Homeless women's experiences of social support from service providers

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Abstract:

Purpose – The purpose of this paper is to examine homeless women's interactions with service providers and the degree to which these interactions are perceived as social support.

Design/methodology/approach – Using a phenomenological approach, in-depth semistructured interviews were conducted with 15 homeless women recruited through a drop-in day shelter and a winter emergency shelter.

Findings – Analysis revealed being "cared for" was experienced within service provider encounters and is commensurate with widely recognized sub-categories of received social support. Participants expressed expanded definitions of service providers and made clear distinctions between routine support expected from a provider and received social support, or being "cared for" by providers.

Research limitations/implications – Studies with homeless persons that exclude service providers as a potential source of social support for homeless women or impose predetermined definitions of service provision may not be capturing the full range of participant encounters, relationships, networks, and experiences.

Practical implications – Widely used social support measures could serve as a guide for creating education programs for persons who work with homeless people including: professional service providers, students likely to become service providers, paraprofessionals, nonprofessionals, and volunteers.

Originality/value – Homeless women's voices have been added to the debate regarding whether social support is within the realm of service provision.

Keywords: Women | Homeless | Phenomenology | Qualitative research | Social support

Article:

Homeless women demonstrate high prevalence of mental health issues (Tam et al., 2008) and have multiple stressors (Zugazaga, 2004). Studies examining the effect of received social support on the health of persons with various stressors have shown primarily positive effects (Nurullah, 2012). But homeless women have fewer sources of support than their housed counterparts (Zugazaga, 2008) suggesting alternate sources of social support may be needed. Homeless persons frequent service providers (Baggett et al., 2010) thus service providers may act as an important source of support. However, the role of service providers in providing social support has been contested.

Early in the evolution of the constructs of social support, service providers were considered among those persons likely to provide such support to stressed individuals. For instance, Weiss (1973) found impoverished women frequented service providers for support and guidance as much as for other ailments. Weiss (1974) later proposed an early social support framework that included “the obtaining of guidance […] in stressful situations” suggesting this provision would most likely be met by an “authoritative figure who can furnish them [stressed individuals] with emotional support and assist them in formulating and sustaining a line of action” (p. 24). In his seminal address, Cobb (1976) included “members of the helping professions” (p. 302) in his assessment of potential sources of social support across the life span.

More recently, some researchers have questioned whether social support is within the realm of service provider encounters. Hupcey and Morse (1997) asserted that due to multiple facets of professional service encounters including payment for service, unidirectional flow, and the ethical obligation of support to clients, support provided by professional service providers should be deemed “professional support” (p. 275). In their study with homeless persons, Hwang et al. (2009) excluded service providers as a source of received social support based on the obligation service providers have to provide elements of support as a function of their job. In defining terms for their review of social support concepts and measures, Gottlieb and Bergen (2010) defined social support as, “The social resources that persons perceive to be available or that are actually provided to them by nonprofessionals [emphasis added] in the context of both formal support groups and informal helping relationships” (p. 512). The distinction between professional support and social support may explain the paucity of studies examining social support between various service provider and recipient populations.

While there are valid arguments on both sides of this debate, it is imperative to understand how support from service providers is experienced by the recipient. In this paper, we use findings

from a phenomenological study of homeless women's interaction experiences with service providers to examine how they perceived supportive interactions.

Classifications of social support

Barrera's (1986) seminal work defined and empirically tested three distinct and independent constructs of social support: social embeddedness (i.e. social integration within a social network), perceived social support (i.e. perception of availability of resources in case of need), and enacted support (i.e. received support based on supportive behavioral actions of others). Enacted support (also known as and here forward referred to as "received support") refers to observable supportive behaviors and is the appropriate classification for supportive interactions between homeless women and service providers. Barrera et al. (1981) Inventory of Socially Supportive Behaviors (ISSB) further categorized received support into four sub-types: directive guidance (e.g. providing guidance, feedback, or instruction), nondirective support (e.g. measures of affection, esteem, availability, and understanding), positive social interaction (e.g. laughing, joking, discussing shared interests), and tangible assistance (e.g. giving tangible aid).

