong>Social Support</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emo/Info</td>
<td>.27 [-.47, .58]</td>
<td>.26 [-.01, .52]</td>
<td>.21 [-.06, .47]</td>
<td></td>
</tr>
<tr>
<td>Pos. Interaction</td>
<td>.05 [-.22, .31]</td>
<td>.09 [-.14, .32]</td>
<td>.08 [-.15, .31]</td>
<td></td>
</tr>
<tr>
<td>Affectionate</td>
<td>.19 [-.07, .46]</td>
<td>.01 [-.23, .24]</td>
<td>.06 [-.20, .32]</td>
<td></td>
</tr>
<tr>
<td>Tangible</td>
<td>-.08 [-.33, .17]</td>
<td>-.06 [-.28, .15]</td>
<td>-.11 [-.33, .11]</td>
<td></td>
</tr>
<tr>
<td><strong>Network Variables</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Importance</td>
<td>2.36 [-1.10, 2.84]</td>
<td>1.33 [-.84, 5.51]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfaction</td>
<td>.33 [.19, .47]*</td>
<td>.26 [.12, .515]*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intimate partners</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Importance</td>
<td>-.52 [-1.45, 3.59]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfaction</td>
<td>.14 [.07, .38]*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfaction</td>
<td>.04 [-.14, .22]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Old friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfaction</td>
<td>-.03 [-.13, .13]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having pet(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.06 [-.51, .63]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Confidence interval does not include zero.

**Social loneliness.** I conducted a hierarchical multiple regression model where nine predictors were all regressed onto social loneliness:

- emotional/informational support,
- positive social interaction support,
• tangible support,
• current friends importance score
• current friends satisfaction score
• old friends importance score
• service provider(s) importance score, and
• satisfaction with intimate partners.

In the first step, three social support variables (emotional/informational support, positive social interaction support and tangible support) were added to the model. Both tangible and emotional/informational support had negligible effects on social loneliness (£>.05). However, for every increase in positive social interaction support there was a corresponding .302 increase in social loneliness. Overall, this model significantly predicted social loneliness: £ (3, 121) =6.52, £=.00 and accounted for 11.78% of the total variance in social loneliness (Adj £²). This represented the highest increment of variance explained of all steps into the model.

In the second step network variables that were most related to social loneliness, including variables related to old and new friends, were added to the model. Every unit increase in importance rating with old friends was associated with a corresponding increase of 1.33 points in social loneliness (£=.029). Similarly, for every increase in importance rating of current friends there was an associated significant increase of 1.91 points in social loneliness (£=.01). Satisfaction with current friends had a small and non-significant effect on social loneliness (£>.05). The association between positive social interaction support on loneliness stayed significant within this step (£=.05). It is possible that satisfaction with current friends did not significantly predict social loneliness because of the high correlation between perceived satisfaction with friendships and the amount of positive social interaction support participants receive (r= .43). As such, it’s possible that these two variables are both measuring the same effect of good relationships with current friends. Adding in friendship-specific predictors increased the
variance explained to 19% (Adj. $R^2$). The whole model significantly predicted social loneliness: $F(7,117) = 5.25, p = .00$.

In the third and final step, I added other network variables into the model, including importance ratings of service providers and satisfaction with intimate partners. A one unit increase in importance rating with service providers was associated with a .655 decrease in social loneliness. However, this difference was not statistically significant ($p > .05$). Similarly, satisfaction with intimate partners had a negligible and non-significant effect on social loneliness. The association between social loneliness and positive social interaction support and importance scores with old friends was no longer significant following the addition of extra variable. This model significantly predicted social loneliness: $F(8, 116) = 4.52, p = .0001$.

Overall, this model accounted for 18.50% of the variance in social loneliness (adjusted $R^2$). A skewness/kurtosis test for normality, run on the residuals of this model, showed that the null hypothesis that the distribution of residuals was normally distributed could not be rejected ($p > .05$) and thus approximated normal distribution.

Table 20 Hierarchical Regression analyses of social support and social network variables that were regressed onto social loneliness.

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intercept</strong></td>
<td>3.18</td>
<td>2.68</td>
<td>2.90</td>
</tr>
<tr>
<td><strong>Social Support</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emo/ Info</td>
<td>-.07 [-.29, .14]</td>
<td>-.05 [-.26, .16]</td>
<td>-.04 [-.25, .17]</td>
</tr>
<tr>
<td>Pos. Interaction</td>
<td>.30 [.12, .49]*</td>
<td>.20 [.01, .39]*</td>
<td>.18 [-.01, .38]</td>
</tr>
<tr>
<td>Tangible</td>
<td>.07 [-.10, .24]</td>
<td>.10 [-.07, .27]</td>
<td>.09 [-.08, .26]</td>
</tr>
<tr>
<td><strong>Network Variables</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Old friends</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Importance</td>
<td>1.33 [.14, 2.5]*</td>
<td>1.06 [-.183, 2.32]</td>
<td></td>
</tr>
<tr>
<td>Current friends</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Importance</td>
<td>1.91 [.44, 3.38]*</td>
<td>1.78 [.30, 3.27]*</td>
<td></td>
</tr>
</tbody>
</table>
Romantic loneliness. I conducted a hierarchical multiple regression model regressing variables onto romantic loneliness, including:

- all social support predictors,
- intimate partner satisfaction score
- intimate partner importance score
- service provider(s) satisfaction score
- service provider(s) importance score
- current friends importance score
- old friends importance score.

In the first step, the four social support variables were added into the model. Only one domain of social support significantly predicted romantic loneliness. Every point increase in affectionate support was significantly associated with a .703 increase in romantic loneliness. Emotional/informational support, positive social interaction support and tangible support were not significantly related to homelessness (p>.05).

In the second step, I added social isolation variables specific to romantic loneliness to the model. Keeping all other variables equal, importance ratings associated with intimate partners significantly predicted romantic loneliness, where for every one-unit increase in importance there was a corresponding 5.85-unit increase in loneliness (p=.00). Perceived satisfaction with networks also significantly predicted changes in romantic loneliness, where for every 1-unit increase in satisfaction there was a corresponding increase of .262 (p=.002). When the two
network variables were added, the association between affectionate support and romantic loneliness no longer reached statistical significance.

In the final step, I added the remaining isolation variables into the model including: importance and satisfaction with service providers, importance of current and old friends and having a pet(s). Importance ratings and satisfaction with intimate partners still significantly predicted romantic loneliness (p < .005). For every increase in rated importance of service providers there was a corresponding increase of .667 in romantic loneliness. However, this difference was not statistically significant. Further, a one-unit increase in perceived importance of current friends was associated with a .795-point decrease in romantic loneliness, but this difference was also not statistically significant. Satisfaction with service providers, importance ratings of current and old friends or having a pet(s) did not significantly predict romantic loneliness (p > .05).

Overall, the full model explained around 43% of the variance in romantic loneliness (adjusted R²). The inclusion of variables specific to romantic loneliness (i.e. intimate partner isolation variables) contributed the largest increment to R², explaining 23.85% of the variance in romantic loneliness.

Table 21 Hierarchical Regression analyses of social support and social network variables that were regressed onto romantic loneliness.

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intercept</strong></td>
<td>.75</td>
<td>-.78</td>
<td>-.60</td>
</tr>
<tr>
<td><strong>Social Support</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emo/Info</td>
<td>.03 [-.41, .48]</td>
<td>.13 [-.25, .50]</td>
<td>.12 [-.27, .51]</td>
</tr>
<tr>
<td>Pos. Interaction</td>
<td>-.14 [-.53, .24]</td>
<td>.06 [-.26, .39]</td>
<td>.09 [-.28, .45]</td>
</tr>
<tr>
<td>Affectionate</td>
<td>.70 [.33, 1.08]*</td>
<td>.33 [-.01, .66]</td>
<td>.36 [-.02, .73]</td>
</tr>
<tr>
<td>Tangible</td>
<td>.18 [-.19, .53]</td>
<td>.05 [-.25, .36]</td>
<td>.07 [-.24, .38]</td>
</tr>
</tbody>
</table>

**Network Variables**
<table>
<thead>
<tr>
<th></th>
<th>Importance</th>
<th>Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intimate partner</strong></td>
<td>5.85 [4.05, 7.66]*</td>
<td>5.76 [3.53, 7.99]*</td>
</tr>
<tr>
<td></td>
<td>.26 [.10, .43]*</td>
<td>.28 [.11, .46]*</td>
</tr>
<tr>
<td><strong>Service provider(s)</strong></td>
<td>.67 [-.15, 2.87]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-.08 [-.29, .14]</td>
<td></td>
</tr>
<tr>
<td><strong>Current friends</strong></td>
<td>-.80 [-3.55, 1.96]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>.08 [-2.51, 2.67]</td>
<td></td>
</tr>
<tr>
<td><strong>Old friends</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.08 [-2.51, 2.67]</td>
<td></td>
</tr>
<tr>
<td><strong>Having pet(s)</strong></td>
<td></td>
<td>-.28 [-1.10, .53]</td>
</tr>
</tbody>
</table>

**Discussion**

To my knowledge, this is the first study to model loneliness amongst a homeless sample in relation to an individual’s personal characteristics, social integration indicators, social isolation and available social support. This next section of my study is organised according to my three stated three aims, each part answering the following three research questions:

- was loneliness measured well
- which personal characteristics were associated with loneliness, and
- which social network variables were associated with loneliness.

**Was loneliness measured well?** This Chapter started by outlining the factor structure of loneliness in the current sample using the SELSA-S scale. The initial factor analyses (using orthogonal rotation) showed that just as on the original scale, items tended to load on three factors: family, social and romantic loneliness. However, there were some discrepancies between how items loaded on factors in the current study, compared to the original factor.
structure of the SELSA-S. This discrepancy was particularly apparent for the romantic loneliness subscale.

Based on participants’ experiences in completing this measure during data collection, I removed several items that many participants had found difficult to comprehend and answer appropriately. These items may have been useful within mainstream samples but were largely unsuitable for a sample who had experienced homelessness, as they were particularly likely to have suffered cognitive impairment or have an impaired ability to comprehend complex items (Buhrich et al., 2000b). One item that I removed used the term ‘unmet needs’. Many participants found difficult to understand this term. Other items that I removed assumed that participants had the corresponding family and intimate partner relationships ostensibly required to answer the item properly.

After the removal of these items, another romantic loneliness item no longer significantly loaded onto any factor, and so I removed it from the scale. Thus, I considered that a 12-item three-factor scale was the best fit for the use of SELSA-S in this sample, including four items for family loneliness, five for social loneliness and three for romantic loneliness. The three-factor solution aligned with the original design of family, emotional and social loneliness, with low intra-correlations between the subdomains.

After these changes were made, the remaining 12-item scale provided a better fit factorially, but was still not normally distributed. Using the larger non-abbreviated version of the SELSA (DiTommaso & Spinner, 1993) (rather than the shorter SELSA-S I used) may have provided a better fit for the current sample. This longer version included a larger pool of items from which each subdomain could be constituted. However, participants in earlier in pilots of the survey, described this original SELSA as too lengthy to complete.

It is hard to gauge whether existing research with similarly marginalised populations, such as those with cognitive impairment, mental health issues or high levels of social isolation,
faced similar obstacles as I did when using the SELSA-S. DiTommasio et al (2004) completed a validation study where of the 1569 individuals who participated in the study, only a very small number (n= 38) were from a comparably marginalised sample of psychiatric patients. The other groups in their study (comprising university students and spouses of military personnel) would on the face of it been more likely to have a broader range of network groups in their social circles than my sample. DiTommaso et al. (2004) did not present the factor analyses results for the psychiatric patient group. They noted the results were similar when run across each participant subgroup so they decided to present only the overall (full sample) EFA results. Another study, an international one using the SELSA-S in an Iranian sample of participants with and without substance use disorder, similarly, did not report the factor structure for the sample. However, there were clearly still issues with the fit of the SELSA-S amongst this Iranian population because the researchers used a modified version. The Iranian researchers decided to use a shorter 14-item version of the original scale with one (unidentified) item removed from the romantic subscale. However, no explanation was given as to why they chose to omit this item (Hosseinbor, Yassini Ardekani, Bakhshani, & Bakhshani, 2014). It is therefore difficult for me to make inferences about the factor structure in this study for my sample.

I suggest that future researchers who utilise the SELSA-S in similarly marginalised populations amend the wording of these items to be more appropriate to their sample and easier for participants to comprehend. Overall, though, once these difficult items were removed, my measure appeared to be a useful and effective instrument to measure loneliness.

**Which personal characteristics were associated with loneliness?** The second part of this Chapter investigated whether personal/individual factors were associated with higher or lower loneliness scores. Being formerly homeless was significantly associated with higher levels of family loneliness, when compared to participants who were currently homeless. Those who had been in prison over their lifetime tended to experience lower levels of social
loneliness, on average, compared to those who had not been in prison. Participants who were female tended to experience less social loneliness on average, compared to participants who identified as male. Participants who had problematic alcohol use tended to experience higher social loneliness scores compared with those with lower problematic alcohol use. On average, both female and non-cisgender participants tended to experience higher levels of romantic loneliness compared to male participants. Being aged over 48 years was associated with lower levels of romantic loneliness compared to those aged under 48, on average. Those with social anxiety symptoms tended to experience lower levels of romantic loneliness compared to those without social anxiety symptoms, on average. Clearly, not all participants were equally likely to experience loneliness. In line with this thesis’s intersectional framework, participants with certain identities were particularly predisposed to loneliness. I found that many of the precipitants of changes in loneliness were associated with being socially marginalised, stigmatised and excluded from mainstream society.

**Prison, drug use and social participation.** Some of my survey results matched what I had anticipated would occur based both on my qualitative findings and previous research that was available in the area. I found that having a prison history was negatively associated with social loneliness quite distinct from the effects of gender and problematic alcohol and nicotine use. My qualitative findings (see Chapter Four) indicated that those with a prison history felt more comfortable with other homeless people, who reminded them of the connections made in prison. Accordingly, they were less likely to feel socially dislocated when homeless and so less likely to experience social loneliness than those without a prison history.

Other stigmatised behaviours were also associated with changes in loneliness. In univariate analyses, increasing problematic use of certain substances (for example nicotine and alcohol) were associated with different loneliness subdomains. I found that a higher problematic nicotine use was marginally associated with increased social loneliness. Perhaps this increase can
be associated with the stigma around smoking in contemporary Australian society. Laws forbidding smoking in public places promote negative rhetoric about smoking and may lead to ostracism of those who do smoke and (Chapman & Freeman, 2008). I also found that problematic use of alcohol was associated with increased social loneliness. Past studies have found that binge use of alcohol may contribute to social problems and relationship breakdown (Kraus, Baumeister, Pabst, & Orth, 2009) or difficulty in functioning within major social roles, such as family, work, community or civic-oriented activities like volunteering (Room, 1998). Alcohol use has also been associated with increased loneliness amongst the elderly (Barretta, Dantzler, & Kayson, 1995).

I also found that those with problematic illicit drug use tended to have lower family loneliness scores. Although this result was incongruent with the exacerbating role of alcohol and nicotine with other forms of loneliness, it follows my earlier qualitative analysis (see Chapter Four) where participants described their drug using network as their proxy ‘family’, standing in for absent families-of-origin. Other researchers have found that while many individual drug users lose their social standing and social roles through drug use, others described the development of an addiction as bringing a new and valued identity as a ‘user’ that gave them a sense of belonging and acceptance within their using network (Dingle, Cruwys, & Frings, 2015). As such, drug use may bring participants an increased sense of belonging and thus a reduced feeling of loneliness. An interesting possibility is that some participants use drugs as a coping mechanism to quash or dampen feelings of loneliness (McNaughton, 2008).

However, even with all the associations between substance use and loneliness, I found that these associations often lost statistical significance when added with other variables into the analyses. Only the positive association between problematic alcohol use and social loneliness remained statistically significant when these variables were included in their respective multivariate models. This suggests to me that the effects of problematic nicotine other drug use
on loneliness were not substantial enough to impact loneliness when personal characteristics were also considered. I suggest that future research investigates whether the effect of substance use on loneliness is different for the currently homeless compared to the formerly homeless. My qualitative findings (see Chapter Four) indicate that the loneliness and perceived isolation associated with substance use may prompt some formerly homeless individuals to exit a tenancy and return to drug-using networks in their homelessness. Other Australian research has also found that those who remained in housing for longer than 12 months tended to have a smaller proportion of drug-using friends than when they first exited homelessness (G. Johnson & Tseng, 2014). These results suggest to me that those who did not have drug-using connections, or were able to distance themselves from their drug-using friends, would be better able to sustain housing over time.

It was also clear from my findings that antisocial and marginalised personal characteristics were associated with reductions in loneliness. I consider that these reduced feelings of loneliness could lead to entrenchment in homeless subcultures. Problematic other drug use or having a prison history reduced a participant’s social loneliness, apparently leading individuals to feel more comfortable and with a sense of belonging to other homeless individuals. It is helpful here to consider the concept of ‘Multiple Exclusion Homelessness,’ which refers to a subset of those experiencing homelessness who have also experienced one or more of several ‘domains’ of deep social exclusion. This means they had spent time in institutional care in prison or psychiatric hospitals or had used substances, prior to their homelessness (Fitzpatrick, Bramley, & Johnsen, 2013). According to Fitzpatrick et al. (2013), later adverse life events such as homelessness, are consequences of these earlier experiences. These groups can find a sense of belonging within the homeless population, and they are perceived as more likely to engage in street culture activities, such as street drinking and sex work. Fitzpatrick et al. (2013), argue that governmental policy can provide better support to these multiple exclusion homeless (who have experienced deep social exclusion) by viewing
people experiencing homelessness, using substances, experiencing psychiatric illness or having spent time in prison as potential members of the same group, rather than different populations.

Employment. In my qualitative findings, participants described desiring employment as it would help them feel connected with mainstream society and let them discard the shame associated with unemployment. However, gaining employment did not reduce social loneliness quantitatively. The discrepancy between these qualitative and quantitative findings may be due to the very small proportion of participants who reported having employment, or perhaps the differences found were too minor to capture quantitatively. It may be that the participants with employment did not consider their work ‘meaningful’ enough to boost feelings of belonging or to shed existing stigma. This would especially be the case for stigmatised work, such as sex work, or informal work like dealing in drugs. We know from social role theory that work can provide fruitful social connections that provide meaning and purpose. However, I measured whether or not participants were engaged in employment, rather than their level of satisfaction with their particular employment. Future research that examined the meaning and satisfaction individuals placed on their work may provide more nuanced understandings of the kinds of employment which may mitigate or prevent loneliness amongst those experiencing homelessness.

Currently versus formerly homeless participants. I found some differences in the loneliness scores experienced by the currently homeless compared to the formerly homeless. On average, I found that the formerly homeless tended to have higher levels of family loneliness than the currently homeless. It may be that exiting homelessness makes an individual more susceptible to family loneliness. Moving into housing may provide an individual with time and space to reflect on past issues such as family relationships or conflicts, which they were not able to do whilst homeless (Bowpitt & Harding, 2009). The formerly homeless also tend to re-engage with their family and attempt to re-unify, a process which does not always go smoothly (Neil & Fopp, 1994; Wong, Culhane, & Kuhn, 1997). Indeed, I found that formerly homeless
participants tended to be in more frequent contact with their family than their currently homeless counterparts. This finding has been confirmed in local longitudinal research (G. Johnson & Tseng, 2014).

I found that participants were no more likely to experience social or romantic loneliness if they were currently homeless or formerly homeless (and now housed). This finding suggests that those experiencing homelessness retain their same homeless social networks when entering housing. Other Australian researchers, Johnson & Tseng, 2014 made findings that support my suggestion. They found that friendship network size barely changes once individuals exit homelessness. All of these findings are mirrored by other research that demonstrates that the formerly homeless still experience low levels of community integration, perceived isolation and loneliness when housed (Bowpitt & Harding, 2009; Coltman et al., 2015; Yanos et al., 2007).

**Gender Identity.** As predicted, I found that gender identity was associated with differences in romantic and social loneliness, but not always in the expected direction. Females tended to experience less social loneliness than males. According to my qualitative findings (see Chapter Four) these differences may be attributable to the differing nature of friendships made by females compared to male participants. Female participants tended to describe their relationships with their friends as being more emotionally-driven, whereas males described their relationships as more like companionship. As such, females had greater access to relationships that could provide emotional support. Males, on the other hand, lacked such sources of emotional support.

I found, on average, that females tended to be more romantically lonely than males. This finding may be attributable to the nature of intimate relationships that females experiencing homeless tend to form. Other research has shown that due to their increased risk of physical or sexual violence, homeless females establish intimate relationships to counter their perceived physical vulnerability, rather than for mutual connection, attraction and companionship (Rowe &
Wolch, 1990; Walls & Bell, 2011; Watson, 2011). Sometimes, their participants even endured abuse from partners to avoid the uncertain and punishing life on the street. This means that whilst affording them safety and resources, these protective type of relationships may not provide homeless females with the support and connection required to stave off romantic loneliness.

Finally, I found that participants who were non-cisgender experienced higher levels of romantic loneliness compared to males. This difference may be attributable to the broader social stigma associated with dating someone with a non-normative gender identity (Gamarel, Reisner, Laurenceau, Nemoto, & Operario, 2014) making it more difficult for non-cisgender participants to find partners and therefore increasing their susceptibility to romantic loneliness.

**Mental health.** There were inconsistent or unexpected findings in relation to mental illness and loneliness. Given research has identified that homeless individuals who experience mental illness tend to be more isolated than other homeless individuals (C. I. Cohen, Sokolovsky, Roth, Teresi, & Holmes, 1989), I expected that hospitalisation for problems with mental health would be associated with differing levels of social loneliness. This was not the case. This unusual finding may be due to problems with the measure of mental illness that I used in the survey. While documenting the severity of mental illness it lacked temporal assessment as it referred to lifetime prevalence. As such, a participant’s experience of mental health hospitalisation may have happened too far in the past to capture. Therefore, it may be that this indicator is not a comprehensive gauge of mental illness severity to determine impact on social relationships.

Interestingly, I found that there was a significant relationship between increased social anxiety and reduced romantic loneliness. I had not expected this connection. Other research has typically found that social anxiety amplifies rather than buffers loneliness (Jones et al., 1990; Lim, Rodebaugh, Zyphur, & Gleeson, 2016). One explanation for their finding is that individuals who had anxiety around meeting people found it more difficult to find an intimate partner. Given that
participants in my survey who were more satisfied with their intimate partners tended to experience higher levels of romantic loneliness than those who were less satisfied, it follows that those who lacked an intimate partner would be likely to experience less loneliness (on average) than those who have an intimate partner. There is some evidence for this hypothesis. Of those reporting social anxiety symptoms, 34% had at least one intimate partner. In contrast, 46% of those without social anxiety symptoms had at least one intimate partner. Further research is required to explore how social anxiety affects the size of an individual’s intimate partner network and their level of romantic loneliness. This could then be compared with how they qualitatively experience these relationships.

I found no association found between depression and any form of loneliness. This finding is unusual given that loneliness and depression have been found to be moderately correlated in other studies (Weeks et al., 1980). There are no clear reasons for my finding. Perhaps the one-item measure of depression was problematic for the participants, or more likely given no feedback of problems, my sample of participants too diverse to detect any effects. Future research on a bigger sample size may be able to explore this relationship further.

**Age.** Although age was not a subject covered within my qualitative interviews, the link between romantic loneliness and age is supported by research. Due to culturally normative pressures to form couples, settle down and potentially marry at some age. Young people who do not have a romantic partner may feel at odds with social pressure and thus feel increased romantic loneliness (Seepersad et al., 2008) compared to those at other age groups.

**Implications for theory and service provision.** This section has implications for service providers working with homeless individuals who experience each of the traits found to be associated with increased loneliness. Service providers should target these individuals who are particularly susceptible to loneliness to give them the support necessary to meet their social needs. Individuals do not stop experiencing loneliness when they exit housing, so adequate
support must continue to be provided to individuals once they have entered housing. However, the style of support needed may vary. The formerly homeless require extra support navigating their re-connection to family, and reducing the emotional cost associated with family loneliness. Females and non-cisgender people experiencing homelessness may require extra support to cope or find ways to ameliorate romantic loneliness. Male individuals may require support dealing with social loneliness.

Due to their entrenchment in the homeless population, the Multiple Exclusion Homeless may be more vulnerable to social exclusion and marginalisation from mainstream social groups (Machielse, 2006a). While staying within homeless networks may reduce these individual’s sense of loneliness, which is good for their health and wellbeing, it may restrict their ability to socialise outside this group. This potentially increases their reluctance or hesitance to exit homelessness. In their longitudinal data of Australian homeless people, G. Johnson and Tseng (2014) found that as those experiencing homelessness start to lose contact with previous network groups, their network starts to be constituted of only homeless people. These networks of homeless people provide participants with a sense of belonging but the connections are weak and provide negative social capital (measured as fewer friends that work full-time). Members of this category tend to have less access to those with social capital who could assist the newly homeless to find employment and housing, seek mental and physical health treatment and gain resources necessary to improve their current situation (Neale & Stevenson, 2015; Portes, 1998). As such, service providers must be supported to target the newly homeless with the support and resources required to improve their social capital.

The implications for theory and service provision set out above are very important given the substantial majority of my survey’s participants who were categorised as ‘multiple exclusion homeless’. Overall, 75% (n=109) of my participants met these criteria—meaning that they had experienced homelessness, as well as time incarcerated or in psychiatric hospitalisation over their
lifetime together with problematic use of nicotine, alcohol or other drugs in the assessed (three month) period. The percentage of 75% is likely an underestimate as my measurement tool did not capture some aspects of substance use. My measure of substance use only assessed current problematic use and not their problematic use prior to homelessness. Also as 19 of my participants did not complete the substance use measure the likely percentage who could be categorised as ‘multiple exclusion homeless’ is likely higher.

My multivariate research findings above, indicate that of all the multiple exclusion measures, only alcohol use and having a prison history were significant indicators of loneliness (i.e. keeping all other variables equal). However, given the overlap between these experiences (and potentially their effect on loneliness), I conclude a simpler amalgamated ‘multiple exclusion’ variable, or even different combinations of multiple exclusion variables could have perhaps provided a clearer and more careful predictor of loneliness. Having two of these variables within the same multivariate model, as happened in my models of both social and family loneliness, may have resulted in their effects on loneliness overlapping, thereby limiting the power of both predictors.

**What is the relationship between loneliness, social networks and social isolation?** In the third (and final) part of this Chapter, the relationship between loneliness, social network and social isolation is investigated. As with the previous sections, this section discloses several unexpected results. I will use findings from qualitative findings (Chapter Four) to examine these results. I suggest that the context of homelessness (including housing precarity, material and social deprivation) modulates the way an individual forms and evaluates their social relationships. Homelessness leads individuals to cope by seeking out and valuing relationships that help them to survive. They look for relationships that provide them with resources and security over those that could fulfil other important needs like emotional closeness and intimacy. However, whilst meeting the critical needs of resources and security, these
relationships can lead the individual to feel lonely as they fall short of meeting emotional social needs, the need for connection, closeness, and for intimacy. In this situation, the means and criteria that individuals use to rate their relationships change. They are satisfied with relationships that support them to be safe, fed, and sheltered and care less about more emotionally fulfilling social relationships.

**Social support indicators.** Contrary to my expectations, the more social support that was available to participants from their friends and family, the lonelier they tended to feel. Participants who reported higher access to affectionate support tended to experience increased romantic loneliness. Participants who reported higher access to positive social interaction support experience more social loneliness. Further, there was some evidence that participants who had higher access to emotional informational support experienced higher family loneliness. My findings contradict research with mainstream samples which indicate that the higher the social support, the lower the loneliness (albeit unidimensional) experienced (Jones & Moore, 1987).

My finding around the role of social support also contradicts the theoretical understandings of the role of social support as enhancing personal wellbeing. As I have previously discussed in Chapter One, the stress-buffer model indicates that the availability of support that an individual has may be able to buffer the effects of stressful situations (S. Cohen & T. A. Wills, 1985). Yet, given that homelessness is an inherently stressful experience (Goodman, Saxe, & Harvey, 1991), why didn’t social support provide a buffer against loneliness among my survey’s participants? I consider that social support is associated within the context of poverty and disadvantage in which homeless relationships occurs. Some theorists have claimed that social support operates in a different way for those in poverty. They claim that these individuals are required to support each other and share resources in order to survive. However, whilst crucial, these support networks can be emotionally draining, fostering distress and strain associated with being
indebted to network members (Belle, 1983). Thus, I consider increased loneliness could result as individuals start to re-prioritise their survival over their relationships. Using this lens, it makes sense to say that those who lack such support do not experience this burden and emotional strain, and could tend to be feel less lonely.

Alternatively, another reason why social support may have prompted loneliness may be due to the lack of value participants placed on relationships that provided them with support. Participants may have been receiving this support from people who they considered were less important to them than the people that mattered the most to them. This hypothesis mirrors the way that participants talked about their relationships (see Chapter Four) where although they had access to emotional and tangible support, this support meant less to them because of their devalued understanding of these connections. This hypothesis indicates that qualitative dimensions of relationships can often be most salient in their effect on wellbeing. Indeed, individuals can often lose contact with important pre-homeless networks due to exhausting the hospitality of better-resourced family and friends when becoming homeless (Shinn et al., 1991). This also helps explain how some individuals who experienced less support could experience less loneliness. Those individuals may have not experienced the loneliness that stems from receiving support from unvalued connections. That is, they may prefer receiving no support at all rather than support from the ‘wrong’ people. That participants may prefer having no connections, rather than connections they do not value aligns with my finding in the qualitative Chapter Four that some homeless participants (particularly those from higher socioeconomic backgrounds) chose to avoid connecting with others in an effort to preserve a valued, non-homeless identity. This choice often involved separating themselves from other homeless individuals. They perceived that those experiencing homelessness could be seen to ingratiate them within the homeless ‘subculture,’ while the non-homeless individuals could judge or discriminate against them.
Social isolation indicators. Generally, I found that participants who deemed a particular network group to be more important to them than other networks experienced more loneliness associated with that network. For example, participants who deemed intimate partners as particularly important, tended to experience higher levels of romantic loneliness. Similarly, participants who deemed their old friends and current friends as particularly important tended to experience higher social loneliness. Similarly, those who deemed family as particularly important also tended to experience higher family loneliness, but this difference did not reach statistical significance. That participants tended to feel more lonely in relation to networks they deemed more important than those they deemed less important, makes sense when considering loneliness theory. That theory is that those who deem a network group to be important and valuable are more likely, than those who do not value it, to experience an adverse emotional response (i.e. loneliness) if the relationship with members of that group does not go well or meet their expectations (Peplau & Perlman, 1982).

It follows from this loneliness theory that the more satisfied an individual feels with a particular network group, the less lonely they will feel. Unexpectedly, however, I found the opposite. For example, on average, better satisfaction with family relationships predicted higher family loneliness. Although this result was initially perplexing, other studies have identified the complex nature of relationships between those who have experienced homelessness and their families. Many homeless individual’s family members lack positive social capital and support, which has a potentially negative effect on the individual’s social wellbeing. An example of this can be illustrated in Solarz and Bogat’s (1990) study of shelter residents. They found that families (usually nuclear) were the source of most of the negative support in homeless participant’s networks. (Negative support was defined as support that made their life more difficult). Participants in Solarz and Bogat’s (1990) study also reported feeling ‘mixed’ to ‘mostly satisfied; about the social support they receive, on average, suggesting it did not meet all their needs.
Families can be complex and are comprised of multiple relationships. People may be satisfied with some of these relationships but not others. They may be satisfied with one subgroup of their family, but not other subgroups. Families may also be part conflictual and part supportive. Perhaps my participants answered the satisfaction item by weighing up the level of contact, support and conflict in the network. Maybe they were generally satisfied with their family in terms of being in contact but perhaps the quality of this contact was somewhat lacking. I suggest that future research adds a person-level, rather than group-level relationship satisfaction rating, to determine whether the link between relationship satisfaction and increased loneliness changes.

Participants in my study who were more satisfied with their intimate partners experienced higher levels of romantic loneliness, on average, than those who were less satisfied with their inmate partners. As posited earlier, this could be because participants evaluated their level of satisfaction with inmate partners on criteria associated with their needs as a homeless person, which were likely be different to their needs required to reduce or avoid loneliness. For example, as described above, female participants tended to experience higher levels of romantic loneliness than male participants. Perhaps they formed relationships to meet their needs for safety and security, rather than their needs for intimacy, love and connection. Alternatively, female homeless individuals may have been satisfied with not having a partner and tolerated romantic loneliness because it was a safer option or because it was not a high priority for them. Alternatively, it may have been that they wanted to sort out their mental health or homelessness before ‘complicating’ their lives by having a partner. Whatever the exact reason or reasons, it appears that the factors that increase participant’s satisfaction with romantic partners may contradictorily exacerbate loneliness.

Another reason for this anomaly in regard to family and intimate partner relationships may lie in how some participants answered questions about their satisfaction with these groups.
As described in the Method section, above, some participants whose current relationships with intimate partners/families were negative, abusive or rejecting, reported choosing to disengage mentally from these groups. They wanted to move on, forgive and forget to help them cope with the loss and pain. Subsequently these participants rated their perceived satisfaction high with these absent or inadequate networks to reflect how they had come to feel contented with the poor current state of these relationships. Participants still identified these problematic intimate and family networks for assessment on family and romantic loneliness scales leading to high loneliness scores. Further, there may be situations where participants lacked desirable social networks and connections, as detected by the SELSA-S, but felt happy with this isolation. For example, those who have experienced rejection, abuse or violence in previous relationships may have considered that they fared better when they were alone. Accordingly, they reported satisfaction with being single, as an act of self-care or resilience.

Also contrary to my expectations, was that the participants’ rated level of satisfaction with their current and old friend network groups was not associated with social loneliness. However, their rating of the importance of both forms of friends to them was associated with social loneliness. This seemingly contradictory finding could be explained in several ways. First, (as posited for family networks, above) it could indicate that the qualitative aspects of friendships, such as prioritising some friends over others, had a more salient effect on loneliness, than more quantitative aspects. For example, those participants who prioritised their old friends as important to them, may have done so because they valued the social life associated with their pre-homeless self. They may have considered that their perceived satisfaction with their current friendships in homelessness was not relevant. Alternatively, individuals who prioritised a ‘current friends’ network as important, may have felt increased social loneliness if they considered that their existing friendships were:

- not the right kind of friends required to meet their needs, or
of too poor quality to meet their needs (refer results of qualitative accounts in Chapter Four)

Consistent with what I have already posited in this Chapter, it is also possible that the reason that satisfaction with friends (current and old) was not associated with loneliness may have been because the friendship connections were assessed on non-social criteria. Rather than basing satisfaction with friends on emotional connections and shared interests (features detected by the SELSA-S social loneliness subscale) individuals may have prioritised other, currently more pressing needs associated with homelessness such as safety, security and resources. If this were the case, it is unsurprising that satisfaction with friends was unrelated to loneliness. In my qualitative findings (see Chapter Four, above), several participants engaged in mutually reciprocal sharing networks with their homeless friends for safety, security and resources. Yet, as Belle (1983) notes these networks are often a source of stress themselves, even if they are useful. Belle’s assertion is further supported by my finding that positive social interaction support, which was most highly correlated with satisfaction with current friends, was significantly positively associated with social loneliness in univariate analysis. (I note that this finding indicates that friends provided most of this support.) In other words, those who received more positive social interaction support were more socially lonely than those who received less of this support.

The role of substitute networks on loneliness. I found that participants’ relationships with other networks, such as pets and service providers, influenced their experience of each type of loneliness. In univariate testing, having a pet was associated with decreased family loneliness and romantic loneliness. This finding suggests that the relationships participants had with pets may have been beyond friendship, suggestive of a closer, more intimate bond. However, these effects became no longer significant when added in to multivariate analyses with other network variables. This indicates that the effect of having pets on loneliness was no longer substantial once the role of contact with their human networks was considered.
Similarly, univariate testing showed that participants who reported higher satisfaction with service provider networks tended to have lower social and romantic loneliness. However, when added to the multivariate model this effect was no longer significant. This indicates that once accounting for participants’ relationships with other network groups and the social support they provide, relationships with service providers were not sufficient to buffer or combat loneliness. Existing research has found that homeless individuals perceive limitations with the support they receive from service providers. In their study of Canadian homeless youth, Dachner and Tarasuk (2002) found that participants tended to view support from service providers negatively and resist its use due to inaccessibility, limited opening hours and enforced compulsory participation in religious services. US research has also found a devaluation of formal support. Reitzes et al. (2011) found that homeless participants would rather seek advice from strangers, whom they considered to be of equal status, rather than from service providers (or other authority figures) due to perceived subordination this might entail. Taken together, these findings illustrate that receiving formal support may not be powerful enough to counteract the effects of inadequate informal support networks on loneliness for this group. However, it should also be noted from my earlier qualitative findings (see Chapter Four, above) service providers were seen as ‘friends’ and the only ‘normal’ connections they had. So, while there were limits to the support service providers could provide, they were still a necessary, if not integral, part of the participants’ networks.

Due to significant univariate findings, satisfaction with old friends and current friends were included in the family loneliness model, and perceived importance of current and old friends were included in the romantic loneliness model. In multivariate testing none of these variables bore a significant effect on family or romantic loneliness, suggesting friendships were unable to buffer or compensate or inadequate family or intimate partner relationships. This reinforces my earlier finding that not just any relationship will ameliorate loneliness associated
with a specific network. Only valued relationships with individuals which meet the participant’s specific needs will ameliorate loneliness with a network.

**Implications for future research.** These findings suggest several pathways for future research. Social network variables and personal characteristic variables only accounted for a relatively small proportion of the variance in social and family loneliness, compared to romantic loneliness. Why would some forms of loneliness be more connected with social networks than others? Social and family loneliness may be particularly susceptible to the impact of non-network factors. For example, there may be other ‘missing links’ that may disclose the unexplained variance in social loneliness. In 1973, Weiss conceptualised social loneliness as a combination of feeling unacceptable and rejected. For those experiencing homelessness, I feel that this experience is likely associated to the stigma, social exclusion and disdain they receive from mainstream society. Indeed Bell and Walsh (2015) found that internalised exclusion meant the formerly homeless felt uncomfortable socialising with the non-homeless and that they were often reluctant to re-enter society that had rejected them. Further, they found this internalised exclusion was a precipitator of the formerly homeless exiting their housing and returning to homelessness. Future researchers may benefit from a more holistic understanding of the social loneliness those experiencing homelessness experience by including quantitative measures which pick up on this sense of alienation and marginalisation, such as a belonging scale or a discrimination scale.

Moreover, my qualitative findings in Chapter Three (above) and the personal characteristics section of this Chapter, demonstrated that participants often experienced multiple forms of exclusion and discrimination from friends, family, intimate partners and general society that were associated with their different attributes, such as their gender identity, mental health, physical health or ethnicity. Future researcher could develop or locate scales that identify specific
types of discrimination individuals may experience. This could be used to further explain how different subgroups who have experienced homelessness become lonely.

**Implications for service provision.** My findings also hold implications for service delivery. Social and romantic loneliness levels did not differ between the formerly and currently homeless. From this I infer that obtaining housing did not necessarily integrate someone into the community or grant them access to more gratifying romantic relationships than were available during homelessness. Bell and Walsh (2015) found that formerly homeless participants fear of losing the support of their homeless friends, and feelings of ‘survivor guilt’ towards their old homeless connections are both primary reasons that those experiencing homelessness exit housing and return to homelessness. Given this, service providers play a vital role in assisting clients build up new supportive connections and relationships in their new housed environment to build an increased sense of belonging.

In contrast, I found that on average the formerly homeless experienced higher levels of family loneliness compared to the currently homeless. This taken together with my earlier findings that the formerly homeless tend to see family members more frequently than the currently homeless, demonstrate that service providers need to provide support to formerly homeless clients to help them navigate and manage their reconnection to family.

**Implications for loneliness theory.** The findings of my study also have implications for loneliness theory. Even though participants’ satisfaction with networks had the opposite effect on loneliness than may be expected in other populations, there was evidence that their accounts still fit within mainstream theory of cognitive loneliness. Peplau and Perlman (1982) contend that loneliness is more about how individuals evaluate their networks, rather than the quantitative features of that network. In line with that, a number of my findings indicate that loneliness amongst those who have experienced homelessness is more about the way in which participants make decisions, rationalise and evaluate their relationships within their current social
and material context, than about the current quantitative state of their relationships. For example, perceiving old and current friends as being more important was associated with increased social loneliness (at least before adding in the final network predictors), but perceived satisfaction with these groups was not. This suggests that participants’ sense of loneliness within their networks was more about what their ‘ideal’ idea of what friendships they desire rather than just evaluating the relationships they have (i.e. their satisfaction). Further, I contend that the material context of deprivation in which those experiencing homelessness exist, changes what they need out of relationships away from emotional closeness, intimacy and love and towards meeting their physical needs like shelter, safety and security. This means that the link between satisfaction and loneliness operates differently amongst those whose social relationships occur in the context of material deprivation.

These findings have mixed implications for multidimensional theories of loneliness. In some ways my findings support the current theory. Each type of loneliness (i.e. social, family and romantic) was associated with a specific and unique set of social support and isolation variables. This suggests that, just as in Weiss’ (1973) multidimensional theory, loneliness is associated with the nature of social provisions available from a particular network group, like family. Substitute relationships formed such as with service providers, pets or other network groups did not significantly buffer the effects of network-specific loneliness. Yet, my findings also depart from Weiss’ theory (1973) in that satisfying social provisions was associated with increased rather than decreased loneliness.

I found that levels of social and romantic loneliness do not change even when people exit homelessness. Many of the needs for shelter and resources that participants tried to meet when forming these relationships may have reduced. This means that whilst participants’ homeless relationships may have helped them to survive whilst homeless, they can fail to provide them with adequate emotional connection. If these networks remain the same once participants...
exit homelessness, individuals may over time be left feeling similarly isolated with their social needs left unmet. Service providers may find this information useful to better understand how to support those who are exiting homelessness and forming tenancies. The formerly homeless may need assistance and support to form new, more supportive friendships when entering housing.

The findings in this Chapter have implications for how loneliness can be understood when it occurs in environments of material and social deprivation. Within this study, participants appeared to make relationships which would help them survive homelessness. Away from meeting their ‘loneliness’ needs participants were making a social decision that allowed them to cope with their difficult circumstances. One issue that arises from my research is whether loneliness and perceived isolation is the same aversive experience (i.e. with the same negative outcomes) when used to cope and thrive socially. Did the participants’ desire for better quality relationships cause them an aversive emotional response, discomfort or distress in their lives? As such, future measurement of loneliness in this population could include an overt single-item measure for each loneliness domain to assess how many participants who rate as lonely on the SELSA-S scale would have also described themselves as ‘lonely’ as that feeling is understood in mainstream social constructions. This would allow researchers to understand how ‘loneliness’ maps on or relates to the competing social needs of those who experience homelessness. I will return to this discussion in my final Chapter.

The unexpected finding that loneliness was not significantly associated with depression may have been because participants did not reflect and lament on their isolation instead focused their desire to survive and seek essential resources. If this suggested reason is correct, it follows that once individuals entered housing, and their needs for shelter (and other resources) were fulfilled, they would then seek to form supportive and valued relationships. However, I found that social and romantic loneliness did not differ between the currently and formerly homeless.
So it is possible that after long periods of satisfying utilitarian social needs, individuals who have entered housing may require significantly more specialised support from service providers to assist and support them to understand their social needs to develop relationships that may ameliorate loneliness.

Limitations. I found that were some limitations regarding the measurement of available social support. I measured perceived availability of social support for informal supports like friends and family but not for formal supports, like service providers. Future researchers may find it interesting to repeat social support measurement once for each type of support (i.e. formal and informal) to determine how support received from these different sources may affect loneliness.

Some theorists have disccussed the limitations of conducting research that examines individual or intersectional differences using a quantitative methodology. Although not with an explicit intersectional lens, Solarz and Bogat (1990:80) noted that summary statistics may lack utility in the homeless population as a heterogeneous population. They stated that: ‘with an assortment of problems and life histories, it seems likely that summaries statistics that are reported for the sample as a whole may obscure real differences in how segments of the homeless population use social support’. It should be pointed out that some highly specialised quantitative methodologies do allow for a high level of detailed and nuanced information about the differences amongst participants with varying homelessness and personal characteristics and histories, such as structural equation modelling (SEM, as discussed above). However, my sample size prohibited me from doing this more complex methodology. Given my sample size, time constraints and methodology, I am satisfied that my statistical analysis provided adequate, effective and sufficiently nuanced information about the associations between personal characteristics, social support, social isolation variables and loneliness.
**Conclusion.** In conclusion, this Chapter set out several key findings. Once amended to better fit participants’ needs and context, the SELSA-S provided a useful and reliable measure of social, romantic and family loneliness amongst individuals who have experienced loneliness. Personal characteristics which prompted changes in loneliness tended to be ones that were ‘antisocial’, socially stigmatised and marginalised in nature, including prison history, substance use or identifying as a gender other than male. I also found (with few exceptions) that the more important a network to a person, the more associated loneliness they tend to feel. This showed that the more an individual valued a network, the more likely that participants were likely to feel lonely if that relationship with that network was not going well. However, the more satisfied an individual felt with their network, the more associated loneliness they tended to feel; the more support they received from networks the lonelier they tended to feel. Taken together, and drawing on my previous qualitative findings, these findings mean that when individuals experience homelessness, they tend to build and value relationships that help them to fulfil their survival needs (for example shelter, food and resources) rather than their social needs for intimacy, emotional closeness and connection. As such, whilst they had somewhat supportive relationships that could be satisfying, these relationships fell short of fulfilling the participants’ social needs. This may not be the case for everyone. For example, the Multiple Exclusion Homeless may find close-knit communities and feel more comfortable amongst those experiencing homelessness than mainstream others. However, when people exit homelessness, a level of disconnection and loneliness can continue even though needs for shelter and resources have reduced. This means that while these relationships may help individuals to survive during homelessness these individuals may fail to make other networks once they exit homelessness. Over time, this leaves them feeling isolated and their social needs left unmet. This information is useful to service providers so that they can better understand how to support those who are exiting homelessness and entering into residential tenancies. Participants in my study appeared to struggle with forming close and positive relationships with family once housed. This
prompted family loneliness. While service providers may not be able to fill the void left by other networks, they could help to support individuals by trying to improve the conditions and quality of their relationship to other networks.
Chapter Seven: A mixed-methods analysis of the role of substance use on social relationships

Previous research has found that substance use is highly prevalent within the local Sydney homeless population (Teesson et al., 2000). Perhaps unsurprisingly given the vast majority of participants could be understood as multiple exclusion homeless, participants’ qualitative accounts in my previous chapters often tapped into how participants’ use of substances shaped their social networks and experiences. Substance use was described as inextricably connected to many individual’s social worlds whilst homeless. While substance use sometimes precipitated family breakdown and homelessness, it was also a way to engage socially with friends. Substance use also organised individual’s social networks. For example, one participant described having a group of friends associated with her drug use, but whom she kept separate from her other friendship groups. Based on these qualitative responses, it was decided that questions about substance use should be piloted for inclusion within the quantitative survey.

My quantitative results also showed how substance use shaped participants’ social networks. Substance use could have negative effects such as constraining social integration. Participants who had higher alcohol use tended to report a higher proportion of their current friends that were homeless, which could be understood as having lower social integration with mainstream society. Participants with higher illicit drug use also appeared to have lower levels of social integration, as they were less likely to join social or community groups than who use substances less problematically. Having problematic alcohol consumption was also linked to increased social loneliness.

Yet, substance use could also have positive effects on participants’ social networks. Participants who had more problematic alcohol use tended to experience less family loneliness than those without this use. Given the diverse (but obviously important) impact that substance use had on participants’ social worlds, it was decided that further analysis needed to be
undertaken to understand how substance use affected the social networks of those who have experienced homelessness. Consequently, this chapter explored how - beyond social integration and loneliness - other aspects of relationships may be linked to substance use. These include objective aspects of social networks like size, frequency of contact and proportion homeless, and subjective aspects of networks like satisfaction with network, perceived closeness and perceived importance.

In Chapter One, I identified several gaps in existing research on the link between substance use and homeless social networks. Firstly, research was conducted on international samples, distinct from the Australian homelessness context. Secondly, research has predominantly focused on how substance use shapes the social networks of homeless substance users, but have omitted the role that substance use plays on the networks of people who do not (or no longer) use substances. The research also tended to focus on homogeneous samples of homeless individuals, such as ‘homeless men’, ‘rough sleepers’ or ‘hostel users.’ Given the intersectional aim of this thesis, I decided to focus on broader samples of those who had experienced homelessness. I felt it was important to understand how other sources of discrimination and oppression also contributed to patterns of substance use, alongside social network characteristics. These include having been to prison, having been chronically homeless, being born overseas, age, identifying as Aboriginal or Lesbian, Gay, Bisexual, Transgender, Intersex, Queer or Asexual (LGBTIQA).

As such, this chapter aimed to answer one research question:

- What is the role of substance abuse in the social relationships of those who have experienced homelessness?

Special attention was paid to whether the experience differed for specific groups of participants, including those who were born overseas, identified as Aboriginal or as LGBTIQA.
Method

This chapter drew on survey data for n=110 participants, including open-ended questions about the role of substance use in social networks and measures of problematic nicotine, alcohol and illicit drug use. The design, selection of measures and recruitment was described in full in Chapter Two.

Quantitative data. I have already described my amended version of The Alcohol, Smoking and Substance Involvement Screening Test from the World Health Organisations (WHO-ASSIST) (2002). Participants’ responses determined the extent to which their current problematic nicotine, alcohol or other drug use put them at risk of health, social, financial, legal or relationships issues. As noted in chapter one, a moderate to high involvement with substances will be defined as a ‘problematic’ consumption of alcohol, nicotine or other (illicit) drugs.

Qualitative Data. An open-ended question asked, “How has substance use influenced your social life?” Participants were asked if they would like to write the response themselves or if they would prefer that I transcribed their verbal response. In the latter case, I would recount the transcribed account back to the participant so that they could verify that it matched their accounts.

Analysis. Quantitative data was analysed using STATA 14. Univariate testing and then multiple regression was used to assess the three statistical models, one for each type of substance – alcohol, nicotine and other drugs.

Participants’ qualitative responses were analysed using thematic analysis, informed by Braun and Clarke’s (2006) method, the process of which has been described earlier in the method chapter for section 1 of this thesis. Data was coded and organised into three themes: ‘the ubiquity of substance use in homeless social contexts’, ‘substance use as generating social
networks and experiences’ and ‘Substance use as constraining participants’ social networks and experiences’.

**Qualitative Results: The Role of Substance Use in Social Interactions**

“Everything! Everyday! Everywhere!” The ubiquity of substance use in homeless social contexts. Substance use was described as an ever-present, (if unavoidable) aspect of many participant’s social networks and interactions. The following accounts illustrate how substance use was presented as a socially-engrained and central part of homeless social culture. One participant described how using drugs “IS my social interactions. Everyone I know uses.” Several participants who described injecting drugs, explained how substance use is “what every thought and conversation revolves around” and “a part of most social events.”

Some participants described how substance use was contagious within homeless social settings. Some described how observing the drug use of others motivated them to try these substances themselves. A participant described regularly using substances to “socialise and to try out what it's like.” This was particularly when “everyone is in a group, like a party, and everyone is doing it, and I'd like to try too, to see what it's like.” This sentiment of ‘trying it out’ was shared by others, and across different types of substances, including cigarette smoking: “If people smoke [around me], I must smoke” and illicit drugs: “I'm known to be nosy, so if a friends on something, I'll try it out too, see if I like it.” Other research has drawn on contagion and social clustering of substance use amongst social networks, especially in the field of cigarette smoking(Christakis & Fowler, 2008; Christakis & Fowler, 2013). This research reveals that substance use can be linked to collective pressures experienced by those within a social network.
Participants accounts showed that substance use played a complex and often contradictory role in participants’ social networks. It both generated and constrained participants’ social networks. These almost paradoxical social roles will now be explored.

**Substance use as generating social networks and experiences.** Many participants described substance use in terms of the productive and generative role it had on their social connections. Using substances was described as a tool to improve one’s mental state enough to allow them to socialise. It was also described as a means of making friends, accessing support and enjoying oneself.

**Substance use as helping individuals to cope with homelessness enough to socialise.** Several participants described how using substances increased their motivation to socialise. Substance use increased one’s motivation to engage socially. One participant reported that using “amphetamines and cannabis increases significantly my desire to interact socially with people.” Substance use also increased the frequency of social engagements. One individual gave an account of using “ice and weed for social interactions. When you take stuff with friends, you social[ise] a lot more.”

Several participants described using substances to lessen the distress or anxiety that sometimes occurred when they were navigating the often-negative homeless social world: one participant described how using substances “takes every bad thought away, makes you numb. Makes you a different person who is invincible on it. [You] don’t care what other people say.” Certain substances were described as useful for making anxieties and worries manageable. One described how using drugs in social situations was “a relaxation thing, it’s a coping mechanism for stress, sometimes instead of screaming at people.” Another noted “It controlled my anxiety and I was able to be in crowds without feeling like someone was ‘out to get me.’” Marijuana was also described as having an ameliorating effect on social anxiety: “marijuana mellows me out and I talk to people without fear.”
As previously mentioned, homelessness is an experience of material and social deprivation, which many endure without adequate social support from their non-homeless friends and family. Perhaps in response, participants’ substance use helped them to cope with such adversity, by dampening feelings of aloneness and their need for such support. One participant described the worries involved in being homeless: “When I go out, in my mind and I’m thinking about things, you think about what you’re doing with your life, will you be homeless? Are your relationships strong enough? Are you going to have a job, are you going to be able to cope in a new place?” These worries, paired with his isolation, prompted his substance use: “People take drugs because of this - they have no… no support, [and many] things to think about.” Another participant described how using substances stood in, or compensated, for missing social support as [drugs] “make me feel accepted. I don't feel as lonely, however sometimes situations don't go so good [due to drugs], trouble, problems, etc.”

**Substance use as an ‘instigator’ for making friends, accessing support and enjoying oneself.** Substance use provided the means and arena through which participants could socialise with others and make friends. One participant described substance use as “the instigator” of social connection with other drug users, as “without that co-dependency, we don’t respond – dependency on one another, to get ourselves through” and “helps bring friends together.” Another described drugs as an “ice breaker”, a channel through which individuals could connect at his crisis accommodation:

> In this building you can't smoke inside, and sometimes someone knocks on my door and asks if I want a cigarette... it gives you a chance to catch up for a chat, and see how it's going with them.

For some participants, substance use was the glue that bound connections long-term and gave them meaning. One noted: “It’s like you have your own little family, your own little group, when you’re taking drugs.” Another participant also used the analogy of substance using
companions as ‘family’: “It part of my social friends[hips] to have a drink and smoke. And I like to hang out with my friends - they’re my family. I don't have a family of my own.” Shared experiences around having used substances even provided a ‘common ground’ and shared meaning between participants and some service providers. As one participant noted,

   At Clinic, there's a support worker I've known for 21 years, and she's an ex-user. We catch up for a chat. She's always been there for me. It's good to see how she's come from the bottom, she's an inspiration.

   Substance use was also positioned as providing the scaffold for social recreation. One participant described drinking alcohol as making “a pleasant day if you're with friends; It relaxes you on a day out. On pension day, we have a beer with a few friends, it's a social outing.” A participant, who smoked cigarettes, described the “very important” role it had on time with his family, who “all enjoy socialising with each other – coffee, talking, cigarettes and having fun – sitting in a nice café with sunshine, etc. I do greatly enjoy.” Another participant recounted the similar role his cigarette smoking played with friends, noting that when he was with friends and “smoke[d] with them” it “was a positive environment, just catching up on the goss, sharing each other’s events.”