Received support, homeless persons, and health

Although an under-researched area, studies examining received support with homeless persons can be found in the literature. For instance, Nyamathi et al. (1995) examined received support in a sample of homeless women and found "other professionals" (i.e. nonmedical/nonnursing) were more important than family members for obtaining advice, explanations, and in facilitating change. In a study comparing low-income housed and homeless mothers, Letiecq et al. (1996) found both groups reported receiving more help from their child's Head Start program in raising their families than other support sources such as family members and friends. In the aforementioned study with homeless persons by Hwang et al. (2009), received support was uncommon and unrelated to health although service providers were excluded from the study. These three quantitative studies used different measures to assess received support. In a qualitative study, Stewart et al. (2010) assessed the support needs of homeless youth and young adults. They found received support to be limited and, due to their transiency, participants identified friends or agency staff as providers of social support rather than family.

The conceptualization of service providers as providers of social support might be dependent on the nature of the service provided, the nature of the interaction, or the service recipient. Persons experiencing homelessness may have different perceptions of what constitutes a service provider, or service provision, than what is commonly held by practitioners in the field. Thus, we examined service provider encounters from the perspective of homeless women to ascertain whether, based on their experiences, service provider actions were commensurate with widely recognized categories of received support.

The current study is part of a larger phenomenological study which examined the experience of interacting with service providers from the perspective of homeless women. Thematic results for

the entire study, which identified interactions on a dehumanizing/humanizing continuum, are reported elsewhere (authors, under review). “Cared for” was the largest theme to emerge from the full phenomenological analysis, accounting for almost half of the total participant/service provider interactions, and was the only theme experienced by all participants. Through exploring homeless women’s experiences of “cared for,” we aim to answer the following research questions: How do homeless women’s experiences of being cared for by service providers align with Barrera et al. (1981) typology of received support? Under what conditions do homeless women perceive interactions with service providers as received support?

Methods

Design and setting

Qualitative research is appropriate when the aim is to understand the lived experience of participants and it is particularly beneficial when little is known about a specific phenomenon (Creswell, 2011). Given the paucity of research on homeless women’s experiences of service provider encounters, a qualitative design was chosen for the original study. Specifically, a phenomenological approach was used as it is designed to elicit the collective experience or “essence” of a phenomenon and therefore was appropriate for understanding service provider interactions from the perspective of homeless women (Colaizzi, 1978). The study was conducted in a city in the southeastern USA with a reputation for providing services to homeless populations. A winter emergency shelter and homeless drop in day center served as the study sites. The location and sites were chosen to purposefully collect information-rich data from homeless women who had experienced a variety of service provider encounters.

Participants

Fifteen women who were experiencing homelessness participated in the study. Participants self-identified as black (seven), white (seven), and American Indian (one). Average age was 43 years (SD = 10.9). The majority were single, either never married (six), separated (one), widowed (two) or divorced (two) with only three participants identifying a current intimate partnership or marriage (one participant did not report relationship status). Seven participants were experiencing their first episode of homelessness. The length of homelessness for the current episode ranged from one month to five years with 12 participants reporting current time homeless of six months or less.

Procedure

A homeless drop-in day center and winter emergency shelter served as the study sites; the study was approved by the university’s Institutional Review Board. Study inclusion criteria were: participants must be at least 18 years of age, female, English speaking, currently experiencing homelessness using the US Department of Housing and Urban Development (HUD) definition at the time, and have utilized services of a provider or agency that provides services to homeless

people. The first author conducted all interviews. As a former service provider for homeless persons, it was necessary for the first author to acknowledge her past interactions with homeless women. Thus, an initial “feelings audit” (Bednall, 2006) was conducted to identify past experiences germane to the research questions and to bring those memories to the surface in the process of bracketing. On arrival at the study site but before a potential participant encounter, the feelings audit was reviewed to bracket prior experiences in efforts to limit researcher-induced bias.

Participant recruitment occurred at study sites through introduction by a staff member (one), the snowball method whereas one participant suggested another potential participant (six) or direct approach (eight). This sampling strategy, conducted at both study sites, was critical for reaching homeless women who interacted with a variety of service providers in a variety of venues. These combined strategies are best described as a maximum variation sampling (Patton, 2002).