   The findings in this section illustrate the numerous positive roles that substance use can play within social relationships. Taken together, they show that substance use provided a social scaffold for these individuals to socialise and belong within the social world.

   Several theories can help us understand how and why these participants may have perceived such a strong link between substance use and social relationships. One possibility is through ‘operant conditioning’, a process where the neurophysiological effects of certain substances are reinforcing. For example, amphetamines produce positive emotions partly because it produces an accrual of the neurotransmitter dopamine, which has been associated with feelings of pleasure and euphoria(Koob, 2006). As drugs are often used in social situations,
and they enjoy this experience, drug use may provide indirect reinforcement. This hypothesis is useful in that it shows why individuals come to continue using drugs whilst socialising, but does not explain the nuances in the relationship between individual’s substance use and their social experiences.

Others have used more typically ‘social’ theories to explain the connection between substance use and relationships. Symbolic interactionism denotes the way that symbolic forms of communication between individuals informs how they understand and make meaning of the world and the objects within it (Blumer, 1986). Research has used symbolic interactionism as a conceptual framework to unpack the way that substance use is inextricably related to personal relationships. In one example, Becker’s (1953) observed social interaction between a (marijuana) drug user and a non-user. He found social interactions often show individuals how to use a drug, produce attitudes to justify use and position the experience of the drug use as positive and enjoyable. Becker’s work suggests that the presence of friends with whom one can co-construct pleasure around substance use, at least initially, is essential to an individual’s continued use. Whilst this theory shows how social networks are an essential part of instigating and maintaining substance use, it falls short in explaining how substance use comes to build the scaffold for social experiences and relationships, as was evident within the previous accounts.

I argue that ‘social role theory’ provides a holistic way to understand the association between substance use and social relationships. Role theory refers to the way social relationships provide a person with guidance on how they are expected to behave socially (Thoits, 1983). As shown above, substance use can provide a meaningful social role and identity for the user, which provides incentives to maintain the relationships that provide this role. Past research has linked social roles and substance use. Stephens (1985) used role theory to describe how heroin users experience addiction. Heroin users become invested and committed to the social role and lifestyle it provides them. Included in this role of ‘user’ is social support from other users, and an
identity that can be enacted (and recognisable) in most social situations (even with non-users). In short, the heroin user role provides a person with a sense of personal meaning, and a sense of certainty around their social world and culture.

**Substance use as constraining participant’s social networks and experiences.** Some participants gave accounts of how stigma, financial and legal barriers associated with their substance use served to constrain and limit the social activities and networks that they could engage in. Connections participants made with other substance users were of poorer quality than other connections. Several participants, including those who were not substance users themselves - described how the negative behaviours of substance users meant that they were bad company. Finally, participants who had used substances in the past gave accounts of choosing to avoid active users to maintain their recovery from previous addiction.

**Substance use produces legal, financial and sociocultural barriers to socialising.** The financial costs associated with substance use were described as constraining participants’ social worlds, by limiting the money they had left to socialise. One participant described this through alcohol use in boarding houses: “ninety percent of people in boarding house, they have a very poor social life because of their drinking, you have to pay a lot of your income to rent [and drinking], not much money to socialise.”

Several participants described how using substances attracted stigma, which was often the result of broader social disapproval and legal restrictions around some substances. This stigma prompted participants to feel isolated and in some instances, actively isolate themselves from others. Those who smoked cigarettes described how social and legal restrictions around smoking contributed to their social isolation. As one participant described, “Smoking cigarettes makes you smell bad, gives you bad breath and is not really accepted socially in public due to government regulations.” Others shared the same experience: “In some places you can't smoke,
no it can be a pain in the butt, it can isolate you from people. Let’s face it, it does stink.” Others, who used illegal substances, like methamphetamine and heroin, described how the illegal status of these drugs contributed to their social isolation. This was evident in one participant’s account who stated, “You know, [substance use] probably distances me from certain people because I have to hide it.” Another noted, “drug use’s not very social, it’s not something you can fucking tell everyone you’re doing.” A participant expressed how they “experienced this isolation, that they “normally sit alone with my needles, [it’s a] very sad place.”

The need to avoid non-users to sidestep judgement and stigma associated with drug use may be more relevant to nicotine and other drugs (rather than alcohol), due to the legal barriers and social stigma around using these substances in public.

Existing theories on substance use can help us to unpack the findings in this sub-theme, exploring why stigma around substance use prompted some individuals to view their own use negatively, and even isolating themselves from others to prevent judgement. This sense of isolation was linked with sadness for one participant, suggesting that they may even experience loneliness as a result. Existing theories have unpacked the complex and multidimensional social meanings behind substance use. Several theorists have argued that substance use in and of itself, is not stigmatised; in many ways and contexts substance use remains socially and culturally valorised (Keane, 2002; Room, 2005). For instance, sharing an alcohol beverage, like champagne over a birthday or holiday celebration, is acceptable, or even normative behaviour. However, substance use becomes transgressive when it is deemed unmoderated and addictive, attracting negative attention through moralising, stigma and marginalisation (Room, 2005).

Some of the stigma around drug users stems from the way drugs can impact users’ behaviour. The drug-affected mind can be perceived as unpredictable, erratic and perhaps, unsafe, which can be anxiety-provoking for others. Addicts are also seen as having lost control
over their life, evidenced by their failure to carry out their social roles and responsibilities with family and work, meeting the ire of those affected by the substance use (Keane, 2002).

Another source of stigma are the theoretical rubrics used to describe stigma amongst substance users. On the one hand, stigma around substance use has been based on a disease or disability model of addiction, where stigma has been a potentially damaging force that should be defused. On the other hand, the stigma around substance use has been associated with its status as ‘criminal’ or a ‘personal vice.’ In these discourses, substance use stems from poor discipline, decision-making and compromised levels of social responsibility, wherein stigma is a benign form of social control or even a useful deterrent to substance use. Such discourse is ethically-charged – autonomy and free-will are understood as virtues, whereas compulsive and addictive desire, is understood as pathological and inherently bad (Keane, 2002). According to Room (2005), these rubrics are not mutually exclusive and many individuals will have no trouble holding aspects of both ideologies in their evaluation of substance users. A common example of this paradoxical mindset is the stereotype of the poor, diseased, hopeless - but underserving - addict. Such rubrics are enshrined in media, government legislation and health promotion, as legal restrictions and public health campaigns around substance use have contributed to negative views about drug users’ agency and rationality (Dennis, 2013; Keane, 2002; Room, 2005). Consequently, even seeking treatment for substance use is perceived as shameful evidence of a lack of self-management. Those who use substances in a non-moderated way are destined for degradation, marginalisation and exclusion from the rest of society.

Role theory can also be used, in combination with these theories of stigma and substance use, to understand how negative discourses on substance use impact behaviour. Participants adopted the social role of a ‘substance user’, internalising the negative understandings around substance use, and the judgement that they would likely receive if they contacted non-using networks. As such, participants acted in accordance with the social role of a drug user by
avoiding contact with non-users. In saying this, there was also evidence that some substance users – who described choosing to avoid socialising with other users – may have done so to distance themselves from this negative identity, and preserve a positive identity. From earlier chapters, and existing research (Snow & Anderson, 1987), we also know that isolating oneself from individuals who are deemed ‘non-valuable’ can be a way to cope with stigmatised identities, such as homelessness. Such isolation can help those who have experienced homelessness to retain a personally-valuable identity.

Further, the exclusion experienced by participants in this study may have been complicated or exacerbated by experiences of homelessness. Not only are the poor and disadvantaged more likely to use substances (Christakis & Fowler, 2008) but these groups are often stigmatised for substance use (Room, 2005). The intersection of the stigma around substance use, and the stigma caused by other aspects of an individual’s identity, such as their homelessness, may further compound their ability to socially integrate.

**Substance use and emotional barriers to socialising.** In the previous theme, I showed how some individuals reported that using substances, like cigarettes, helped them to overcome anxiety around socialising. However, some participants gave accounts of substance use having the opposite effect, shifting their emotional state so that they no longer felt like socialising. This was often associated with ‘depressant’ drugs like heroin, alcohol and marijuana, that lower arousal. One participant stated that “Heroin [is] a very isolated ‘one out’ drug, it's not the party drug.” Another described the effects of marijuana: “When I smoked a joint it did calm me, cause I was so angry and bitter and had no antidepressants. But weed can increase anxiety and depression, especially when it wears off, you can't think straight. It's not good for you. I smoked alone, I was a lone smoker.” While some participants linked social isolation to the use of specific drugs, others provided more general accounts of isolation from drug use. For example,
one described their isolation: “I always do my own thing…there are very few people I’m comfortable with while on drugs.”

Even some participants, who had described their substance use as having a positive effect on their sociability, described the inconsistency and transience of this effect, especially after long-term use. One participant described smoking marijuana to “get motivated to be social”, but sometimes he would “have a cone [of marijuana] and it’s like ‘game over’, I’m going home.” Another noted:

Meth makes me more sociable initially but if I abuse for prolonged time it reverses the effect and makes me unsociable and sometimes paranoid. On the other hand, opiates make me feel very comfortable socially until I need another shot of heroin.

**Poor quality of relationships formed through substance use.** Substance use was described as negatively affecting the quality of relationships formed during homelessness. A few participants also described the friendships they had made through substance use as being inauthentic and shallow. One participant described the nature of their drug-using network:

“They're not true friends, I realise as drug users.” Another noted:

If it wasn't for drugs, many of my friends 'so called' wouldn't be my friends, they'd go elsewhere, find another co/ey, someone to share [drugs] with, go halves with etc. Hard to find people to trust, you see! It's all a game, another form of stupidness, another form of socialising, a bullshit world!

Another participant described the fleeting nature of connections made through substance use. They recounted making new connections through cigarette smoking “offering them smoke and talk, or them offering me smoke and talk then after that, they disappear.”

A few participants (both users and non-users) also described how the poor quality of relationships formed with substance users led to them trying to avoid connecting with substance users. A number described not wanting to spend time with other homeless people who were
drug users, due to issues around perceived lack of trust, poor quality company, or through the risk of relapse after their own recovery from addiction. By cutting out those who used substances as potential social connections, these participants constrained the pool of possible connections they had access to.

A couple of participants described perceiving drug users as untrustworthy. One noted, “I guess, in general you can't trust them…they're trying to get whatever they can get out of you for money for drugs. You honestly can't trust drug users; honest people don't do drugs” Another described that when meeting connections who used drugs they were less likely to “believe them or trust them.” This included “people on prescription drugs”. Several described actively blocking or removing connections who used substances from their social networks. As such they “preferred the company of straight people”, who could provide them with more fulfilling relationships. As one participant noted:

I try to stay away from drug users at [the homeless crisis accommodation centre]. There are a few that want to spend time with me, as they have no one. [But] If I'm going to spend time with or go out on the weekend with others, I want people in the right state of mind, not people who are low or complaining, carrying on, etc. [like drug users].

**Negotiating socialising and abstinence.** Several participants who were not current drug users reported having had a history of substance use. They described negotiating and maintaining abstinence from substance use whilst socialising in the homeless setting. Participants described choosing to avoid social contact with drug users to build a sense of control and autonomy over their capacity to maintain abstinence. The following accounts portray this finding:

I've got an acquaintance who uses, but don't want her to know where I live. I don't want junkies around me. I was a druggie from age 12-19, and haven't had any since.
I would drink alcohol through a shitty rag, grog almost 24/7. I gave it up because I was getting hard heartburn…. [Now it is] horrible to be around others in homeless refuges when they're drinking.

I don't go to bars, don't expose myself to nicotine areas. I know that in my situation I should not drink, as [my] situation will get worse as I am depressed.

However, not all past users felt the need to isolate themselves from active users. One participant described how they felt they had control over their substance use, despite external pressure from peers:

I use drugs moderately with friends. But I won't hesitate to stop if I don’t feel like [using] it. Friends sometimes resent my stance. Peer pressure. But I don't get peer pressured anymore, cause they know they can't make me anymore. I'm stronger these days.

In each of these accounts, participants described their autonomy over their substance use through the way they socialised (or didn’t socialise) with others. These accounts can also be understood through the aforementioned theories in which addiction is seen in public discourse as evidence of a lack of self-control, autonomy and non-moralistic behaviour (Keane, 2002). I argue that the first set of accounts above subscribed to this view by positioning their avoidance of substance users - and therefore, access to substances - as a means of gaining autonomy and control over their lives. In contrast, the participant in the final account positioned themselves as being able to use substances and exercise personal autonomy and control, rather than viewing the two as mutually incongruent. This account subverts mainstream discourses about substance users, by refusing to imbue their accounts of use with disabling, irrational and irresponsible personal narratives.
Quantitative Results

I used descriptive statistics and univariate statistics to look at the proportion of participants’ qualitative accounts that identified an effect of substance use on their social interactions. Of the 106 participants that responded to the qualitative question in the survey, majority (71%, n=75) reported that substance use influenced their social experiences, whereas 29% (n=31) reported substance use had no or little effect on their social experiences. The homeless status (i.e. whether someone was currently or formerly homeless) had no significant effect on how participants (p=.89) positioned the role of substance use on social interactions.

Prevalence of substance use among survey participants. This section provides an overview of the prevalence of substance use amongst survey participants. Of the 110 participants that were asked questions about their substance use, 71% (n=74) had used nicotine at least once over the previous three months, 45% (n=45) had used alcohol in the last three months and 45% (n=44) had used illicit drugs during the same period. Fifty-three percent of the entire sample smoked daily or almost daily, 9% consumed alcohol daily or almost daily and 16% consumed ‘other drugs’ daily or almost daily. The proportion of participants who fit into the three low, moderate and high risk categories for each type of substance can be observed in the
Table 22 below.
Table 22 Proportion of total 110 participants who scored low, moderate of high risks associated with their level of problematic alcohol, nicotine and drug use.

<table>
<thead>
<tr>
<th></th>
<th>Alcohol</th>
<th>Nicotine</th>
<th>Other drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low risk</td>
<td>69.1</td>
<td>34.6</td>
<td>58.2</td>
</tr>
<tr>
<td><strong>Problematic Use:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate risk</td>
<td>25.5</td>
<td>52.7</td>
<td>20.9</td>
</tr>
<tr>
<td>High risk</td>
<td>5.5</td>
<td>12.7</td>
<td>20.9</td>
</tr>
</tbody>
</table>

Table 23 The number of participants who had problematic use with different substances stratified by the number of problematic substances.

<table>
<thead>
<tr>
<th></th>
<th>One substance</th>
<th>Two substances</th>
<th>Three substances</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=35</td>
<td>n=33</td>
<td>n=17</td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>9</td>
<td>8</td>
<td>17</td>
<td>34</td>
</tr>
<tr>
<td>Nicotine</td>
<td>23</td>
<td>32</td>
<td>17</td>
<td>72</td>
</tr>
<tr>
<td>Other drugs</td>
<td>3</td>
<td>26</td>
<td>17</td>
<td>46</td>
</tr>
</tbody>
</table>

*The final column shows the total number with problematic use with each substance.*
A lesser proportion of participants had problematic use of alcohol (31%) compared to those who had problematic use of other drugs (42%). Over half of participants (65%) had problematic use of nicotine.

It was interesting to note that considering the overall prevalence of problematic substance use, 25 participants (23%) did not have problematic use of any substance, 35 participants (32%) had problematic use of one type of substance, 33 (30%) had problematic use of 2 types of substances and 17 (16%) had problematic use of all three types of substances. The following table illustrates the levels of substances used by participants.

Among those who had problematic use of only one substance, the most commonly used substance was nicotine (65%). Those involved with two substance use most commonly used nicotine and drugs.

**Correlations between problematic substance use and personal attributes.** Regression analyses were carried out to assess the association between level of problematic use of each substance, and demographic variables. Demographic variables included homelessness, ethnicity, prison, gender and sexuality. Table 24 presents pairwise correlations between problematic use of each substance and each demographic variable. Only correlations significant at a $p=.1$ level were included in the table and subsequent regression analyses. The $p$-value, and number of participants included within each correlation are included below each statistic.

Several personal characteristics were associated with problematic substance use. Problematic alcohol use was associated with having been in prison and having been homeless for over 12 months. Problematic nicotine use was associated with being younger and non-cisgender. Problematic drug use was associated with identifying as LGBTIQA, being younger, identifying as non-heterosexual and Australian-born.
While non-heterosexual sexuality or non-cisgender gender identity were both part of the LGBTIQA variable, these variables sometimes had unique relationships with problematic substance use. For example, being non-cisgender was linked with problematic nicotine use, whereas being LGBTIQA was not. Homeless status, whether a participant was currently or formerly homeless, was not associated with problematic substance use, suggesting there were similar levels of problematic substance use in both groups.

**Association between substance use and social network attributes.** I conducted pairwise correlations to determine which variables to include within the multivariate model. Several social network variables were correlated with problematic alcohol, nicotine and other drug use. These network characteristics included how important they felt a network to be, how satisfied and close participants felt with their network, the size of the network, how frequently they were in contact with the network and the proportion of their network that was homeless. It also considered whether an individual was currently or formerly homeless impacted on the role of substance uses on someone’s social network.
Table 24 Pairwise correlations between demographic variables and risk associated with problematic use of alcohol, nicotine and other drugs significant at the p=.1 level.

<table>
<thead>
<tr>
<th>Demographic Factors</th>
<th>Alcohol</th>
<th>Nicotine</th>
<th>Other drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Homeless status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic homelessness*</td>
<td>.2468</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( p = .0093 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( n = 110 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal* Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prison History</td>
<td>.3006</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( p = .0024 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( n = 100 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Born overseas</td>
<td></td>
<td></td>
<td>.2671</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>( p = .0048 )</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>( n = 110 )</td>
</tr>
<tr>
<td>Age</td>
<td>-.2707</td>
<td>-.2980</td>
<td></td>
</tr>
<tr>
<td>( p = .0042 )</td>
<td></td>
<td>( p = .0016 )</td>
<td></td>
</tr>
<tr>
<td>( n = 110 )</td>
<td></td>
<td>( n = 110 )</td>
<td></td>
</tr>
<tr>
<td>LGBTIQA*</td>
<td></td>
<td></td>
<td>.2568</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>( p = .0048 )</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>( n = 110 )</td>
</tr>
<tr>
<td>Cisgender*</td>
<td>.2028</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( p = .0336 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( n = 110 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-heterosexual</td>
<td></td>
<td>.1884</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>( p = .048 )</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>( n = 110 )</td>
<td></td>
</tr>
</tbody>
</table>

Sig at .05 level
Table 25 Pairwise correlations between social network variables and risk associated with problematic alcohol, nicotine and other drug use significant at the \( p = .1 \) level.

<table>
<thead>
<tr>
<th></th>
<th>Alcohol</th>
<th>Nicotine</th>
<th>Other drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Network Size</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>- .19*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( p = .04, )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( n = 109 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Frequency of Contact</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>- .16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( p = .10 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( n = 103 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends (current)</td>
<td>.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( p = .08 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( n = 100 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intimate Partners</td>
<td>.40*</td>
<td>.38*</td>
<td></td>
</tr>
<tr>
<td>( p = .01 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( n = 41 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Perceived Closeness</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends (old)</td>
<td>.19</td>
<td>.22*</td>
<td></td>
</tr>
<tr>
<td>( p = .07 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( n = 90 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends (current)</td>
<td>-.17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( p = .07 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( n = 109 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends (current)</td>
<td>.32*</td>
<td></td>
<td>.17</td>
</tr>
<tr>
<td>( p &lt; .01 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( n = 100 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends (old)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intimate Partners</td>
<td>-.33*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( p = .04 )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( n = 41 )</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
This table of correlations revealed several patterns. Overall, problematic use of substances was less about participants’ satisfaction with their network (their subjective evaluations of networks) and more about the features of participants’ networks, such as how frequently they were in contact with their networks and the proportion of each network that was homeless.

Some networks appeared to be more connected to problematic substance use than others. The service provider network was the only network not associated with substance use.

Three multiple regression analyses were conducted investigating the association between selected social network variables and the score (either low, moderate or high) associated with participants’ use of alcohol, nicotine or other drugs. Social network variables were included within regression models if they were found to be correlated at the .1 level as can be observed in Table 25 above.

As only a small number of participants had intimate partners (n=42), regression analyses that included intimate partner network variables as predictors are limited to this small subsample of participants. Accordingly, in instances where intimate partner characteristics were correlated with social network outcomes, two multiple regression analyses were carried out, one with and one without the intimate partner network characteristics. By conducting two regression analyses I can assess the role of the selected predictors across different samples.

**Network and demographic attributes associated with problematic alcohol use.**

A hierarchical multiple linear regression was conducted, with two steps. In the first step, the two network variables that were correlated with problematic alcohol use were included: participants’ frequency of contact with their family networks and the proportion of participants’ current friends who were homeless at the time of interview. In the second step, the two demographic variables that were correlated with problematic alcohol use, having a history of prison time and chronic homelessness, were added to the model.
In the first step, the regression model was significant, $F(2,92) = 6.24, p = .0029$ and accounted for approximately 10% of the variance in problematic alcohol use (adjusted $R^2$). Controlling for frequency of contact with family, every one-unit increase in the proportion of participants’ current friend network that were homeless was associated with a corresponding .125-unit increase in participants’ problematic alcohol use, on average, (95% CI: .045, .21, $p = .002$). Controlling for the effects of proportion of current friends that were homeless, every unit increase in frequency of contact with family was associated with a corresponding .03-unit decrease in participants’ problematic alcohol use, but this relationship did not reach significance ($p = .427$; 95%, CI: -.117, .05). Skewness and kurtosis testing showed that the distribution of residuals was skewed ($p < .05$), but did not show evidence of kurtosis ($p > .05$).

In the second step, the regression model was also significant $F(4.90) = 5.05, p = .001$, and the proportion of variance in problematic alcohol use accounted for by the model increased by 6.4% from step 1, a statistically significant increase ($p = .03$). In the second model, when accounting for the addition of relevant demographic factors, the proportion of current friends that were homeless was still associated with a significant increase of .105 units in problematic alcohol use ($p = .01$, 95% CI .03, .185). Additionally, having been in prison was associated with a significant .27-unit increase in problematic alcohol use, compared to those who had not been in prison ($p = .046$, 95% CI .005, .53). Having been chronically homeless was not significantly associated with changes in problematic alcohol use.

**Network and demographic attributes associated with problematic nicotine use**

Two multiple regression models were conducted to test the association between social networks and problematic nicotine use. The social network variables included were family network size, frequency of contact with current friends and intimate partners, perceived closeness of old friends, perceived importance of current friends and whether participants’ intimate partner/s are homeless. In the first model, selected network variables were included within the model,
including intimate partner network variables. In the second model, the intimate partner network variables were omitted due to constraints that such a small sample would place on the model. Finally, depending on the model that best fitted the data, a stepwise regression was conducted adding demographic variables, including cisgender status and age to the social network variables.

The first model incorporated all seven social network variables and included a sample of 31 participants (i.e. those who had at least one network member in their intimate partners, current friend and old friend groups.) Overall, the model was significant $F (6,24) = 3.26, p = .02$ and accounted for approximately 31% of the variance in problematic nicotine use (adjusted $R^2$). Of all included variables, only one variable - the size of participants’ family network - was associated with problematic nicotine use. Controlling for other included network variables, for every extra member in a participant’s family network, there was an associated .009-unit decrease in their problematic nicotine use, on average ($p = .019$, 95% CI -.017, -.0017). Other network indicators, such as frequency of contact with intimate partners and current friends, perceived closeness to old friends and the homeless status of intimate partners did not make a significant contribution to problematic nicotine use ($p > .05$). Another variable, rated the importance of current friend’s network group in comparison to other networks, appeared to make the largest contribution to participants’ problematic nicotine use: every increase in perceived importance of current friends was associated with a .90 decrease in problematic nicotine use, however this difference did not reach significance ($p = .495$). This lack of significance may relate to the broad confidence interval, suggesting the imprecise nature of the estimate (95% CI -3.57, 1.79). A Skewness/Kurtosis test of normality showed that the residuals within this model were normally distributed ($p > .05$).

In the second model, intimate partner network variables were removed from the model, creating a larger sample of 82 participants. Given that the intimate partner variables made a very limited contribution to problematic nicotine use in the previous model, this next model is likely
to provide the best fit. This model was statistically significant \( F(4, 77) = 4.04, p = .005 \), accounting for approximately 13.1% of the total variance in problematic nicotine use. As in the previous model, having more family members in one’s network was associated with reduced problematic nicotine use. Every extra family network member was associated with a .008 decrease in problematic nicotine use \( (p = .025) \) [95%CI -.015, -.001]. The extent to which participants deemed their current friends to be important to them (in comparison to their other network groups), was associated with reduced problematic nicotine use. For every increase in perceived importance of one’s current friends, there was a corresponding 1.67 unit decrease in problematic nicotine use \( (p = .01 \) 95%CI: 2.94, .404). Frequency of contact with current friends and perceived closeness to old friends did not significantly predict changes in problematic nicotine use \( (p > .05) \). A skewness/Kurtosis test for normality showed that the residuals within this model were normally distributed \( (p > .05) \).

A stepwise regression added a second step of the selected demographic variables to this model. The model was significant \( F(6, 75) = 4.31, p = .001 \) and accounted for an extra 2% of variance over and above the previous model (i.e. Adj \( R^2 = .1967 \)), which was a significant increase \( (p = .02) \). Just as in the previous model, when accounting for the extra demographic predictors, increasing number of family members was still significantly associated with reductions in problematic nicotine use \( (p = .02, 95\%CI -.015, -.001) \) and increasing perceived importance of current friends was also significantly associated with reduced problematic nicotine use \( (p = .019, 95\%CI -2.73, -.246) \). Age was also associated with significant reductions in problematic alcohol use, where for every year a participant had aged, there was a corresponding decrease of .02 in problematic nicotine use \( (p = .01, 95\%CI -.028, .004) \). Accounting for social network variables and age, identifying as non-cisgender was not significantly predict changes in nicotine \( (p = .778, 85\%CI -.382, .508) \).
Network and demographic attributes associated with problematic other drug use.

Two multiple regression analyses were carried out, investigating the impact of selected social network characteristics, including frequency of contact with intimate partners, perceived closeness to old friends and proportion of participants’ current friends that were homeless, on changing problematic drug use. In the first model, all network variables were included within the model. In the second model, intimate partner network characteristics were omitted. After the ‘best fit’ model was selected, a stepwise regression was carried out adding relevant demographic variables, including being born overseas, age and LGBTIQA status. In the correlation tables above both having a non-heterosexual sexuality and LGBTIQA were significantly associated with problematic drug use, but as the correlation with LGBTIQA status was higher, and the sexuality variable was included within LGBTIQA status, LGBTIQA status was selected to be added in the regression.

In the first model, all selected network variables were added as predictors. The overall model (n=33) was not significant F (3,29) =1.5, p=.24 and accounted for approximately 4.5% of the total variance in problematic drug use. When considering the other variables within the model, only frequency of contact with intimate partners was significantly associated with changes in problematic drug use: for every one-unit increase in frequency of contact with intimate partners, there was a corresponding .201-point increase in problematic drug use (p=.04, 95%CI: .01, .43). The effects of closeness to old friends and the proportion of participants’ current friends that were homeless were not significantly associated with changes in problematic drug use. Skewness and kurtosis tests showed the residuals of this model were normally distributed (p>.05).

In the second step, demographic variables were added. The overall model (n=33) was still not significant F (6,26)=2.31, p=.06. The extra variables meant the model now accounted for approximately 19.7% of the total variance in problematic drug use. None of the demographic
variables added, including identifying as LGBTIQA, closeness to old friend and the proportion of current friends who are homeless significantly predicted problematic drug use ($p>.05$).

In the second model, frequency of contact with intimate partners was removed from the model, raising the sample to 83 participants. This model was statistically significant, $F(2,80) = 3.07, p=.05$, and accounted for around 4.8% of the variance in problematic drug use (adjusted $R^2$). However, neither closeness to old friends ($p=.062, 95\%CI -.01, .15$), nor proportion of current friends that are homeless ($p=.13 95\%CI -.03, .19$), were associated with significant changes to problematic drug use. Skewness and kurtosis testing of the model showed that the residuals were normally distributed in terms of kurtosis ($p>.05$) but not skewness ($p<.05$). As this model was the only one of the two that was statistically significant, this model was chosen for inclusion within the stepwise regression.

In step 2 of the stepwise regression, LGBTIQA status, being born overseas and age were included within the model. The model was statistically significant $F(5, 77) = 4.28, p=.002$, accounting for 17% of the variance in problematic drug use (Adj $R^2$), an increase of 14.63% from the previous model ($p=.0041$). In this final model, participants who were born overseas, exhibited a .35-unit lower problematic drug use ($p=.038, 95\%CI -.687, -.019$) compared to those who were born in Australia. Those who identified as LGBTIQA exhibited a .31-unit increase in problematic drug use, but this difference did not reach significance ($p=.161, 95\%CI -.125, .739$). When accounting for the effects of other demographic and social network variables, there was no significant effect of age on problematic drug use ($p=.247, -.025, .007$). Once these demographics were added, perceived closeness to old friends ($p=.055, -.002, .137$) and the proportion of current friends who were homeless ($p=.179, 95\%CI -.034, .178$), still did not significantly predict problematic drug use.
Discussion

To the authors knowledge, the research described in this chapter was the first study looking at the role of substance use on homeless social experiences within the Australian context. Substance use was highly prevalent amongst the current sample, and perhaps unsurprisingly, my sample’s qualitative findings showed that substance use was a ubiquitous aspect of social relationships. Before continuing, I provide the caveat that the results that I display here may be unique to the urban context, and distinct from the rural homeless context, given geographic differences in drug markets. My results were also strongly influenced by the predominance of participants who had experienced Multiple Exclusion Homelessness, for whom substance use is a common feature of their lives. Substances influenced the social experiences of people who were not themselves substance users. Different substances were found to have differential impacts on social networks. Some of these were positive and some were negative. These are discussed below.

Substance use functioned to generate and grow social networks. Some substances (usually illicit drugs) helped to improve or bolster participants’ mental state and help to cope with the often-negative social experiences of homelessness. This included assistance managing anxiety and stress allowing them to be socialising with others comfortably. This is mirrored by US-based longitudinal qualitative research finding illicit drugs were used by homeless people to cope psychologically with their previous experiences of trauma(McNaughton, 2008). In the absence of social support, substance use provided the cognitive tools to cope with and seek psychological refuge from the material and experiential realities of marginalisation and social isolation whilst homeless.
Substance use, including alcohol, nicotine and illicit drugs, also helped to build participants’ networks by providing them with the scaffolding on which to build their social world: a group of companions (other users) and a shared recreation activity which bonded them. Researchers in a US (McNaughton, 2008) and Australian context (Guy Johnson & Chamberlain, 2008) have also found that using substances was a strategy to adapt and assimilate to the homeless social environment, where using drugs dominate social interaction. I found that these relationships around substance use provided participants’ with social roles and sources of social support (Thoits, 1983).

Participant’s accounts also highlighted the multiple ways that substance use constrained social networks and experiences. Substance use was associated with a broad set of conditions, including financial strain, legal barriers and social stigma, which prevented users from feeling able to socialise with nonusers. Stigma around substance use prompted users and non-users to avoid each other, to preserve the status quo. Furthermore, substance users were described as poor-quality, untrustworthy friends. Consequently, both non-users and other users, described wanting to avoid these relationships. Research in the UK found similar themes amongst qualitative work with homeless substance users (Neale & Brown, 2016). Substance-using networks were found to be fragile and defined by irregular contact (they often had lost contact with these friends by follow-up interviews). Consequently, substance-using participants desired normative relationships, such as friends who did not use drugs and alcohol, who would not tempt them to use or engage in antisocial behaviour.

This is one of the first studies to look at how homeless individuals who do not use substances still experience social impacts from substance use of others. I found that substance use acted as an organising principle for the social networks of those experiencing homelessness. Non-users avoided spending time with users due to the poor company that these users provided.
them. They preferred the company of ‘straight’ (non-using) people, who were more like themselves.

**The impact that specific substances have on social networks.** The social effects of substance use were not uniform in either quantitative or qualitative findings. This section will provide an overview of the social finding associated with each type of substance use, including nicotine, alcohol and other drugs.

**Nicotine use and relationships.** In the qualitative findings, smoking nicotine was described as a primarily social activity, a way to socialise and to share experiences with others, including service providers. Nicotine was a pathway to making and maintaining friendships during homelessness. Despite this, people with problematic nicotine use were less likely to see their current friends as important. Those who prioritised friendship may not have necessarily considered cigarettes to form deep and meaningful friendships. Given the high rate of smoking amongst the current sample, which is discussed further below, it is possible that the homeless do tend to smoke a lot, and often together with others, smoking may be an activity that is shared socially, but does not guarantee or impact on social closeness.

I also found that the more family members one had in their network, the less likely they had problematic nicotine use. The reason for this finding is unclear. Previous research has shown that smoking cigarettes can be a burden and point of tension between users and their family members (Keane, 2002; Room, 1996). Those who had more family members in their lives may receive increased social input from these connections not to smoke, which may influence the likelihood they would take up or keep smoking. However, my findings show that the homeless population who often have difficult or unsupportive relationships with family suggesting that this may not be applicable to everyone. Another possibility is that those whose family constitute
more of their network may be less involved with homeless social communities whom we know can be a nexus of smoking behaviour.

Not everyone was equally likely to smoke and therefore experience these impacts on their social networks. Older participants tended to use nicotine less than those who were younger. This mirrors national findings of nicotine smoking patterns across Australia, where smoking rates are highest amongst the young, and reduces with age (ABS, 2006).

**Alcohol use and relationships.** In the qualitative findings, alcohol was described as a means of socialising, make connections and have fun, but also negatively, as an expensive habit which sapped finances that could be otherwise used to socialise. The quantitative analysis in the previous chapter revealed that heavier problematic alcohol use was associated with increased social loneliness. Quantitative findings in this chapter a correlation exists between the number of homeless friends participants had and the severity of problematic alcohol use. These finding suggests that participant’s alcohol consumption generally occurred with homeless peers, but that these relationships could be largely dissatisfying, and linked with social loneliness. Also, the financial strain associated with alcohol use could also prevent individuals from socialising outside drinking circles, perhaps further contributing to social loneliness.

This finding fits with existing research on homeless people participating in street drinking subcultures, showing members’ relationships tend to be highly convivial, but lack depth (Snow & Anderson, 1993a). The theory of Multiple Exclusion Homelessness (MEH) identifies this subgroup as part of the profile of MEH (Fitzpatrick et al., 2013). As such, these individuals are often socially disadvantaged and disenfranchised. They have often had experiences of institutional care, trauma, mental health and long-standing substance use issues. Their lack of social resources means that they often rely on dissatisfying relationships to ‘get by’.
**Other drugs and social relationships.** Both qualitative and quantitative methods highlighted negative effects of illicit drug use on social relationships. My findings led me to conclude that using other drugs can contribute to social isolation through reducing individual’s desire to interact with others. In the qualitative findings, drugs could make people feel paranoid or antisocial, progressively wanting to be alone.

Yet, there were also more positive aspects of drug use on social relationships. In the qualitative findings, participants described how they started using drugs like marijuana and heroin at social gatherings. Participants described how friends who use substances together can become ‘family’-like relationships and can help individuals cope with adversity and forget about the lack of social support they have available. Consequently, drug use could a successful mechanism, allowing those who use it to forget about their isolation from family.

While illicit drug use can foster avenues for increased social connection, this tendency was often inconsistent and can lead to a reduced desire to socialise. Further, drug use can also inhibit the development of connections with those outside drug-using networks and even prevent participants from joining social and community groups (as found in Chapter Six). That ‘other drugs’ have mixed effects on social relationships is largely unsurprising considering the diverse nature of the substances included under the ‘other drugs’ umbrella. Drugs that were within this ‘other drugs’ umbrella term, including stimulants like cocaine or opioids, like heroin, each provided different neurophysiological effects, and had differing impacts on individuals’ mood and disposition. For example, consuming cocaine releases dopamine which can prompt a sense of euphoria, whereas consuming marijuana releases both dopamine and norepinephrine, which has been associated with fostering euphoria as well as anxiety (Koob, 2006). It makes sense that these would consequently have differing effects on the way that people socialise.

Interestingly, in regression analysis, social network characteristics had a lower statistical association with ‘other’ drugs than they did with alcohol and nicotine. There are two possible
reasons for this. Firstly, alcohol and nicotine are social substances, whereas we know from the qualitative findings that illicit drug use did not have such a consistent social capacity. Another possible reason is that people who use drugs may have a separate drug-using social network: in other words, they may keep their drug associates separate from their other friends. The social network in this research did not allow for the mapping of such a possibility. By placing all ‘current friends’ in the one category, this research may not have detected such a phenomenon.

Some participants may be at risk of illicit drug use, and their impact on their social network. Participants born in Australia were more likely to use illicit drugs than those born elsewhere. Current Australian research indicates the reasons for these trends. A recent Melbourne-based PhD thesis (Minaie, 2014) monitored a group of 2000 school children over 3 time-points over 2 years, finding that those who came from non-English families tended to use less alcohol and cannabis than those who came from an Anglo-Australian household. She attributed this to the more authoritative and strict parenting style that tends to occur in these cultures, compared to the more ‘laid-back’ style of parenting in Australia. As such, these norms of non-use may last across the lifetime, even during homelessness. However, this effect may not hold for refugees. A report by Sydney-based NGO Drug and Alcohol Multicultural Education Centre (DAMEC) (Sowey, 2005) argued that refugees coming to Australia may be at increased risk of substance use, due to their social backgrounds: they have often experienced trauma and associated Post-Traumatic Stress Disorder, loss and disadvantage, known risk-factors for substance use. Future research in homeless populations could benefit by exploring the timing and style of migration (for example immigrants or refugees) to assess whether these groups experience differing levels of substance use during homelessness.

Taken together, these research findings illustrate that experiencing social isolation and marginalisation prior to initiating substance use may leave individuals more susceptible to adopting a substance using identity. From previous research, we know that certain subgroups of
those experiencing homelessness who use substances are particularly susceptible to isolation and marginalisation, and therefore may be more susceptible to taking on this ‘substance use’ role. These include those with a mental health issues (AIHW report) or those who experience Multiple Exclusion Homelessness, which can include histories of incarceration, institutional care and trauma (Fitzpatrick et al., 2013). If these individuals desire to reduce or cease their substance use, there needs to be ways for them to find the social support and belonging necessary to form a new ‘recovery’ social role and social networks that are distinct from substance use.

**Substance use continued during and following episodes of homelessness and may relate to experiences of exclusion and connections to family and friends over time.** Substance use involvement did not improve once participants’ exited homelessness. These findings suggest that the role of substance use in social networks and experiences may not change once someone exits homelessness. It is well recognised that prolonged use has negative implications for social wellbeing and health (AIHW, 2018). The stigma associated with substance use may also occlude individuals from connecting with non-users in their neighbourhood, who could provide them with the social capital necessary to integrate into their new neighbourhoods, and sustain their tenancies. Continuing to use substances once housed may also mean that individuals remain connected with their previous homeless substance using networks and thus may not feel as inclined to integrate into their (non-using) new communities (Dingle, Stark, Cruwys, & Best, 2015). As mentioned previously in this thesis, social integration into local community has been an important focus of NSW housing policy (FaCS, 2016, 2017). In this section, I will explore the reasons substance use continued to impact on the social worlds of tended the formerly homeless. This will help me to assess how service providers can assist the formerly homeless to reduce or stop their use. I argue that the reason substance use persisted post-housing was because the social conditions that facilitated their substance use, namely social isolation and marginalisation, had been entrenched into their
‘social role’ long-term. To reduce use, service providers may need to work with participants to find new meaningful social roles that are not tied to substance use.

My results suggested that participants’ substance use had shaped and pruned their social networks over time. Engaging in problematic substance use was concentrated within two network groups: current friends and intimate partners. Connections formed outside of these network, such as family relationships, were associated with reduced use (like family and nicotine). These findings suggested that substance users tended to have low social integration. There was also evidence that friendships associated with substance use were long term, even surpassing homelessness. Participants who felt closer to their old (pre-homeless) friends, tended to report increased problematic substance use (nicotine and drug use). These differences did not reach significance when they were entered in the model with other relevant network variables. I can infer that this means that many participants’ old friends were likely substance users themselves and that their shared substance use experience may have contributed to their homelessness in the first place. Other research has suggested that homeless individuals with substance use issues often come from social networks with similar level of poverty, marginalisation and drug use (Hawkins & Abrams, 2007) and this low integration could mean they lack access to relationships that could provide them with social capital (Zlotnick et al., 2003). Participants’ substance use network may be so entrenched that it would be unlikely to shift once they exited homelessness.

My qualitative findings showed that participants’ view of their own social role as ‘substance users’ was entrenched in broader stigma, marginalisation and coping with trauma and disadvantage. This assertion is backed up by previous research in this area. In her longitudinal qualitative study of 28 participants over a 12 month period, McNaughton (2008) found that formerly homeless people continued to use substances once housed. She attributed this prolonged use to participants continuing to feel marginalised, bored and isolated when they entered housing, and were still coming to terms with trauma that led them to use substances in
the past. Research comparing homeless mothers with housed low-income mothers, showed that both groups displayed similar levels of substance use disorders (E. L. Bassuk, Buckner, Perloff, & Bassuk, 1998), which the authors attributed to multiple stressors associated with poverty and coping with experiences of trauma and violence. These studies show that longstanding issues like poverty, trauma and marginalisation which could have prompted substance use in the past, were all things that participants still had to contend with post-homelessness. Their past experiences of marginalisation are likely to be prolonged by the location of their housing. Due to the lack of public and social housing stock across Australian cities, the formerly homeless are often housed in low-income areas, marked by social disadvantage and marginalisation and where drug use is high (Guy Johnson & Chamberlain, 2008). This may also facilitate the formerly homeless to continue substance use post-homelessness.

Previous Australian research has shed light on the reasons a substance using identity persists for the formerly homeless and how this experience is entangled with social isolation and marginalisation. Dingle, Cruwys, et al. (2015) found that whether (or not) individuals adopt a substance using identity in the first place, depends on their social situation before their addiction. They identified two parallel social pathways associated with substance use: those who were previously socially isolated and marginalised prior to substance use described how their addiction provided them with a new and valuable social identity. In contrast, those describing how addiction prompted the loss of their valued social identities, such as employment or education-based identity, were less likely to take on and maintain the substance user social identity. This process has been identified elsewhere as ‘role strain’, where the more substance users have difficulty performing the expectations associated with a ‘substance user’ role - the greater the chance they will be able to maintain abstinence (Stephens, 1985). From this research, I can infer the fact that many participants adopted a substance user role, showed many were marginalised
prior to their substance use, and therefore may not have had a meaningful social role and network which would provide ‘role strain’.

If a substance using identity is forged out of marginalisation and of a lack of social connection, then it makes sense that establishing new connections and valuable social roles outside of substance use would allow users to recover effectively. Dingle, Cruwys, et al. (2015) found to progress towards recovery participants needed to form a meaningful non-user social role. For those experiencing ‘role strain’ recovery, included trying to re-establish valued social identities often linked to work, family or education. However, most of their participants – regardless of pathway – understood their treatment process in terms of the positive ‘recovery community’ that had supported them, suggesting that this network provided a positive social identity which would supersede or devalue their user identity. UK research has found that by taking on ‘recovery’ identities (meaning that they preferred their recovery social identity to their addiction social identity) tended to be better able to abstain from substance use and lower rates of relapse, through higher levels of self-efficacy (Buckingham, Frings, & Albery, 2013).

So, who can provide support necessary to produce valuable non-user social roles?
Quantitative results showed that, in most cases (except, perhaps for cigarette smoking) family relationships and old friend relationships were often not adequately protective against substance use. In the absence of other sources of support to reduce use, service providers may represent the most viable remaining source of support. In the qualitative findings, one participant described how a service provider, who was an ex-user, provided motivation and support to keep off drugs. Yet, correlations between participants’ relationships with service provider and substance involvement were not significant. However, this null result may simply indicate that substance users are less likely to engage with service providers in the first place due to barriers associated with doing so.
One barrier to accessing adequate support from service providers is the nature and quality of the relationship developed between providers and clients. For example, research shows that substance users can be treated poorly by service providers, who can infantilise and stigmatise them, leading them to seek support elsewhere (Stevenson, 2014). In these instances, another source of support may be Lived Experience Intentional Peer Support workers, service providers who have lived experience with overcoming substance use, who may provide less stigmatising care and support and may even provide a model for the ‘social role’ that clients may want to adopt. Through rapport and shared experience, they may be able to dismantle stigmatised understandings of what it means to be a user, increasing these individuals’ confidence to re-connect (rather than avoid) non-using connections. This model of service provision is becoming increasingly popular in Australia for Mental Health clients with national schemes for qualifications and training available (Australian Government My Skills, 2018), and may also be useful within a substance use context. Finally, joining a therapeutic community, in a residential setting or a support group setting may similarly provide individuals with a valuable new social identity associated with ‘recovery’ (Buckingham et al., 2013; Dingle, Cruwys, et al., 2015).

Although not explicitly raised in the current study, Substance users may also wish to draw on information and communication technologies, such as internet forums as another source of support networks. Neale and Brown (2016) found that participants used Information and Communication Technologies, such as internet chat forums and support groups, to combat loneliness and isolation – to help them stay in contact and build positive relationships, bolstering recovery capital beyond using and homeless world.

As an aside, the high rates of continued substance use amongst formerly homeless participants may partly be the result of my recruitment methods. Recruitment of formerly homeless participants mostly occurred at services which catered to those experiencing homelessness or who are marginalised. This meant my sample may have over-represented
individuals who were still heavily ingratiated within the homeless subculture, and less likely to sample those who had made new connections and no longer required support from these types of services.

**Conclusion.** In conclusion, substance use, including nicotine, alcohol and illicit drugs, acted as an organising principle on the way that participants socialised, showing the practice was deeply woven into the social and cultural fabric of homelessness. Choosing to use substances was associated with a host of positive social consequences, such as managing a stressful environment, a pre-set homeless social network (other users), meaning they had more homeless friends than those who did not use, and providing them with a shared leisure activity.

Substance use prescribed the nature of relationships, and those they socialised with. Drug use functioned to isolate and constrain networks, with some participants describing their use of substances being associated with social isolation and/or precarious and shallow friendships. Further, those who contemplated abstinence described the high likelihood that they would lose relationships and valued social identity associated with their use. Due to the stigma around their substance use, participants described avoiding non-users to prevent receiving judgment and discrimination, which further reduced the networks and social capital they had access to. Service providers and support groups could provide support for those wishing to stop using to develop alternate valuable social roles.

This chapter also described how substance use impacted the social world of non-users. Non-using participants described their social world as being negatively affected and constrained by the poor behaviour of the substance users around them. By looking at both substance users and non-users, this chapter provided a holistic viewpoint as to how substance use influences the social networks of those experiencing homelessness.
Chapter Eight: General discussion: The role of ‘social identity’ in understanding the social wellbeing of people with a lived experience of homelessness

This thesis was one of the first pieces of Australian research to map out the multiple (and often interacting) components which contribute to poor social wellbeing amongst those experiencing homelessness (or loneliness). It focused on a particularly disadvantaged group of people with lived experience of homelessness, with majority of participants able to be categorised as having experienced Multiple Exclusion Homelessness.

My thesis aimed to answer several research questions. These included, ‘What is the extent of loneliness and social isolation among people with a lived experience of homelessness? How does this change as people move between housing and homelessness?’ and ‘What aspects of the social network contribute to experiences of loneliness and social isolation among people with a lived experience of homelessness? In particular, what role does substance use play in shaping the social experiences of people who have been homeless?’

My qualitative findings (Chapter Three) showed that participants tended to experience loneliness in relation to a specific social network, such as their intimate partners, friends and family, rather than as a global or broad experience. Therefore, loneliness was often experienced by those who had lost relationships with groups that they deemed valuable, usually their pre-homeless friends, family or intimate relationships. There was a distinct profile of personal characteristics, including demographics, such as age and gender-identity, or experience, such as a history of incarceration or currently not being homeless, that was associated with each type of loneliness (see Chapter Six). These findings may assist service providers working with people who have experienced homelessness to identify which clients are susceptible to loneliness. However, these profiles alone may paint too simplistic a picture of how and why loneliness is experienced by those experiencing homelessness.
My thesis also interrogated the relationship between social integration, social isolation and loneliness for individuals who have experienced homelessness. I used social isolation (poor social wellbeing) and social integration (good social wellbeing) as theoretical lenses to better understand participants’ experiences of their social networks and the aspects of their social relationships that could precipitate loneliness (see Chapter Six). Generally, I found that the more support participants’ received from their friends and family, the more lonely they tended to be in association with these groups. This was attributed to the nature of participants’ relationships with the support-givers which may have been more oriented to participants’ survival than to their social wellbeing. Participants tended to feel more lonely in relation to networks they deemed more important, suggesting that focused support in improving these relationships may help assuage participant’s loneliness.

After finding research evidence that substance use plays a major impact on the social landscape of people with a lived experience of homelessness, this thesis also interrogated the role of substance use in the social relationships of those who had lived experience of homelessness. It was found that substance use played a key role in the social interactions of people with a lived experience of homelessness by impacting on the quality and structure of relationships formed.

Whilst not anticipated, I argue that social identity was a central and defining aspect of participants’ social realities, which impacted on each of the different components identified in my research questions. This realisation occurs on the back of Australian work that has been done on using social identity theory to explore the experiences of people who are currently experiencing homelessness, or who have done so in the past (Dingle, Cruwys, Jetten, Johnstone, & Walter, 2014; M. Johnstone, J. Jetten, G. A. Dingle, C. Parsell, & Z. C. Walter, 2015; Johnstone, Parsell, Jetten, Dingle, & Walter, 2015; Parsell, 2010, 2011). I argue that participants’ social isolation and loneliness stemmed from the difficulty they had negotiating a valuable social identity for themselves, in the context of stigma and discrimination they risked by being
perceived as homeless. Drawing on elements of Social Identity Theory (detailed in Chapter One), I will argue in this chapter that social identity provides a neat theoretical framework for understanding the social wellbeing of participants with lived experience of homelessness. I will end this chapter by discussing the implications of this research for policy and practice and remark on the strengths and limitations of the research.

**Part one: Social identity was a driver of perceived social isolation and loneliness.**

In this thesis, I investigated how, and in which circumstances, participants understood and interpreted their current social experiences negatively (as ‘social isolation’) or positively, (as ‘social integration’). I also explored the situations in which these experiences led to loneliness. Classical loneliness theory posits that an individual will feel socially isolated when their current social network does not match their ‘ideal’ social network (Peplau & Perlman, 1982). For some, this is because their current networks do not meet conventional or cultural social norms (de Jong Gierveld et al., 2006). Based in the findings in this thesis, I argue that social isolation and loneliness can occur when a participant’s social networks do not match the relationships they feel they ought to have according to their social identity.

I also argue that participants experience of negotiating a marginalised social identity was the nexus on which they made every social appraisal. Becoming homeless meant participants had to negotiate the prospect of being perceived to be non-normative and have a ‘lower status’ by the rest of society. Sometimes, a marginalised homeless social identity was at odds with their pre-homeless social identity, leaving them feeling isolated and displaced from the way they wanted to be seen and understood. Social identity theory posits that when individuals become members of a low-status group, such as ‘the homeless’, they can start to self-categorise, understand and perceive themselves in terms of the stereotypes, norms and knowledge that the public associate
with that group (Hogg, 2016). They may start to behave socially in ways they perceive as
normative of that group, such as what is typical of a ‘homeless person’.

However, participant’s social identities were more complex than this, with some
participant’s sense of their social identity changing over the course of interviews, drifting in and
out of their association with homelessness. Some participants engaged in strategies (such as
altering their social relationships, the way they dressed and comported themselves and the way
they discussed their social relationships) to reduce the potentially damaging effect of a
stigmatised homeless identity on their sense of self. As described in Chapter One, Parsell (2011)
also provided a nuanced analysis of how people experiencing homelessness often performed and
enacted multiple and different parts of themselves in strategic almost fluid way in certain
situations and environments in order to access gains. An example of this was the adoption of the
‘passive meek homeless person’ identity when in receipt of charity (food) to fit the social
expectations that match this experience. Parsell notes that ‘people exercise agency and express
aspects of themselves, but they do so because the moment calls for it, not because they have
ownership of the identity.’ (p454).

I found that whilst these identity-building practices provided benefits to participants’
social wellbeing, they could further reduce the pool of potential connections participants could
connect with, beyond the limitations posed by as structural and material constraints, such as a
lack of long-term, stable, secure accommodation to host visitors and foster relationships. The
stigma around what it meant to be homeless meant many participants felt unable to form (or re-
form) new relationships with people they valued. My results in Chapter Seven also led to argue
that substance use further complicated the social networks participants had access to and the
way they constructed their social identity.
Figure 11 highlights how these factors interacted when participants appraised their social networks. When negotiating a marginalised identity, participants grappled with three - often interacting - motivations. Two of these motivators were material:

1) The structure of an individual’s network, and

2) The material and institutional context of homelessness.

The third motivator was purely subjective:

3) Participants’ motivation to form networks that preserved a valuable social identity.

These three motivators were not independent – they interacted and informed each other at multiple levels. In this next section, I will describe each of these concepts in more detail.
The material and institutional context of homelessness compromised relationship quality. In qualitative accounts, some participants described how the transient and unpredictable nature of many homeless accommodation services limited the strength and quality of relationships they formed, cutting short burgeoning friendships and intimate relationships.

Chapter Three showed that participants prioritised their need for survival and material resources over their need for close relationships. This altered the quality and nature of relationships formed during homelessness, who were often selected based on their ability to meet their needs for shared safety, security, resources and sometimes companionship.
Participants described homeless social networks as low quality, lacking depth and intimacy, but not as assuaging loneliness.

Mainstream theories present the experience of loneliness as aversive and distressing (Peplau & Perlman, 1982). However, because participants often formed relationships to meet their survival needs, it is unclear whether the loneliness that stemmed from these often-poor quality relationships was an emotionally aversive experience. While I did not measure the emotional valence of participants’ loneliness longitudinally, several participants noted in qualitative interviews that in the throes of early homelessness, they were too busy securing accommodation and food to think about their loneliness. By this logic, I can infer that once participants entered housing and were no longer required to meet competing ‘survival needs’ their loneliness may start to become more salient, and potentially more aversive. Future research could assess these questions using a longitudinal design, looking at how participants experience social isolation and loneliness when currently homeless and when formerly homeless (and housed).

In this section, I have shown how the material and institutional context of homelessness constrained the quality of relationships formed and led people to foster friendships that met survival needs, rather than emotional needs. In the next section, I will explain how the emotional and social context of homelessness – namely the experience of marginalisation – had a negative effect on participants’ sense of their own social identity, prompting social isolation.

The marginalised social identity associated with experiencing homelessness was a source of social isolation. Participants’ prior knowledge of homeless social identities, coupled with stigmatising interpersonal encounters, meant they knew being currently homeless meant they were abject and alien in the minds of others. They experienced feelings of social isolation due to their perceived difference to, and distance from,
mainstream society and the judgment they anticipated receiving when interacting with them. This sense of social dislocation was sometimes experienced as loneliness, felt as an embodied distance from themselves and mainstream society.

Not even social relationships seemed to dislodge participants’ persistent sense of isolation. In qualitative findings, having a stigmatised homeless identity prompted several participants to devalue their current social lives as constituting ‘social isolation’, despite the presence of multiple relationships. My quantitative findings also reinforced the notion that loneliness is prompted by factors other than social relationships: only a small proportion of the variance within participants’ loneliness was explained by their social network characteristics. Other (unmeasured) components of their lived social experiences, most likely including their experience of marginalisation, had a substantial influence on their experience of loneliness.