On introduction, participants were informed of the study and, if interested, assessed for inclusion criteria. Women who were interested and met inclusion criteria were invited to participate. A total of 18 women were approached, 15 met inclusion criteria and participated in the study. The three nonparticipating women had living arrangements that did not meet the HUD definition of homelessness. Interviews were conducted between December 2011 and March 2012; all interviews were conducted in private rooms at one of the two study sites and audio recorded. Interviews continued until data redundancy (i.e. theoretical saturation; Sandelowski, 1995) was reached. Commensurate with literature on data saturation (Guest et al., 2006; Morse, 2000) no new themes emerged after participant 11.

After obtaining verbal consent, women were asked about their lives, previous episodes of homelessness, current homeless situation, service providers who they have encountered during experiences of homelessness, and stories of service provider encounters. When participants gave generalizations such as, “She really cares about me” or “He’s wonderful” they were asked to describe specific details that led to that conclusion. Demographic information was also obtained during the interview process. Interviews lasted between 23 and 103 minutes ($M = 41$; $SD = 19$). The first author transcribed all interviews verbatim. Participants were paid $10 for their time. All participants were asked to provide contact information for follow-up and gave at least one contact method (e.g. cell phone number, e-mail address). Over half (eight) participated in a follow up interview to review and validate emerging themes in the process known as member checking.

All field encounters included unstructured observations captured in field notes. “Unstructured” does not imply that observations were ill planned or happened haphazardly but rather a priori notions of the range of possible observations and behaviors were put aside which allowed for consideration of nuanced or more subtle behaviors and interactions (Mulhall, 2003). Field time expanded beyond the interview setting and included informal and social interactions at the recruitment sites and a local restaurant. Also, during the study one participant was hospitalized.

The first author, together with one or two participants, visited her in the hospital on four occasions over a three-week period. The first author also acted as her advocate at a hospital discharge planning meeting. Engaging with homeless women in these multiple service-oriented locales provided rich observational data that complimented interview data.

Data analysis

Colaizzi's (1978) seven-step method of phenomenological analysis was used to elicit the collective essence of a service encounter experience. Field notes were written and interviews transcribed within 24 hours of the encounter to maximize data accuracy and increase knowledge of and intimacy with the data. Participant descriptions of encounters with service providers were extracted as relevant statements and coded into one of four categories: agency statement (description of an agency but not an actual encounter), general statement (perception of services in general), service provider encounter (description of an encounter), and other person's service provider encounter. Service provider encounters and other person's service provider encounters (i.e. "shadowed data," Morse, 2000, p. 4) were considered "significant statements" (Colaizzi, 1978, p. 59). The meanings of these statements were formulated and a member check conducted to increase study validity. Formulated meanings were categorized as neutral, negative, or positive and then further differentiated into themes using open coding. Next, themes were arranged into clusters first within then between transcripts. Themes were compared across transcripts to ensure representation of all service provider encounter experiences and that all such experiences were captured in the themes.

As themes emerged, it was noted that the experience of care was reflective of the subtypes of received support described by Barrera et al. (1981). All experiences of "cared for" across all participants were cross-referenced to the factor analysis tables of the ISSB (Barrera and Ainlay, 1983) to ensure compatibility for theme and theme variant validation. A second member check was also performed to ensure participants agreed with the final study findings.

Results

The theme "cared for" emerged from participants' descriptions of interactions with service providers. Interactions reported by participants encompassed a multitude of actions on behalf of service providers but the defining characteristic was that these actions resulted in participants feeling worthy of care and recognized as a valid individual. The theme was represented by 72 significant statements that can be categorized within the four sub-types of received support (directive guidance, nondirective support, positive social interaction, and tangible assistance) described by Barrera and Ainlay (1983) (see Table I).

Table I Themes by number of significant statements and participants with the experience

Theme	Number of significant statements	Number of participants with experience
Neutral	6	5

Norm	6	5
Negative	63	13
Unmet expectation	10	6
Minimized	3	2
Judged	18	11
Alienated	16	7
Powerless	16	7
Positive	91	15
Cared for	72	14
Trusted	2	2
Shared past/identity	7	6
Empowered	10	5

Fourteen of the 15 participants described the experience of being “cared for”; participant descriptions included a number of different types of service providers within a wide variety of venues. Service providers were categorized based on individual participant description of the provider and encounter. Service provider type and number of significant statements of “cared for” by service provider included: employees and volunteers at homeless specific agencies such as shelters, day centers, and food sites (35), nurses/nurse practitioners (ten), therapists, counselors, caseworkers (seven), governmental human service agency workers (seven), church staff including pastors, staff, volunteers (six), police (four), and physicians (three).