Currently homeless participants experienced the social isolation associated with having a marginalised homeless identity in a visceral way. Participants described feeling that they were ‘hyper-visible’, meaning they were out in the open and exposed to constant surveillance and scrutiny from mainstream society. Their exposure meant they were highly susceptible to attack and discrimination from others. This risk of attack was elevated for certain subgroups, like cisgender and transgender women. Simultaneously, participants also felt ‘hyper-invisible’ as they were ignored and actively excluded within the mainstream social world. This paradoxical experience of being both seen and ignored was understood through Gailey’s theory of ‘hyper(in)visibility’ (Gailey, 2014) as an oppressive process, where individuals view themselves through the ‘othering’ and stigmatising gaze of onlookers. They cast themselves as having an ‘outsider’ social identity and a precarious footing in a world that belongs to others. This experience of hyper(in)visibility was sometimes experienced as (or prompted) feelings of loneliness.
Currently homeless participants’ accounts of hyper(in)visibility showed their experiences of marginalisation were not only relational, but spatial. Participants talked about the perceived isolation that came from feeling exposed to the non-homeless, when living out their lives in public. Other researchers have described the spatial discrimination those experiencing homelessness experience when feeling ‘out of place’ in public spaces. Cloke, May, and Johnsen (2011, p. 3) describe how “homeless people everywhere are being swept up and out of the prime spaces of the city.” They argue that homelessness has been emblematic of the way that urban policy “wilfully marginalised the urban poor” and thus positioned as the “epitome of social control.” As an implication, work must be done to support those experiencing homelessness to be more comfortable and safe when using public spaces. This will be discussed further in the implications section.

Hyper(in)visibility and loneliness theories reveal the self-isolating schema at the core of participants’ social experience

Given that some participants experienced hyper(in)visibility as loneliness, I can see that there are similarities between the concept of ‘hyper(in)visibility’ and common analogies that loneliness theorists use to describe the behaviour of the chronically lonely. Both describe how experiences of perceived rejection creates a social isolation ‘schema’ through which one interprets the social world, which infiltrates a person’s identity and behaviour long-term. Both theories describe how feeling rejected and lonely fosters defensive and often antisocial behaviour, such as hypervigilance towards social threat and a deflated sense of one’s own social ability. As noted in Chapter One, loneliness theory unpacks this behaviour: Cacioppo, Hawkley, et al. (2006) position loneliness-related behaviour as a remnant or ‘throwback’ to prehistoric times, when being isolated from their ‘tribe’ can leave individuals unprotected and unsafe, where loneliness has an evolutionary function, alerting an individual of the need to re-connect with others. If loneliness is not resolved in a timely manner, individuals can stay hyper-attuned to
rejection and threat, manifesting in these antisocial behaviours, confirmatory bias towards social dangers and threats. These negative behaviours can prevent individuals from forming new close relationships (or a new ‘tribe’), further perpetuating their loneliness.

There are also differences however in the way hyper(in)visibility and loneliness theories reflect social experience. While the hyper(in)visibility response reflects real threats on the wellbeing of a person, chronic loneliness is understood as a social malfunction, anticipating rejection that may not actually exist (Cacioppo, Hawkley, et al., 2006). I would argue that the material context of homelessness meant that hypervigilance may have been less of a ‘maladaptive’ or contrived social response to perceived isolation, but rather a necessary response to a difficult and dangerous social situation. For the current participants, risk and threat was palpable, as evidenced by the violence and assault that participants described. It can be deduced that as hyper(in)visibility has previously proved successful in preventing personal harm, those experiencing homelessness may find it difficult to shift this self-isolating schema or way of seeing the world when they are no longer homeless. This has implications for policy and service provision, illustrating that work must be done to dislodge this isolating schema. This will be addressed later in the chapter under implications.

Participants experienced ‘non-normative’ social networks as a source of social isolation, but engaged in strategies to develop more valuable networks. In qualitative interviews, I found that participants tended to perceive the state of their social network as ‘social isolation’ when it conflicted with the kinds of relationships they considered to be socially ‘normative’. Usually, broader social and community norms determine common understands of what constitutes a ‘good’ or ‘ideal’ relationship (de Jong Gierveld et al., 2006).
The majority of participants reported having a gap somewhere in their social networks. Most frequently, participants lacked an intimate partner, and/or lacked connections with old friends. Many participants lost contact with non-homeless friends and family. Participants’ sadness surrounding the absence of these critical relationships seemed to derive, at least in part, from the loss of normative ‘social roles’ these relationships had provided, including that of a ‘husband’, ‘daughter’ or ‘sister’. That is, it was the transgression of what they considered to be normal family social ‘roles’ that was equated with loneliness. Having recognisable social ‘roles’ have been seen as so critical to a person’s identity and sense of purpose, that lacking them is deemed akin to objective isolation (Thoits, 1983).

However, I also argue that participants’ understanding of what constituted a ‘normal’ relationship was influenced by the social identity and networks they had prior to becoming homeless. Not all participants defined ‘normative’ relationships in the same way. Participants’ understandings of what is ‘normative’ differed per whether they had a middle-class or professional or more marginalised socioeconomic and occupational social identity prior to homelessness. For example, participants who had middle class or professional social identities prior to homelessness tended to view themselves as socially isolated despite having homeless or marginalised friends, because these relationships did not match the social relationships they valued in the past. In contrast, participants who had more marginalised identities prior to homelessness described finding belonging and value in their relationships with other homeless people. The same distinction has been made in a New Zealand homelessness study which differentiated between ‘drifters’, participants from lower class backgrounds for whom homelessness was not a sharp departure from their previously-domiciled life; and ‘droppers’, who have ‘fallen’ from a higher social class when going through hardships and desire a return to their middle-class reality (Hodgetts, Stolte, Nikora, & Groot, 2012).
Beyond personal relationships, in qualitative accounts participants described the benefits of having other normative ‘social roles’. This included participation in broader social structures, like employment, or community groups. Participants still used these very traditional yardsticks of success to evaluate their ‘social life’, despite their broader context of exclusion and marginalisation. Many participants described how their ‘social lives’ were degraded through the loss of employment, leading to social isolation and loneliness. The restoration of each of these was understood to mean a restoration of their valuable social lives. From participants’ accounts, one would assume that once participants obtained housing or employment they would feel less isolated and lonely and more socially integrated. I will argue below that this was not necessarily the case.

Unfortunately, my research illustrated that participating in ‘normative’ social groups did increase the size of participants’ networks, but did not reduce loneliness. Over a third of surveyed participants joined community or social groups, and these individuals tended to have larger social networks and were more satisfied with their current set of friends. Despite these benefits, these relationships did not buffer social loneliness. Similarly, those who volunteered tended to have larger friends network and were more satisfied with these friendships, than those who did not volunteer. These volunteering relationships also did not appear to buffer social loneliness. These results indicate that merely being connected into social structures, and therefore objectively being more ‘socially integrated’ and make more friends, but may not provide the space and emotional opportunity to forge deeper connections.

Due to very few participants being employed, I had a limited ability to assess the effect of obtaining employment on isolation or loneliness either qualitatively or quantitatively. Future research will need to investigate this relationship further. However, past research (both local and international) have identified the limited success of programs assisting the formerly homeless to access employment (Coltman et al., 2015; G. Johnson, Kuehnle, Parkinson, Sesa, & Tseng, 2014;
Quilgars & Pleace, 2016), suggesting that whilst ‘normative’, employment may not be a realistic goal for many of the formerly homeless. Those who work with formerly homeless individuals may need to find other pathways through which these individuals can find inclusion within mainstream society. Other research has noted that in the scheme of possible support, service providers would be better off using more positive ‘bottom up’ interventions where homeless people engage in meaningful social activities to gradually build up self-confidence, positive social experiences, and sense of self that provide immediate personal benefits. Aiming straight for higher-level ‘top-down’ approaches like employment may be premature and difficult (Iveson & Cornish, 2016).

Staying alone to avoid loneliness: Participants isolated themselves from others to prevent feeling socially isolated. In the previous section I argued that participants’ experiences of social isolation stemmed from having a lack of normative social relationships and having to continually negotiate how cope with the stigmatised identity associated having had a lived experience of homelessness. Social Identity Theory posits that those in low status groups, like those experiencing homelessness, can (and often do) go to great lengths to buffer the negative effects of stigma on their social identity. In this section I will argue that participants were able to counter the negative effects of marginalisation on their social identity (and reduce feelings of social isolation) by using ‘social identity’ preservation strategies physically and socially isolating themselves from others.

Participants’ self-isolation was a creative response to a difficult and powerless situation. As they often lacked access to social networks they desired, participants could still retain their desired social identity by controlling who of those they did have access, they would isolate themselves from. For example, participants who had middle-class social identities prior to homelessness described isolating themselves from their ‘old’ non-homeless friends to ensure that
these friends did not gain a tarnished or stigmatised view of their identity. The shame of joining a marginalised identity overrode the support that could be provided by retaining friendships.

Social Identity theory posits that the social identity strategies a person will employ depends on how permeable and legitimate they perceive the boundaries around their ideal group to be. I argue that the differences in how social isolation strategies were utilised depended on the way different individuals perceive the boundaries between themselves and mainstream society. Those who perceive the boundaries as easy to cross, will engage in strategies that dis-identify with their marginalised status and try to ‘pass’ to join the higher-status group (S. A. Haslam et al., 2009; Hogg, 2016). Participants with middle class or professional backgrounds may perceive boundaries to mainstream to be permeable as membership to mainstream society was (until recently) their reality. Even if only for a short while, they may see the isolation as a necessary sacrifice before they are soon reconnected with their pre-homeless identity.

Others, who came from more marginalised or disadvantaged identities prior to homelessness may consider membership in mainstream society to be a distant reality. Therefore, they may be more comfortable seeking support and friendship amongst those experiencing homelessness and recognising that there are some less-negative aspects of a homeless identity. Those that do not fit in within homeless social groups use other more imaginative techniques to retain their positive identity.

Unfortunately, these social identity strategies may uphold the boundaries they wish to demolish. For participants, self-isolation preserved their non-homeless social identity to those they valued (their non-homeless friends and family). Yet, rather than breaking down stereotypes and boundaries, these strategies conformed to stigmatising ideals of what a homeless person should be, that is, hidden out of view. They retain the status quo by failing to resist and challenge mainstream, homogeneous and stigmatising ideas about what it means to be homeless.
Using this social isolation strategy becomes more concerning when one considers the self-isolating schema I described earlier in this chapter, where participant’s risk of threat, abuse and judgment meant that participants isolated themselves to stay safe. While these strategies can be useful in keeping individuals safe, they may shift participants’ capacity to re-connect when they are no longer homeless.

These findings led me to wonder whether there’s a way that individuals who are experiencing homelessness can preserve a valued identity at the same time as resisting stigmatising ideas about what it means to be homeless? To answer this question, I drew on the creativity of several participants. These participants described finding other ways to reduce social isolation, by positioning themselves as outside the positive/negative or mainstream/homeless identity binary. They described acting in ways that was inherently good and kind, and connecting with others in a way that transcended their negative homeless identity. Several participants embraced their homeless identity and eschewed the need to integrate, by describing how their homelessness had helped them to form a new positive and sometimes even altruistic social identity. These findings suggest that locating one’s identity outside this binary may have benefits for wellbeing. Other researchers have similarly described the ability of some to sidestep binaries of homelessness as either a wholly positive or negative identity (Parsell, 2010). Parsell argues that doing this can lessen the significance of homelessness to the way that an individual understands their place in the social world. Service providers may help their clients to find ways to re-establish a personal identity that is positive, pluralistic and untethered to the stigma around homelessness. I will expand this idea further in the implications sections below.

**A substance using social identity fostered social integration and social isolation.** I found that substance use added another layer to the way participants understood their social identity and subsequently how they assessed their social relationships (see Chapter
There was evidence that participants sometimes took on a substance user social role to overcome a lack of social identity (experienced as social isolation) and cope with adversity, poor mental health and trauma. Substance use provided these individuals with a clear-cut and meaningful social role, which lasted beyond homelessness.

However, while substance use provided participants with a social identity and network, using particular substances could also foster perceived isolation. For example, nicotine was often used with friends, but did not have a positive impact on the closeness of relationships between friends. Illicit drugs, like heroin or marijuana, were described as providing a social identity and means to form new friendships, but also sometimes had a negative effect on participants’ mood or wellbeing, reducing their desire to socialise. The relationships formed through illicit drug use were often fickle and marked by distrust. Similarly, participants’ alcohol consumption was a social experience shared with homeless peers but these relationships could be largely dissatisfying and were linked to increased social loneliness.

Participants who wanted to reduce or ‘recover’ from substance use, found their capacity to do so was deeply couched in these complex relationship dynamics. Other research has illustrated the social and therapeutic work that needs to be done with substance users who want to reduce their substance use, showing they often require support to form a new ‘recovery’ social identity (Dingle, Stark, et al., 2015).

Participants who were non-users identified strongly as non-substance users and by their resistance to substance users, who they described as providing poor company and being untrustworthy. They often described themselves positively in relation to their difference to and distance from people that use. Users were aware of this stigma, and avoided non-users out of fear of rejection. This meant continuing users were placed in a difficult situation: on the one hand, they benefited from the social role of ‘substance user’, whilst on the other hand stigma around their use meant they lost access to potential friendships with non-users. This finding has
implications for housing people in accommodation that requires individuals to abstain from use, which will be discussed further in the implication section.

As a caveat to these findings, it is important to note that my sample may not be representative of the full spectrum of those who experience homelessness and substance use. For example, my sample consisted primarily of single people, with very few families, who would likely have a different profile and experience around substance use.

The formerly homeless do not experience higher levels of social integration.

In qualitative findings, similarly to other research (Parsell, 2012) participants who were currently homeless discussed their desire for housing in an aspirational way, as a pathway to finding normality and being able to participate within mainstream society. Home was also understood as a way in which participants could live out their social identities more fully such as that as a helper, an LGBTIQ identity. Unfortunately, I will argue in this section that while exiting homelessness was associated with some changes in the profile of participant’s social networks, this did not necessarily translate into reduced loneliness or isolation. There was also little evidence that formerly homeless participants had better integrated into domiciled society or experienced more social acceptance than their currently homeless counterparts.

Results inferred that reconnection with family members was the most significant change that exiting homelessness had on participants’ networks. The formerly homeless seemed to rekindle their relationships with family post-homelessness, they were significantly closer and in more frequent contact. However, this reconnection with family was paired with increased family loneliness. As noted earlier in this chapter, this increase in family loneliness is perhaps unsurprising given that research suggests family relationships can be poor quality and have negative influence, or even be responsible for past abuse (Hawkins & Abrams, 2007; Savage & Russell, 2005). Given the normative focus on positive family relationships in our society, this
difficulty in creating successful social relationships, may have been particularly isolating for participants (de Jong Gierveld et al., 2006).

Other relationships differed less dramatically between currently and formerly homeless participants. Perhaps due to more stability, time and resources, the formerly homeless did foster closer relationships with friends and intimate partners. Unfortunately, this increased closeness in relationships did not translate into lower levels of social or romantic loneliness than the currently homeless. A probable explanation for this lack of change reflects the poor-quality intimate relationships and friendships the formerly homeless had to draw on. My quantitative findings (see Chapter Five) suggested that many retained the same low-quality relationships they made whilst homeless, as very few connected with pre-homeless old friends or seemed to make new friends.

This showed there were still barriers in place which prevented the formerly homeless from reaching out and connecting. Several obstacles were identified through my qualitative studies to finding belonging and connection once housed (see Chapter Four). One barrier was the location of the housing, and whether participants were housed in locations that were far from communities they knew, valued and viewed as ‘normative’. Due to the nature of housing available to the formerly homeless, individuals were unlikely to be placed in spaces neighbouring professional and middle class people, which meant participants with middle-class backgrounds were unable to develop what they considered ‘normative’ relationships. Consequently, these participants felt isolated and had to resort to continuing to socialise with their previous homeless connections and service providers. In contrast, those who had a lower-status identity prior to homelessness had to negotiate their homeless social identity, with which they were often more emotionally invested, with their new housed status. They enjoyed spending time with old homeless connections with whom they felt more comfortable than their domiciled neighbours (see Chapter Four).
Another obstacle was the continued shame and discrimination of having had a homeless identity. Regardless of their social identity, most formerly homeless participants articulated the shame they felt about having had a homeless identity and the resulting reticence to reconnect with their pre-homeless friends. It appeared that participants’ perception of themselves as ‘othered’ may have become tethered to their social identity long-term, despite the structural and material root of their stigma - their lack of housing - no longer being present.

Participant’s accounts identified a clear sense of distinction between what it means to have housing (or be ‘formerly homeless’) and what it means to have access to a mainstream identity. The formerly homeless found themselves trapped in a liminal space between the two identities – being not quite homeless, but neither part of mainstream society. I argue that when individuals exit homelessness and enter housing, they feel uncertain about the social role they should adopt. There is no prescribed social identity of a formerly homeless person for participants to adopt. Hogg (2016) theorises that the attempt to transition between social identity groups (such as between identifying as ‘homeless’ and ‘housed’) may be futile, leaving the individual isolated from both groups, and relinquishing their capacity to identify with either identity. He notes that feeling uncertain about one’s identity within the world can be disconcerting and even aversive. In the absence of a new role, it makes sense that participants would continue to socialise amongst the homeless communities they know. It is also unsurprising that participants would continue to engage in self-isolation from old friends, a technique that had successfully assisted them to maintain their valued social identity and kept them safe during homelessness. This finding has implications for service providers, policy advisors and writers working with the homeless population, which will be discussed below.

Part two: Implications of my research for policy and practice
My research has numerous implications for policy and practice. The following section will explore how we can overcome stigma around homelessness; how to house those experiencing homelessness well; how service providers can best support the social wellbeing of the currently homeless; and finally, implications for loneliness theory.

**Dismantling stigmatising and discriminatory views of people experiencing homelessness.** Marginalisation bears down on the social lives of those experiencing homelessness, pruning their social networks and damaging their social identity. Homelessness would pose a less destructive effect on individuals’ social wellbeing if stigmatising stereotypes and beliefs about what it means to be homeless are deconstructed and dismantled.

Chronic homelessness is expensive for government (Conroy et al., 2014; Culhane, 2008; Zaretzky, Flatau, Spicer, Conroy, & Burns, 2017). Shifting stigmatising views of homelessness could help individuals experiencing chronic homelessness exit homelessness successfully. As I argued above, an important factor in housing people experiencing homelessness successfully is ensuring that they can integrate into their housed neighbourhood. Whilst mainstream views of homelessness stay negative, those who exit homelessness are trying (often unsuccessfully) to integrate into a community that seeks to exclude them. It is little wonder some participants eschew opportunities for connection and return to homelessness (Coltman et al., 2015). Reduced stigma may also prevent homelessness as the newly-homeless may feel less shame reaching out to friend and family ‘lifelines’ who could provide the support necessary to cut short their homelessness.

So how can we achieve this? By prompting powerful groups, like governments or companies, to form more positive and inclusive understanding of homelessness, broader community-level changes can be fostered (Link & Phelan, 2001, p. 381). To breakdown stigma around homelessness, we require strategies that humanise and familiarise those who experience it.
in the eyes of mainstream society. Perceiving those experiencing homelessness as ‘other’ positions “homeless people as existing outside the scope of justice, which can result in anti-homelessness laws and initiatives that displace them from public life” (Hodgetts, Stolte, & Groot, 2014, p. 161) Government and mainstream services can refine the language they use to describe those experiencing homelessness in their policies and practice to emphasise their humanity, rather than their ‘problems’(Ponce & Rowe, 2018). This act may remind mainstream society of our responsibility as fellow citizens to support them. This is the first step in a long process of changing our collective consciousness around homelessness.

Participants described the stigma they experienced when spending time in public space. As it stands, NSW Government policy regarding those experiencing homelessness in public space is responsive and caring. The policy provides homeless people with the same entitlement as any other citizen in public places; to participate in public activities or events; and to carry with them and store their own belongings (FACS, 2012). Unfortunately, in recent times, NSW government has passed specialised legislation dismantling and moving homeless camps from public space, to make the domiciled feel more ‘comfortable’ when using public space (AAP, 2017). Less overtly, the ‘banishing’ of those experiencing homelessness out of public space has been apparent through defensive architecture, where those experiencing homelessness are directly ‘designed out’ of cities to meet the convenience of the domiciled members of society (Atkinson & White, 2015). As will be argued below, it is integral that people who are experience homelessness be housed in a timely way. However, in the (ideally short) interim period where people are experiencing homelessness, the findings of this thesis cement the need for Government policy to ensure they are not further contributing to the marginalisation, exclusion or displacement of this already vulnerable group in public spaces.

**How to house people experiencing homelessness well.** In the following section I will address the implications of my research findings for how policy makers and service
providers can house those experiencing homelessness well. For the most part, I will discuss my implications in terms of the local policy and service context. NSW Family and Community Services (FACS) recently released a Homelessness Strategy 2018-2023 (FACS, 2018). A major focus area of the strategy was increasing ‘access to supports, including housing that prevent homelessness and re-entry into homelessness.’ They aimed to do this by providing targeted housing options for high-risk cohorts. These include women leaving domestic violence, older women, low-income families, people living in rural areas or Aboriginal people. For each policy focus area mentioned, they identified which of these groups are likely to benefit. This is an important way forward in ensuring that those experiencing homelessness are housed well. The strategy also emphasised the importance of providing choice and the right supports for people to address the underlying issues that may be putting them at risk of episodes of homelessness.

The NSW Homeless Strategy espouses the Housing First model, in which the formerly homeless gain access to housing and wrap-around case management support. In particular, it is noted that they will continue to implement 120 housing places for rough sleepers based on Housing First principles across the state (FaCS, 2018). Housing First was originally established in North America through the ‘Pathways Housing First’ program (Tsemberis, 2010) and is based on the assumption that those experiencing homelessness should be provided with immediate access to housing, and that this housing should not be contingent on their adherence to treatment or abstinence from substance use. The Housing First model is gaining favour in Australian policy and has been trialled numerous times in a local context (Bower, 2014; Conroy et al., 2014; Plateau, Bower, Conroy, Burns, & Eardley, 2014; Whittaker et al., 2015).

Researchers have identified ‘social identity’ as a critically important consideration for policymakers designing housing interventions for the homelessness. Housing that is provided for the longer-term homeless needs to take into account the proximity of the housing to the location of an individual’s in-group members. In doing so an individual may maintain positive social
bonds that contribute to their social identity and wellbeing (Farrington & Robinson, 1999). Australian research has also harnessed the importance of group membership (and the social identities derived from these) in informing interventions for the formerly homeless (M. Johnstone, J. Jetten, G. Dingle, C. Parsell, & Z. Walter, 2015).

My research findings reveal the following guidelines for how best to house those experiencing homelessness:

**We need to house those experiencing homelessness quickly:** My findings support the rapid and immediate housing of people who become homeless. The danger, threat to safety and lack of resources available during homelessness meant that individuals made connections that fulfilled survival needs, rather than provided them with emotional depth and intimacy. Reducing the timeframe that individuals are in this compromised position, means they are spending less time at risk relying on poor quality relationships. Immediate access to housing is one of the main principles of Housing First and ‘rapid rehousing’, it is also a focus of the NSW Homelessness strategy (FaCS, 2018; Tsemberis, 2010). However, I would argue that the lack of long-term and stable housing solutions within NSW means that rapid rehousing can lead to individuals being placed within crisis accommodation or ‘tertiary homelessness’ settings like boarding houses. These are interim placements and not long-term solutions.

**The formerly homeless need to choose the conditions and location of their housing.** One of the (often under-achieved) principles of Housing First is ‘community integration’ of clients (Tsemberis, 2010; Yanos et al., 2007). It is a ‘normalising’ process occurring when people live scattered within mainstream society and adopt the social norms associated with their new neighbourhood (Tsemberis, 2010). My research shows that housing providers need to focus less on ‘normalisation’, and more on how housing fits in with an individual’s social identity, including their social past and perceived ideal future. Individuals should have choice over the community they integrate into: where they are housed and who they
live with. Participants from middle-class identities may choose to reside in different locations than those from marginalised identities. Participants wishing to reconnect with family would benefit from a larger unit for them to visit and stay. These findings are in line with the ‘consumer choice’ principle of Pathways Housing First (Tsemberis, 2010, p. 43). Unfortunately, under NSW Homelessness Strategy, the majority of Housing First units are based in Sydney and under a third based in regional or rural areas (Tsemberis, 2010). This means people must travel to where the housing exists, rather than choosing where to live. I acknowledge that providing housing choice may be difficult in NSW where the availability of social and affordable housing is low, and tends to be clustered in certain areas.

While not explicitly providing personal ‘choice’ I commend the NSW Homelessness Strategy for providing targeted solutions for certain types of people experiencing homelessness. Based on research consultation with single older women, they committed to a trial of smaller units specifically for this group. They also committed to tailored accommodation solutions to support women and children experiencing domestic and family violence to create more privacy for families. They should be commended on a flexible and targeted approach to housing those experiencing homelessness well and may benefit from adopting a similar approach to other homeless groups.

*Support from service providers is important to reconnect with important networks.* The formerly homeless appeared motivated to reconnect with their pre-homeless relationships. Many appeared to reconnect with family, but also experienced family loneliness, suggesting familial relationships can be difficult. Qualities of the formerly homeless, like substance use, mental health issues and the time elapsed since previous contact, mean the reconnection process may also be difficult for participants’ families. Family members may require their own support to ease the reconnection process and help them to form better-quality relationships in the long-term. A UK evaluation of different supports (peer support, one-on-one
practitioner support and information) for family members of substance users helped clients to understand the impact of drugs and alcohol on their lives to improve the relationships with their drug-using family member in the future (Adfam, 2018).

Some participants still retained friendships with homeless connections once housed despite these relationships often lacking quality. Service providers may assist individuals to navigate relationships during this period, by supporting them to identify and understand their social needs based on their social identity, and what makes a relationship positive and healthy. They could also assist individuals to identify and manage relationships that may be harmful.

To be housed well, participants needed to (re)build a social identity they valued. To achieve this, service providers can help the formerly homeless to become aware of the changes required to create social networks that match this identity. Researchers have devised a social network change intervention for the formerly homeless that could be adapted for Australian service providers. Osilla, Kennedy, Hunter, and Maksabedian (2016) paired a computer-assisted social network mapping process with motivational interviewing to encourage participants to change their networks to avoid risky behaviours (Osilla et al., 2016). Over a series of sessions, facilitators used the visualisations of participants’ social networks to explore the pros and cons of their current network structure and build their confidence to engage in positive behaviour change.

**Service providers may assist individuals to overcome their social isolation schema.** Service providers can support the formerly homeless to stop using social isolation as a way to preserve their social identity (Hawkley & Cacioppo, 2010). Australian and international research suggests those experiencing homelessness can overcome social isolation schemas by joining an activity-based group, like art programs, education, vocations or gardening. Meaningful activities and group membership provide individuals with:
• a space for positive meaningful experiences, to redefine their social identity, gain respect and public recognition;
• social skills, confidence and a ‘scaffold’ for new connections; and
• the means to cope with or distract from issues like trauma, substance use or mental health (Cruwys et al., 2014; Iveson & Cornish, 2016; Thomas, Gray, McGinty, & Ebringer, 2011).

Achieving these benefits is contingent on how much an individual enjoys and values their experiences as a member in that group and how it aligns with their social identity (Cruwys et al., 2014). This means that individuals should be able to choose the type of activity and group they join. Research (albeit non peer reviewed) where those experiencing homelessness were supported to choose the type of weekly community-based recreation group they attended greatly improved perceived social isolation (Dingle, Cruwys, Jetten, Johnstone, & Walter, 2014). One housing service already does this well. Wintringham Aged Care in Victoria engages residents in ‘leisure counselling’, finding social and recreational groups and activities that match their social identity and interests (Wintringham, 2018). Community integration outcomes of the Housing First models could be improved by adopting a similar approach. An occupational therapist or recreation professional could be employed as part of multidisciplinary case management teams.