Directive guidance

Directive guidance included experiences of feeling cared for as a result of receiving feedback, instruction, or guidance. Some participants described instances, considered to be the typical experience, where they were given a resource list of the services they were seeking from a homeless service agency. However, several participants described encounters where the service provider who was making the referral guided them through the process of securing the needed serviced. One young woman, who had been homeless for five years and had a diagnosed mental illness, recalled an encounter with a hospital case worker who assisted her in calling local shelters and coached her on how to interact with intake staff. This was quite different from her typical experience of being “discharged to the street” following a stay in a psychiatric unit or shelter. Another woman, who became homeless after the death of her common law husband, described how a shelter worker helped to secure much needed grief counseling. The few women who reported this type of encounter described it in terms of feeling cared for stating “they helped me with a lot” and “she completely goes out of her way.”

Nondirective support

Nondirective support, the largest subcategory of the “cared for” theme, accounted for more than half of the service provider encounters experienced as care. Nondirective support included when

service providers actively listened to participants, remembered details of the participant's lives, verbalized unconditional availability, demonstrated trustworthiness, and/or demonstrated concern for participants physical, mental, and emotional comfort, safety, and/or overall wellbeing. Some participants described an unwillingness to express vulnerability in the company of their homeless peers to avoid being perceived as needy or weak. These women counted on the support of trusted service providers who listened to their issues and encouraged them to talk about intimate details of their lives. One woman described such an encounter with a mental health nurse:

> She just sat and talked to me and let me cry [...] I didn't have anybody to really talk to [...] went in her office and we set there and she said, "Just, don't be afraid, t-t-to cry. Don't be afraid, just, let's just talk." And, I did and I felt a lot better (Tammy).

Another woman who was engaged in ministry study and was being harassed by other shelter residents described her encounter with a shelter worker. In this case, the shelter worker not only provided active listening but affirmed her decision:

> [...] I needed a good cry. I needed to get away [...] She assured me I was doin' the right thing and that I just have to toughen up you know. So, I could (deep breath) run with the dogs and get fleas or I could be tough [...] (Gypsy).

Active listening was also manifest as service providers having a greater understanding of the women's lives within the context of homelessness and acknowledging their particular situation. One woman commented on her ability to speak honestly and openly with her physician and his understanding of her lack of desire to quit smoking while she was homeless. Another woman who had not seen her children in over two years described how a service provider acknowledged her spiritual needs by giving her a Bible, praying for her, and encouraging her to go to church. Two women commented on service providers who allowed them needed space and control in a relationship. One young woman described how she avoided her counselor but routinely talked to another paraprofessional woman in the agency:

> I would never go upstairs to my counselor, I would sit downstairs and talk to her [victim advocate]. "Cause it was just different. She didn't pressure me or nothing". She let me get on the computer and do what I wanted to do and talk (Trina).

Nondirectional support was also described in instances where service providers showed concern for the women's overall wellbeing. For some women, this expression of care was manifest when a service provider inquired about how they were doing or how their day went. Service providers who inquired about participants' daily experiences were described as "wonderful" and "genuinely interested." The experience of talking about their day was described as "awesome" and "quality time."

Participants also described feeling cared for when service providers "reached out" and spontaneously offered assistance or intervention. One woman described an encounter with a nurse who gave her a ride from one shelter to another upon seeing her struggle with a heavy suitcase. During the ride the nurse gave the participant a brief guided tour of the downtown area describing homeless friendly resources. One woman who had just begun seeing a counselor recalled her interaction with a receptionist who had called with an appointment reminder:

> [...] She said, "Miss Ann, is you okay?" and I said, "Yeah". I said, "Um, no, I'm not." She said, "I know, I could tell in your voice." [...] And she's like, "Miss Ann it's gonna be okay, you know. You can call up, just hit redial, you can call back up [...] and talk to anybody about depression" (Ann).