Because social isolation is entrenched, the process of overcoming a social isolation schema could take long periods of support and patience. Housing First research suggests support lasting over two years may be necessary to improve community integration for a subset of homeless people (Conroy et al., 2014).

**Service providers can assist the homeless to re-connect and integrate into the community:** I will now draw on the theory of ‘citizenship’ (Ponce & Rowe, 2018) to conceptualise how those who have experienced homelessness can be (re)integrated as members
of mainstream society. Ponce and Rowe define citizenship as the strength of one’s connection to ‘the 5 R’s’ including rights, responsibilities, roles, resources and relationships that a society offers to its constituents through social institutions and structures (Ponce, Clayton, Noia, Rowe, & O'Connell, 2012). Ponce and colleagues draw on the responsibilities that citizens of a community have to each other: people have the right to participate in society and for others to reinforce and value this participation. They also have the responsibility to ensure others, including the marginalised, have this same right. Ponce and Rowe (2012) view citizenship as a process that persists through adversity like homelessness and/or illness, meaning that people do not need to wait until they are ‘recovered’ to access citizenship, but rather, their citizenship is part of their recovery. In this way, citizenship theory provides a framework where the marginalised can be kept in the fold of society.

Research conducted with those experiencing homelessness showed that whilst they recognised citizenship as something that was relevant to them, it was not present in their lives (Ponce et al., 2012). Citizenship theory states that society should provide all individuals with the capacity to assert their citizenship using the resources and abilities available to them at any given time. However, my research suggests those experiencing homelessness often have markers of citizenship imposed on them that are far beyond their current resources and abilities. In my research, both the current and formerly homeless emphasised the importance of finding employment for their social wellbeing. However, earlier in this chapter I have signalled that this may be an unrealistic goal for those experiencing homelessness. Instead, service providers and policy makers may assist these individuals to participate in mainstream society in other ways that are similarly socially validating and recognisable. This could include activities like volunteering or peer support, which may build participants social roles within the community, as well as their social networks.
Alternatively, new programs could be produced that assists individuals to participate in a civic way, such as being involved in a community-based discussion group or in advocacy groups associated with their lived experience. Arts-based storytelling is another means through which people with lived experience of homelessness may assist individuals to gain a valuable social identity and provide a means through which members of mainstream society can better acknowledge and witness the oppression those experiencing homelessness experience (Sonn & Baker, 2016).

**Housing substance users.** One means of housing substance users well is using a ‘harm reduction’ approach, where substance use does not prevent an individual from attaining and keeping housing, but strategies and practices are put in place to mitigate the harm associated with substance use (G. Johnson, Parkinson, & Parsell, 2012). This practice, adopted by Housing First and some Australian homelessness services, has benefits in that it allows substance users to maintain social connections and social identity they value. However, from a health perspective, it fails to acknowledge the negative effect of sustained substance use, showing how housing-driven concerns can conflict with health-driven concerns. For resident’s wellbeing, a middle-ground needs to be forged. Service providers could support the formerly homeless to seek treatment for substance use while also providing simultaneous support to form new ‘non-user’ networks and social identities to manage the transition into abstinence, as evident in other research (Dingle, Stark, et al., 2015). The social network intervention described above (Osilla et al., 2016) may be of use in this context.

**Implications for Loneliness theory.** My thesis raises pertinent questions for how loneliness theory translates in a context of material and social deprivation. Classical loneliness theory (the cognitive discrepancy theory of loneliness) argues that loneliness occurs when a
person’s perception of their ideal social life is in conflict with their social reality (Peplau & Perlman, 1982). Evolutionary loneliness theory postulates that the aversive nature of loneliness acts as a motivating force to encourage individuals to re-connect with others or form new connections required to assuage these negative feelings (Cacioppo, Hawkley, et al., 2006). The inability to do this is said to foster chronic loneliness. My research found that in many aspects, participants experienced loneliness that could be considered ‘normative’. Firstly, similarly to the multidimensional theory of loneliness described in Chapter One (DiTommaso & Spinner, 1997), participants experienced loneliness as specific to certain social networks. Participants tended to be lonely in relation to some social networks – such as friends, family or romantic relationships and not in others. The presence of other social networks, such as service providers could not override or mitigate the specific loneliness experienced. The experience of missing certain relationships differed according to the identity of each person prior to homelessness – with having a middle class or more marginalised identity prior to homelessness, affected the types of relationships they desired.

The main point of difference for those experiencing homelessness population was that – unlike mainstream groups – they had limited control over the relationships they could form. The conditions of homelessness, including marginalisation, stigma and the dangerous, precarious living environment of homelessness restricted their ability to connect (or reconnect) with people who could ameliorate this loneliness. Other aspects of their lives, like substance use, also interacted with these factors to complicate their capacity to connect and the type of connections they made.

The lack of control over their social sphere, meant that their sense of connection was sometimes perceived as futile. A lack of control over the relationships that individuals have has been theorised elsewhere. In my previous discussion of social identity theory, I discussed how participants felt they had no control over their ability to join their desired social group, tended to
employ creative strategies to align themselves with this group (S. A. Haslam et al., 2009).

Similarly, some theorists have identified that more severe loneliness is often linked to a sense of futility, that loneliness is a persistent and seemingly impenetrable feature of their character and life and future (de Jong Gierveld, 1987).

Yet, while participants did not always have control over the social relationships they could make, they did have some control over the relationships they did not make. Earlier in this chapter I referred to how, in this broader experience of a lack of control, some participants embraced social isolation and loneliness as a means of aligning themselves with a social identity they desired. This suggests that for some, in the context of a lack of control over one’s social world and relationships, loneliness was experienced as tolerable and manageable when it suited their social needs. Alternatively, it may indicate that participants were able to tolerate isolation without experiencing loneliness. Future research needs to look at the possibility that loneliness is not always experienced as painful or distressing in situations where individuals have little control over their social worlds. This could be achieved qualitatively through structured interviews on the topic, or quantitatively, by assessing the relationship between loneliness and a measure of psychological distress, like the K10 (Furukawa et al., 2003).

As discussed above, my results hinted at the possibility that individuals may experience loneliness as non-aversive when their base physiological needs are not being met. In homelessness, when individuals are struggling with threats to physical safety and security, participants’ social needs become less salient. Relationships are developed to fulfil these physiological needs and reduced emphasis is placed on loneliness. Future research will need to explore this further.

One isolating aspect of their social world that appeared particularly futile was their marginalisation. For many, loneliness was experienced as an underlying or general experience of isolation associated with a marginalised social identity. Some currently homeless participants
experienced loneliness as a feeling of hyper(in)visibility and exclusion from mainstream society. This experience was extended for the formerly homeless who, despite no longer being homeless, retained the shame and stigma around this identity and therefore occupied a liminal space between homeless and domiciled identities. The isolation associated with marginalisation appeared to feel chronic and was difficult to overcome.

My research shows that for those experiencing homelessness, the experience of loneliness is deeply interwoven with their experience of marginalisation and the restrictions this places on their capacity to connect in a meaningful way. The experience fits best with De Jong Gierveld’s theory of loneliness which emphasises how one’s interpersonal, social and environmental context, including social norms and expectations about relationships, play an integral role in how an individual view themselves in relation to their social world, and therefore their loneliness (de Jong Gierveld et al., 2006, p. 491).

**Thesis strengths.** This thesis had several strengths. One of its primary strengths was its mixed methods design. Using qualitative and quantitative methods enabled me to obtain a more complete picture of my topic area. My qualitative data provided a context for understanding my quantitative data, and my quantitative data showed the extent and scope of a number of the issues identified in my qualitative data. This ‘triangulation’ process gave me more confidence in the conclusions that I made.

The mixed methods design used also helped me build and refine my research tools. Had I not completed my qualitative interviews first, I would not have gained valuable information about how to best approach and phrase survey questions to best suit the sample.

I also learned that when conducting research with marginalised populations (those experiencing homelessness) and on sensitive topics (social isolation and loneliness), difficulties can arise when using quantitative methodologies. While using ‘quantitative’ survey methodology,
participants discussed their decision-making around how they would respond to survey questions. They often wanted to preface their decision-making or provide context for their answer in a more typically ‘qualitative’ fashion. Often this information helped me to gain a deeper understanding of the way that participants’ social world operated, which provided me with deeper understanding of participants’ experiences and constructions of their social world. Other researchers have also highlighted the role that (unintended) qualitative data can have on the impacts of quantitative papers (Willig & Stainton-Rogers, 2017).

Another strength of my research was my broad and intersectional approach to recruitment, particularly in the quantitative part of my study. Because the Australian homeless population is diverse, differing in the type of homelessness experienced and other social different identities they hold, I tried to recruit broadly to reflect this heterogeneity. I aimed to recruit individuals who may not reside in mainstream homelessness services such as single women (older and younger), couch surfers and individuals who identified as LGBTIQ. This meant that my research was relevant and responsive to the diverse range of people experiencing homelessness in Sydney. This is unusually diverse compared to existing research in this space, which has tended to look at singular or restricted populations of those experiencing homelessness, such as chronically homeless men or rough sleepers (Green et al., 2013; Spicer et al., 2015). This access to the broad variety of different experiences helped me to identify that housing and service provision should be tailored and case-by-case, recognising the differences inherent in each client’s social needs, values and social ability, based on their social identity and the unique sources of stigma they experience.

The high proportion of my sample that experienced Multiple Exclusion Homelessness, was a strength of my thesis. Many individuals from my sample showed relatively high rates of substance use and histories of incarceration. My research had significant value in showing how in the most severe circumstances, those who are acutely vulnerable and excluded within society
experience homelessness. Whilst this means that the lessons learned from this thesis are not easily generalisable for other, less excluded people who experience homelessness, they have obvious value for our understanding of this highly marginalised subgroup.

**Thesis limitations.** My research also had several limitations. One of the main limitations I have posed throughout this thesis was the use of a cross-sectional design to infer differences between those who are currently homeless and those who are formerly homeless (and now housed). A longitudinal method would have allowed for a more accurate understanding of how participants’ social networks changed over their time homeless and the transition into housing. However, limitations associated with the time frame and funding of my thesis research meant that a longitudinal design was not feasible. Future research could conduct the same research using a longitudinal design to see if similar findings occurred.

A second limitation of my thesis was the way I recruited formerly homeless participants. As I tended to recruit in areas where homeless people tend to congregate, such as drop in centres, free community lunches or dinner services, support services and accommodation services, I attracted a group of formerly homeless people who still required specialised support and still spent a lot of time with people who were currently homeless. This meant that I was not able to capture the people who have obtained housing, who no longer required assistance or socialised amongst those experiencing homelessness. This is not likely to be representative of the formerly homeless. I did not recruit through housing services where the formerly homeless were likely to be housed through. Future research in this area could recruit through these housing services or utilise longitudinal approaches could follow people on their different trajectories post-homelessness. Regardless of this limitation, I was still able to look at the differences amongst different groups of the formerly homeless in how they dealt with the transition into housing, especially those who had different social identities prior to homelessness.
Countering the strength described above in regards to the recruitment of a wide variety and diversity of participants identified in my small qualitative sample. There is a risk when using this methodology of favouring breadth over depth, when using small sub-groups of people to understand differences between groups. However, I believe that the possible weakness incurred by my qualitative methodology was counterbalanced by mixed-methods approach, and my use of triangulation across the rest of the thesis.

Other minor limitations within my thesis were offset by the benefits provided by my mixed methods design. For example, in the social networks measure it was decided that only group-level network data would be taken (rather than individual-level data) as this ‘collective’ understanding of networks was how participants described their networks during qualitative interviews. Consequently, the research did not obtain, more detailed individual tie-level information. I traded off detailed information on participants’ networks with the number of questions I could ask about each network group. However, due to the very rich and nuanced data I gained from my qualitative findings, I was able to make a number of inferences that provided a more holistic picture of homeless persons’ social worlds.

**Concluding Remarks**

This thesis has explored the social experiences of those who have experienced homelessness. It has joined the dots between how those experiencing homelessness experience social isolation, social integration, loneliness and substance use, using intersectionality theory and critical realist epistemology. It has extended current research in this area in a number of significant ways: by exploring the differences and overlaps in the experiences of a very broad and heterogeneous sample of those who are currently homeless and those who were formerly homeless. It was also the first to explicitly explore how those experiencing homelessness experience social isolation and loneliness qualitatively.
Through use of semi-structured interviews and survey methodology with people who have experienced homelessness, this thesis identified how the effect of taking on a marginalised social identity associated with homelessness and other social identities changed the terrain of participants’ social world and kick-started self-isolating behaviours that continued past homelessness. While these behaviours were designed to preserve positive social identities, they inadvertently further isolated themselves from those they cared about. The materiality of homelessness also prevented participants from forming good quality relationships, as connections made were forged to ensure survival, rather than for intimacy and closeness. Relationships were further limited by precarious temporary accommodation and service environments. This thesis also showed how frameworks of ‘success’ and ‘integration’ that we place on those experiencing homelessness do not fit with their experience. Finally, this thesis has examined the extent to which loneliness theory explains the experience of loneliness amongst a marginalised sample. These findings might inform the way policy makers, service providers and mainstream society may frame homelessness to improve the social experience of those experiencing homelessness and help them to exit homelessness more successfully.
References


AIHW. (2016). *Specialist homelessness services 2015-2016*. Canberra, Australia: Australian Institute of Health and Wellbeing


392


Granovetter, M. S. (1973). The Strength of Weak Ties. American Journal of Sociology, 78(6), 1360-1380. doi:https://doi.org/10.1086/225469


https://www.ahuri.edu.au/__data/assets/pdf_file/0012/2064/AHURI_Final_Report_No184_Policy_shift_or_program_drift_Implementing_Housing_First_in_Australia.pdf


401


403


StataCorp. (2015). *Stata Statistical Software: Release 14.* College Station, TX: StataCorp LP.


List of Appendices

**Appendix one:** Recruitment flyers

**Appendix two:** Participant information sheets and consent forms for both stages

**Appendix three:** Coding framework for qualitative interviews (stage one)

**Appendix four:** Visual analogue showcards, used to assist participants to respond to survey items and scales.

**Appendix five:** Published paper based on qualitative findings.

**Appendix six:** EFA on MOS social support scale, including syntax and output.

**Appendix seven:** EFA on SELSA-S loneliness scale, including syntax and output.

**Appendix eight:** final version of the survey.
ARE YOU EXPERIENCING HOMELESSNESS OR HOUSING PROBLEMS?

Researchers from Western Sydney University are conducting a confidential 30-45 minute survey which will ask you about your social experiences, social support and relationships.

Participants will be compensated with a $20 Woolworths gift voucher for their time.

IF YOU ARE INTERESTED IN PARTICIPATING OR FINDING OUT MORE ABOUT THIS STUDY, PLEASE CONTACT MARLEE:

Phone: (02) 4620 3425

Email: Marlee.Bower@westernsydney.edu.au
RESEARCH ABOUT SOCIAL EXPERIENCES OF THE HOMELESS

RESEARCHERS AT THE UNIVERSITY OF WESTERN SYDNEY WANT TO TALK TO PEOPLE WHO HAVE HOUSING PROBLEMS OR ARE HOMELESS.

The research will involve a 45-60 minute face-to-face interview which will ask you about your social experiences, social support and relationships.

Participants will be compensated with a $20 gift voucher for their time.

IF YOU ARE INTERESTED IN PARTICIPATING OR FINDING OUT MORE ABOUT THIS STUDY, PLEASE CONTACT MARLEE:

Phone: (02) 4620 3425 OR Email: m.bower@uws.edu.au
Appendix Two: Participant information sheets and consent forms for both stages

Centre for Health Research
University of Western Sydney
Locked Bag 1797
Penrith NSW 2751
Australia
Telephone: (02) 4620 3436
Email: m.bower@uws.edu.au

Participant Information Sheet (General) - Stage 1

Project Title: The experience of loneliness in the homeless population: an Australian study

Project Summary: Research has suggested that having specific types of social relationships, low social support and different social experiences can have effects on the lives of the homeless. They can effect their ability to successfully exit homelessness as well as their mental and physical health. These relationships are not yet well understood. This study plans to go some of the way in further understanding this occurrence. The results of this study will form the knowledge that may inform and improve the functioning of future homelessness policy and homelessness services.

You are invited to participate in a research study being conducted by Marlee Bower, Doctoral Candidate, Dr Elizabeth Conroy, Research Fellow and A/Prof Janette Perz from the Centre for Health Research.

How is the study being paid for?
This study is unfunded.

What will I be asked to do?
You will be asked to participate in an in-depth face-to-face interview on your social experiences, social support and relationships. The interviews will be audio recorded.

How much of my time will I need to give?
The interview will take around 45-60 minutes in total.

What specific benefits will I receive for participating?
You will be compensated with a $20 gift voucher for your time. Additionally, by participating in this study you may be receive future benefits by helping to create new knowledge which may inform the way that homeless individuals are approached in services and by policy.

Will the study involve any discomfort for me? If so, what will you do to rectify it?
The study will be unlikely to involve any discomfort for you. However, if you do start to feel distressed or uncomfortable at any stage of the study, you will be free to take a break or terminate the interview at any time, without repercussion or loss of financial compensation. The researcher will also alert you to certain free telephone services that offer psychological advice, such as the Beyond Blue helpline or Lifeline, in case you feel that you need further support later on.

How do you intend to publish the results?
Please be assured that only the researchers will have access to the raw data you provide.

The findings of the research will be published in the form of a thesis as part of the primary
researcher’s doctoral candidacy. Results may also be published in peer-reviewed academic journals and local industry journals, such as *Parity*. All interview data will be de-identified through the use of pseudonyms before publication.

*Please note that the minimum retention period for data collection is five years.

**Can I withdraw from the study?**
Participation is entirely voluntary and you are not obliged to be involved. If you do participate, you can withdraw at any time without giving a reason.

If you do choose to withdraw, any information that you have supplied will be discarded immediately and will not be included in any subsequent analysis.

**Can I tell other people about the study?**
Yes, you can tell other people about the study by providing them with the chief investigator's contact details. They can contact the chief investigator to discuss their participation in the research project and obtain an information sheet.

**What if I require further information?**
Please contact Marlee should you wish to discuss the research further before deciding whether or not to participate.

Contact Marlee Bower, Doctoral Candidate, ph: 02 4620 3436, email: m.bower@uws.edu.au

**What if I have a complaint?**
This study has been approved by the University of Western Sydney Human Research Ethics Committee. The Approval number is [enter approval number once the project has been approved]

If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through the Office of Research Services on Tel +61 2 4736 0229 Fax +61 2 4736 0013 or email humanethics@uws.edu.au.

Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

If you agree to participate in this study, you may be asked to sign the Participant Consent Form.
Participant Consent Form – Stage 1

This is a project specific consent form. It restricts the use of the data collected to the named project by the named investigators.

Project Title: The experience of loneliness in the homeless population: an Australian study.

I, ________________________________ consent to participate in the research project titled The experience of loneliness in the homeless population: an Australian study.

I acknowledge that:

I have read the participant information sheet and have been given the opportunity to discuss the information and my involvement in the project with the researcher.

The procedures required for the project and the time involved have been explained to me, and any questions I have about the project have been answered to my satisfaction.

I consent to the participation in an interview which will be audio recorded.

I understand that my involvement is confidential and that the information gained during the study may be published but no information about me will be used in any way that reveals my identity.

I understand that I can withdraw from the study at any time, without affecting my relationship with the researcher/s now or in the future.

Signed:

Name:

Date:

Return Address:

Centre for Health Research
University of Western Sydney
Locked Bag 1797
Penrith NSW 2751
Australia
Telephone: (02) 4620 3436
Email: m.bower@uws.edu.au

This study has been approved by the University of Western Sydney Human Research Ethics Committee. The Approval number is: [enter approval number]

If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through the Office of Research Services on Tel +61 2 4736 0229 Fax +61 2 4736 0013 or email humanethics@uws.edu.au. Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.
Project Title: The experience of loneliness in the homeless population: an Australian study

Project Summary: Research has suggested that having specific types of social relationships, low social support and different social experiences can have effects on the lives of the homeless. They can effect their ability to successfully exit homelessness as well as their mental and physical health. These relationships are not yet well understood. This study plans to go some of the way in further understanding this occurrence. The results of this study will form the knowledge that may inform and improve the functioning of future homelessness policy and homelessness services.

You are invited to participate in a research study being conducted by Marlee Bower, Doctoral Candidate, Dr Elizabeth Conroy, Research Fellow and A/Prof Janette Perz from the Centre for Health Research.

How is the study being paid for?
This study is unfunded.

What will I be asked to do?
You will be asked to participate in a face-to-face survey, from which the researcher will ask you questions regarding certain aspects of your social life and social experiences. Answers will be recorded on a hard-copy version of the survey and will be later entered electronically.

How much of my time will I need to give?
The survey will take around 40 minutes in total.

What specific benefits will I receive for participating?
You will be compensated with a $20 gift voucher for your time. Additionally, by participating in this study you may be receive future benefits by helping to create new knowledge which may inform the way that homeless individuals are approached in services and by policy.

Will the study involve any discomfort for me? If so, what will you do to rectify it?
The study will be unlikely to involve any discomfort for you. However, if you do start to feel distressed or uncomfortable at any stage of the study, you will be free to take a break or terminate the interview at any time, without repercussion or loss of financial compensation. The researcher will also alert you to certain free telephone services that offer psychological advice, such as the Beyond Blue helpline or Lifeline, in case you feel that you need further support later on.

How do you intend to publish the results?
Please be assured that only the researchers will have access to the raw data you provide.

The findings of the research will be published in the form of a thesis as part of the primary researcher’s doctoral candidacy. Results may also be published in peer-reviewed academic journals and local industry journals, such as Parity. All interview data will be de-identified through the use of
pseudonyms, and random number identifier codes before publication.

*Please note that the minimum retention period for data collection is five years.

Can I withdraw from the study?
Participation is entirely voluntary and you are not obliged to be involved. If you do participate, you can withdraw at any time without giving a reason.

If you do choose to withdraw, any information that you have supplied will be discarded immediately and will not be included in any subsequent analysis.

Can I tell other people about the study?
Yes, you can tell other people about the study by providing them with the chief investigator’s contact details. They can contact the chief investigator to discuss their participation in the research project and obtain an information sheet.

What if I require further information?
Please contact Marlee should you wish to discuss the research further before deciding whether or not to participate.

Contact Marlee Bower, Doctoral Candidate, ph: 02 4620 3436, email: m.bower@uws.edu.au

What if I have a complaint?
This study has been approved by the University of Western Sydney Human Research Ethics Committee. The Approval number is [enter approval number once the project has been approved]

If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through the Office of Research Services on Tel +61 2 4736 0229 Fax +61 2 4736 0013 or email humanethics@uws.edu.au.

Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

If you agree to participate in this study, you may be asked to sign the Participant Consent Form.
Human Research Ethics Committee
Office of Research Services

Participant Consent Form – Stage 2

This is a project specific consent form. It restricts the use of the data collected to the named project by the named investigators.

Project Title: The experience of loneliness in the homeless population: an Australian study.

I,_____________________________________________, consent to participate in the research project titled The experience of loneliness in the homeless population: an Australian study.

I acknowledge that:

I have read the participant information sheet and have been given the opportunity to discuss the information and my involvement in the project with the researcher.

The procedures required for the project and the time involved have been explained to me, and any questions I have about the project have been answered to my satisfaction.

I consent to the participation in a survey.

I understand that my involvement is confidential and that the information gained during the study may be published but no information about me will be used in any way that reveals my identity.

I understand that I can withdraw from the study at any time, without affecting my relationship with the researcher/s now or in the future.

Signed:

Name:

Date:

Return Address:

Centre for Health Research
University of Western Sydney
Locked Bag 1797
Penrith NSW 2751
Australia
Telephone: (02) 4620 3436
Email: m.bower@uws.edu.au

This study has been approved by the University of Western Sydney Human Research Ethics Committee. The Approval number is: [enter approval number]

If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through the Office of Research Services on Tel +61 2 4736 0229 Fax +61 2 4736 0013 or email humanethics@uws.edu.au. Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.
### Appendix Three: Coding framework for qualitative interviews (stage one)

Table 1 Final coding framework for qualitative interviews

<table>
<thead>
<tr>
<th>Primary Code</th>
<th>Sub Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description: the information on drug taking and alcohol use and how it relates to social lives of the homeless.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Drinking</td>
<td></td>
<td>All discussion around drinking by participants.</td>
</tr>
<tr>
<td>• Drug use</td>
<td></td>
<td>All discussion around drug taking by participants.</td>
</tr>
<tr>
<td>Social connections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description: general information about social connections that is not specific to any group, e.g. family, friends or intimate relations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• General relationship</td>
<td></td>
<td>Very generalised and non-specific discussion around relationships and social interaction.</td>
</tr>
<tr>
<td>Family relationships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description: accounts of all aspects of relationships that clients have with their families - including parents, siblings and extended families and also partners’ families.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Negative accounts of family relationships</td>
<td></td>
<td>Accounts of family relationships that are presented as negative.</td>
</tr>
<tr>
<td>• Positive accounts of family relationships</td>
<td></td>
<td>Accounts of family relationships that are presented as positive.</td>
</tr>
<tr>
<td>Formal support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description: code discussing interactions with formal support systems, including case workers, service staff, psychologists, charity workers, nurses, doctors,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Engaging with formal support</td>
<td></td>
<td>The process of coming to engage with formal supports and factors involved in this process.</td>
</tr>
<tr>
<td>• Negative accounts of formal support</td>
<td></td>
<td>Experiences of receiving formal support, or engaging with formal supports that were deemed negative.</td>
</tr>
<tr>
<td>• Positive accounts of support from formal supports</td>
<td></td>
<td>Experiences of receiving formal support, or engaging with formal supports that were deemed positive.</td>
</tr>
<tr>
<td>Primary Code</td>
<td>Sub Code</td>
<td>Description</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>welfare agencies and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>government-based support.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends and peers</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Description:</em> code regarding all the friends and peers in their lives.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Maintaining different peer groups</td>
<td>What it is like maintaining and negotiating several peer groups.</td>
<td></td>
</tr>
<tr>
<td>• Homeless connections</td>
<td>Any discussion or talk about making friends with other homeless people or the homeless community.</td>
<td></td>
</tr>
<tr>
<td>• Non-homeless connections</td>
<td>Discussion around interacting with friends or peers who are not homeless.</td>
<td></td>
</tr>
<tr>
<td>Home and having a house</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Description:</em> Having a house and the idea of 'home' and what this means.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Accounts of 'home' and meaning</td>
<td>What it means to have a home.</td>
<td></td>
</tr>
<tr>
<td>• Negative accounts of having a home or housing</td>
<td>Participants accounts of housed live or the meaning behind having a 'home' that are negative.</td>
<td></td>
</tr>
<tr>
<td>• Positive accounts of having a home or meaning of housing</td>
<td>Positively framed discussions around life while housed and the meaning behind having a 'home'.</td>
<td></td>
</tr>
<tr>
<td>Intimate relationships</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Description:</em> Discussions around intimate relationships.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Making intimate relationships</td>
<td>Discussion around making and developing intimate relationships in the past and in the future.</td>
<td></td>
</tr>
<tr>
<td>• Positive accounts of intimate relationships</td>
<td>Experiences within intimate relationships that have been negative.</td>
<td></td>
</tr>
<tr>
<td>• Negative accounts of intimate relationships</td>
<td>Experiences within intimate relationships that have been positive.</td>
<td></td>
</tr>
<tr>
<td>Loneliness</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Description:</em> Discussions around loneliness itself.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Accounts of loneliness</td>
<td>Any accounts participants have given of the experience of loneliness or their understanding of it.</td>
<td></td>
</tr>
<tr>
<td>• Managing loneliness</td>
<td>Discussions around the way that participants manage loneliness when they experience it.</td>
<td></td>
</tr>
<tr>
<td>Other factors</td>
<td>• Jail</td>
<td>Discussion about time spent in jail.</td>
</tr>
<tr>
<td>Primary Code</td>
<td>Sub Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>----------</td>
<td>-------------</td>
</tr>
<tr>
<td>Description: Other miscellaneous factors that have come up in interviews that appears important to loneliness and social experiences.</td>
<td>Gender in homelessness</td>
<td>Whether being male or female (transgender is a separate category, see below) influences experiences of homelessness.</td>
</tr>
<tr>
<td></td>
<td>Faith or Belief in god</td>
<td>Discussion about belief in god or general faith.</td>
</tr>
<tr>
<td></td>
<td>Mental illness</td>
<td>Experiences of mental illness and its effect on clients' lives and social lives.</td>
</tr>
<tr>
<td></td>
<td>City vs. regional location</td>
<td>How social lives may be different in regional vs. city locations.</td>
</tr>
<tr>
<td></td>
<td>Employment and education</td>
<td>Discussion about education and employment.</td>
</tr>
<tr>
<td></td>
<td>Sex work</td>
<td>Experiences of sex work whilst homeless and relation to social lives.</td>
</tr>
<tr>
<td></td>
<td>Transgender experiences</td>
<td>Discussion around being transgendered.</td>
</tr>
<tr>
<td>Psychological experience of homelessness Description: How homelessness is internalised or experienced.</td>
<td>Feelings of shame</td>
<td>Feelings around shame regarding being homeless.</td>
</tr>
<tr>
<td></td>
<td>Treatment by others</td>
<td>How people treat homeless people (including stigma)</td>
</tr>
<tr>
<td></td>
<td>Independence/dependence</td>
<td>How participants talked about independence and dependence or reliance on others.</td>
</tr>
<tr>
<td></td>
<td>Other feelings</td>
<td>Feelings other than shame around being homeless.</td>
</tr>
</tbody>
</table>
Appendix Four: Visual analogue showcards, used to assist participants to respond to survey items and scales.

SHOWCARD A

1  2  3  4  5  6  7
Strongly DISAGREE  Strongly AGREE
SHOWCARD B

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time
SHOWCARD D

a. How satisfied are you with this network?

- Very dissatisfied (1)
- Dissatisfied (2)
- Slightly dissatisfied (3)
- Slightly satisfied (4)
- Satisfied (5)
- Very satisfied (6)

b. How many people are in this network? (Regardless of whether you have contact with them or not.)
c. On a typical fortnight, how much contact do you have with this network?

1. Not at all
2. Once per fortnight
3. 2 to 4 times per fortnight
4. 5 to 7 times per fortnight
5. Nearly every day
d. How close do you feel to this network?
e. How many of this group are also homeless or have been homeless before?
Showcard E

1  Excellent
2  Very Good
3  Good
4  Fair
5  Poor
Showcard F

1  A lot

2  Some

3  A little
Showcard G

Delighted (1)
Pleased (2)
Mostly Satisfied (3)
mixed (4)
Mostly Dissatisfied (5)
Unhappy (6)
Terrible (7)
SHOWCARD H

**Primary Homelessness**
- Sleeping Rough
- Improvised Dwellings
- Deserted buildings
- Under bridges
- In parks
- In cars
- Squatting

**Secondary Homelessness**
- Emergency accommodation
- Crisis accommodation
- Youth refuges
- Couch surfing
- Hostels

**Tertiary Homelessness**
- Boarding houses (without lease security)
- Caravan parks
**SHOWCARD I**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Tobacco products (cigarettes, chewing tobacco, cigars, etc.)</td>
</tr>
<tr>
<td>b</td>
<td>Alcoholic beverages (beer, wine, spirits, etc.)</td>
</tr>
<tr>
<td>c</td>
<td>Cannabis (marijuana, pot, grass, hash, etc.)</td>
</tr>
<tr>
<td>d</td>
<td>Cocaine (coke, crack, etc.)</td>
</tr>
<tr>
<td>e</td>
<td>Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)</td>
</tr>
<tr>
<td>f</td>
<td>Inhalants (nitrous, glue, petrol, paint thinner, etc.)</td>
</tr>
<tr>
<td>g</td>
<td>Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)</td>
</tr>
<tr>
<td>h</td>
<td>Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)</td>
</tr>
<tr>
<td>i</td>
<td>Opioids (heroin, morphine, methadone, codeine, etc.)</td>
</tr>
<tr>
<td>j</td>
<td>Other – specify:</td>
</tr>
</tbody>
</table>

**Response Card (ASSIST Questions 2 – 5)**

Never: not used in the last 3 months
Once or twice: 1 to 2 times in the last 3 months.
Monthly: 1 to 3 times in one month.
Weekly: 1 to 4 times per week.
Daily or almost daily: 5 to 7 days per week.

**Response Card (ASSIST Questions 6 to 8)**

No, Never
Yes, but not in the past 3 months
Yes, in the past 3 months
Australian homeless persons’ experiences of social connectedness, isolation and loneliness

Marlee Bower BA Psychology (Hons) | Elizabeth Conroy PhD | Janette Perz PhD

Appendix Five: Published paper based on qualitative findings
**Appendix Six:** EFA on MOS social support scale, including syntax and output.

Table 2 Output of exploratory factor analysis of the MOS Social Support scale. A single factor solution was supported.

.factor E1 E2 E3 E4 E5 E6 E7 E8 E9 E10 E11 E12 E13 E14 E15 E16 E17 E18 E19
(obs=127)

Factor analysis/correlation       Number of obs = 127
Method: principal factors            Retained factors = 11
Rotation: (unrotated)              Number of params = 154

<table>
<thead>
<tr>
<th>Factor</th>
<th>Eigenvalue</th>
<th>Difference</th>
<th>Proportion</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor1</td>
<td>10.16822</td>
<td>8.72526</td>
<td>0.7452</td>
<td>0.7452</td>
</tr>
<tr>
<td>Factor2</td>
<td>1.44296</td>
<td>0.32199</td>
<td>0.1058</td>
<td>0.8510</td>
</tr>
<tr>
<td>Factor3</td>
<td>1.12097</td>
<td>0.33357</td>
<td>0.0822</td>
<td>0.9331</td>
</tr>
<tr>
<td>Factor4</td>
<td>0.78740</td>
<td>0.35525</td>
<td>0.0577</td>
<td>0.9908</td>
</tr>
<tr>
<td>Factor5</td>
<td>0.43215</td>
<td>0.27236</td>
<td>0.0317</td>
<td>1.0225</td>
</tr>
<tr>
<td>Factor6</td>
<td>0.15979</td>
<td>0.04385</td>
<td>0.0117</td>
<td>1.0342</td>
</tr>
<tr>
<td>Factor7</td>
<td>0.11594</td>
<td>0.00910</td>
<td>0.0085</td>
<td>1.0427</td>
</tr>
<tr>
<td>Factor8</td>
<td>0.10684</td>
<td>0.04577</td>
<td>0.0078</td>
<td>1.0505</td>
</tr>
<tr>
<td>Factor9</td>
<td>0.06106</td>
<td>0.04503</td>
<td>0.0045</td>
<td>1.0550</td>
</tr>
<tr>
<td>Factor10</td>
<td>0.01604</td>
<td>0.00327</td>
<td>0.0012</td>
<td>1.0562</td>
</tr>
<tr>
<td>Factor11</td>
<td>0.01276</td>
<td>0.03955</td>
<td>0.0009</td>
<td>1.0571</td>
</tr>
<tr>
<td>Factor12</td>
<td>-0.02679</td>
<td>0.02849</td>
<td>-0.0020</td>
<td>1.0552</td>
</tr>
<tr>
<td>Factor13</td>
<td>-0.05528</td>
<td>0.02184</td>
<td>-0.0041</td>
<td>1.0511</td>
</tr>
<tr>
<td>Factor14</td>
<td>-0.07712</td>
<td>0.02250</td>
<td>-0.0057</td>
<td>1.0455</td>
</tr>
<tr>
<td>Factor15</td>
<td>-0.09962</td>
<td>0.00896</td>
<td>-0.0073</td>
<td>1.0382</td>
</tr>
<tr>
<td>Factor16</td>
<td>-0.10858</td>
<td>0.01089</td>
<td>-0.0080</td>
<td>1.0302</td>
</tr>
<tr>
<td>Factor17</td>
<td>-0.11947</td>
<td>0.01171</td>
<td>-0.0088</td>
<td>1.0214</td>
</tr>
<tr>
<td>Factor18</td>
<td>-0.13118</td>
<td>0.03026</td>
<td>-0.0096</td>
<td>1.0118</td>
</tr>
<tr>
<td>Factor19</td>
<td>-0.16143</td>
<td>.</td>
<td>-0.0118</td>
<td>1.0000</td>
</tr>
</tbody>
</table>

LR test: independent vs. saturated: chi2(171) = 2065.68 Prob>chi2 = 0.0000
Factor loadings (pattern matrix) and unique variances

<table>
<thead>
<tr>
<th>Variable</th>
<th>Factor1</th>
<th>Factor2</th>
<th>Factor3</th>
<th>Factor4</th>
<th>Factor5</th>
<th>Factor6</th>
<th>Factor7</th>
<th>Factor8</th>
<th>Factor9</th>
<th>Factor10</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1</td>
<td>0.7379</td>
<td>-0.2348</td>
<td>0.1312</td>
<td>0.0307</td>
<td>0.3498</td>
<td>-0.0331</td>
<td>0.0036</td>
<td>-0.1153</td>
<td>-0.0036</td>
<td>0.0029</td>
</tr>
<tr>
<td>E2</td>
<td>0.6437</td>
<td>-0.3490</td>
<td>0.0998</td>
<td>-0.0067</td>
<td>0.2436</td>
<td>0.0359</td>
<td>0.0643</td>
<td>0.1218</td>
<td>0.0517</td>
<td>-0.0041</td>
</tr>
<tr>
<td>E3</td>
<td>0.7411</td>
<td>-0.3459</td>
<td>0.1351</td>
<td>-0.1614</td>
<td>0.1504</td>
<td>-0.1363</td>
<td>0.0390</td>
<td>0.0969</td>
<td>-0.0899</td>
<td>-0.0082</td>
</tr>
<tr>
<td>E4</td>
<td>0.8046</td>
<td>-0.2729</td>
<td>0.0580</td>
<td>-0.0410</td>
<td>-0.1107</td>
<td>0.0542</td>
<td>0.0350</td>
<td>-0.1889</td>
<td>-0.0596</td>
<td>0.0095</td>
</tr>
<tr>
<td>E5</td>
<td>0.7367</td>
<td>-0.2273</td>
<td>0.0726</td>
<td>-0.1105</td>
<td>-0.0670</td>
<td>0.0102</td>
<td>0.1055</td>
<td>-0.0161</td>
<td>0.0936</td>
<td>-0.0501</td>
</tr>
<tr>
<td>E6</td>
<td>0.7258</td>
<td>-0.3229</td>
<td>0.0538</td>
<td>0.0460</td>
<td>-0.3261</td>
<td>0.0912</td>
<td>0.0784</td>
<td>0.0428</td>
<td>-0.0065</td>
<td>0.0079</td>
</tr>
<tr>
<td>E7</td>
<td>0.7578</td>
<td>-0.2899</td>
<td>0.0187</td>
<td>-0.1098</td>
<td>-0.1303</td>
<td>0.1082</td>
<td>-0.1144</td>
<td>0.0647</td>
<td>0.0383</td>
<td>0.0425</td>
</tr>
<tr>
<td>E8</td>
<td>0.7702</td>
<td>-0.3297</td>
<td>0.1300</td>
<td>0.0813</td>
<td>-0.0870</td>
<td>-0.0755</td>
<td>-0.1772</td>
<td>-0.0199</td>
<td>-0.0180</td>
<td>0.0093</td>
</tr>
<tr>
<td>E9</td>
<td>0.7507</td>
<td>0.3671</td>
<td>0.2081</td>
<td>-0.0972</td>
<td>-0.1401</td>
<td>-0.1873</td>
<td>0.0256</td>
<td>-0.0187</td>
<td>0.0306</td>
<td>-0.0038</td>
</tr>
<tr>
<td>E10</td>
<td>0.7001</td>
<td>0.2999</td>
<td>0.2654</td>
<td>-0.1783</td>
<td>-0.0866</td>
<td>-0.1289</td>
<td>-0.0748</td>
<td>0.0153</td>
<td>0.0711</td>
<td>-0.0029</td>
</tr>
<tr>
<td>E11</td>
<td>0.6767</td>
<td>0.4265</td>
<td>0.3050</td>
<td>-0.1364</td>
<td>0.0227</td>
<td>0.1738</td>
<td>0.0470</td>
<td>0.0692</td>
<td>-0.0204</td>
<td>0.0022</td>
</tr>
<tr>
<td>E12</td>
<td>0.6771</td>
<td>0.4321</td>
<td>0.3309</td>
<td>-0.1434</td>
<td>0.1289</td>
<td>0.1094</td>
<td>-0.0345</td>
<td>-0.0261</td>
<td>-0.0676</td>
<td>0.0123</td>
</tr>
<tr>
<td>E13</td>
<td>0.7046</td>
<td>0.1601</td>
<td>0.0678</td>
<td>0.4870</td>
<td>0.0188</td>
<td>0.0583</td>
<td>-0.0084</td>
<td>-0.0380</td>
<td>0.0038</td>
<td>-0.0350</td>
</tr>
<tr>
<td>E14</td>
<td>0.7388</td>
<td>0.1080</td>
<td>0.0166</td>
<td>0.5101</td>
<td>0.0491</td>
<td>0.0073</td>
<td>-0.0600</td>
<td>0.0284</td>
<td>0.0460</td>
<td>-0.0094</td>
</tr>
<tr>
<td>E15</td>
<td>0.7280</td>
<td>0.1784</td>
<td>-0.1458</td>
<td>0.2679</td>
<td>-0.0590</td>
<td>-0.1049</td>
<td>0.1661</td>
<td>0.0193</td>
<td>-0.0351</td>
<td>0.0663</td>
</tr>
<tr>
<td>E16</td>
<td>0.7164</td>
<td>0.1456</td>
<td>-0.4769</td>
<td>0.0333</td>
<td>0.0542</td>
<td>-0.0079</td>
<td>-0.0673</td>
<td>0.1084</td>
<td>-0.0437</td>
<td>-0.0004</td>
</tr>
<tr>
<td>E17</td>
<td>0.7320</td>
<td>0.1142</td>
<td>-0.4411</td>
<td>-0.1902</td>
<td>0.1365</td>
<td>0.0282</td>
<td>-0.0153</td>
<td>-0.0769</td>
<td>0.0814</td>
<td>0.0446</td>
</tr>
<tr>
<td>E18</td>
<td>0.7789</td>
<td>0.1409</td>
<td>-0.4115</td>
<td>-0.1673</td>
<td>0.0005</td>
<td>0.0278</td>
<td>0.0285</td>
<td>-0.0243</td>
<td>0.0428</td>
<td>-0.0336</td>
</tr>
<tr>
<td>E19</td>
<td>0.7589</td>
<td>0.0818</td>
<td>-0.3364</td>
<td>-0.1044</td>
<td>-0.0896</td>
<td>-0.0084</td>
<td>-0.0280</td>
<td>-0.0035</td>
<td>-0.1070</td>
<td>-0.0488</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variable</th>
<th>Factor11</th>
<th>Uniqueness</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1</td>
<td>-0.0207</td>
<td>0.2449</td>
</tr>
<tr>
<td>E2</td>
<td>0.0375</td>
<td>0.3702</td>
</tr>
<tr>
<td>E3</td>
<td>-0.0063</td>
<td>0.2266</td>
</tr>
<tr>
<td>E4</td>
<td>-0.0076</td>
<td>0.2173</td>
</tr>
<tr>
<td>E5</td>
<td>-0.0364</td>
<td>0.3596</td>
</tr>
<tr>
<td>E6</td>
<td>0.0213</td>
<td>0.2408</td>
</tr>
<tr>
<td>E7</td>
<td>-0.0307</td>
<td>0.2791</td>
</tr>
<tr>
<td>E8</td>
<td>0.0421</td>
<td>0.2274</td>
</tr>
<tr>
<td>E9</td>
<td>0.0326</td>
<td>0.1912</td>
</tr>
<tr>
<td>E10</td>
<td>-0.0304</td>
<td>0.2817</td>
</tr>
<tr>
<td>E11</td>
<td>-0.0054</td>
<td>0.2103</td>
</tr>
<tr>
<td>E12</td>
<td>0.0126</td>
<td>0.1894</td>
</tr>
<tr>
<td>E13</td>
<td>0.0272</td>
<td>0.2289</td>
</tr>
<tr>
<td>E14</td>
<td>-0.0346</td>
<td>0.1717</td>
</tr>
<tr>
<td>E15</td>
<td>-0.0123</td>
<td>0.2969</td>
</tr>
<tr>
<td>E16</td>
<td>-0.0077</td>
<td>0.2143</td>
</tr>
<tr>
<td>E17</td>
<td>0.0107</td>
<td>0.1861</td>
</tr>
<tr>
<td>E18</td>
<td>0.0358</td>
<td>0.1698</td>
</tr>
<tr>
<td>E19</td>
<td>-0.0248</td>
<td>0.2700</td>
</tr>
</tbody>
</table>
Table 3 This Table sets out the correlations between the overall social support score and the four subscales. There were moderate correlations between the four subscales, which the scale’s authors attributed to multiplexity that occurs in social networks.

<table>
<thead>
<tr>
<th></th>
<th>Emotional &amp; Informational Support</th>
<th>Positive Social Interaction</th>
<th>Tangible support (ln)</th>
<th>Affectionate support</th>
<th>Overall Social Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional &amp; Informational Support</td>
<td>1.0000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive Social Interaction</td>
<td>.62**</td>
<td>1.0000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible support (ln)</td>
<td>.60**</td>
<td>.55**</td>
<td>1.0000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affectionate Support</td>
<td>.64**</td>
<td>.62**</td>
<td>.61**</td>
<td>1.0000</td>
<td></td>
</tr>
<tr>
<td>Overall support</td>
<td>.90**</td>
<td>.81**</td>
<td>.80**</td>
<td>.82**</td>
<td>1.0000</td>
</tr>
</tbody>
</table>

Table 4 Skewness and kurtosis statistics for all social support domains and overall support score

<table>
<thead>
<tr>
<th></th>
<th>Skewness</th>
<th>Kurtosis</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affectionate support</td>
<td>.26</td>
<td>1.77</td>
<td>.20</td>
</tr>
<tr>
<td>Positive social interaction</td>
<td>.120</td>
<td>1.818</td>
<td>.34</td>
</tr>
<tr>
<td>Tangible support</td>
<td>.709</td>
<td>2.13</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Emotional &amp; informational support</td>
<td>.014</td>
<td>2.07</td>
<td>.15</td>
</tr>
<tr>
<td>Overall support</td>
<td>.239</td>
<td>2.13</td>
<td>.11</td>
</tr>
</tbody>
</table>
Appendix Seven: EFA results for the SELSA-S loneliness scale, including syntax and output.

Table 5 Exploratory factor analysis conducted with the original items of the SELSA-S. The number of factors was constrained to a maximum of 3, following the three-factor solution designated by the SELSA scale.

factor B1 B2 B3 B4 B5 B6 B7 B8 B9 B10 B11 B12 B13 B14 B15, pcf factors(3)  
(obs=128)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Eigenvalue</th>
<th>Difference</th>
<th>Proportion</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor1</td>
<td>4.36051</td>
<td>1.73114</td>
<td>0.2907</td>
<td>0.2907</td>
</tr>
<tr>
<td>Factor2</td>
<td>2.62937</td>
<td>0.84849</td>
<td>0.1753</td>
<td>0.4660</td>
</tr>
<tr>
<td>Factor3</td>
<td>1.78089</td>
<td>0.14804</td>
<td>0.1187</td>
<td>0.5847</td>
</tr>
<tr>
<td>Factor4</td>
<td>1.63284</td>
<td>0.60245</td>
<td>0.1089</td>
<td>0.6936</td>
</tr>
<tr>
<td>Factor5</td>
<td>1.03039</td>
<td>0.28539</td>
<td>0.0687</td>
<td>0.7623</td>
</tr>
<tr>
<td>Factor6</td>
<td>0.74500</td>
<td>0.22365</td>
<td>0.0497</td>
<td>0.8119</td>
</tr>
<tr>
<td>Factor7</td>
<td>0.52135</td>
<td>0.04689</td>
<td>0.0348</td>
<td>0.8467</td>
</tr>
<tr>
<td>Factor8</td>
<td>0.47445</td>
<td>0.06759</td>
<td>0.0316</td>
<td>0.8783</td>
</tr>
<tr>
<td>Factor9</td>
<td>0.40687</td>
<td>0.07534</td>
<td>0.0271</td>
<td>0.9054</td>
</tr>
<tr>
<td>Factor10</td>
<td>0.33153</td>
<td>0.04742</td>
<td>0.0221</td>
<td>0.9275</td>
</tr>
<tr>
<td>Factor11</td>
<td>0.28411</td>
<td>0.02706</td>
<td>0.0189</td>
<td>0.9465</td>
</tr>
<tr>
<td>Factor12</td>
<td>0.25705</td>
<td>0.04116</td>
<td>0.0171</td>
<td>0.9636</td>
</tr>
<tr>
<td>Factor13</td>
<td>0.21588</td>
<td>0.03750</td>
<td>0.0144</td>
<td>0.9780</td>
</tr>
<tr>
<td>Factor14</td>
<td>0.17838</td>
<td>0.02700</td>
<td>0.0119</td>
<td>0.9899</td>
</tr>
<tr>
<td>Factor15</td>
<td>0.15138</td>
<td>.</td>
<td>0.0101</td>
<td>1.0000</td>
</tr>
</tbody>
</table>

LR test: independent vs. saturated: chi2(105) = 967.51 Prob>chi2 = 0.0000

Factor loadings (pattern matrix) and unique variances

<table>
<thead>
<tr>
<th>Variable</th>
<th>Factor1</th>
<th>Factor2</th>
<th>Factor3</th>
<th>Uniqueness</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td>-0.5146</td>
<td>0.3219</td>
<td>-0.2559</td>
<td>0.5661</td>
</tr>
<tr>
<td>B2</td>
<td>0.5596</td>
<td>0.1858</td>
<td>-0.3036</td>
<td>0.5601</td>
</tr>
<tr>
<td>B3</td>
<td>0.2150</td>
<td>0.8607</td>
<td>0.1866</td>
<td>0.1781</td>
</tr>
<tr>
<td>B4</td>
<td>-0.5847</td>
<td>0.2758</td>
<td>-0.3152</td>
<td>0.4827</td>
</tr>
<tr>
<td>B5</td>
<td>0.5246</td>
<td>-0.0055</td>
<td>-0.5081</td>
<td>0.4666</td>
</tr>
<tr>
<td>B6</td>
<td>0.2807</td>
<td>0.8691</td>
<td>0.0990</td>
<td>0.1561</td>
</tr>
<tr>
<td>B7</td>
<td>-0.6259</td>
<td>0.1740</td>
<td>0.3483</td>
<td>0.4567</td>
</tr>
<tr>
<td>B8</td>
<td>0.7606</td>
<td>-0.1770</td>
<td>0.3774</td>
<td>0.2477</td>
</tr>
<tr>
<td>B9</td>
<td>0.5785</td>
<td>0.1400</td>
<td>-0.4444</td>
<td>0.4482</td>
</tr>
<tr>
<td>B10</td>
<td>-0.3527</td>
<td>-0.0804</td>
<td>0.3342</td>
<td>0.7574</td>
</tr>
<tr>
<td>B11</td>
<td>0.7404</td>
<td>-0.1432</td>
<td>0.4302</td>
<td>0.2462</td>
</tr>
<tr>
<td>B12</td>
<td>0.7166</td>
<td>-0.1155</td>
<td>0.4694</td>
<td>0.2529</td>
</tr>
<tr>
<td>B13</td>
<td>-0.6033</td>
<td>0.2081</td>
<td>0.4283</td>
<td>0.4092</td>
</tr>
<tr>
<td>B14</td>
<td>0.2199</td>
<td>0.8544</td>
<td>0.1499</td>
<td>0.1992</td>
</tr>
<tr>
<td>B15</td>
<td>-0.3703</td>
<td>-0.1555</td>
<td>0.1917</td>
<td>0.8019</td>
</tr>
</tbody>
</table>
Table 6: These tables reflect the output of an orthogonal rotation of the SELSA-S responses. A three-factor solution was supported.

```
. rotate

Factor analysis/correlation
Number of obs    =        128
Method: principal-component factors
Retained factors =          3
Rotation: orthogonal varimax (Kaiser off)
Number of params =         42

Factor        |    Variance | Difference | Proportion | Cumulative
---------------+-------------+------------+------------+------------
Factor1        |    3.28748  | 0.49365    | 0.2192     | 0.2192     
Factor2        |    2.79384  | 0.10439    | 0.1863     | 0.4054     
Factor3        |    2.68945  | .           | 0.1793     | 0.5847     

LR test: independent vs. saturated: chi2(105) = 967.51 Prob>chi2 = 0.0000

Rotated factor loadings (pattern matrix) and unique variances

Variable | Factor1 | Factor2 | Factor3 | Uniqueness
---------+---------+---------+---------+------------
B1       | -0.6267 | -0.1272 | 0.1580  | 0.5661     
B2       | 0.1850  | 0.5848  | 0.2522  | 0.5601     
B3       | 0.0433  | -0.0218 | 0.9053  | 0.1781     
B4       | -0.7028 | -0.1243 | 0.0890  | 0.4827     
B5       | 0.0861  | 0.7247  | 0.0280  | 0.4666     
B6       | 0.0371  | 0.0875  | 0.9137  | 0.1561     
B7       | -0.3040 | -0.6658 | 0.0871  | 0.4567     
B8       | 0.8457  | 0.1848  | 0.0541  | 0.2477     
B9       | 0.1261  | 0.7070  | 0.1899  | 0.4482     
B10      | -0.0398 | -0.4804 | -0.1010 | 0.7574     
B11      | 0.8536  | 0.1305  | 0.0907  | 0.2462     
B12      | 0.8520  | 0.0847  | 0.1184  | 0.2529     
B13      | -0.2477 | -0.7145 | 0.1375  | 0.4092     
B14      | 0.0264  | 0.0099  | 0.8944  | 0.1992     
B15      | -0.1193 | -0.3795 | -0.1997 | 0.8019     

Factor rotation matrix

<table>
<thead>
<tr>
<th></th>
<th>Factor1</th>
<th>Factor2</th>
<th>Factor3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facto1</td>
<td>0.7486</td>
<td>0.6266</td>
<td>0.2168</td>
</tr>
<tr>
<td>Factor2</td>
<td>-0.2682</td>
<td>-0.0129</td>
<td>0.9633</td>
</tr>
<tr>
<td>Factor3</td>
<td>0.6064</td>
<td>-0.7792</td>
<td>0.1584</td>
</tr>
</tbody>
</table>
```
Table 7 These tables set out the syntax and output for an amended SELSA-S, which had two items that participants had difficulty answering (ROM5 and FAM1) removed. The number of factors was constrained to three.

factor B2 B3 B4 B5 B6 B7 B8 B9 B10 B11 B12 B13 B14, pcf factors(3)
(obs=128)

Factor analysis/correlation  Number of obs = 128
Method: principal-component factors  Retained factors = 3
Rotation: (unrotated)  Number of params = 36

<table>
<thead>
<tr>
<th>Factor</th>
<th>Eigenvalue</th>
<th>Difference</th>
<th>Proportion</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor1</td>
<td>4.04129</td>
<td>1.50421</td>
<td>0.3109</td>
<td>0.3109</td>
</tr>
<tr>
<td>Factor2</td>
<td>2.53709</td>
<td>0.81937</td>
<td>0.1952</td>
<td>0.5060</td>
</tr>
<tr>
<td>Factor3</td>
<td>1.71772</td>
<td>0.53973</td>
<td>0.1321</td>
<td>0.6382</td>
</tr>
<tr>
<td>Factor4</td>
<td>1.17799</td>
<td>0.24697</td>
<td>0.0906</td>
<td>0.7288</td>
</tr>
<tr>
<td>Factor5</td>
<td>0.93102</td>
<td>0.37264</td>
<td>0.0716</td>
<td>0.8004</td>
</tr>
<tr>
<td>Factor6</td>
<td>0.55837</td>
<td>0.08505</td>
<td>0.0430</td>
<td>0.8433</td>
</tr>
<tr>
<td>Factor7</td>
<td>0.47332</td>
<td>0.05914</td>
<td>0.0364</td>
<td>0.8798</td>
</tr>
<tr>
<td>Factor8</td>
<td>0.41418</td>
<td>0.11831</td>
<td>0.0319</td>
<td>0.9116</td>
</tr>
<tr>
<td>Factor9</td>
<td>0.29587</td>
<td>0.02888</td>
<td>0.0228</td>
<td>0.9344</td>
</tr>
<tr>
<td>Factor10</td>
<td>0.26699</td>
<td>0.04246</td>
<td>0.0205</td>
<td>0.9549</td>
</tr>
<tr>
<td>Factor11</td>
<td>0.22453</td>
<td>0.03145</td>
<td>0.0173</td>
<td>0.9722</td>
</tr>
<tr>
<td>Factor12</td>
<td>0.19308</td>
<td>0.02452</td>
<td>0.0149</td>
<td>0.9870</td>
</tr>
<tr>
<td>Factor13</td>
<td>0.16856</td>
<td>.</td>
<td>0.0130</td>
<td>1.0000</td>
</tr>
</tbody>
</table>

LR test: independent vs. saturated: chi2(78) = 824.03 Prob>chi2 = 0.0000

Factor loadings (pattern matrix) and unique variances

<table>
<thead>
<tr>
<th>Variable</th>
<th>Factor1</th>
<th>Factor2</th>
<th>Factor3</th>
<th>Uniqueness</th>
</tr>
</thead>
<tbody>
<tr>
<td>B2</td>
<td>0.6077</td>
<td>0.1327</td>
<td>-0.3499</td>
<td>0.4906</td>
</tr>
<tr>
<td>B3</td>
<td>0.2629</td>
<td>0.8592</td>
<td>0.1187</td>
<td>0.1786</td>
</tr>
<tr>
<td>B4</td>
<td>-0.5236</td>
<td>0.2760</td>
<td>-0.3860</td>
<td>0.5006</td>
</tr>
<tr>
<td>B5</td>
<td>0.5611</td>
<td>-0.0818</td>
<td>-0.5179</td>
<td>0.4102</td>
</tr>
<tr>
<td>B6</td>
<td>0.3192</td>
<td>0.8595</td>
<td>0.0291</td>
<td>0.1586</td>
</tr>
<tr>
<td>B7</td>
<td>-0.6345</td>
<td>0.2432</td>
<td>0.3067</td>
<td>0.4442</td>
</tr>
<tr>
<td>B8</td>
<td>0.7564</td>
<td>-0.1931</td>
<td>0.4181</td>
<td>0.2158</td>
</tr>
<tr>
<td>B9</td>
<td>0.6090</td>
<td>0.0792</td>
<td>-0.4812</td>
<td>0.3913</td>
</tr>
<tr>
<td>B10</td>
<td>-0.2857</td>
<td>-0.0075</td>
<td>0.2187</td>
<td>0.8705</td>
</tr>
<tr>
<td>B11</td>
<td>0.7356</td>
<td>-0.1549</td>
<td>0.4685</td>
<td>0.2184</td>
</tr>
<tr>
<td>B12</td>
<td>0.7189</td>
<td>-0.1215</td>
<td>0.4992</td>
<td>0.2193</td>
</tr>
<tr>
<td>B13</td>
<td>-0.5987</td>
<td>0.2828</td>
<td>0.3767</td>
<td>0.4197</td>
</tr>
<tr>
<td>B14</td>
<td>0.2675</td>
<td>0.8592</td>
<td>0.0653</td>
<td>0.1859</td>
</tr>
</tbody>
</table>

Table 8 These tables set out the syntax and output of the amended 13-item SELSA-S, with orthogonal rotation.