The caring associated with "reached out," can have a dramatic impact on homeless women. One woman recalled how a service provider's willingness to reach out literally saved her life:

> I mean they noticed it. All I was doin' was sittin' and starin' and cryin' you know and I was just at the point where I couldn't help myself [...]. That little girl came and got me yeah [...]. I had already planned to take myself out and how I was gonna do it and if they hadn't a intervened I'd a probably ended up layin' across the railroad track. I was just really a (deep breath) to d – to me the only really way out was to die. I just couldn't take it [...] (Gypsy).

Other participants' experiences of being cared for within the sub-category of nondirective support included interactions where service providers followed up with them, reassured participants of their continued availability, or expressed concern for participants' physical comfort, and safety. These experiences were expressed as being outside the norm of a typical service provider encounter. Women were surprised by how far service providers extended themselves to ensure their physical, mental, and spiritual comfort and wellbeing.

Positive social interaction

While women desired intimate encounters and trusting relationships where they could express vulnerability, they also appreciated service providers who joked with them, talked about shared interests, or provided other diversionary activities to lighten the stress associated with homelessness. One woman described her initial encounter with two men who work at a homeless day center: "They came in, I said, 'I'm a new person.' 'Hmmm. You ain't new. You somebody – you just like the rest of 'em!' They make me laugh." Another woman described attributes of a homeless agency nurse: "[...] She makes you laugh [...] even if it means being silly and she's gonna go out of her way to make sure that you're takin' care of." Another woman, who was separated from her two young children, described how staff went out of their way to engage in a shared activity. This was particularly important due to the holiday:

> The two that smoke will come out with us on our smoke breaks and you know we joke around. On Christmas day [staff member] went out and got some basketballs and we were out playing horse and, and she kicked my butt (laugh) (Hannah).

Some participants described encounters with various service agency personal who joked around or teased them on a regular basis. The women who described this joking and teasing as an experience of care expressed that it was meaningful, that it helped them feel like "normal" people, and "makes people feel more comfortable."

Tangible assistance

Participants reported feeling cared for in service provider interactions where they received unexpected services, money, other physical objects of value, or some other sort of tangible assistance. Some participant encounters resulting in tangible assistance were within agency norms of providing clothes, food, and/or toiletries; still many women were surprised by the quality, quantity, or variety of items offered. Other tangible assistance women reported included receiving a needed service that, at the moment, was beyond their reach. One participant who was fleeing a violent relationship described how service agency staff provided child care while she secured a restraining order. Two other participants described instances where shelter staff did their laundry. One woman commented, "[...] if I needed money here and there which I know that she wasn't supposed to do that but she did. Sh-sh-sh, you know, she helped out that way." Thus, sometimes service providers crossed the boundaries of professional service relationships, or even broke established agency rules, to provide tangible assistance to homeless women.

Two participants' described receiving tangible support from service providers without asking. One recalled her first service provider encounter upon arriving in a new city:

> When I first came up here, I didn't have nothin' [...] I walked in there – the minute – one of the guys there Mr [name], he gave me cash out of his pocket (slight pause) to go get somethin' to eat (Butterfly).

The other participant described an interaction with an agency director that she had gotten to know. The interaction occurred as the participant was preparing to depart the city:

> [...] it was raining really hard one day and I got caught out in it without an umbrella [...] [Agency director] gave me, um, a fresh set of clothes to put on. She didn't have jeans quite in my size, the jeans she gave me were too big. She took her own belt up off and gave it to me [...] (Hannah).

Discussion

Cobb (1976) conceptualized social support as consisting of three independent informational classes that included: "Information leading the subject to believe that he is cared for and loved" (p. 300). In our study, homeless women described the experience of being "cared for" within the

subtypes of received social support proposed by Barrera et al. (1981). Women described directive guidance in terms of receiving instruction or assistance in securing further services or being steered away from negative influences and toward positive ones. Nondirective support displayed by service providers included: respecting client confidentiality, active listening, allowing the participant some control in the service provider relationship, welcoming and remembering participants, assuring continued availability, and demonstrating that participant safety and comfort was a priority. Positive social interaction included joking, teasing, and engaging in shared activities that were experienced as meaningful. Tangible assistance was given, sometimes as an agency norm but also in instances where service providers stretched the boundaries of their professional role or broke established agency rules to help meet a tangible need.