. rotate
Factor analysis/correlation
Number of obs = 128
Method: principal-component factors
Retained factors = 3
Rotation: orthogonal varimax (Kaiser off)
Number of params = 36

<table>
<thead>
<tr>
<th>Factor</th>
<th>Variance</th>
<th>Difference</th>
<th>Proportion</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor1</td>
<td>2.96705</td>
<td>0.26954</td>
<td>0.2282</td>
<td>0.2282</td>
</tr>
<tr>
<td>Factor2</td>
<td>2.69751</td>
<td>0.06597</td>
<td>0.2075</td>
<td>0.4357</td>
</tr>
<tr>
<td>Factor3</td>
<td>2.63154</td>
<td>.</td>
<td>0.2024</td>
<td>0.6382</td>
</tr>
</tbody>
</table>

LR test: independent vs. saturated: chi2(78) = 824.03 Prob>chi2 = 0.0000

Rotated factor loadings (pattern matrix) and unique variances

<table>
<thead>
<tr>
<th>Variable</th>
<th>Factor1</th>
<th>Factor2</th>
<th>Factor3</th>
<th>Uniqueness</th>
</tr>
</thead>
<tbody>
<tr>
<td>B2</td>
<td>0.1770</td>
<td>0.6415</td>
<td>0.2579</td>
<td>0.4906</td>
</tr>
<tr>
<td>B3</td>
<td>0.0590</td>
<td>-0.0177</td>
<td>0.9042</td>
<td>0.1786</td>
</tr>
<tr>
<td>B4</td>
<td>-0.6947</td>
<td>-0.0782</td>
<td>0.1032</td>
<td>0.5006</td>
</tr>
<tr>
<td>B5</td>
<td>0.0858</td>
<td>0.7627</td>
<td>0.0267</td>
<td>0.4102</td>
</tr>
<tr>
<td>B6</td>
<td>0.0410</td>
<td>0.0863</td>
<td>0.9123</td>
<td>0.1586</td>
</tr>
<tr>
<td>B7</td>
<td>-0.3151</td>
<td>-0.6690</td>
<td>0.0944</td>
<td>0.4442</td>
</tr>
<tr>
<td>B8</td>
<td>0.8630</td>
<td>0.1949</td>
<td>0.0388</td>
<td>0.2158</td>
</tr>
<tr>
<td>B9</td>
<td>0.1052</td>
<td>0.7476</td>
<td>0.1968</td>
<td>0.3913</td>
</tr>
<tr>
<td>B10</td>
<td>-0.0611</td>
<td>-0.3487</td>
<td>-0.0643</td>
<td>0.8705</td>
</tr>
<tr>
<td>B11</td>
<td>0.8702</td>
<td>0.1377</td>
<td>0.0735</td>
<td>0.2184</td>
</tr>
<tr>
<td>B12</td>
<td>0.8716</td>
<td>0.1012</td>
<td>0.1043</td>
<td>0.2193</td>
</tr>
<tr>
<td>B13</td>
<td>-0.2534</td>
<td>-0.7032</td>
<td>0.1469</td>
<td>0.4197</td>
</tr>
<tr>
<td>B14</td>
<td>0.0275</td>
<td>0.0256</td>
<td>0.9015</td>
<td>0.1859</td>
</tr>
</tbody>
</table>

Factor rotation matrix

<table>
<thead>
<tr>
<th></th>
<th>Factor1</th>
<th>Factor2</th>
<th>Factor3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor1</td>
<td>0.7191</td>
<td>0.6458</td>
<td>0.2565</td>
</tr>
<tr>
<td>Factor2</td>
<td>-0.2414</td>
<td>-0.0113</td>
<td>0.9637</td>
</tr>
<tr>
<td>Factor3</td>
<td>0.6516</td>
<td>-0.7549</td>
<td>0.0740</td>
</tr>
</tbody>
</table>
This table sets out correlations between the three subscales of the SELSA-S: family loneliness, social loneliness and romantic loneliness.

<table>
<thead>
<tr>
<th></th>
<th>Family loneliness</th>
<th>Social loneliness</th>
<th>Romantic loneliness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family loneliness</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social loneliness</td>
<td></td>
<td>.1498</td>
<td>1.00</td>
</tr>
<tr>
<td>Romantic Loneliness</td>
<td>.1350</td>
<td>.1816</td>
<td>1.00</td>
</tr>
</tbody>
</table>
Figure 1 Distribution of family, social and romantic loneliness scores from 1(very low loneliness) to 7(very high loneliness) in n=128 participants. The green line signifies an estimated normal distribution.
1. Creating a natural log of romantic and family loneliness did not help. – relevant figures and testing

**Figure 2** The distribution of the natural log of family loneliness. The green line signifies a normal distribution. Creating a natural log of family loneliness did not improve the normality of the distribution.

**Figure 3** The distribution of the natural log of family loneliness. The green line signifies a normal distribution. Creating a natural log of romantic loneliness did not improve the normality of the distribution.
Table 10: The mean, SD, skewness and kurtosis of the natural log of romantic loneliness and family loneliness. Creating a natural log of romantic and family loneliness did not improve the skewness and kurtosis of the subscales.

<table>
<thead>
<tr>
<th></th>
<th>ln(romantic loneliness)</th>
<th>ln(family loneliness)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>.716979</td>
<td>1.171775</td>
</tr>
<tr>
<td>SD</td>
<td>.787793</td>
<td>.455378</td>
</tr>
<tr>
<td>Skewness</td>
<td>.4637149</td>
<td>-.4250105</td>
</tr>
<tr>
<td>Kurtosis</td>
<td>1.542305</td>
<td>2.804031</td>
</tr>
</tbody>
</table>
Appendix Eight: Final version of the survey

Social experiences of the homeless population
Survey

WESTERN SYDNEY UNIVERSITY

V8 – August 2015
A. Personal details

1. Do you identify as male, female or other?
   - Male
   - Female
   - Other - please explain ____________________________

2. I define my sexuality as:
   - Heterosexual
   - Gay
   - Lesbian
   - Bisexual
   - Asexual
   - Other – please explain ____________________________

3. How old were you on your last birthday?
   
   Please write in your age in years: ________________

4. Which country were you born in?
   
   Please tick one box only
   - Australia
   - Another country ⇒ please write the name of the country here:
     ________________________________ (go straight to question 6)

5. Are you an Aboriginal person or Torres Strait Islander?
   
   Please tick one box only
   - Yes
   - No

6. Over the past month, on average, how many hours per week have you worked for money?
   
   ____________________________ hours per week
7. Over the past month, on average, how many hours per week have you worked for no money? E.g. volunteer work

__________________ hours per week

8. What type of intimate relationship are you in at the moment? This question refers to relations with a spouse, partner, same-sex partner, girlfriend, boyfriend or casual partners.

☐ A committed relationship (go to question 9)
☐ A casual relationship
☐ Not in a relationship at the moment
☐ Unsure
☐ Refused

   a) How much do you want to have an intimate relationship in the future? (see showcard C)
   ☐ Not at all
   ☐ A little
   ☐ A moderate amount
   ☐ Very much
   ☐ An extreme amount
   ☐ Don’t know
   ☐ Refused

   b) To what extent do you feel you are likely to have an intimate relationship in the future? (see showcard C)
   ☐ Not at all
   ☐ A little
   ☐ A moderate amount
   ☐ Very much
   ☐ An extreme amount
   ☐ Don’t know
   ☐ Refused

9. In total, how many months have you spent in jail over your lifetime? (This includes time in remand, or juvenile detention)

__________________ months in jail over lifetime

9a. If you have spent time in jail, how long ago were you last in prison?
   ☐ In the last 6 months
   ☐ 6 months to 1 year ago
   ☐ In the last 1-5 years
   ☐ In the last 5-10 years
   ☐ In the last 10-15 years
   ☐ 15+ years ago
   ☐ Unsure
   ☐ Refused

9b. If you have spent time in jail, how many days have you spent in solitary confinement or isolation whilst in jail?
___________________ days in solitary confinement

10. You mentioned you are currently living in a ____________________. Considering where you are living now, how comfortable are you inviting your friends to visit you at your place/where you live? (See showcard C)

☐ Not at all
☐ A little
☐ A moderate amount
☐ Very much
☐ An extreme amount
☐ Unsure
☐ Refused

11. Do you have any pets?

☐ Yes
☐ No
☐ Unsure
☐ Refused
### B. Social Connections

On this page you will find a number of statements that someone might make about his/her social relationships. I'll read you these statements and ask you to indicate the extent to which you agree or disagree with each one as a statement about you, using the 7-point rating (as can be seen on Showcard A). Please take a moment to think about your relationships with your partner, your family and your friends over the past year. Please circle the number that best reflects the degree to which each of the following statements describes your thoughts and feelings during the PAST YEAR. Please try to respond to each statement.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>In the last year I felt alone when I was with my family</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>In the last year I felt part of a group of friends</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>In the last year I had a romantic partner with whom I shared my most intimate thoughts and feelings</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>In the last year there was no one in my family I could depend on for support and encouragement, but I wish there had been.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>In the last year my friends understood my motives and reasoning.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>In the last year I had a romantic or marital partner who gave me the support and encouragement I needed.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>In the last year I didn’t have friend(s) who shared my views, but I wish I had.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>In the last year I felt close to my family</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>In the last year I was able to depend on my friends for help.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>In the last year I wished I had a more satisfying romantic relationship.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>In the last year I felt a part of my family.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>In the last year my family really cared about me.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>In the last year I didn’t have a friend(s) who understood me, but I wish I had.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>In the last year I had a romantic partner to whose happiness I contributed.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>In the last year I had an unmet need for a close romantic relationship.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
</tbody>
</table>
This next section is an assessment of psychological health. For all questions, please circle the correct response. These questions concern how you have been feeling over the PAST 4 WEEKS (See Showcard B).

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>About how often did you feel tired out of no good reason?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>About how often did you feel nervous?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>About how often did you feel so nervous that nothing could calm you down?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>About how often did you feel hopeless?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>About how often did you feel restless or fidgety?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>About how often did you feel so restless you could not sit still?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>About how often did you feel depressed?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8</td>
<td>About how often did you feel that everything was an effort?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>About how often did you feel so sad that nothing could cheer you up?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10</td>
<td>About how often did you feel worthless?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
### D. Social Networks

We are now going to talk about some social groups that may be part of your social life. Here is a card for each group (lay them out and explain each group according to the description on each card.) Here are 25 tokens. Please distribute the chips across the cards to indicate how important you find each group. The total number of tokens can, therefore, range from 0 (none of these groups are important) to 25 (all of the 5 groups are important.) If one group is more important to you than another, you should put more tokens on the more important group. You don’t need to use all your tokens. (See Showcard D)

<table>
<thead>
<tr>
<th>Number of Chips</th>
<th>1. Family</th>
<th>2. Friends</th>
<th>3. Old friends</th>
<th>4. Intimate relationships</th>
<th>5. Service providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Number of Chips</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. How satisfied are you with this network?</th>
<th>Very dissatisfied</th>
<th>Dissatisfied</th>
<th>Slightly dissatisfied</th>
<th>Slightly satisfied</th>
<th>Satisfied</th>
<th>Very satisfied</th>
<th>Very dissatisfied</th>
<th>Dissatisfied</th>
<th>Slightly dissatisfied</th>
<th>Slightly satisfied</th>
<th>Satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Friends</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Old friends</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Intimate relationships</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Service providers</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| c. How many people are in this network? (regardless of contact) | ____________ | ____________ | ____________ | ____________ | ____________ |

| d. How much contact do you have with this network? (typical fortnight) | Not at all | Once per fortnight | 2-4 times per fortnight | 5-7 times per fortnight | Nearly every day | Not at all | Once per fortnight | 2-4 times per fortnight | 5-7 times per fortnight | Nearly every day | Not at all | Once per fortnight | 2-4 times per fortnight | 5-7 times per fortnight | Nearly every day |
|-----------|------------|----------------|--------------------------|---------------------|
| e. How close are you to this network? | □ 1 - Very close | □ 1 - Very close | □ 1 - Very close | □ 1 - Very close |
| | □ 2 | □ 2 | □ 2 | □ 2 |
| | □ 3 | □ 3 | □ 3 | □ 3 |
| | □ 4 -Neutral | □ 4 -Neutral | □ 4 -Neutral | □ 4 -Neutral |
| | □ 5 | □ 5 | □ 5 | □ 5 |
| | □ 6 | □ 6 | □ 6 | □ 6 |
| | □ 7 - Very distant | □ 7 - Very distant | □ 7 - Very distant | □ 7 - Very distant |
| f. How many in this network are homeless? | □ Almost none | □ Almost none | □ Almost none | □ Almost none |
| | □ Some | □ Some | □ Some | □ Some |
| | □ About half of them | □ About half of them | □ About half of them | □ About half of them |
| | □ Most of them | □ Most of them | □ Most of them | □ Most of them |
| | □ Almost all of them | □ Almost all of them | □ Almost all of them | □ Almost all of them |
| | □ Yes | □ Yes | □ Yes | □ Yes |
| | □ No | □ No | □ No | □ No |

6. Do you belong to any groups in which you talk to one or more members of the group about group-related issues at least once every 2 weeks? Examples include social clubs, recreational groups, church groups, educational groups, trade unions, commercial groups, professional organisations, groups involved with volunteering or community service, etc.?

□ No
□ Yes

If so please list the group types:
1.
2.
3.
4.
5.
6.
### E. Social Support

In this survey, I have asked you questions about social isolation and whether or not you have experienced this, and I’ve asked you questions about who is actually in your social network, and the different relationships and friendships you have. Now I am going to ask you more general questions about how supported you feel by the social network you talked about before. People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it? Do not include any service staff or other professionals. See Showcard B.

*Interviewer instruction: tell participant this refers to the last few weeks.*

<table>
<thead>
<tr>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Someone you can count on to listen to you when you need to talk</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2) Someone to give you information to help you understand a situation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3) Someone to give you good advice about a crisis</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4) Someone to confide in or talk to about yourself or your problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5) Someone whose advice you really want</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6) Someone to share your most private worries and fears with</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7) Someone to turn to for suggestions about how to deal with a personal problem</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8) Someone who understands your problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9) Someone to help you if you were confined to bed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10) Someone to take you to the doctor if you needed it</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11) Someone to prepare your meals if you were unable to do it yourself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12) Someone to help with daily chores if you were sick</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13) Someone who shows you love and affection</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14) Someone to love and make you feel wanted</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15) Someone who hugs you</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16) Someone to have a good time with</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17) Someone to get together with for relaxation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18) Someone to do something enjoyable with</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19) Someone to do things with to help you get your mind off things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
F. Mental Health

The following questions are about physical and mental health and emotions.

1a) How would you rate your overall physical health – excellent, very good, good, fair or poor? *(Showcard E)*
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor
   - Don’t Know
   - Refused

b) How would you rate your overall mental health – excellent, very good, good, fair or poor? *(Showcard E)*
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor
   - Don’t Know
   - Refused

c) Is your health in general now better, worse, or about the same as it was one year ago?
   - Better
   - Worse
   - Same – GO TO E.
   - Don’t Know – GO TO E.
   - Refused – GO TO E.

c) i) Is that a lot (better/worse), some, or only a little (better/worse) than a year ago? *(See Showcard F)*
   - A lot
   - Some
   - A little
   - Don’t Know
   - Refused
d) How do you feel about your life as a whole, taking into account what has happened in the last year and what you expect to happen in the future? Tell me the statement that most corresponds to how you feel? (see Showcard G)

- Delighted
- Pleased
- Mostly Satisfied
- Mixed
- Mostly Dissatisfied
- Unhappy
- Terrible
- Don’t Know
- Refused

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever in your life had an attack of fear or panic when all of a sudden you felt very frightened, anxious, or uneasy?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Have you ever had an attack when all of a sudden,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) You became very uncomfortable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii) You became either short of breath, dizzy, nauseous or your heart pounded?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii) Or you thought you might lose control, die or go crazy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever in your life had a period lasting several days or longer when most of the day you felt sad, empty, or depressed?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Have you ever had a period lasting several days or longer when most of the day you were very</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Don't Know</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>----</td>
<td>------------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td><strong>discouraged</strong> about how things were going in your life?</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

Have you ever had a period lasting several days or longer when you lost interest in most things you usually enjoy like work, hobbies and personal relationships?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

Some people have periods lasting several days or longer when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are very unusual for them, such as driving too fast or spending too much money. Have you ever had a period like this lasting several days or longer?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

Have you ever had a period lasting four days or longer when most of the time you were very irritable, grumpy, or in a bad mood?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>Go To (m)</td>
<td>Go To (m)</td>
</tr>
</tbody>
</table>

Have you ever had a period lasting four days or longer when most of the time you were so irritable that you either started arguments, shouted at people, or hit people?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

Did you ever have a time in your life when you were a ‘worrier’ – that is, when you worried a lot more about things than other people with the same problems as you?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Go to (o)</td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>

Did you ever have a time in your life when you were much more nervous or anxious than most other

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Go to (o)</td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>
people with the same problems as you?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>o)</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Did you ever have a period lasting one month or longer when you were anxious and worried most days?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

p) | 1 Go to (r) | 5 Go to (s) | 8 Go to (s) | 9 Go to (s) |
|   | Was there ever a time in your life when you felt very afraid or really, really shy with people, like meeting new people, going to parties, going on a date, or using a public bathroom? |   |   |        |

q) | 1 Go to (u) | 5 Go to (u) | 8 Go to (u) | 9 Go to (u) |
|   | Was there ever a time in your life when you felt very afraid or uncomfortable when you had to do something in front of a group of people, like giving a speech or speaking in class? |   |   |        |

r) Was there ever a time in your life when you became very upset or nervous whenever you were in a social situation? Continue on with inverted questions.

- Yes
- No
- Don’t Know
- Refused

r)i) Did you ever stay away from social situations whenever you could because of your fear?

- Yes
- No
- Don’t Know
- Refused

s) Was there ever a time in your life when you became very upset and nervous when you had to do something in front of a group? Continue on with inverted questions.

- Yes
s)i) Did you ever stay away from situations where you had to do something in front of a group whenever you could because of your fear?

- Yes
- No
- Don’t Know
- Refused

t) Do you think that your fear was ever much stronger than it should have been?

- Yes
- No
- Don’t Know
- Refused

u) Was there ever a time in your life when you felt afraid of either being in crowds, going to public places, travelling by yourself, or travelling away from home?

- Yes
- No (skip to next section)
- Don’t Know (skip to next section)
- Refused (skip to next section)

u.i) Was there ever a time in your life when you became very upset or nervous whenever you were in crowds, public spaces or travelling?

- Yes
- No
- Don’t Know
- Refused

u.ii) Did you ever stay away from these situations whenever you could because of your fear?

- Yes
- No
- Don’t Know
- Refused
u.iii) Do you think your fear was ever much stronger than it should have been?

- Yes
- No
- Don’t Know
- Refused

Service Utilisation

2. The next question is about problems with your mental health, which includes, but is not restricted to things such as stress, anxiety, depression or dependence on alcohol and drugs. With this in mind, have you ever been admitted overnight or longer in any hospital for problems with your mental health?

- Yes
- No
- Don’t Know
- Refused
**G. Homelessness history**

1. At what age did you have your first experience of being homeless?
   
   *Show participant Showcard H.*  

2. What type of homelessness did you experience when you were first homeless?
   - [ ] Primary Homelessness
   - [ ] Secondary Homelessness
   - [ ] Tertiary Homelessness

3. Since you were first homeless, what percentage of the time since have you been homeless?  

4. **Accommodation Time Line Follow Back (TLFB)**

   Example questions: now we're going to look at your accommodation over the past 6 months. We'll start from where you slept last night…

   Think of some of the most significant events that occurred for you in the past 6 months, such as birthdays or holidays. Where did you live during these times? What were the durations you lived in these places? What about just before and after these times?

   **Work out the location and duration (in detail) of each living condition over the past six months with the participant, based on their proximity to landmark events that occurred during this time. Use the line below. Feel free to use the space over the page if you run out of space. When you feel the participant has finished their time line, double check by running through the residential history from beginning to the present time (as a logical sequence) and check it’s validity with the participant. Include ALL transitions, even within the same type of homelessness.**

   **Six months ago**
   
   Date: \_____/_____/______\  

   **Current Period**
   
   Date: \_____/_____/______\
**H. Substance Use**

I am going to ask you some questions about your experiences of using these substances across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills (show drug card).

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this interview, we will **not** record medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please let me know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as **strictly confidential**.

**Now**, before asking questions, give ASSIST response card to participant.

**Question 1**

In your life, which of the following substances have you ever used? **(NON-MEDICAL USE ONLY)**

<table>
<thead>
<tr>
<th>Substance</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>b. Alcoholic beverages (Beer, wine, spirits, etc.)</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>c. Cannabis (Marijuana, pot, grass, hash, etc.)</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>d. Cocaine (coke, crack, etc.)</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>f. Inhalants (nitrous, glue, petrol, paint thinner, amyl, etc.)</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>g. Sedatives or Sleeping pills (Valium, Serepax, Rohypnol, etc.)</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>h. Hallucinogens (LSD, acid, Mushrooms, PCP, Special K, etc.)</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>i. Opioids (heroin, morphine, methadone, codeine, etc.)</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>j. Other – specify:</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

Probe if all answers are negative... “Not even when you were in school?”
If “no” to all items, stop interview.
If “yes” to any of these items, ask Question 2 for substances.

**Question 2**

In the past three months, how often have you used the substances you mentioned?

<table>
<thead>
<tr>
<th>Substance</th>
<th>Never</th>
<th>Once or Twice</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or Almost Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>b. Alcoholic Beverages (beer, wine, spirits, etc.)</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>c. Other drugs</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>
If ‘never’ to all items in question 2, skip to Question 6. Otherwise, continue to every question for each substance used.

**Question 3**
In the past three months, how often have you had a strong desire or urge to use...?

<table>
<thead>
<tr>
<th>Substance</th>
<th>Never</th>
<th>Once or Twice</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or Almost Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Tobacco products</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>b. Alcoholic Beverages</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>c. Other drugs</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

**Question 4**
In the past three months, how often has your use of... led to health, social, legal or financial problems?

<table>
<thead>
<tr>
<th>Substance</th>
<th>Never</th>
<th>Once or Twice</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or Almost Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Tobacco products</td>
<td>0</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>b. Alcoholic Beverages</td>
<td>0</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>c. Other drugs</td>
<td>0</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

**Question 5**
In the past three months, how often have you failed to do what was normally expected of you because of your use of...?

<table>
<thead>
<tr>
<th>Substance</th>
<th>Never</th>
<th>Once or Twice</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or Almost Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Tobacco products</td>
<td>0</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>b. Alcoholic Beverages</td>
<td>0</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>c. Other drugs</td>
<td>0</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

**Question 6**
Has a friend or relative or anyone else ever expressed concern about your use of...?

<table>
<thead>
<tr>
<th>Substance</th>
<th>Never</th>
<th>Yes, in the past 3 months</th>
<th>Yes, but not in the past 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Tobacco products</td>
<td>0</td>
<td>6</td>
<td>3</td>
</tr>
</tbody>
</table>
### Question 7

Have you ever tried and failed to control, cut down or stop using…?

<table>
<thead>
<tr>
<th>Substance Type</th>
<th>No, Never</th>
<th>Yes, in the past 3 months</th>
<th>Yes, but not in the past 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)</td>
<td>0</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>b. Alcoholic Beverages (beer, wine, spirits, etc.)</td>
<td>0</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>c. Other drugs</td>
<td>0</td>
<td>6</td>
<td>3</td>
</tr>
</tbody>
</table>

### Question 8

Have you ever used any drug by injection? (NON-MEDICAL USE ONLY)

<table>
<thead>
<tr>
<th>No, Never</th>
<th>Yes, in the past 3 months</th>
<th>Yes, but not in the past 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

### Question 9

What role does substance use have in your social interactions?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

473