Social relationships are important to homeless women however maintaining relationships in the context of homeless presents challenges (Butler, 1993). In her study comparing social support sources and satisfaction with social support between single men, single women, and women with children, Zugazaga (2008) found a universal lack of social support with all three groups having more nonfamilial than family support sources and single women reporting lower support satisfaction. The women in our study indicated few sources of social support and a reluctance to express vulnerability to their peers. Thus, traditional sources of social support, such as family and friends, may be few and far between or completely nonaccessible for some homeless women making received support, the experience of being cared for, from service providers even more important.

For the women in our study, “service providers” represented a wide range of professionals, paraprofessionals, and volunteers from multiple agencies and service venues. This finding challenges the notion of what characterizes a “professional” in agencies that primarily serve homeless people. Lindsey (1998) noted that many people who work directly with homeless persons may not have a formal education and, of those who do, few have a terminal degree. Thus, professional support might not be easily distinguished from social support in the context of homelessness.

The debate bifurcating professional support and social support partially stems from researchers who surmise service providers provide social support as a job function. Our participants made a clear distinction between when a provider was doing their job (professional support) and the added dimension of providing social support (e.g. providing services in a manner that was experienced as feeling cared for). The experience of care has been articulated in other studies with homeless persons. Thompson et al. (2006) found homeless youth and young adults (ages 16-24 years) valued their relationships with service providers. These participants expressed their ability to perceive whether or not service providers truly cared for them and this perception exceeded the mechanics of the service provider performing job functions. Similarly, Stewart et al. (2010) found youth and young adults (ages 15-24 years), valued the experience of being cared for by service providers. For these youth, being cared for was considered emotional support and

young women in the group expressed this as a priority. Also, Hoffman and Coffey (2008) found homeless adults valued feeling cared for by service providers when made to feel welcome, respected, and when service providers were flexible with agency rules and norms.

"Reached out," interactions where the service provider sought out the participant or spontaneously intervened, also emerged as an important variation of the experience of care that cut across several sub-categories of received social support. In their study with 17 formerly homeless persons, MacKnee and Mervyn (2002) reported "reached out" as a critical incident that facilitated the transition from homelessness; participants in their study reported feeling "cared for" and "trusted" when people reached out to them (p. 298). In the current study "reached out" also had dramatic effects including one participant who articulated that a service provider who reached out to her literally saved her life.

Implications

Findings from this study offer several implications for continued practice and research with homeless women. Understanding distinctions in homeless women's perceptions of professional and social support from service providers can help guide practitioners' interactions with homeless women. Cobb (1976) suggested health professionals are in a unique position to "teach all our patients, both well and sick, how to give and receive social support" (p. 312). However, in order to teach social support, health professionals must understand the variations of social support and how social support may manifest in the populations with which they work. The women in our study experienced being cared for by service providers as actions that fall within the established categories of received support included in the ISSB (Barrera and Ainlay, 1983). The ISSB could serve as a guide for creating education programs for persons who work with homeless people including: professional service providers, students likely to become service providers, paraprofessionals, nonprofessionals, and volunteers.

From a research perspective, studies with homeless persons that exclude service providers as a potential source of social support may not be capturing the full range of participant encounters, relationships, networks, and experiences. Investigating associations between social support and mental health issues among homeless women may be compromised if a significant source of social support is left unexplored. Future research in this area should offer participants the ability to indicate who within their network provides what elements of social support rather than restricting the full range of possibilities. Also, future research with homeless subpopulations not included in this study (e.g. men, youth) may elicit further variation in the experience of service encounters.

Limitations

The current study has several limitations. First, the study was limited to adult, English-speaking women. Other subpopulations of homeless persons may perceive support from service providers differently or may seek services from providers not represented in this study. Second, all the

women in this study were sheltered; non-sheltered homeless women may not share the same perceptions of service providers as women in the current study. Also, the study was conducted in the winter months when emergency shelters were operational. Both compassion and tangible support for homeless persons are higher during the winter months (Bunis et al., 1996). Had the study been conducted at another time of year, participants may not have had the full range of experiences of received support or had interaction with the same types of service providers as reported in the current study.

Notwithstanding, our study makes a valuable contribution to the literature. Homeless women's voices have been added to the debate regarding whether social support is within the realm of service provision. The women in our study differentiated between professional support (service providers meeting professional service standards and obligations) and social support (service providers extending themselves in ways that was experienced as being "cared for") and indicated that within the context of homelessness both are experienced in service encounters.

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